

**B L U E P R I N T T O E N D
H O M E L E S S N E S S**

*An Initiative of the Indianapolis
Housing Task Force*

I n d i a n a p o l i s
B L U E P R I N T T O E N D
H O M E L E S S N E S S



Chairman
Bill Moreau

To the members of the Indianapolis Housing Task Force:

Work Team Chairs
Char Burkett-Sims
Alison Cole
Kelley Gulley
Kirk Kavanaugh

On behalf of the almost 450 people and 150 organizations that participated in the year-long drafting process, those of us charged by Mayor Bart Peterson and you with preparing a "Blueprint to End Homelessness" present the final report for your consideration. Our efforts received tremendous support from the Mayor and his administration, Al Smith and each of you, the community of dedicated professionals and organizations serving the underprivileged, and resource providers such as major philanthropies, Fannie Mae, and others. The hard work of the devoted staff of the Coalition for Homelessness Intervention and Prevention—Dan Shepley, Lori Phillips, Mary Glaspy, Lisa Garrison, and Joe Fahy, the Blueprint's principal researcher and drafter—cannot be overstated.



Coalition for
Homelessness
Intervention and
Prevention

Executive Director
Dan Shepley

But to a person, those of us who worked on the Blueprint effort were motivated by the faces and voices of our neighbors who have experienced the devastation of homelessness or whose lives teeter on the brink of homelessness every day. To a person, we are conscious of the fragile line that separates our lives from those of our homeless neighbors. We are committed to erasing that line.



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We are also acutely aware that we were given the easiest job. The creation of the Blueprint—merely a document, after all—is the simplest component of the effort to end homelessness in our community. The far more complex components remain to be created by others. These people have the tougher jobs. We look forward to working with the Indianapolis Housing Task Force and all those who believe, as we do, that homelessness in Indianapolis can and must be ended.

Very truly yours,

The Blueprint Team

Indianapolis Housing Task Force

Dear Mayor Bart Peterson:

As you know, after endorsing the concept of a “Blueprint to End Homelessness” for our community, you asked the Indianapolis Housing Task Force to guide its creation. In the spring of 2001, the Task Force assembled a team of Indianapolis citizens—supported by the staff of the Coalition for Homelessness Intervention and Prevention—to draft the Blueprint.

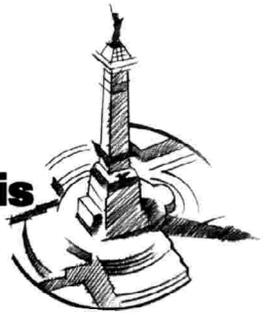
In the course of a year, that team developed a process that sought to include the entire Indianapolis community in the drafting effort. The team conducted countless meetings and forums, consulted with national experts, visited other cities, and created several very public drafts of the Blueprint. The Blueprint-drafting effort was the subject of great news media interest, especially by *The Indianapolis Star*.

We received the final draft of the Blueprint during a detailed presentation at a public meeting of the Task Force, attended by more than 300 people. The Task Force solicited yet additional feedback on the final draft.

Accordingly, the document we are submitting as a final report has been subjected to a great deal of attention, debate, and scrutiny. We therefore submit the Blueprint to you with great enthusiasm and with our commitment to work with you and your administration toward its implementation.

Very truly yours,

Housing Task Force Members



To the members of the Indianapolis Housing Task Force:

Thank you for submitting this “Blueprint to End Homelessness” for the City of Indianapolis and Marion County. I know I speak for our entire community when I express my heartfelt appreciation for the hard work that went into the drafting of this impressive report.

The Blueprint is a comprehensive, 10-year strategic plan that is a call to action for our community to work together more effectively to stem the tide of homelessness in our city. It is clear that Task Force members and hundreds of citizen volunteers—homeless neighbors, national experts, elected officials and others—diligently collaborated to develop this plan. They have examined the entire continuum of care and have proposed aggressive steps to help our neighbors find homes that they have lost, and just as important, to prevent families and individuals from becoming homeless in the first place.

The Blueprint contains several proactive components, including helping 2100 households obtain or retain affordable, stable housing within the first five years. It proposes to streamline and link services and funding, using a strengths-based approach that engages people who receive assistance by capitalizing on their skills and interests, and strives to prevent homelessness for those at-risk by providing access to job training and medical and child care.

It is an ambitious plan, yet it is grounded in reality. That is why I support the Blueprint and will work to implement its recommendations. Indeed, a number of experts have labeled the Blueprint a model for other cities to follow. One such expert, Philip F. Mangano, Executive Director of the United States Interagency Council on Homelessness, has said the Blueprint “sets the pace for cities across our country to develop and implement similar 10-year initiatives.”

The Blueprint recommends that the Coalition for Homelessness Intervention and Prevention be charged with implementing the detailed plan, and I accept that recommendation. The Indianapolis community can also expect that my administration will be an active, involved partner in this important effort, using our resources to mobilize public and private support for the implementation of the Blueprint.

Very truly yours,

Bart Peterson

Office of the Mayor

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Philip F. Mangano
Executive Director

October 2002

To the members of the Indianapolis Blueprint to End Homelessness Committee:

Congratulations on the completion of your Blueprint to End Homelessness in Indianapolis. Your plan sets the pace for cities across our country to develop and implement similar 10-year initiatives.

As you know, President Bush has demonstrated his commitment to create a strategic response to assist our poorest neighbors – Americans who experience homelessness.

Earlier this year, the President reactivated the United States Interagency Council on Homelessness to coordinate the activities of 18 federal agencies in their efforts to reduce and end homelessness throughout our country.

Further, the President's 2003 budget's unprecedented initiative to end chronic homelessness in the next 10 years follows findings and recommendations of researchers and advocates. People who experience long-term homelessness often have several disabilities, including mental illness, addiction, or primary health difficulties. Though a relatively small group of homeless people (numbering between 10 and 20 percent of the homeless population), they consume a disproportionately large share of the resources targeted to homeless people.

Creating a strategy to address chronic homelessness focuses on providing housing that long-term homeless people can afford and support services that they may require. Such a response has been demonstrated to be cost-effective and consumer-preferred. Further, appropriately moving long-term homeless people beyond shelter and out of homelessness will free up resources to end homelessness for other populations.

This strategic, research-based initiative of the Bush Administration is supplemented by other policy initiatives. First, **prevention** of homelessness—focused on those being discharged from treatment, incarceration, and the foster care system—is vital to ensure that emptied shelter beds are not immediately refilled. Second, better **coordination** of federal, state, local, and private resources offers the promise of a more efficient response. Third, **access to mainstream programs** will offer new resources to homeless people themselves and to agencies creating housing and services. And finally, **innovative strategies** that offer visible, quantifiable, and measurable change are a focus of policy deliberation.

To its credit, Indianapolis' Blueprint to End Homelessness focuses on these key principles. The Blueprint outlines ambitious, yet achievable, strategies to create many more housing units affordable to individuals and families most vulnerable to becoming homeless. The plan offers a prevention focus and also articulates strategies for better coordination of existing services to homeless people, targeting services to those most in need, and assessing the community's progress in meeting the Blueprint's goals.

The Blueprint rightly concludes that homelessness can be abolished—and that allowing its persistence is unworthy of a caring community.

The Indianapolis Blueprint is a model for cities across our country to follow in developing 10-year plans to end homelessness. I am pleased to support the Blueprint and Indianapolis' effort to pursue the essential goal of abolishing homelessness.

Sincerely,

Phillip F. Mangano
Executive Director
The United States Interagency Council on Homelessness
Washington, D.C.

UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS

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Why the Blueprint Is Needed

"Every study that has looked has found that affordable, usually subsidized, housing prevents homelessness more effectively than anything else. This is true for all groups of poor people, including those with persistent and severe mental illness and/or substance abuse."

Marybeth Shinn and Jim Baumohl, "Rethinking the Prevention of Homelessness," in Practical Lessons: HUD-HHS, 1999

About 15,000 people – our neighbors – are homeless in Indianapolis each year. Forty percent are families; 30 percent are children. Many agencies work earnestly to help local homeless people, utilizing an estimated \$22 million annually in public and private funds.

Despite these investments of time, energy, and millions of dollars, many Indianapolis residents have repeated spells of homelessness. And there are signs that homelessness is increasing.

Local homeless shelters remain full, with many people – especially homeless families – turned away for lack of room. This increased demand is not unique to Indianapolis. According to the U.S. Conference of Mayors, requests for emergency food and shelter have risen dramatically in many cities during the past decade.

These trends suggest that agencies and officials in Indianapolis must work together more effectively to end homelessness. Our city cannot afford to keep investing millions of dollars a year in the current approach toward aiding homeless people – an approach that focuses mostly on helping people once they have become homeless.

more housing units affordable to the poorest of the poor – the group most likely to become homeless. (According to the federal government, housing is affordable if it costs no more than 30 percent of a household's income.)

Most poor people are renters, and a growing shortage of rental housing they can afford is a major reason for increased homelessness, according to researchers. When affordable housing is lacking, poor people tend to pay more for rent than they can comfortably manage. Eventually, many of them encounter financial crises – and some of them become homeless.

In Indianapolis, the poorest of the poor are the only income group that faces a shortage of affordable housing. In 1998, the Indianapolis Housing Task Force recommended that the city address this shortfall by creating 12,500 rental units affordable to people at the bottom of the income scale.

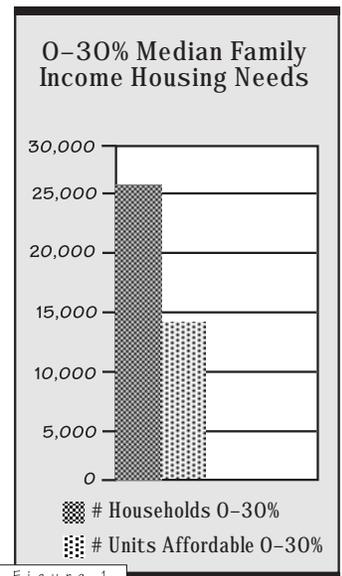


Figure 1

The strategies in the Blueprint to End Homelessness are aimed at addressing this pressing need. But the Blueprint's strategies focus on more than expanding the supply of affordable housing. Many services for homeless people need to be strengthened, and the Blueprint contains recommendations to enhance and better coordinate these services and to ensure that they work together more effectively.

About 15,000 people – our neighbors – are homeless in Indianapolis each year.

Instead, Indianapolis must adopt a new approach, successfully used in other communities, that emphasizes making many

But without more affordable housing, services such as mental health treatment and case management lack a component essential for

moving people out of homelessness and toward self-sufficiency.

Homelessness can be ended in Indianapolis, but only through a much greater effort to help homeless people find and maintain safe, decent housing they can afford.

A New Approach

◀ The importance of affordable housing

Accordingly, the Blueprint calls for preventing homelessness by helping people most likely to become homeless to maintain their housing. This Blueprint also calls for a "housing first" approach that emphasizes placing homeless people in affordable housing as quickly as possible, rather than having them live for long periods in emergency shelters or other temporary housing.

"Housing first" represents a change from the widespread practice of expecting homeless

to accept the services they need to be "good neighbors" and to otherwise achieve stability in their housing.

The Blueprint also calls for delivering these services, as much as possible, by building upon the strengths and interests of homeless people. This "strengths-based" approach has been successful in helping homeless people who face multiple challenges – such as mental illness, HIV-AIDS, or developmental disabilities – to become as independent as possible.

◀ The importance of employment

Helping homeless people find and maintain appropriate employment is a key factor in helping them reach their potential. It is vitally important that homeless adults work to the best of their ability, both for their own good and for the good of society.

But homeless people with mental or physical illnesses, developmental disabilities, or other challenges may have difficulty becoming self

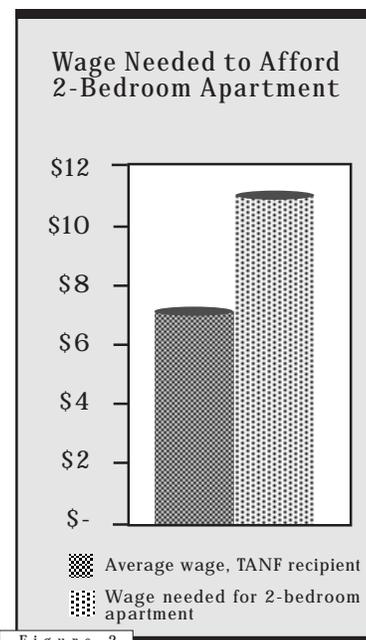


Figure 2

The hourly wage needed to afford a local two-bedroom apartment is \$11.31.

people to attain sobriety or employment, or to agree to medical or mental health care, before they can be considered for permanent housing. It promotes the idea, supported by leading researchers, that housing is essential for homeless people to attain stability rather than being a reward for achieving stability.

To remain housed, however, many homeless and near-homeless people need help finding jobs or accessing other support services such as mental health treatment, substance abuse treatment, or government-subsidized childcare.

◀ The importance of support services

As a result, this Blueprint proposes a "housing plus" approach that calls for matching affordable housing for extremely low-income people with appropriate support services. This approach is known as supportive housing. Homeless and near-homeless residents of supportive housing units would be encouraged

sufficient. Some, in fact, need permanent assistance to avoid homelessness.

Even if they are able to work full time, homeless and near-homeless people often have trouble finding an affordable place to live. In Marion County, for example, the average hourly wage of working families who receive welfare payments is \$7.62. But the wage needed to afford a local two-bedroom apartment is \$11.31. Quite simply, many people will remain at risk of becoming homeless – or will struggle to move out of homelessness – unless many more housing units are made affordable to residents with the lowest incomes.

◀ Cost effectiveness

The most comprehensive case for affordable housing linked to support services has been made in a recently released study from the University of Pennsylvania's Center for Mental Health Policy and Services Research. Researchers tracked the cost of assisting nearly



persons vulnerable to becoming homeless in his 2002 State of the City Address.

The value of providing homeless people with appropriate housing also has been recognized by the Bush administration. In its 2003 budget proposal, the administration said that it would work to move more chronically homeless people "from the dangerous streets to safe, permanent housing" and indicated that ending chronic homelessness in the next decade is a top objective.

The Case for Local Investment

To begin to address the severe shortage of affordable housing in Indianapolis, this Blueprint calls for making 1,700 additional rental units affordable over the next five years to people with extremely low incomes. It also calls for linking these units with support services. An additional 400 families already living in affordable housing also would receive support services to keep them from falling into homelessness.

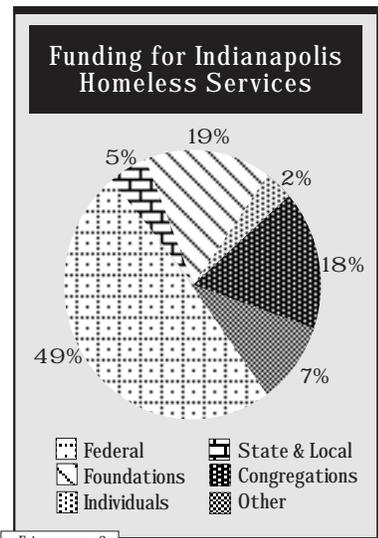


Figure 3

While new resources will be needed to meet these goals, much of the cost can be funded by maximizing use of existing public and

Supportive housing improves neighborhood safety and beautification, and increases or stabilizes property values in most communities.

5,000 New York City residents for two years while they were homeless and for two years after they were housed. They concluded that placing homeless people in housing created an average annual savings of \$16,282 per housing unit by reducing the use of public services. Seventy-two percent of the savings resulted from a decline in the use of public health services, 23 percent from a decline in shelter use, and 5 percent from reduced incarcerations. These reductions nearly covered the cost of developing, operating, and providing services in supportive housing. The net cost of the average supportive housing unit was only about \$995 a year.

In other words, based on the most conservative assumptions – without taking into account the positive effects on health status and employment status – it costs little more to permanently house homeless people and provide them with support services than it does to leave them homeless.

Further evidence shows that supportive housing provides public benefits beyond these savings. An analysis of the Connecticut Supportive

“You could spend a dollar on prevention and save four dollars on shelter care.”

–Patrick Markee, Coalition for the Homeless

Housing Demonstration Program found that supportive housing improved neighborhood safety and beautification, increasing or stabilizing property values in most communities.

In Indianapolis, Mayor Bart Peterson recognized the importance of providing safe, decent, affordable housing to homeless people and

private resources, in part by strategically redirecting these resources and using them to leverage new funding sources.

Because Indianapolis has thousands of vacant rental units, creating these supportive housing units will not require a significant amount of new construction.

Estimated costs to meet the five-year housing goals include \$48.2 million to acquire, construct, and rehabilitate 1,700 housing units. They also include \$11.5 million in annual rent subsidies and \$13.1 million annually to fund support services in 2,100 units once all the units are occupied.

In the immediate future, this Blueprint calls for additional resources to strengthen the current system of serving homeless people. But over time, the investment in affordable housing should enable the city to make more effective use of existing emergency services (such as homeless shelters, emergency rooms, and jails) and to reduce the repeated, costly, and inefficient use of these services by homeless and near-homeless people.

Blueprint addresses many of the most pressing housing and service needs of homeless and near-homeless people in Indianapolis, it does not address every need. While the Blueprint should guide the provision of housing and services for homeless and near-homeless people in our community, it should not be used to determine every funding decision.

The Blueprint also is not an assessment of current services that favors some services over others.

Rather, it is a strategic plan aimed at improving the overall system of care for homeless and near-homeless people, both for their good and for the good of the Indianapolis community.

Community leaders and members of many organizations and programs have worked for months to develop the Blueprint, generating momentum for change.

Preventing homelessness is crucial, both to reduce the high cost of providing crisis care and to eliminate the disruption that results when people become homeless.

The Plan's Goals

While the Blueprint's recommendations are ambitious, Indianapolis is in many ways ideally positioned to undertake the challenge.

Community leaders and members of about 150 organizations and programs worked for months to develop this Blueprint, generating momentum for change. The Blueprint process was energized by a mayor who possessed the vision to endorse development of the plan.

And because the Blueprint's recommendations were based on strategies suggested by experts or known to have been successful in other communities, Indianapolis can have confidence that they will be effective in ending homelessness.

While some of the recommendations require significant investment, failing to act also has a cost. By not implementing the housing recommendations alone, Indianapolis can expect to continue to spend millions of dollars for emergency services with very poor results.

It is important to note that even though the

Specific strategies in the Blueprint include:

Strengthening efforts to prevent people from becoming homeless.

Preventing homelessness is crucial, both to reduce the high cost of providing crisis care and to eliminate the disruption that results when people become homeless. To better prevent homelessness, the Blueprint calls for:

- ★ Developing a neighborhood homelessness prevention initiative that provides rental subsidies and other services to people especially vulnerable to becoming homeless.
- ★ Providing supportive housing to people at risk of becoming homeless who are leaving the criminal justice system, treatment institutions and the foster care system.

Improving access to, and coordination of, housing and services.

Homeless and near-homeless people often have trouble locating housing and gaining access to appropriate services. This Blueprint



recommends strategies to help people overcome these challenges and to better coordinate housing and services. Strategies include:

- ★ Coordinating housing and services through case management that is well structured, strengths-based, and responsive.
- ★ Designating a care management organization to ensure that homeless people are able to receive appropriate support services.
- ★ Providing homeless neighbors with enhanced access to up-to-date, helpful information and referral services.
- ★ Conducting outreach to homeless people that emphasizes moving them off the street and into shelter or housing, especially in cold weather.

Enhancing services in specific areas of need.

Even though many services can be strengthened by improving access and coordination, others need to be enhanced. This Blueprint calls for:

- ★ Increasing opportunities for homeless and near-homeless people to find and maintain employment.
- ★ Assembling a crisis response team and crisis stabilization programs to help people with mental illness and chronic addictions keep their housing.
- ★ Helping homeless shelters and day service centers to strategically address the immediate needs of homeless people.
- ★ Improving education services to help homeless children and youths succeed academically.
- ★ Improving legal services for homeless people.

Coordinating service systems for special populations.

A number of agencies and programs exist to serve special groups of homeless people such as families, veterans, youths, and survivors of

Even though many services can be strengthened by improving access and care coordination, others need to be enhanced.

- ★ Appointing an entity or entities to coordinate street outreach and care for chronically homeless adults, many of whom have mental illnesses or addictions.
- ★ Developing a temporary shelter for people who are publicly intoxicated and providing them with ready access to treatment services.
- ★ Providing subsidized childcare and transportation to help homeless people find and retain employment.
- ★ Improving information and access to housing and services for people who do not speak English.

domestic abuse. The Blueprint calls for better coordination of these efforts. Strategies include:

- ★ Coordinating service systems to promote family stability.
- ★ Coordinating services for veterans with the Department of Veterans Affairs, VA Medical Center, and other agencies that serve homeless veterans.
- ★ Assisting survivors of domestic violence by coordinating shelter and housing services.
- ★ Identifying the special needs of young

people living on their own and connecting them to housing and appropriate services.

Implementing the plan and monitoring effectiveness.

The Blueprint to End Homelessness cannot reach its stated, visionary goal without a "lead entity" that will focus its energies on mobilizing our community's resources to ensure that the vision becomes a reality.

to assess the community's progress toward ending homelessness.

★ Report on a semiannual basis to the Indianapolis Housing Task Force – and, as requested, to any public or private body – on the status of the Blueprint's implementation.

The Blueprint's strategies are explained in more detail in the remainder of this document and in background materials available upon request. ▲

The Blueprint to End Homelessness cannot reach its stated, visionary goal without a "lead entity."

At the same time, our community – which will be called upon to devote considerable resources to ending homelessness – has the right to expect that any lead entity will transcend the outcome of any election and be held accountable for the implementation of the Blueprint's ambitious, and aggressive, 10-year goals.

After considerable analysis – including lengthy discussions with leaders of public and private organizations, whose support will be critical to the realization of the Blueprint's goals – the Coalition for Homelessness Intervention and Prevention (CHIP) has been designated the lead entity.

Among many other duties detailed later in this document, CHIP will work to form partnerships with existing agencies and programs; promote awareness of the needs of homeless and near-homeless people; foster increased effectiveness of service delivery; and conduct research and planning. CHIP will also:

- ★ Assemble and provide staff support to an implementation group of city officials, housing experts, social service providers, and other community leaders to advance the housing and services objectives in the Blueprint.
- ★ Provide staff support to a Funders' Council of public and private funding agencies that jointly consider funding requests related to the Blueprint's objectives.
- ★ Regularly monitor data and conduct surveys

The Coalition for Homelessness Intervention and Prevention (CHIP) is the designated lead entity.



Mayor Bart Peterson speaking at the 2001 Homeless Memorial Service

As Mayor Peterson noted, Indianapolis must work together more effectively to end homelessness, a national shame in the world's richest country.

" . . . As we prepare to invest to build a strong and diverse economy, we would do well to ask: What are we prepared to invest in the lives of those who haven't shared in the prosperity of the last decade?"

"Too many people in Indianapolis live in substandard housing, are at risk of homelessness, or already are homeless. Too many people at the lowest level of the income scale can't find housing that is safe and decent and affordable. I want Indianapolis to be a city where no child has to frantically stuff his worldly possessions in his backpack, worrying about where he will sleep, or if he will have to change schools again because his parent can't make the rent payment."

"Addressing the needs of our homeless citizens is absolutely critical. Just listen to these numbers: more than 3,500 people in Indianapolis are homeless on any given day. . . Approximately 15,000 people in Indianapolis are homeless at some point during the course of the year, 30 percent of whom are children. Forty-five thousand Indianapolis residents are at risk of homelessness each year. This is unacceptable!"

"The Indianapolis Housing Task Force is developing a 'Blueprint to End Homelessness.' I anticipate the completion of this very important 10-year strategic plan in late spring. Then I intend to go to work with our whole community toward the Blueprint's ultimate goal – bringing an end to our national shame: pervasive homelessness in the richest country in the world."

– Mayor Bart Peterson, State of the City Address, February 20, 2002

As Mayor Peterson noted, Indianapolis must work together more effectively to end homelessness, a national shame in the world's richest country.

The suffering endured by thousands of local men, women, and children who fall victim to homelessness every year is, by itself, a compelling reason for action.

But it is also true that Indianapolis cannot afford to keep investing millions of dollars a year in its current approach toward aiding homeless people – an approach that focuses primarily on helping people once they become homeless.

health care to homeless people, or of housing them in prisons or jails.¹

In spite of these expenditures – and the best efforts of many agencies to aid homeless people – the problem of homelessness has deepened in Indianapolis. Some people suffer repeated spells of homelessness; others remain homeless for years.²

Fortunately, homelessness is a problem that can be solved.

Many cities have formulated successful strategies based on making more housing units affordable to extremely low-income

Every year, public funds totaling more than \$13 million are spent to provide shelter and other services to our city's homeless neighbors.

Every year, public funds totaling more than \$13 million are spent to provide shelter and other services to our city's homeless neighbors. Most of these funds come from the federal government.

Foundations, congregations, and other private donors spend at least \$9 million more. This \$22 million in annual expenditures does not include much of the cost of providing emergency

persons and linking these residents to mental health care, employment assistance, and other support services. This concept is known as "supportive housing."³

The Bush administration has recognized the value of aiding homeless people by providing them with appropriate housing.

In its 2003 budget proposal, the administration

Over the course of a year, 3,500 Indianapolis neighbors will become homeless. 22,000 families also are threatened with homelessness.

noted that chronically homeless people "typically have many difficult-to-treat disabilities or mental health problems that lead to severe personal suffering" and that serving these people "consumes a large share of resources dedicated to the homeless." It also promised to work to move more people "from the dangerous streets to safe, permanent housing" and stated that ending chronic homelessness in the next decade is a top objective.⁴

Indianapolis also must implement strategies that link homeless people to permanent, affordable housing. Suggestions for moving forward are outlined in this Blueprint.

In the immediate future, the Blueprint calls for additional resources to strengthen the current system of serving homeless people. But over time, the investment in affordable housing will enable the city to use existing emergency services such as homeless shelters, hospital emergency rooms, and jails more effectively.

In addressing the problem of homelessness, Indianapolis has some very important advantages. They include an unusually large surplus of housing – about 13,000 vacant rental units – that with an appropriate level of subsidy can be made available to households with extremely low incomes.⁵

And Indianapolis benefits greatly from its dedicated community leaders and providers of services to homeless people. Many have worked tirelessly for months to shape the strategies incorporated in this document.

Ending homelessness will not be quick or easy. But with sustained support from the community, these strategies will, over time, end homelessness in Indianapolis.

The Challenge

Homelessness is increasing. Many cities face a growing problem with homelessness. In an annual survey of about 25 cities, the U.S. Conference of Mayors has consistently reported double-digit increases in requests for emergency shelter and food. Nationally, 37

percent of requests for emergency shelter went unmet in 2001, the highest figure in at least 16 years.⁶

In Indianapolis, homeless shelters often fill their beds and have to place people in need on mats on the floor. Still others are turned away for lack of room, particularly at family shelters. In recent years, demand for emergency food at local food pantries has grown steadily, a sign that more families are struggling to avoid homelessness.⁷

Many agencies that aid homeless people are stretched to the limit as they struggle to meet the need. It is not unusual for harried shelter officials to juggle fundraising and administrative duties along with daily crises – such as a clogged drain or a broken water heater – often on limited budgets.

There are many types of homeless people, and they often have multiple needs. The reality of homelessness, in Indianapolis and other communities, belies the stereotype of a chronically homeless man with mental illness or addiction problems.

★ Families make up about 40 percent of the local homeless population. Twenty years ago, family homelessness was rare. But nationally, families comprise the fastest-growing group of homeless people.⁸

★ Homelessness hurts many children. About 4,500 local children are homeless annually. Homeless children are much more likely to suffer from mental and physical health problems. They are at greater risk of failing in school, in part because they often change schools as their families drift from home to home, experiencing one housing crisis after another.⁹ Not helping more families to stay housed will foster a new generation of poor – and possibly homeless – adults.

★ Many homeless adults and young people live on the street. Still others live in shelters for extended periods. A 1999 study estimated

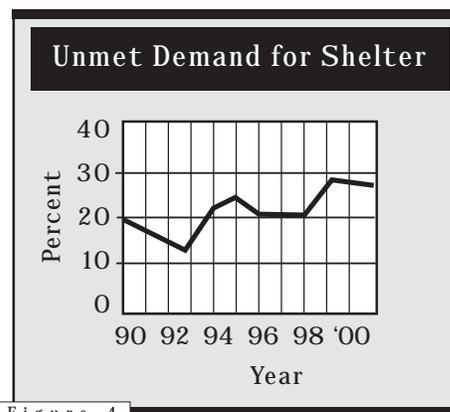


Figure 4



Veronica Davis and her children at a local homeless shelter

The survey also found that 8 percent of respondents reported spending time in foster care. Each year, about 100 18-year-olds "age out" of foster care in Marion County. Forty percent of these young adults will become homeless or incarcerated within 18 months.

★ Many homeless people have family histories touched by child abuse, domestic violence, or other crimes. In a 1999 survey conducted at local food pantries and other aid sites, one in three respondents reported that they or their families had been victims of robbery, physical assault or domestic violence – traumatic events that can hinder their ability to function.¹⁴

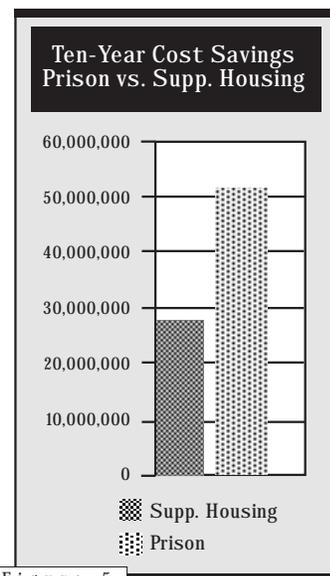


Figure 5

The Need for Affordable Housing

Whether they are young or old, living in family units or on their own, nearly all homeless people share a common bond: a need for housing they can afford.

Homelessness results from many factors, including low-paying jobs, addictions, and mental illness, according to the 2001 survey by the U.S. Conference of Mayors. But the leading reason for homelessness, according to the survey, is a lack of affordable housing.¹⁵

that more than 700 homeless adults, most of them men, live on the Indianapolis streets every night. Many are seriously mentally ill or have other problems that inhibit their use of the existing shelter system. A 1995 study also identified more than 500 homeless youths in Indianapolis.¹⁰

At least seven local homeless people died on the streets during the winter of 2001–2002. Three of those deaths – one from hypothermia and two from smoke inhalation from fires in abandoned buildings – were directly linked to life on the street.¹¹

Other homeless people live in shelters for long periods. Many chronically homeless people, like homeless people living on the street, suffer from multiple challenges that can include mental illness, substance abuse, or medical, legal, and vocational problems.¹²

★ Significant numbers of homeless people come from prisons, jails, or the foster care system. A month-long survey of adults in Indianapolis homeless shelters indicated that about 15 percent of respondents reported being recently released from prison or jail. Each month, the state prison system releases about 200

Significant numbers of homeless people come from prisons, jails or the foster care system.

inmates into Marion County.¹³ At least 10.5 percent of these persons – 21 people a month, or 252 a year – report a need for help in finding housing. These adults often need treatment for mental illnesses or addictions as well.

According to the federal government, housing is affordable if it costs no more than 30 percent of a family's income.¹⁶ But many extremely low-income people pay too much for housing and fall into homelessness, often

The leading reason for homelessness is a lack of affordable housing.

-U.S. Conference of Mayors

repeatedly. Experts agree that a shortfall in affordable housing – a shortfall that has grown in the past 30 years – has helped to fuel an increase in homelessness.¹⁷

The dimensions of the affordable housing shortfall for Indianapolis' low-income population are well known. More than 22,000 low-income families had "worst case" housing needs in 1996, according to the federal government. Some lived in substandard housing, but the vast majority – 83 percent – had "worst case" needs because they paid more than half of their modest incomes on housing.¹⁸

Recognizing the shortage of affordable housing, the Indianapolis Housing Task Force concluded in 1998 that the city needed to make at least 12,500 rental units affordable to people with the lowest incomes, along with appropriate support services.¹⁹

The Blueprint planning process confirmed that

must be helped to find housing they can afford as soon as possible – that is, as soon as they are willing to be "good neighbors" by complying with the terms of a lease. This "housing first" approach has been effective in combating homelessness in other communities.

"Housing first" embodies the belief that a safe, affordable home is necessary to help homeless people work toward recovery or employment. It is a departure from the widely used approach that emphasizes that homeless people must achieve sobriety or take other steps toward recovery before they are helped to find an affordable place to live.

Philip Mangano, executive director of the U.S. Interagency Council on Homelessness, has praised the "housing first" strategy, saying it "puts the emphasis on the appropriate antidote to homelessness: housing. And that housing becomes the nexus point for the delivery of social services."²⁰

Over time, this approach will end homelessness by:

- ★ Moving homeless people off the street and into shelter or other appropriate housing.
- ★ Moving people who are living in shelters for long periods into more appropriate, cost-effective housing.
- ★ Reducing chronic homelessness and repeated periods of homelessness.
- ★ Preventing many people from becoming homeless, primarily by making existing housing more affordable.

This Blueprint calls for making 1,700 additional rental units affordable to the poorest of the poor over five years and providing support services for residents of 2,100 units.

addressing this shortfall is crucial to ending homelessness in Indianapolis.

The Approach for Ending Homelessness

This Blueprint calls for eliminating homelessness by helping people in need to achieve the greatest possible independence and stability by implementing the following strategies.

Homelessness Prevention

Becoming homeless is not only traumatic and destabilizing for people in need, but also expensive for taxpayers. With some exceptions – notably, cases of domestic violence – people most likely to become homeless must be helped to remain in their housing through rent subsidies or other assistance.

Housing First

People who have already become homeless

In this Blueprint, the combination of affordable housing and social services is known as "housing plus."

Housing Plus

For many homeless people, simply gaining access to affordable housing is not enough. Many have the greatest success remaining housed when they live in "supportive housing" – affordable housing linked to employment assistance programs and other social services. These services can include help from case managers – persons who connect their clients with a variety of services ranging from welfare and Social Security benefits to medical care and treatment for mental illnesses and addictions.

This Blueprint recommends a "housing plus" approach that encourages homeless people to accept the mental health treatment, substance abuse treatment, or other support services they need to abide by the terms of their leases.

Other programs have found that this approach



effectively alleviates homelessness. In one New York City program, for example, nine out of 10 seriously mentally ill homeless people assisted through the initiative remained housed 18 months later. Seventy percent agreed to psychiatric care and to take prescribed medication even though doing so was not a requirement for becoming or remaining housed.²¹

The Housing First and Housing Plus strategies will be difficult to implement in Indianapolis unless the city's severe shortfall in affordable housing is addressed. Accordingly, this

Blueprint calls for dramatically expanding the supply of housing affordable to the poorest of the poor.

Based on guidance from the Corporation for Supportive Housing, a national leader in developing housing strategies for homeless and near-homeless people, this Blueprint calls for making 1,700 additional rental units affordable to Indianapolis residents with the lowest incomes during the first five years of the 10-year plan and providing support services for residents of these units. Another 400 families already in affordable housing also would receive support services to help keep them from becoming homeless.

CSH developed these housing recommendations for the Coalition for Homelessness Intervention and Prevention, a local nonprofit that provided staff support to develop the Blueprint. Before issuing its recommendations, CSH reviewed city reports submitted to the U.S. Department of Housing and Urban Development and interviewed state and local government officials, local housing

Table 1. Estimated Housing and Service Costs

Housing/Service Activity	Estimated Cost	Possible Funding Source
Making 1,700 units affordable to homeless and near-homeless people	\$ 48,200,000	One-time cost. This could be funded through more efficient use of existing public sources and from new public and private sources.
Rent subsidies for 1,700 units	\$ 11,500,000	This annual cost could be funded, in part, by using existing, and securing new, Section 8 vouchers.
Support services for people in 2,100 units	\$ 13,100,000	This estimated annual cost could be funded through new funding sources or existing government programs such as Shelter Plus Care, Housing Opportunities for Persons With AIDS, the Community Development Block Grant, Medicaid and Medicaid Waiver programs, Temporary Assistance to Needy Families, or the Marion County township trustees.
Enhanced management and building security	\$ 1,500,000	Several existing sources of funds could be used and new sources may need to be identified.

developers, and other professionals familiar with local real estate market conditions.

While the housing units created by the Blueprint will be permanent, it is likely that some households may move into other housing settings over time based on the experience of other cities.

Eventually, this approach will end homelessness by:

- ★ Helping homeless people move off the street and into appropriate housing.
- ★ Assisting people who live in shelters for long periods in finding more appropriate, cost-effective housing.
- ★ Reducing chronic homelessness and repeated periods of homelessness.
- ★ Preventing many people from becoming homeless, primarily by making existing housing more affordable.

becoming homeless.

- ★ Increase access to, and coordination of, housing and services.
- ★ Enhance services in specific areas of need.
- ★ Coordinate service systems for special populations.
- ★ Take steps to ensure that the Blueprint is implemented and that it effectively accomplishes its goals.

Details for carrying out these initiatives are discussed later in this plan. ▲

Strategies aimed at achieving the Blueprint’s goal of ending homelessness were formulated after extensive research and input from a wide range of people in Indianapolis and elsewhere.

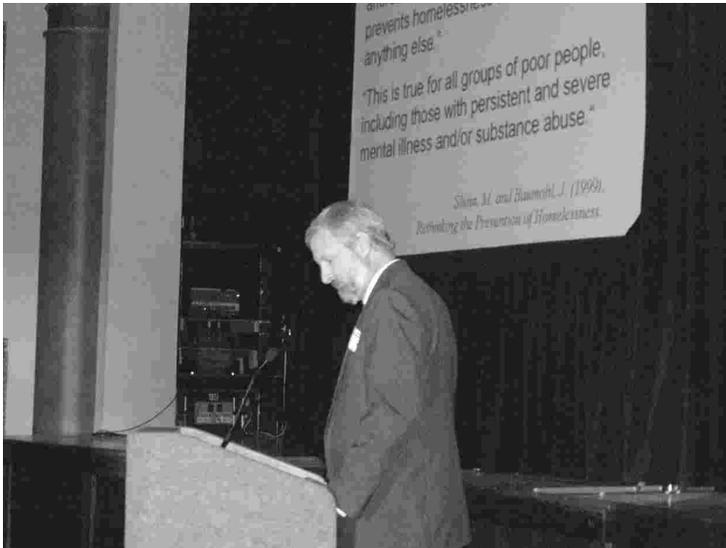
The overall cost of providing affordable housing or services for 2,100 units, based on Corporation for Supportive Housing estimates, is identified in the table on page 11.

It is important to note that these estimates are based on full occupancy. Some time will lapse before all the units are made affordable, occupied, and provided with support services.

A Summary of Blueprint Strategies

While providing much more permanent, supportive housing is critical to ending homelessness in Indianapolis, the Blueprint outlines a variety of other initiatives. In general, these initiatives will:

- ★ Strengthen efforts to prevent people from



Dan Shepley, executive director of CHIP, providing an overview of the Blueprint to the Housing Task Force.

Strategies to achieve the Blueprint's goal of ending homelessness were formulated after extensive research and input from a wide range of people in Indianapolis and elsewhere. Information to develop the Blueprint's recommendations came from:

Discussions with national experts on homelessness. Several of these experts also provided written comments on drafts of the Blueprint.

Local and national consultants hired to assess and make recommendations concerning specific areas of need, including affordable housing, case management, employment, mental illness, addictions, children and families, and people recently released from the criminal justice system.

Surveys of homeless people at local day service centers and shelters. More than 700 responses provided valuable information.

Focus groups assembled to assess the views of homeless people. These groups involved 69 people at 13 shelters and other service sites and 12 homeless people living on the street. Seven Spanish-speaking people were included. Six other focus groups were held with families receiving public aid and with other families living in shelters and transitional living programs to assess their need for childcare and other services.

An analysis of concerns voiced by representatives of about 150 organizations and programs contacted during the Blueprint process. Those involved included former homeless people; members of federal, state, and city government; business leaders; providers of services to homeless and near-homeless people; law enforcement officials; and other community leaders.

Many of these people attended meetings of the Blueprint Committee, its work teams and project teams, and reviewed and commented on five drafts of the Blueprint that were widely circulated. ▲

Several national experts also provided written comments on drafts of the Blueprint.

Project teams composed primarily of local providers of services to homeless people. They met regularly to address specific service areas, such as employment and training, treatment for mental illnesses and addictions, case management, and services for children and youths.

Work teams of Blueprint Committee members,

A final draft of the Blueprint was formally unveiled at a public meeting on April 18, 2002 at the Fountain Square Theatre in Indianapolis. More than 300 people attended, including Mayor Bart Peterson, members of the Indianapolis Housing Task Force, other elected officials and community leaders, advocates, and current and former homeless people.

The same morning, *The Indianapolis Star* highlighted the event with a front-page story and an editorial that endorsed the recommendations.

"A year in the making, the blueprint deserves strong support from the community," the

editorial noted.

The public meeting began with a music and dance performance by the Indianapolis Symphony Orchestra. The Blueprint's key recommendations were outlined by a series of speakers. They included: Rick Alvis, President, Wheeler Mission Ministries

John Brandon, Executive Director, Marion County Commission on Youth
Bill Bickel, Director, Holy Family Shelter and Transitional Housing
Sam Brown, Head Chef and Trainer, Second Helpings
Char Burkett-Sims, Manager of TANF Policy, Indiana Family and Social Services Administration
Maira Carlstedt, President, Indianapolis Neighborhood Housing Partnership
Alison Cole, Deputy

Kelley Gulley, Board President, CHIP
Dennis Jones, Housing Director, Hoosier Veterans Assistance Foundation
Fred Koss, Executive Director, Information and Referral Network
Shawna Lee, former foster child
Randy Miller, Executive Director, Drug Free Marion County
Dan Shepley, Executive Director, CHIP
Steve Thomas, Chief Operating Officer,

Corporation for Supportive Housing
Johnie Underwood, Assistant to the Commissioner, Indiana Department of Correction
Sarge Visher, Chief of Staff, Office of U.S. Rep. Julia Carson

Following the presentation, Nan Roman, president of the National Alliance to End Homelessness, delivered remarks about the Blueprint, calling it "notably

- ★
- ★
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Sound plan to fight city's homelessness

Our position:

Data show a dual strategy of housing and support services will reduce the homeless population

At last, an effective strategy has emerged to help Indianapolis reduce the number of homeless. The solution looks simple, but will require moral, financial and technical support from many sectors. The city must provide more affordable housing coupled with support services.

The Blueprint to End Homelessness will be presented today in Indianapolis by the Housing Task Force. It proposes to combine affordable housing opportunities with comprehensive support services such as drug treatment and job counseling, a tactic that has worked well elsewhere but has not been tried here in a comprehensive way.

Studies have found that many Indianapolis residents suddenly become homeless when their incomes drop below the cost of available rental housing. Those families initially end up in shelters, then on the streets.

An estimated 15,000 people are homeless in Indianapolis at some time during the year, including 3,500 each night. That's not counting the folks living temporarily with relatives or friends. In 1998, the task force suggested that Indianapolis create 12,500 rental units affordable for people at the bottom of the income ladder.

The blueprint, developed at the urging of Mayor Bart Peterson, suggests that Indianapolis take smaller steps first. It calls for adding 2,100 affordable housing units within five years and tying them to support services, with the goal of preventing the homeless from returning to the street. Indianapolis has about 13,000 vacant rental units now, some of which could be made affordable with voucher subsidies.

The document leans heavily on coordinating service systems for the homeless after they've been housed. There is a good reason to be optimistic about that approach. Data from other cities where housing and support services have been combined are impressive. Indianapolis has modeled much of this plan after the one in Columbus, Ohio, which the General Accounting Office lauded for creating 800 supportive housing units for chronically homeless men, more than half of whom didn't return to the street.

The Coalition for Homelessness Intervention and Prevention will implement the program. Agencies serving the homeless must build on the \$13 million spent annually on homelessness here by local, state and federal governments and \$9 million from private donors. This will require a concerted, coordinated effort from all sectors of the city.

A year in the making, the blueprint deserves strong support from the

The Indianapolis Star
April 18, 2002
(reprinted with permission of The Star)



Gregg Clark, a local homeless person

During the first five years, this Blueprint recommends making 1,700 units affordable for chronically homeless people and those most vulnerable to becoming homeless. Chronically homeless people currently consume a disproportionate share of costly emergency resources. The Blueprint also recommends creating support services for residents of these units and 400 other households at risk of homelessness.

With a shortfall of perhaps 12,500 rental units affordable to its low-income residents, Indianapolis cannot end homelessness without a sustained effort to create more affordable housing – and specifically, supportive housing.

To formulate a strategy for addressing this need, the Coalition for Homelessness Intervention and Prevention hired the Corporation for Supportive Housing, which

based on local efforts to identify the most vulnerable populations. 3) Estimating costs and suggesting one possible funding scenario. 4) Suggesting potential public policy changes and systems improvements needed to make the units affordable and to provide support services.

CSH prepared its recommendations after its staff members made several visits to Indianapolis, conducted interviews with local people familiar with housing and poverty issues, and collected data about the amount of public funding currently available to the city of Indianapolis.

In a written report, CSH recommended that Indianapolis make 1,700 units affordable to homeless and near-homeless people during the first five years and provide support services to residents in 2,100 units. In addition, CSH noted:

- ★ Meeting the suggested five-year goal will require an extraordinary level of political commitment and public investment.
- ★ Success is possible if community support can be fostered and maintained over the next five years.
- ★ To reduce the number of people who are homeless, Indianapolis will need to use its existing resources more efficiently to leverage

Success is possible if community support can be fostered and maintained over the next five years.

has spearheaded development of supportive housing in communities throughout the nation.

In its work for the Blueprint, CSH's duties included: 1) Recommending strategies for creating a portion of the 12,500 units in five years, both to set realistic short-term goals and to build momentum for making additional housing units affordable in succeeding years. 2) Making recommendations about the homeless and at-risk households that should be prioritized for occupying the new housing,

other public funding, commit to increasing its investment in rental housing affordable to extremely low-income households, and work to establish new partnerships among government agencies and the private sector.

- ★ The effort to provide additional permanent, affordable housing should be complemented by ongoing, appropriate investments in the full range of services needed by homeless individuals and families to ensure the success of the housing plan.

CSH suggested that, over time, creating access to additional affordable housing units will likely reduce the burden on emergency and transitional systems and allow for an even greater investment in permanent, affordable housing.

Communities around the nation have reached similar conclusions. For example, Columbus, Ohio set goals for reducing shelter beds as part of a major effort to develop permanent, supportive housing for chronically homeless people. Columbus officials found that these

In consultations with local stakeholders, the Corporation for Supportive Housing suggested that the Indianapolis residents listed in Table 2 be prioritized for access to affordable housing linked to services over the next five years.

Another chart on page 17 describes how the 2,100 housing units would be allocated to serve homeless people and households at risk of becoming homeless. The allocations were determined based on several factors, including the estimated size of each group

- ★ Make 1,700 rental units affordable to people with the lowest incomes in the first five years.
- ★ Make support services available to persons in 2,100 units.
- ★ Identify priority populations to reside in these units.
- ★ Utilize the existing housing stock.
- ★ Convene an implementation group of community leaders to execute the housing plan.

The net cost of the average supportive housing unit was only about \$995 a year. - Culhane study

chronically homeless people, who make up 15 percent of the homeless population, used more than half of the service system's resources.²²

A study last year led by Dennis Culhane of the University of Pennsylvania found that reduction in hospitalizations, incarcerations, and shelter stays nearly covered the cost of developing, operating, and providing services in supportive housing. The net cost of the average supportive housing unit was only about \$995 a year.

relative to other groups of homeless and near-homeless people in Indianapolis and the types of housing most immediately available.

Types of Housing

This housing would be provided in a variety of settings. They would include, among others, multi-unit buildings where all the units are designed to serve homeless or near-homeless people, units set aside for these populations

In other words, based on the most conservative assumptions – without taking into account the positive effects on health status and employment status, or improvements to neighborhoods and communities – it costs little more to permanently house homeless people and provide them with support services than it does to leave them homeless.

Further evidence shows that supportive housing provides other public benefits. An analysis of the Connecticut Supportive Housing Demonstration Program found that supportive housing improved neighborhood safety and beautification, increasing or stabilizing property values in most communities.²³

Table 2. Household Definitions

Long-term homeless adults	People who have experienced multiple episodes of homelessness over several years and rely on emergency shelters and other temporary arrangements for housing.
Street homeless	Single adults who currently live on the streets or in abandoned buildings and are reluctant to accept current housing options such as emergency shelters or transitional housing programs.
Long-term homeless families	People who have been homeless repeatedly, living in emergency shelters or "doubled up" with relatives or friends.
Homeless youths	Young people estranged from their families who live on the streets, have no stable housing, and are not well served by current housing options for adult homeless people.
Individuals leaving institutional settings	People who would likely become homeless soon after leaving institutional care (such as a correctional facility or foster care) if suitable housing is not readily available and accessible.
Vulnerable households	Households paying too much for housing or experiencing other stressors that might be alleviated through rent subsidies or other assistance.



within a larger building, and "scattered site" units distributed throughout a neighborhood.

A more detailed description of the possible range of housing options can be found in the CSH report. It is available on the CHIP Web site, www.chipindy.org.

Housing Costs and Funding Sources

Indianapolis has an estimated 13,000 vacant rental units not currently affordable to the poorest of the poor. The report identified this surplus as "an unusual and important resource" in meeting the need for affordable housing for the extremely poor.

Due to this surplus, the report suggests that it may not be necessary to build a large number of new units to provide housing for people most vulnerable to homelessness. Instead, much of the housing need can be met through rent subsidies and rehabilitation of existing units.

An estimated \$48.2 million would be required for capital funding needs – funds required to acquire, construct, or refurbish units and provide the necessary reserve funds and incentive payments to encourage private landlords to make

the units accessible to needy persons. Possible sources of capital funding include:

- ★ Low Income Housing Tax Credits administered by the Indiana Housing Finance Authority
- ★ U.S. Department of Housing and Urban Development McKinney - Vento funds for homeless service programs
- ★ Federal HOME and Community Development Block Grant funds allocated to the state and city
- ★ U.S. Department of Veterans Affairs funds
- ★ Federal Home Loan Bank funds
- ★ Investments from foundations and the United Way

In addition, an estimated \$11.5 million in annual operating subsidies will be needed to make the units affordable to low-income residents and to provide adequate maintenance of the units. (This estimate is based on annual costs once all the units are occupied.)

Much of this cost could be paid through federal Section 8 vouchers issued by the Indianapolis Housing Agency. These vouchers subsidize the difference between the rent paid by a tenant and the fair market rent of the unit.

Table 3. Unit Distribution

Household type	Number of units to be made affordable
Homeless youths	100
Long-term homeless adults	200
Street homeless adults	250
Long-term homeless families	200
At-risk adults	200
At-risk families*	800*
People leaving the criminal justice system	120
People leaving the foster care system	230
Total units	2,100

* 400 of these households would be assumed to reside in affordable housing but need services to maintain their housing.

Potential Model for Services and Typical Funding Sources

Drawing on programs established by other cities around the country, CSH described typical service strategies linked to different housing models that have proved effective for serving homeless people and households most at risk of becoming homeless.

CSH estimated that about \$13.1 million would be needed annually to provide support services to ensure that people residing in these units live as independently as possible. In other communities, a variety of government programs provide funding, including Shelter Plus Care, Housing for People with AIDS, Community Development Block Grants, Medicaid and Medicaid waiver programs, Temporary Assistance for Needy Families, and state and local general fund dollars.

Key Stakeholders in Implementation

The Blueprint recommends creation of an implementation group with representatives from city government, the Indianapolis Housing Agency, other local and state officials, social service providers, and other community leaders to ensure that the housing and service strategies are coordinated and carried out.

This Blueprint also recommends that a lead entity responsible for carrying out the 10-year Blueprint assemble this implementation group and take steps to provide the necessary technical support and other assistance needed to reach the five-year goals outlined in the housing plan. The Coalition for Homelessness Intervention and Prevention would become this lead entity. Other functions of the lead entity are described later in this report. ▲



r i s i n g

Working the front desk at the Blue Triangle, a housing development for low-income Indianapolis residents, Jeanette Tibbs easily juggles a number of tasks.

As she greets residents, confidently answers the phone, and keeps an eye on the front door and a row of surveillance monitors, she bears little resemblance to the woman who once was mentally unstable, unemployed, and homeless.

Tibbs said she suffered a nervous breakdown and was hospitalized after a troubled life that included financial problems, periods spent in homeless shelters, and a difficult relationship with her husband, from whom she is separated.

When she got out of the hospital in 1997, relatives were unprepared to take her in, she said.

She got a fresh start at the Blue Triangle, which provides an array of social services to its residents

- many of whom have physical and mental disabilities
- to help them become as independent as possible.

STRATEGIES for Preventing Homelessness



The Blueprint calls for a number of specific initiatives to prevent homelessness. Strategies include:

Create a neighborhood-based homelessness prevention system to identify and assist people most likely to become homeless.

Homeless people tend to come from high-poverty neighborhoods near Downtown.²⁴ Many homeless people from these neighborhoods face a variety of challenges that often include histories of domestic violence, child abuse, or drug or alcohol abuse.²⁵

This Blueprint calls for establishing homelessness prevention programs in these or other targeted neighborhoods to identify people most vulnerable to becoming homeless and work to keep them from falling into homelessness.

Input received from homeless people in focus groups underscored the need for prevention services, including those provided by "mainstream" social service agencies such as the Indiana Family and Social Services Administration and township trustees. A report summarizing the views of homeless people noted:

"Participants complained of not knowing what was available to them until they had lost everything. Trustees, churches, schools, food pantries, welfare workers, etc. were cited as important possible information and referral agents."²⁶

- ★ Create a neighborhood-based homelessness prevention system.
- ★ Improve services to persons with recent criminal backgrounds.
- ★ Improve housing and services for young adults leaving the foster care system.

These prevention initiatives would build upon existing neighborhood resources to help provide employment assistance, housing subsidies, or other support services. The model for providing this assistance would be similar to the homelessness prevention demonstration projects currently administered by CHIP. As the lead entity for the Blueprint, CHIP would help neighborhoods develop tailored strategies to assist their most vulnerable residents to stay housed.

Action steps include:

- ★ Determining, by late 2003, the neighborhood sites that are most suitable to provide homelessness prevention services. (Assistance sites could include churches, food pantries, community centers, workforce development centers, schools, neighborhood groups, community development corporations, or other entities.)
- ★ By late 2003, developing a profile of households most at risk and most likely to benefit from assistance.
- ★ Providing prevention assistance beginning in 2004 and extending this assistance to a minimum of 500 households by 2008.

Improve services to persons with recent criminal backgrounds – including offenders released from jail or prison and other offenders in community corrections programs – to ensure they do not become homeless.

According to a recent survey, about 15 percent of adult homeless people living in emergency shelters in Indianapolis said they had recently been released from a prison or jail. Besides these 101 persons, 17 others said they had recently left a jail or prison and were living on the street. Most of the people who reported that they had been recently released from the criminal justice system were men.

Besides having criminal histories – often a



profile rising from the streets

barrier to finding a job or housing – many people released from incarceration face additional challenges, according to the survey. About one-fourth admitted having serious mental health problems, though fewer than half said they received treatment for those problems. And nearly all said their current homelessness was caused by problems related to rent affordability, job loss, or eviction.²⁷

Former criminal offenders released into the community often commit new crimes or violate probation or parole. State and national prison data indicate that about 40 percent of the population released from custody re-offends within a year. Many of these former offenders need treatment for addictions or other mental health problems.

Additional programs are needed to help people with criminal backgrounds successfully return to society, both for their own good and to help avoid the high public cost of providing emergency services when they become homeless – or of housing them again in prisons and jails when they commit new offenses.

A study conducted for the Blueprint indicates that a variety of efforts are under way to improve transition services for ex-offenders, but that these efforts need to be better funded and coordinated.²⁸ As the lead entity for the Blueprint, CHIP will work with other stakeholders to develop coordinated policies and services aimed at preventing former criminal offenders from becoming homeless.

Recommendations include:

- ★ Setting community goals that emphasize reducing the number of former criminal offenders in the homeless population and ensuring that increasing numbers of people leaving incarceration achieve stable housing and employment.
- ★ Assessing stakeholders' progress in achieving these goals.
- ★ Exploring replication of programs shown to be effective.
- ★ Holding regular meetings of stakeholders to assess progress in preventing offenders

For most of his adult life, Garland Boone has lacked a home of his own.

Repeatedly arrested for shoplifting to support an addiction to drugs and alcohol, he spent long years in prison. When he was not incarcerated, he lived in motels or with family members or friends – and quickly fell back into the old habits that got him in trouble.

In late middle age, when fellow inmates called him "Pops," he considered suicide, despairing of ever breaking free from his self-destructive ways.

But today, Boone, 55, holds down a job as an outreach worker for the Marion County Health Department, belongs to a church and a credit union, rents a tidy, five-room home, and pays his own bills.

He received a new lease on life when a parole officer gave him an ultimatum: enter a residential drug treatment program or return to life behind bars.

He chose the treatment program operated by Volunteers of America and, at age 51, began turning around his life.

The end to old habits did not come easily. He had been abusing substances since his teen years, starting with cough medicine, then moving on to alcohol, cocaine, and heroin.

"I didn't know how to live life," Boone said. "Through my addiction problems, jails and institutions had taken over management of my life. Talk about scary: living without alcohol and drugs. I was like a child in a man's body."

But little by little, the routine and support offered by Volunteers of America – and later, by the Lucille Raines residence, a home for recovering addicts – helped him move forward. Eventually, he was able to move out on his own.

"I never thought I'd have my own place," Boone recalled. "I always thought I'd be dependent on someone."

"But today, I like getting up and being responsible. There's nothing better than paying your own bills – and being there, trying to help the next person."



residential care to persons who, upon release, are at risk of becoming homeless. This task force would focus its discussion on policy changes that could reduce the likelihood that people released from these systems will become homeless.

Improve housing and services to young people "aging out" of foster care to ensure a successful transition to independence.

About 100 young people become too old to continue in the foster care system each year in Marion County.²⁹ Over a 10-year period, 1,000 local foster children will turn 18 and "age out" of foster care.

Currently, an estimated 40 percent of young people aging out of foster care become homeless or incarcerated within 18 months. No longer the responsibility of the state, many of these young people are left on their own and lack the skills and supports to make a successful transition to healthy adulthood.

While Indianapolis must address the housing needs of all unattached street youths, as later identified in this plan, the Blueprint recommends the following strategies to prevent homelessness among young people who no longer know a foster home as their home.

- ★ Work with developers and care providers to create 230 units over the next five years targeted to former foster youths.

- ★ Assist stakeholders in preparing a transition plan to connect young people who have aged out of foster care with appropriate housing, as outlined in the Blueprint's five-year housing plan.

- ★ Train service providers to identify a history of foster care among youths and young adults. Coordinate services with appropriate agencies to ensure these young people have access to comprehensive support services. ▲

15 percent of adult homeless people living in emergency shelters in Indianapolis said that they had recently been released from a prison or jail.

from becoming homeless – and to consider changes in policies and procedures to further this objective.

- ★ Focusing services on offenders most at risk of becoming homeless, including those who lack supportive families and have mental health problems.
- ★ Ensuring that appropriate supportive housing for offenders is developed as outlined by the five-year housing plan and assessing the need for additional housing after five years.
- ★ Educating the community about reintegration challenges faced by people leaving incarceration and the benefits of enhancing services for this population.
- ★ Encouraging members of the faith community to serve as mentors for persons leaving incarceration.

As the lead entity, CHIP will develop a plan in 2003 for reaching these goals in cooperation with representatives from the Indiana Department of Correction, the state's task force on homelessness, and other entities.

In 2003, CHIP also will explore assembling a task force of representatives from the state foster care and prison systems, the state Division of Mental Health and Addictions, and other institutions that provide long-term

Over a 10-year period, 1,000 local foster children will turn 18 and "age out" of foster care.

STRATEGIES for ACCESSING and COORDINATING HOUSING and SERVICES

This Blueprint recommends strategies to help people gain access to housing and services, and to better coordinate housing and services, so that people in need are better able to remain housed or to gain housing if they are homeless. These strategies include:

Coordinate housing and services by developing a well-structured, strengths-based case management approach that is responsive to individuals and overcomes the fragmentation of these resources.

The Blueprint calls for case managers to have access to a variety of services that allow them to move homeless people into safe, affordable, and permanent housing as soon as possible, in the belief that all people can successfully maintain housing when they have the proper supports.

The Blueprint recommends that case managers use the strengths-based approach – that is, provide services that build upon homeless persons' strengths. All case management will provide assertive and persistent outreach; linkage with available, and integrated, community services; advocacy for needed services; and direct services when existing services are lacking.

Case management will also engage individuals in vocational, social, and recreational activities that support, and build

require frequent contact and permanent support services to remain housed in the community.

- ★ Brief intensive for homeless people who have temporary barriers to self-sufficiency and can live independently in community housing following a brief period of intensive services.
- ★ Preventive for people who are precariously housed and need brief support services to achieve housing stability.

The frequency of contact, length of case management service, use of volunteer mentors who can provide assistance, and accessibility to a team of service providers will vary based on individual needs. Further details regarding each level of case management can be found in the Blueprint's background documents.

Additional recommendations for case management services include:

- ★ Identify a flexible funding pool accessible to case managers so they can assist their clients in overcoming barriers to success.
- ★ Develop a team approach to increase coordination, collaboration, and

integration among service providers that deliver case management services.

- ★ Increase the use of volunteers and mentors to strengthen the support network for homeless families and individuals. Provide training for former homeless people who want to serve as mentors.
- ★ Provide education and training for former homeless people to serve as case managers and case management aides.

Coordinate housing and services by developing a well-structured, strengths-based case management approach.

Designate a care management organization.

Provide enhanced information and referral assistance and access to housing and services.

Improve coordination of street outreach, with the goal of moving people off the streets and into shelter, housing, and services, as appropriate.

Create a shelter for people who are publicly intoxicated that provides prompt access to treatment.

Improve access to transportation to help people overcome barriers to obtaining employment and services.

Help families access subsidized childcare.

Improve access to housing and services for persons who do not speak English.

This Blueprint recommends that case managers use the strengths-based approach.

upon, their skills and interests and assist them to develop support networks and to manage crises.

To match the level of services with the intensity of need, the Blueprint recommends three categories of case management:

- ★ Long-term intensive case management for people who are homeless due to chronic illness or disability or who have other permanent barriers to self-sufficiency. People with these needs likely will



Thomisha Smith and her son, Ajani, outside a local shelter.

Homeless people who participated in focus groups stated the lack of transportation options makes it difficult to access better paying jobs, especially those located in the suburbs.

- ★ Appoint an entity or entities to coordinate case management. As lead entity for the Blueprint, CHIP would accomplish this goal through requests-for-proposals, contracts, partnerships, or other means. Two possible options include 1) hiring a care management organization to coordinate support services with employment assistance and housing for chronically homeless people and others living on the streets, and 2) directing such an entity to coordinate these services for residents of all 2,100 units identified in the housing plan. These and additional strategies for coordinating case management will be explored.

Provide enhanced information and referral assistance and access to housing and services.

Homeless and near-homeless people may not get the help they need unless they are efficiently referred to sources of assistance. Despite a number of information and referral resources and more than 87 programs that serve these populations, many needs go unmet.³⁰

Out reach services need to adopt the goal, successfully used in other communities, of moving people into shelter for their own safety.

This Blueprint calls for several initiatives to improve the ability of homeless and near-homeless people to access information that will lead them toward needed housing and services.

Recommendations include:

- ★ Develop, with the Information and Referral Network, a database of housing available and affordable to homeless and near-homeless people. This database will be regularly updated and made available to service providers.
- ★ Improve access to information about housing availability by hiring and coordinating the work of "housing specialists" who can maintain up-to-date information about available housing stock. (The role of the housing specialist is also discussed in the shelter and day services section of this report.)
- ★ Utilize ClientTrack to produce information on real-time emergency shelter bed availability and referral.

Improve coordination of street outreach services in Indianapolis, with the goal of helping people move from the streets and into shelters, housing, and services, as appropriate.

Outreach services need to adopt the goal, successfully used in other communities, of moving homeless people into shelter for their own safety rather than supporting their efforts to live on the streets.

In focus groups, homeless people voiced support for additional training for outreach workers. Training among law enforcement personnel is particularly needed because homeless people indicated that law enforcement involvement in outreach would not be helpful. However, the experience of

other communities is that police involvement is essential to help move homeless people off the street for their own well-being, particularly when the weather is dangerously cold.³¹

This Blueprint calls for the following:

- ★ Designating CHIP, as the Blueprint's lead entity, to develop a plan by mid-2003 to help existing outreach teams more efficiently canvass areas with high concentrations of homeless people. CHIP also will be responsible for the action steps listed below.
- ★ Coordinating prompt responses to "hotline" calls received by the information and referral system regarding homeless people living on the street and establishing protocols for responding to these calls.
- ★ Coordinating with shelters to ensure that homeless people identified at night and on weekends can be admitted.
- ★ Working with the courts to utilize involuntary commitments when needed to protect clients' safety, and with the police to facilitate effective outreach.
- ★ Assessing the number of people on the street and their treatment needs with the assistance of outreach teams. Ensuring that mental health professionals are involved in outreach.
- ★ Determining the types and amount of temporary shelter needed to house people living on the streets during the winter of 2002-2003.
- ★ Providing information to Downtown businesses, neighborhood associations, public health nurses, food pantries, and

Create a shelter for people who are publicly intoxicated that provides prompt access to substance abuse treatment.

Intoxicated persons currently are incarcerated at the Marion County Lockup, with no provision for treatment.

Creating a shelter for these people would increase their access to treatment and also free up much-needed space in the jail system. Such a facility, known as an engagement center, sober up station or wet shelter, also would provide temporary refuge for homeless people whose drunken state makes them inappropriate to be housed in emergency shelters. Homeless people who live on the street are more likely to drink alcohol frequently and are at higher risk for illness and fatalities.³²

This Blueprint calls for identifying a site for a sober up station by 2004.

In other communities, including Oklahoma City and Columbus, Ohio, such shelters have proved to be cost-effective alternatives to jail. Officials in Columbus also have found that a sober up station has been effective in linking people with treatment services.

Assist individuals with accessing housing, employment, and other needed services by expanding available transportation options.

Transportation is a complex community issue

"I'm constantly late for work. I am supposed to be there at 5:30 but the childcare doesn't open until 6:00 a.m."

-Mother in TANF focus group

A sober up station also would provide temporary refuge for homeless people whose drunken state makes them inappropriate to be housed in emergency shelters.

others about the need to move homeless people off the street for their own safety, and engaging these stakeholders in developing solutions.

- ★ Making recommendations for training programs for outreach teams, the police, and referral programs that serve homeless people.

that has long posed barriers for homeless people and others with limited incomes. To access housing, employment, and services such as medical appointments and childcare, homeless and near-homeless people need reliable, flexible, and cost-effective transportation options. Action steps include:

- ★ Work with the City and IndyGo to promote



and expand the concept of "Indy Flex," IndyGo's transportation program that connects working families with jobs and employers. IndyFlex provides services to certain geographical zones not served by the traditional bus system.

- ★ Work with shelters and transitional living programs to further assess transportation needs of residents and expand availability of resources.
- ★ Explore the viability of expanding the Family Services Association's "Way to Work" program.

Develop local and statewide strategies for helping homeless and near-homeless people access subsidized childcare.

In focus groups conducted by the Indiana Youth Institute, participants remarked that the high cost of childcare was their biggest barrier to maintaining employment.³³ For a single working mother with two children earning an income just above the poverty line, childcare expenses can exhaust up to 75 percent of her salary.³⁴

program are eligible for childcare subsidies in Marion County. The state Family and Social Services Administration reported a waiting list of 7,000 children for that program at the end of 2001.³⁵

Most family shelters and transitional living programs do not have the resources needed to provide on-site childcare. Currently, only three such programs provide care for homeless children, leaving many families without this essential support.³⁶

A comprehensive strategy for providing access to subsidized childcare for homeless and near-homeless families must be developed. This strategy must identify ways to maximize state and local funding and involve employment and transportation providers as stakeholders. It also must include an array of childcare services that promote nurturing and safe care for children. Preliminary recommendations for improving access to childcare have been developed with help from the Indiana Youth Institute. As the Blueprint's lead entity, CHIP will identify advocacy groups and others in 2003 that can be convened to further explore ways to help homeless and near-homeless families more easily obtain childcare. Recommendations include:

- ★ Identify ways to increase the availability of childcare subsidies by exploring strategies that have proved successful in other states. Strategies to be examined include a voluntary income tax check-off to make contributions to a childcare fund (used in Colorado), a motor vehicle registration childcare account (available in Kentucky), and funds made available from lotteries (used in Missouri).

Most family shelters and transitional living programs do not have the resources needed to provide on-site childcare.

Obtaining subsidized childcare for homeless and near-homeless families remains a significant challenge. Currently, only families who receive support through the Temporary Assistance for Needy Families (TANF)

- ★ Support the effort led by the Family and Social Services Administration and the Indiana Association for Child Care Resource and Referral that uses "Business Partnership Specialists" to work with employers to

support childcare for their employees. Strategies could include setting up tax-free deductions for childcare expenses or subsidizing these expenses.

- ★ Expand the availability of before- and after-school childcare options for homeless and near-homeless, school age children whose parents are working or participating in services. Work with the Indianapolis Public Schools to consider policies that will allow school buses to transport children to designated after-school sites. Assistance should be available at neighborhood-based homelessness prevention sites.
- ★ Investigate ways to provide care for children in shelters while their parents are working or participating in services. Possible options include expanded partnerships with faith-based agencies, community childcare, and expansion of Head Start sites.

Improve information and access to housing and services for people who do not speak English or who face other barriers to obtaining this assistance.

Many people new to Indianapolis face unique barriers in their struggle to achieve self-sufficiency and to avoid homelessness. To better assist them, a working group will be formed in 2003 to consider the strategies listed below. To realize these strategies, this group will concentrate on better coordinating existing services and programs.

Action steps include:

- ★ Develop an advocacy agenda that outlines strategies for immigration reform and increased eligibility for services regardless of residency status.
- ★ Enhance the cultural competency of program administrators, staff, and the community to help newcomers access safe, affordable housing and support services.
- ★ Eliminate exploitation in areas such as housing, employment, legal services, tax

preparation, and credit issues by educating homeless people and service providers about potential forms of exploitation. Work with neighborhood groups, employers, landlords, and local businesses to reduce this problem.

- ★ Create a mechanism for individuals who are undocumented to report exploitation without the threat – real or imagined – of deportation.
- ★ Enhance collaborative efforts among agencies that serve homeless and near-homeless persons and those that serve people who speak English as a new language.
- ★ Increase the trust of individuals seeking services by offering culturally competent education and resource materials. Provide training to all providers regarding the appropriate use of translators. Special emphasis should be placed on not using children to translate complex subjects for their family members and on providing interpreters who are fully fluent. ▲

For a single working mother with two children earning an income just above the poverty line (\$15,000), childcare expenses can exhaust up to 75 percent of her salary.



Despite reporting significantly higher personal challenges that make employment difficult, poor families that had left welfare but received housing assistance had higher employment rates and incomes than those without it.

Sheila Zedlewski, "The Importance of Housing Benefits to Welfare Success," Brookings Institution, 2002.

Just as the Blueprint calls for better ways for homeless and near-homeless people to access housing and services, it also recommends ways to enhance core services, such as employment assistance and treatment for mental illnesses and addictions. Recommendations include:

Ensure a continuum of employment services to support single adults, youths, and families in reaching their potential.

To achieve the greatest possible independence, homeless people must have adequate opportunities for meaningful work. Many homeless people are currently working, or are actively seeking work.³⁷ But criminal records, mental illnesses, or addictions can make it difficult for people to work in mainstream employment settings. And a shortfall exists in specialized work opportunities, such as supported employment and vocational rehabilitation services – programs that have proved successful in employing and serving people with multiple needs.

While Indianapolis appears to have a diverse and extensive group of workforce preparation providers, more needs to be done to coordinate employment-related assistance with other services that aid homeless people.³⁸ This Blueprint calls for:

- ★Increasing work opportunities for people with multiple barriers.
- ◀ *Expand the availability of supported employment and vocational rehabilitation programs, and train service providers on how to better connect people to these*

programs. Current estimates call for expanding these programs to serve at least another 250 to 270 homeless individuals who have serious mental illnesses, physical disabilities, or chronic addictions.³⁹ Efforts will be made to work with the state Division of Mental Health and Addictions, the state Office of Vocational Rehabilitation, the case management system, and other key stakeholders to refine these estimates.

- ◀ *Expand and integrate employment services that use a transitional employment model to help individuals develop job skills and build upon a scattered work history.* Examples include job clubs to move people from in-house work to supported employment and mission-based business ventures that employ individuals in supportive, service-enriched environments.
- ★Improving coordination and integration of housing, case management, and other services with employment services.
- ◀ *Work with funders and the Indianapolis Private Industry Council to strengthen housing and case management coordination requirements for proposals that target employment services to persons with multiple needs.* Work toward overcoming the fragmentation of resources by requiring providers of employment services to demonstrate strong links to housing and support services as a condition of receiving service funding.
- ◀ *Coordinate employment-based case managers with case management teams.* Work with the case management coordinating entity – known as a care management organization – and other local stakeholders in 2003 to promote greater access to employment. Encourage low case manager-to-client ratios to maximize individualized attention, especially for people with multiple needs.
- ◀ *Coordinate regular meetings and joint training with employers and providers of employment and other services to homeless people to determine how homeless persons, and persons vulnerable to becoming*

homeless, can be more immediately linked to employment and skills training programs and other support services.

★ Integrating educational and skills training programs for people seeking to attain higher-skilled and better-paying jobs. As the Blueprint's lead entity, CHIP will work with local employment programs, businesses, the Indianapolis Private Industry Council, education institutions, and other key stakeholders to:

- ◀ *Explore partnerships with local colleges* to help individuals work toward degree and training programs that match their interests.
- ◀ *Explore development of supported education* programs (similar in approach to supported employment) with educational institutions.

Enhance services for homeless people with mental illnesses and addictions.

Mental health problems affect many homeless people. Local agencies and national estimates suggest that perhaps 40 percent of homeless adults suffer from mental illness or addiction.

While some local homeless people receive treatment for these problems, others do not. These treatment services are often fragmented.

In a recent survey of local homeless adults, about 20 percent of respondents reported having serious mental illness or addiction problems, but fewer than half said they received treatment. And a recent report prepared for the Blueprint noted that the availability of addiction treatment to homeless and near-homeless people is "low at best."⁴⁰

People with mental illnesses or addictions often are not appropriate for care in congregate homeless shelters. Many have behavioral problems or medical needs that hinder their ability to live in large group settings. It is important to stabilize these individuals with appropriate housing and treatment services, both for their own well-being and to avoid costly and inappropriate use of taxpayer-funded emergency services.

In general, homeless people need quicker access to integrated care for mental illness and substance abuse, as well as an improved array of services. Recommendations include:

- ★ *Designate a care management organization*, an entity skilled in coordinating services for persons with multiple needs. The CMO would ensure that people are able to receive appropriate care.
- ★ *Build on existing programs* that divert persons with mental illness from entering the criminal justice system. Establish a similar program for people with addictions as a primary diagnosis.
- ★ *Enhance relationships* with providers of treatment for mental illnesses and addictions through clear memoranda of understanding or similar steps to ensure that the needs of homeless people are met. While a number of local providers offer these treatment services, there is little overall coordination of care.
- ★ *Work with the Marion County Mental Health Association and local treatment providers* in 2004 to develop a plan for assembling a crisis response team. This team would respond quickly when those who have a mental illness or an addiction experience an acute crisis. The crisis response team would work closely with the case management team to assure that individuals who are housed maintain their housing and are linked to appropriate services, such as the residential stabilization programs described below. The crisis response team would be staffed with individuals who have expertise in mental illnesses and addictions.
- ★ *Expand residential stabilization programs for people in acute psychiatric crisis*. Mentally ill homeless people having psychiatric crises often can be stabilized without the use of expensive inpatient psychiatric care or hospital emergency rooms. This Blueprint recommends development of stabilization centers that can deliver cost-effective care in a homelike setting for homeless people. Individuals who are housed also could use such stabilization centers without losing their permanent housing. Research on the number

- ★ Ensure a continuum of appropriate employment services to help single adults, youths, and families reach their potential for economic independence.
- ★ Enhance services for homeless persons with mental illnesses and addictions.
- ★ Assist shelters and day service centers to meet the needs of homeless persons.
- ★ Improve educational services to homeless children and youths.
- ★ Enhance legal services.



Improving the shelter system and access to affordable housing was strongly supported by homeless people.

of units needed, potential stakeholders, and funding sources will be initiated in 2004.

- ★ *Explore ways to make treatment more readily available* by designating a single point of entry into the mental health services system or creating a special "carve out" to make a distinct funding pool available for the needs of homeless persons. Currently, the Indiana Division of Mental Health and Addictions identifies people in crisis as a priority population, along with people with chronic addictions or serious mental illnesses. Research conducted by DMHA indicates that statewide, about 43 percent of people with serious mental illnesses and 22 percent of people with chronic addictions receive treatment. One possible source of funds to aid homeless people is a \$5 million pool that DMHA has targeted to people with mental illnesses and addictions.

Assist shelters and day service centers to strategically address the immediate needs of homeless people.

Emergency shelters and day service centers in Indianapolis provide an array of services to homeless people. They also act as entry points to other agencies and assistance programs.

Ensuring that shelters and day centers operate efficiently and effectively is an essential part of this plan for ending homelessness.

Shelters offer temporary housing, food, and other assistance to meet the basic needs of homeless people. Day centers offer hospitality; help in finding a job, emergency shelter or

housing; and other professional services during daytime hours. Shelters often rely on the services provided by day centers to aid in their residents' recovery.

Day centers also respond to the daytime needs of a significant number of homeless people who do not reside in shelters. A 30-day survey conducted in November–December 2001 found that half of the respondents at one local day center said they lived in public buildings, abandoned buildings, or other locations "on the street."

Both homeless shelters and day centers are grappling with significant demand.

Missions that serve men are frequently full and have to provide sleeping room on mats on their floors. Family shelters routinely turn away many families for lack of room. One local day center had 20,000 visits from 2,400 homeless people during a recent five-month period.

Indianapolis must do more to provide homeless people with shelter or other appropriate housing. But experts and local service providers agree that simply providing more shelter beds will not be the answer and that other steps need to be taken.

Indianapolis must do a better job of preventing people from becoming homeless. It must free up space in the shelters by helping chronically homeless people who drift from shelter to shelter move into more appropriate, cost-effective housing. It must do more to find and house homeless people who live in dangerous circumstances on the street. And it must stop turning away homeless families seeking shelter.

Recommendations include:

- ★ CHIP will identify a housing specialist or specialists in 2003 to work with case managers, landlords, shelters, and day centers to seek out existing affordable housing units, including those accessible to people with disabilities, and to match them with homeless people and people likely to become homeless. This specialist also will:

Provide training to agencies and programs

that work directly with homeless and near-homeless people. This training will be aimed at helping people in need better access affordable housing.

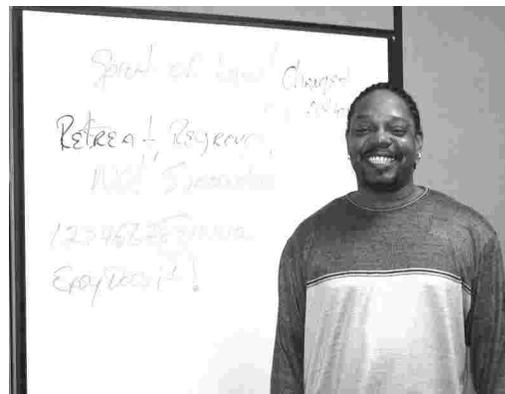
Work with the Information and Referral Network to develop a database of housing available and affordable to homeless and near-homeless people, and make this information available to service providers.

- ★ In 2004, CHIP will convene a working group of representatives from family shelters, men's missions, and day centers to discuss strategies for providing appropriate temporary shelter, with support services, to all who need that assistance during the winter months, and for families who need shelter throughout the year.

Fulfilling these goals for temporary shelter will be a challenge, particularly without the supportive housing units and wet shelter called for in this plan. Possible short-term options include expanding space available through Wheeler Mission and its Care Center affiliate or engaging more congregations to participate in the Interfaith Hospitality Network. The working group also will develop longer-range strategies for providing shelter and helping homeless people move quickly into affordable housing. And it will identify ways to better link day center patrons with appropriate housing or shelter, with a focus on assisting the large number of day center patrons living on the street.

Day centers offer an ideal place to connect people living on the street with housing because so many of these homeless people make use of day center services. Along with shelters, day centers will play an integral role in fulfilling the Blueprint's housing strategy.

- ★ CHIP will hire a consultant 2004 in to assist in developing recommendations for improving the shelter and day center system, including an assessment of the need for additional shelter beds. This consultant will work with CHIP and with local service providers to make recommendations for developing a coordinated, "front-door" system



profile rising from the streets

After spending three years in the Army in the 1970s, Mark Ellison moved on to a successful career in retailing and in radio.

But drugs and alcohol sent him on a downward spiral that left him homeless.

"I lost cars, clothes, apartments, family relationships – you name it," he recalled.

For years, he lived with friends, on the street or in homeless shelters in Indianapolis and other cities. Despite periods of recovery, he repeatedly fell back into drug and alcohol use.

"I prayed I would die," he said of those difficult years. "I remember the pain, the feeling of hopelessness."

Ellison credits his ability to finally rise out of addiction to long-term recovery programs.

For nine months, he recovered at The Healing Place in Louisville, eventually becoming part of the staff. Then he continued his recovery in Indianapolis at two residential programs for veterans.

Addicts "need to re-learn how to live with others," Ellison said of the need for long-term recovery programs.

"Alcohol and drug addiction is pretty isolating. By then, we're pretty antisocial. Long-term recovery gives us a chance to re-learn skills and make some changes that actually stick."

Eventually, Ellison became a certified drug and alcohol counselor. And when the Hoosier Veterans Assistance Foundation began a long-term recovery program for veterans, he became its assistant program director.

Continuing his progress, Ellison recently was married and has mended relationships with his other relatives.

His message to people who have never been addicted, he said, is that addiction "is a sickness. And people who have it can recover."



Zachary Davis at a local homeless shelter

“21% of homeless children repeat a grade because of frequent absence from school, compared to 5% of other children.”

Better Homes Fund

of family shelters or for taking other steps to improve effectiveness and efficiency.

- ★ As additional affordable and supportive housing is developed, CHIP will work with shelters and other stakeholders to establish agreed-upon benchmarks for reducing the number of shelter beds.

Improve educational services to homeless children and youths.

Homeless children and youths face many barriers to attaining a sound education. Turnover rates in some Indianapolis Public Schools are higher than 100 percent in a single school year. Challenges faced by homeless children include family mobility, transportation problems, poor health, lack of adequate food and clothing, and an inability to purchase books or other school supplies.

More must be done to assist Indianapolis Public Schools, family shelters, family transitional living programs, and parents in addressing the education needs of homeless children and youths. Recommendations include:

- ★ Partnering with other groups, such as Indy School on Wheels and Bridges to Success, to consider providing homeless children and youths with improved access to transportation, educational materials at no cost, and other needed services, as well as training school personnel to identify students who are homeless.
- ★ Working with the Indiana Department of Education and Indianapolis Public Schools to consider adoption of a "one child, one

school, one year" policy to minimize disruption in the education of homeless children and youths.

- ★ Providing supplemental educational support through programs, such as Indy School on Wheels, that work with children and youths in shelters and transitional living programs to assist them with their homework. Coordinate these efforts with parents, providers of services to homeless people, and educators.
- ★ Connecting the IPS schools' Homeless Outreach Coordinator with the ClientTrack data collection system to help track and serve homeless children and youths.

Enhance legal services.

Legal help can be an important tool for aiding homeless and near-homeless persons. Those in need include individuals facing eviction or child support and custody issues, people whose credit histories prevent them from obtaining available housing, and others who have been inappropriately denied public benefits and services. More must be done to educate homeless and near-homeless people and social service providers about the importance and availability of legal services and to improve identification of legal problems before they become a crisis.

Currently, Indiana Legal Services Inc. operates a Homeless Legal Project to educate people about their legal rights, provide legal representation on civil issues that interfere with a client's ability to achieve self-sufficiency, and educate shelter staff and other service providers so they can make appropriate referrals for legal services. The Homeless Legal staff provides help on a wide range of civil issues such as consumer law, divorces and child custody, employment, housing, and domestic violence. The staff also provides limited homelessness prevention services. Unfortunately, eligibility guidelines are sometimes restrictive and limit the legal services that can be provided. And current funding is inadequate to meet the need.



Recommendations include:

- ★ Expand the current system's capacity to respond to the full range of civil legal issues affecting people who are homeless or vulnerable to becoming homeless.
- ★ Expand the availability of legal services to homeless and near-homeless people through aggressive outreach activities and collaborative efforts with case managers and other service providers. Outreach services currently are provided through shelters and soup kitchens. Expanded efforts might target faith-based organizations, neighborhood associations, and supportive housing programs that help persons leaving correctional institutions.
- ★ Provide in-service training and ongoing updates to social service providers regarding issues such as landlord-tenant and housing laws, consumer rights, child custody, bankruptcy, public benefit determination, and employment.
- ★ Develop, with the assistance of the Heartland Pro Bono Council, a network of private attorneys willing to provide free services. ▲

profile rising from the streets

Last spring, for the first time in years, Susan Alexander became a homeowner.

She has come a long way from the days when she fled, with her daughter, from an abusive boyfriend and ended up at Coburn Place, a temporary housing program for domestic violence victims.

Living there allowed her to find a job and establish good credit. She moved out to an apartment, then successfully applied to purchase a home through Habitat for Humanity.

"I'm excited and overwhelmed," Alexander said shortly before moving into her new, three-bedroom home, where her house payment is less than the \$509 she formerly paid in rent.

As she worked to become independent, the cost of rental housing posed a major obstacle.

Even though she received a subsidy to help cover her day care costs, she earned just enough to cover other essentials and pay \$250 a month for rent, an amount Coburn would accept.

But for a similar price, she couldn't find a decent apartment. And waiting lists were long for a federally-subsidized housing programs.

She finally was able to move out because she learned about a different subsidized day care program that would cover more of the cost of caring for her daughter. With the additional money, she was able to pay more in rent until she moved into her new home.

As she looks toward a brighter future, Alexander is grateful for the many agencies that have helped her get on her feet. But she worries about people in similar circumstances who have not been able to establish good credit – or to land jobs that pay as well as hers.

"I have friends that are only making \$6 or \$8 an hour," she said. "I really don't know what they're going to do to find affordable housing."

STRATEGIES for Coordinating Services for Special Populations



The Parker family at a local homeless shelter

35,000 Marion County families are directly affected by domestic violence each year. This means that from 359 to 700 families every year could become homeless due to domestic violence.

In Indianapolis, separate systems exist to serve specific groups of homeless people, including families, veterans, survivors of domestic violence, and youths. Improved efforts must be made to ensure that homeless people in need can take advantage of all the benefits offered by these systems. Recommendations include:

Coordinate service systems to promote family stability.

Implementation of Blueprint strategies will promote family stability by better coordinating housing with employment and support services. Currently, many low-income families receive support through the Temporary Assistance for Needy Families program (TANF). This mainstream public aid program seeks to stabilize families through food stamps, Medicaid, employment training programs, case management, and cash assistance that does not exceed \$288 a month for a three-member family.

Despite this assistance, many of the city's most vulnerable families lack affordable housing, thereby undermining the effectiveness of services. Only 15 to 18 percent of all Marion County families receiving TANF also receive a housing subsidy.⁴¹ In addition, Marion County TANF families who are working earn an average hourly wage of \$7.62.⁴² Many working people who lack housing subsidies spend significant portions of their incomes on housing and childcare, leaving them in poverty and at risk for becoming homeless. As the fastest-growing group of homeless people, families must be connected with affordable housing and support programs.⁴³

As the lead entity for the Blueprint, CHIP and key stakeholders will continue to identify ways to improve systems and organizations that serve homeless and near-homeless families. Recommendations include:

- ★ Consider using TANF funds to provide housing subsidies to families. This use of TANF funds has been successful in a number of states, including New Jersey.⁴⁴ As the Blueprint's lead entity, CHIP will work with the Family and Social Services Administration and other key partners to explore best practices and develop a plan for better coordinating TANF assistance with housing.
- ★ Work with the Family and Social Services Administration and other key stakeholders to better serve families by coordinating and strengthening case management, identifying housing needs, and connecting families with neighborhood-based homelessness prevention assistance.
- ★ Partner with future Blueprint working groups to improve coordination of systems that connect homeless families with shelter and move them to housing as soon as possible (such as the "front door" model used in Columbus, Ohio).
- ★ Coordinate homelessness prevention initiatives outlined in this Blueprint with other services that have direct impact on family stability.

Coordinate housing and service delivery for veterans.

On any given night, an estimated 16 percent of shelter residents and 28 percent of homeless people living on the street are veterans.⁴⁵ It is important that all resources serving veterans be coordinated to help the community meet the housing and service goals in this Blueprint.

The Veterans Affairs Medical Center and the VA Regional Office will play an important role in the delivery of medical services and vocational rehabilitation as Blueprint recommendations are implemented. Much can be done to improve coordination of services for homeless veterans.

The Blueprint recommends the following:

- ★ Identify the Hoosier Veterans Assistance Foundation as a key coordinator of services for homeless veterans. The HVAF would take referrals from other organizations, complete an assessment of veterans' needs, and mobilize action for delivering housing and services.
- ★ Collect information about veteran status when service workers contact homeless or near-homeless people. Include a question on common intake forms to identify whether prospective clients are veterans. Link those who are to appropriate services through the Hoosier Veterans Assistance Foundation.
- ★ Obtain support from the state courts, the Indiana Department of Correction, the Indiana Department of Veterans Affairs, and veterans service organizations to identify veterans in Indiana's prisons and jails in an effort to prevent homelessness and recidivism.

Coordinate housing, shelter, and services for survivors of domestic violence.

Domestic violence is one of the leading causes of homelessness and poverty among women. Service providers estimate that 2 percent of domestic violence survivors seek shelter. Since 35,000 Marion County families are directly affected by domestic violence each year, as many as 700 local families every year could become homeless due to domestic violence.⁴⁶

Domestic violence may not be the primary reason many women seek emergency aid. When women need food or shelter, these basic needs become a priority. However, it is important to assess shelter residents' experience with domestic violence so they may be connected to services that go beyond meeting their most basic needs. This Blueprint recommends the following strategies to coordinate housing and services for survivors of family violence:

- ★ As the Blueprint's lead entity, CHIP will work with the Domestic Violence Network of Greater Indianapolis to organize training sessions for providers of services to homeless people so they can better understand and respond to the special needs of family violence survivors. This training would address assessment for domestic violence, safety planning with battered women, the importance of confidentiality, and the increased level of violence and danger women face once they separate from their batterers.
- ★ Public housing managers, policy makers, and other housing stakeholders must be educated about domestic violence, with the goal of influencing housing policies that may contribute to homelessness – such as when women and their children face eviction because their batterers cause disruption or pose a threat to the safety of other tenants.
- ★ Providers of the 211 system must ensure that survivors displaced from their homes are immediately connected to the Domestic Violence Navigation Hub and are placed in shelter immediately.
- ★ As the Blueprint's lead entity, CHIP will assist the Domestic Violence Network to establish an emergency shelter bed overflow plan so survivors have immediate access to a safe environment when shelters are full. CHIP and the Domestic Violence Network will explore the feasibility of using ClientTrack's bed-tracking feature to locate emergency shelter spaces for survivors and family members.

Coordinate services for youths and young adults.

While the Blueprint identifies strategies to prevent homelessness among young people who have aged out of the foster care system, housing and services also must be provided to other young people living on their own.

Many homeless youths have run away from their homes. Still others have been forced to leave their homes or have been abandoned

“The cheapest apartment I found is \$400 for my family. I just don’t know how I can make it. I felt so discouraged when I researched the cost for apartments for my family.”

–Mother in TANF focus group

- ★ Coordinate service systems to promote family stability.
- ★ Coordinate housing and service delivery for veterans.
- ★ Coordinate housing, shelter, and services for survivors of domestic violence.
- ★ Coordinate services for youths and young adults.



Shawna Lee



Mary Jane Petty

rising from the streets

While many people their age still rely on their parents for emotional and financial support, Mary Jane Petty and Shawna Lee mostly look after themselves.

Both spent years in Indiana's foster care system. And when they turned 18, they lost much of the help they received from foster families and caseworkers.

Petty, 18, and Lee, 20, received help from programs that temporarily paid their rent. But even with that assistance, moving toward independence has not been easy.

Petty said she has been diagnosed with thyroid cancer. While Medicaid covers her medical bills and she receives food stamps, she still has trouble making ends meet.

She is working on obtaining a general educational development certificate and is looking for a job.

Like Petty, Lee spoke of difficult experiences in foster care.

Soon after leaving the system, she ran away and lived with friends and on the street, moving more than 20 times in a single year.

"It was hard and dangerous," she said, recalling periods when she abused alcohol and drugs and lived in a roach-infested crack house.

Finally resolving to change, she obtained a GED and got a part-time job. She hoped to find full-time work, however, because she did not earn enough to cover her living expenses.

Former foster children are not the only young people struggling to live on their own in Indianapolis.

At a Downtown coffee house, a gay 19-year-old spoke of the challenges he had faced.

He said he moved out on his own at 16 because his mother abused alcohol and they frequently argued. Since then, he has lived off and on with a much older man. While he has not always been comfortable there, at least, he said, the home has been affordable.

Also staying with the older man was a 17-year-old. Both teenagers said they were involved in a work program that assisted them in obtaining GEDs. They were still waiting for their first paychecks, however. In the meantime, they said they made ends meet with visits to food pantries and financial help from friends.

"It's hard," said the 19-year-old, noting he had a painful toothache but could not afford to visit a dentist.

by their parents. Helping such young people access housing and services remains a challenge, since most homelessness-related services, especially housing options, target adults.

To be effective in moving youths toward independence, housing must be made available and must be connected to youth-centered transition services. The Blueprint recommends designating 100 affordable housing units, with support services, for homeless youths during the next five years, in addition to 230 units for young people aging out of foster care.

The Blueprint also calls for:

- ★ Incorporating recommendations from the Marion County Commission on Youth's "Unattached Street Youth" report to refine, if necessary, the number of units designated to meet the housing needs of young people.
- ★ Working with the MCCOY Education Task Force to identify an agency to act as a home-school liaison. This liaison will communicate with Marion County schools and youth-serving agencies and disseminate up-to-date information about initiatives or services available for homeless youths.
- ★ Working with the MCCOY Employment Task Force to identify and replicate successful employment programs for youths, such as the Walnut Creek Employment Collaborative. A pilot site for a youth-centered, full-service employment program will be identified.
- ★ Providing young people lacking family support and moving out on their own with necessary financial assistance, such as funds for basic living allowances, work clothing, tools, computers, school fees, and housing start-up costs such as moving expenses, phone deposits, utility deposits, and household furnishings. ▲

STRATEGIES for Implementing the Blueprint and Ensuring Its Effectiveness

Designating a lead entity

To ensure progress toward the goal of ending homelessness in our community, a "lead entity" will coordinate implementation of the Blueprint and be accountable to the community. This entity should include representation from a wide range of agencies and programs involved in ending homelessness such as state and local government, businesses, public housing officials, health officials, educators, intermediaries for employment and social services, veterans, former homeless people, and others.

Some of the characteristics needed in a lead entity are:

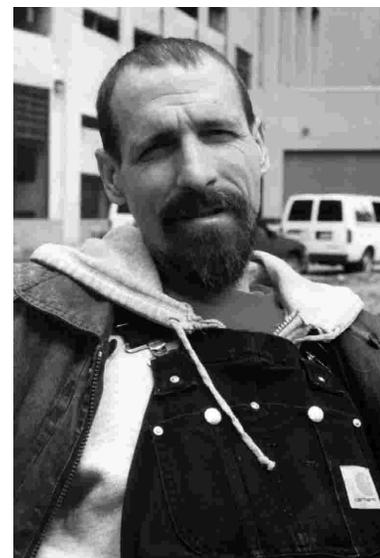
- ★ Credibility and visibility in the community.
- ★ A proven record of staff quality, advocacy, fundraising, and institutional accountability.
- ★ Established relationships with service providers, funders, elected officials, law enforcement agencies, and other stakeholders.
- ★ A nonprofit – rather than governmental – entity to ensure that realization of the Blueprint's ambitious goals transcends electoral cycles.
- ★ Strong board leadership, along with that board's willingness to expand its membership and to be accountable for the Blueprint's implementation.

The functions of this lead entity will include:

- ★ Promoting awareness among a wide variety of potential stakeholders about the

implementing the Blueprint's recommendations.

- ★ Developing "Good Neighbor" agreements and appointing a community liaison. Supportive housing units created to serve homeless people must be assets to neighborhoods so that policymakers and the public understand the benefits of permanent, supportive housing. To facilitate these goals, the lead entity will develop written "good neighbor" agreements that specify the ways in which supportive housing units and their residents will be "good neighbors." The lead entity also will appoint a community liaison in 2003 that can meet with neighborhood groups to promote awareness and answer questions about the needs of homeless and near-homeless people.
- ★ Promoting greater effectiveness by helping service providers to conduct assessments of their current capacity to assist homeless people, as well as their need for additional resources and for training and technical assistance. The lead entity also will assist service providers to increase their capacities to serve homeless and near-homeless people by providing information on forging partnerships, strengthening boards of directors, and conducting in-service training for staff, among other activities. And the lead entity will hold workshops on "best practices" and model programs, promote uniform standards of care, and help service providers set reasonable benchmarks of success.
- ★ Serving as a research and planning group for issues related to homelessness. The lead entity will help providers and policymakers by conducting periodic needs assessments to identify emerging trends and gaps in



Bobby Powell spent time living on the city's streets

The lead entity will convene regular forums for community groups to exchange information and ideas for implementing this Blueprint's recommendations.

Blueprint plan and issues related to homelessness. The lead entity will convene regular forums for community groups to exchange information and ideas for

services, conduct community planning and project development as needed, and produce updates on the Blueprint's progress toward ending homelessness.



- ★ Advocating on behalf of homeless and near-homeless people and the organizations that serve them. The lead entity will identify public policies and organizational practices that impede progress in ending homelessness and work toward changing them.
- ★ Developing and managing a Homeless Management Information System. Clients cannot be efficiently served, and the effectiveness of services assessed, without the collection and analysis of meaningful data. The lead entity will help service providers to better coordinate and communicate by linking them to the Homeless Management Information System and work with the ClientTrack User Consortium to help agencies increase their capacities to implement that system. The lead entity also will produce periodic reports

agencies that serve homeless people.

- ★ Fostering greater coordination among agencies that provide housing and support services.
- ★ Assessing the need for updating this Blueprint and making recommendations for doing so to the Housing Task Force.
- ★ Assessing other needs. The lead entity could investigate other strategies for alleviating homelessness. These might include:

Including the need for providing adequate housing and employment services to homeless and near-homeless people in neighborhood and regional development plans.

Investigating how the issue of elder abuse relates to housing and homelessness. Reported cases of elder abuse are increasing, and more than 1,900 cases were reported in 2001 in central Indiana, according to CICOA The Access Network, which provides services to elderly and disabled Hoosiers.

Investigating the risk of homelessness to elderly homeowners. Locally, about 2,500 of these homeowners are at risk of homelessness, according to the federal

Responsibility for the implementation of the Blueprint should reside with CHIP.

that show the aggregate number of people served and the results achieved. These data will help with community-wide planning efforts.

- ★ Assisting in identifying and obtaining additional public and private resources. The lead entity will help mobilize the community to contribute more funds toward ending homelessness based on this Blueprint's recommendations. In addition, it will consult with philanthropies and local government about gaps in services and funding priorities.
- ★ Assisting in recruiting volunteers for

government, because they have low incomes and spend half or more of their incomes on housing.

- ★ Providing regular progress reports to the Indianapolis community regarding implementation of the Blueprint. Using the measurement indicators noted in Table 5 and the timelines included in the Blueprint, the lead entity will report on a semiannual basis to the Indianapolis Housing Task Force concerning the Blueprint's status. The lead entity also will respond quickly to requests from appropriate public and private bodies for updates on the Blueprint's progress.

Those involved in the Blueprint process who have no ties to the Coalition for Homelessness Intervention and Prevention have concluded that responsibility for the implementation of the Blueprint should reside with CHIP because it already possesses the characteristics noted above, along with the energy and resolve to fulfill the stated functions of the lead entity. This conclusion was reached after considerable analysis and lengthy discussions with leaders of public and private organizations whose support will make or break the realization of the Blueprint's goals.

The members of CHIP's board of directors are keenly aware of the vast new responsibilities – and challenges – that await them as leaders of the designated lead entity. They seem prepared to build on the extremely professional and dedicated staff resources already in place and to devote their own time and energy to securing the additional financial resources necessary to build CHIP's capacity to serve as the lead entity. Perhaps most importantly, the members of CHIP's board of directors and the current staff all say they are prepared to be held accountable to the broader community for the Blueprint's successful implementation.

Measuring community success

The lead entity, in cooperation with providers of services to homeless people, will collect and analyze data useful for determining the city's progress in meeting its goals for ending homelessness. These analyses might measure progress in:

- ★ Helping homeless people move into housing.
- ★ Preventing homeless people from becoming homeless again.
- ★ Reducing the costs of emergency medical care or other crisis care for homeless persons.

Measurement indicators and possible data sources are included in Table 4.

Funders' Council

CHIP, as the lead entity, will provide

staff support to a council of public and private funders that will meet periodically to consider funding needs related to this Blueprint. The Funders' Council will be one vehicle for making decisions from a more collective vision and within the larger context of the Blueprint.

This Funders' Council must take a proactive approach to the Blueprint strategy by issuing Requests for Proposals that identify both the process objectives and desired outcomes to be attained by partnerships of providers. The lead entity can assist in developing the RFPs and in helping to evaluate proposals.

CHIP will provide advice and direction to the Funders' Council on issues affecting homeless and near-homeless people. It also will help raise the resources necessary to meet this Blueprint's goals and explore cost-effective ways to reallocate existing resources. ▲

- ★ Designate a lead entity
- ★ Measure community success
- ★ Assemble a Funders' Council

Table 4. Measuring community success.

Goal	Indicator	Data Sources
Moving currently homeless persons into housing or shelter	Reduce the number of people homeless on any given day.	- Homeless Street Count. - Outreach Teams.
	Reduce the number of people entering shelter who report recent release from prison.	- Intake demographic data compiled from family shelters, men's missions, and women's shelters that use ClientTrack.
	Reduce the number of families turned away from shelter.	- Shelter Survey / development of turn away log with ClientTrack.
	Reduce the number of teens leaving foster care who become homeless.	- Intake data from family shelters, men's missions, women's shelters, and youth drop in centers. - Data from youth-serving agencies, such as Casey Family Programs and MCCOY.
Preventing homelessness	Assess the number of people served.	- Out of Reach report.
	Assess the number of units made affordable.	- Lead entity data collection. - Gaps Analysis inventory. - Affordable unit benchmarks over the next five years.
	Increase the number of TANF recipients linked to housing assistance.	- FSSA reports.
Reducing mainstream costs	Reduce the number of arrests of chronically homeless individuals for vagrancy or public intoxication.	- Prison rosters. - Information from IPD. - Access and utilization rates of sober up station.
	Reduce the number of hospitalizations of chronically homeless persons.	- Emergency room data.

CONCLUSION: A CALL TO ACTION



profile

rising from the streets

For years, Jesse Rollins was in and out of jail and hospital emergency rooms.

Suffering from a serious mental illness, he heard imaginary voices that urged him to take action – sometimes, by hurting himself or others. Medication often did not seem to help, and he did not take it regularly.

"I couldn't deal with society," said Rollins, adding that he had been in trouble with the law for car theft, breaking and entering, and using marijuana.

He said he had lived with relatives for most of his life and usually sought emergency medical care when his illness seemed to worsen. He also was frequently arrested.

But Rollins has been to jail and the hospital much less often since he became involved in a community program aimed at helping mentally ill people achieve stability and avoid homelessness.

The Action Coalition to Ensure Stability pays his rent, and an ACES worker calls him daily to assess his condition and, if needed, get him in touch with medical professionals who can change his medication or take other steps to prevent his mental condition from worsening.

Rollins said that because of that help, he no longer has auditory hallucinations. And having his own place has made him feel more stable.

Recently, he has become involved in a program that will help him find work.

"In the past, I'd get frustrated on the job and walk off," said Rollins, who hopes the help he receives through supported employment will prevent that from happening. He enjoys cooking and plans to attend a 12-week program for culinary training.

He said he does not want to receive federal disability payments and would much prefer to pay his own expenses.

"In the future," he said, "I hope to find a good job."

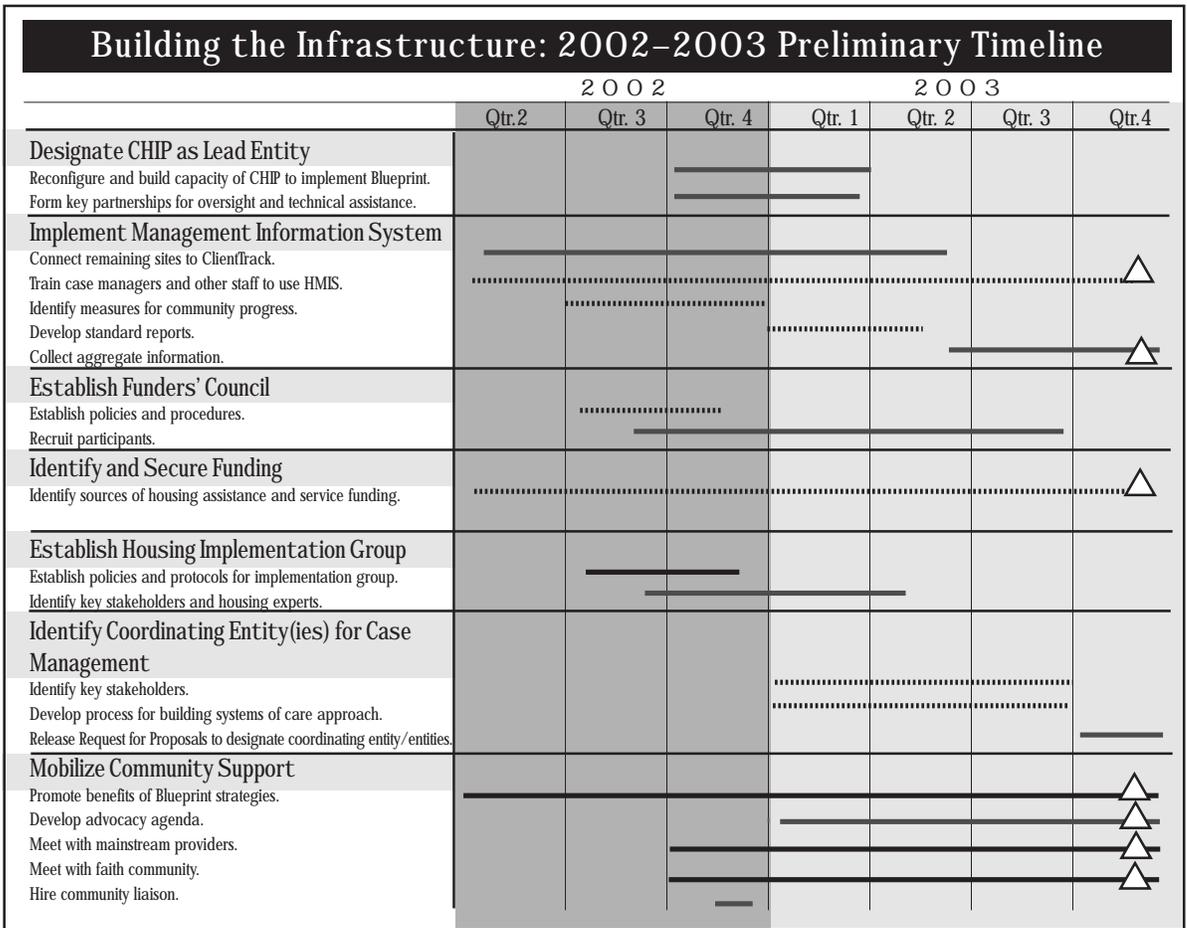
While CHIP will have responsibility for leading the Blueprint's implementation, commitment by the entire Indianapolis community to advancing the goals of the Blueprint is vital to the plan's success. The Blueprint will not succeed – and the visionary goal of ending homelessness in our community will not become a reality – unless the entire community devotes the requisite human, financial and political resources to the cause.

Placing a new emphasis on housing first and housing plus will require not only community support but also changes in the delivery of services to our homeless and near-homeless neighbors. As the implementation of the Blueprint advances, service providers must work together to determine how they can modify their services to further the goal of permanently ending homelessness for the people they serve. Success also will depend on attracting greater financial and human resources and pursuing more cost-effective approaches to delivering services. Those who are called upon to provide financial support must be expected to ask, "How will this request lead to ending homelessness for the people to be served?" and "How does this request fit into the Blueprint?"

Most of all, success will require that community leaders provide the energy and vision to galvanize support for the goal of ending homelessness.

But the nagging question remains: "Can the Indianapolis community really end homelessness?" Those who have worked on this Blueprint are absolutely convinced that homelessness can, in fact, be ended for those who are ready, primarily by putting safe, decent, affordable – and appropriate – housing within reach of all of our neighbors.

Setting our sights any lower – concluding, in essence, that some level of homelessness is acceptable or inevitable – is unworthy of the caring community known as Indianapolis. ▲

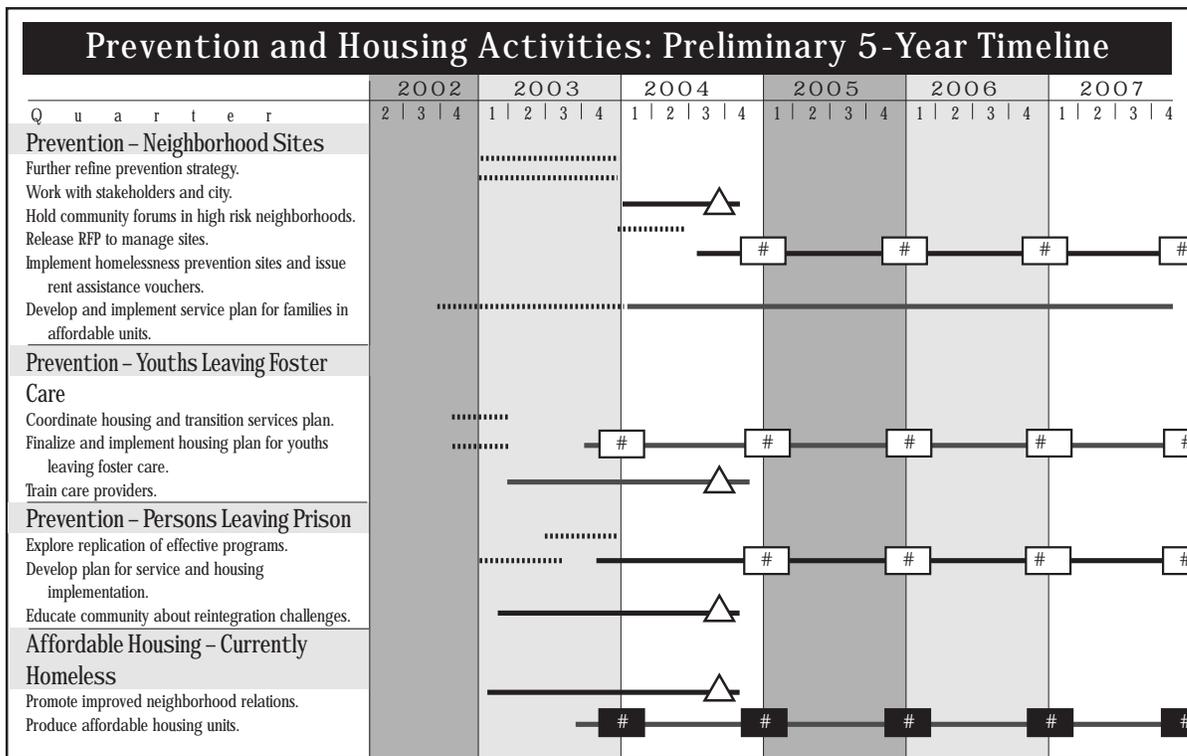


The Blueprint's strategies for ending homelessness will require community support, the commitment of resources, and the commitment of time.

These two timelines highlight some of the major activities to be launched during the initial years of the plan.

Subsequent timelines will be amended by CHIP as the Blueprint lead entity.

Implementation Period — General Planning - - - - Community Relations — Ongoing Activity △



Qtr. 1 Jan-Mar
Qtr. 2 Apr-June
Qtr. 3 Jul-Sept
Qtr. 4 Oct-Dec

Affordable Housing Benchmark # Implementation Period — Prevention Benchmark # General Planning
Community Relations — Ongoing Activity △

1 These data were compiled by the Coalition for Homelessness Intervention and Prevention in 2002 after contacting agencies and programs that assist homeless people. The statistics cited by the mayor about the extent of local homelessness are from "The Struggle to Stay Housed," a compilation of three studies conducted in 1999 and 2000 for CHP.

2 Local missions that serve homeless men report that demand for services has increased and that they were at or near capacity throughout most of 2001 and 2002. And a November–December 2001 survey for CHP indicated that 119 people seeking entrance to four shelters for women and families were turned away for lack of room. That survey also indicated that, on average, respondents had been homeless 2.5 times.

"The Struggle to Stay Housed," a 1999 study for CHP (p. 23), found that homeless people interviewed had been homeless an average of 3.6 times. The report also indicated that among 223 homeless and near-homeless people interviewed at shelters, food pantries and other emergency aid sites, 37.5 percent of homeless respondents had been homeless two or three times, another 12.5 percent four or five times, and 23.2 percent six or more times (p. 8).

Page 23 of the same report indicates that the average current period of homelessness among local homeless people surveyed was 2.2 years.

3 Information about supportive housing and its effectiveness in local communities is available at the Corporation for Supportive Housing's Web site, www.csh.org.

4 See "Ending Chronic Homelessness," *New York Times*, March 13, 2002, p. A26, and the Bush administration's budget for FY 2003, p. 179.

5 Information about vacant rental units can be found in the city's 2000–2004 Consolidated Plan, pp. 3-18.

6 "A Status Report on Hunger and Homelessness in America's Cities 2001," issued by the U.S. Conference of Mayors, indicates annual increases of 10 percent or more in requests for emergency food in 15 of the past 16 years, and for emergency shelter in 14 of the past 16 years. These findings are contained in a chart following p. 111 of the mayors' report.

7 See note 2. Increased demand for emergency food is discussed throughout "The Struggle to Stay Housed."

8 Vanderbilt University's Institute for Public Policy Studies has concluded, "Homeless families with dependent children are the fastest growing segment of the homeless population." This information is available at <http://www.vanderbilt.edu/VIPPS/CMHP/Public/public.html>.

9 "The Struggle to Stay Housed" contains these details about the local homeless population.

10 These findings are summarized in "The Struggle to Stay Housed," p. 18.

11 Information on deaths was provided to CHP by the Indianapolis Police Department.

12 Information from "The Struggle to Stay Housed," p. 21, about homeless people living on the street suggests the multiple needs of this population. Compared to homeless people in shelters, homeless people on the street were much more likely to be homeless for long periods, to report high levels of drinking and drug use, to depend on handouts or gifts, to be unemployed, and to work less if employed.

13 More information on this survey is contained in note 2. Statistics regarding the prison system were contained in a report for CHP compiled by consultant Carol Kramer.

14 See "The Struggle to Stay Housed," p. 8.

15 See "A Status Report on Hunger and Homelessness," p. 74.

16 More information is available from the U.S. Department of Housing and Urban Development at <http://170.97.67.13/offices/cpd/affordablehousing/index.cfm>.

17 In "What Will It Take to End Homelessness?" (September 2001), a policy brief issued by the Urban Institute, Martha Burt notes that homelessness in America appears to have increased in the 1990s, that it primarily affects people with the lowest incomes, and that the decline in the availability of housing affordable to this income group has exacerbated the problem of homelessness. "If housing were inexpensive," she observes, "or people could earn enough to afford housing, very few

individuals would face homelessness." The decreased availability over the past 30 years of affordable housing, particularly for low-income renters, and the connection between this scarcity of affordable housing and homelessness, is discussed in Cushing Dolbeare, "Housing Policy: A General Consideration," in Jim Baumohl (ed.), *Homelessness In America*, 1996.

18 This information is contained in the U.S. Department of Housing and Urban Development's report, "Worst Case Rental Housing Needs in the Indianapolis MSA," p. 1.

19 This recommendation is contained in the task force's report, "A Housing Strategy for Indianapolis," 1998.

20 Mangano's comments and a description of Pathways to Housing, a "housing first" program in New York, are contained in Christina McCarroll, "Pathways to Housing the Homeless," *The Christian Science Monitor*, May 1, 2002.

A "housing first" approach by Beyond Shelter in Los Angeles also has been effective in moving families out of homeless. More information is available at http://www.beyondshelter.org/aaa_programs/housing_first.shtml.

21 These data were provided by Sam Tsemberis, executive director of Pathways to Housing, at the annual conference of the National Alliance to End Homelessness in July 2002.

Another study of the success of supportive housing can be found in F. R. Lipton, "The New York-New York Agreement to House Homeless Mentally Ill Individuals: Summary Placement report," New York City Human Resources Administration, 1997.

Still other evidence is provided at the Corporation for Supportive Housing's Web site, www.csh.org.

22 More details are available in "Ending Homelessness in Columbus," a November 2001 report by the Community Shelter Board to the U.S. House of Representatives' Financial Services Committee and HUD. It is available at http://www.csb.org/What_s_New/HUD%20Briefing.pdf.

23 The study, "Public Service Reductions

Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," is available in Housing Policy Debate (Vol. 13, Issue 1). It also is available at http://www.fanniemaefoundation.org/programs/hpd/pdf/hpd_1301_culhane.pdf. Further information on the Connecticut study is available on the Corporation for Supportive Housing's Web site, www.csh.org.

24 An analysis of addresses provided during the Nov. 15 - Dec. 15, 2001 survey conducted for CHIP indicates this trend.

25 This information is drawn from "The Struggle to Stay Housed," p. 32.

26 This information was compiled in a report by Community Solutions Inc., which conducted the focus groups.

27 These facts were contained in the November - December 2001 survey conducted for CHIP.

28 These findings were contained in the Kramer study.

29 This information was obtained from the Marion County office of the state Division of Family and Children.

30 Discussions during the Blueprint process indicated that many low-income people, and the agencies that serve them, have difficulty finding affordable housing units. "The Struggle to Stay Housed" (p. 31) also indicated that relatively few people surveyed received food stamps and other public aid even though many likely were eligible.

31 Project H.O.M.E. in Philadelphia has formed effective alliances with local police and recommended a similar approach during site visits to Indianapolis for the Blueprint planning process.

32 "The Struggle to Stay Housed," p. 22, indicates that nearly half of the homeless people living on the street had used alcohol seven or more times in the previous 30 days, a rate nearly eight times higher than homeless people living in shelters.

33-36 See "Childcare and TANF Considerations for Homeless and Near-Homeless Families with Children: A Report for CHIP's Blueprint to End Homelessness" prepared by the Indiana Youth Institute.

37 "The Struggle to Stay Housed," p. 5,

indicates that about half of the homeless people interviewed reported having a job and working, on average, 30 hours a week.

38 This information comes from "Better Practices: The Challenge of Self-Sufficient Employment for Workers with Multiple Barriers," a 2001 report commissioned by CHIP and the Indianapolis Private Industry Council.

39 These estimates come from the Department of Workforce Development and Midtown Community Mental Health Centers.

40 This information was taken from the November - December 2001 survey and a report by consultant Chris Glancy.

41 - 42 This information comes from the Indiana Youth Institute's report for CHIP.

43 See note 8 about the growth of homelessness among families. "The Struggle to Stay Housed" also contains information about the multiple challenges that many of these families face.

44 According to Barbara Sard and T. Harrison, "The Increasing Use of TANF and State Matching Funds to Provide Housing Assistance to Families Moving from Welfare to Work - 2001 Supplement," available from the Center on Budget and Policy Priorities.

45 See "The Struggle to Stay Housed" (p. 20).

46 According to the 1999 State of the Streets Address from the Marion County Prosecutor.

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211 SYSTEM – A program of Indiana 211 Partnership Inc. that seeks to create a statewide telephone-based information and referral system in Indiana through use of the "211" dialing code so that Hoosiers in need of human services have quick referrals to those services and data is collected to assist communities in assessing needs and allocating resources.

AFFORDABLE HOUSING – Generally defined by the U.S. Department of Housing and Urban Development as housing and utilities that cost no more than 30 percent of a household's adjusted gross income.

AT RISK OF BECOMING HOMELESS – Being on the brink of homelessness, often because of having extremely low income and paying too high a percentage of that income (typically 50 percent or more) on rent.

BEDS – Typically used to describe overnight sleeping capacity in shelters.

BRIEF INTENSIVE CASE MANAGEMENT - A service for homeless people who have temporary barriers to self-sufficiency and can live independently in community housing following a brief period of intensive services.

CARE MANAGEMENT ORGANIZATION (CMO) – An entity responsible for developing a seamless system of care for individuals accessing services. The CMO partners with other organizations to assure that the full range of appropriate services are available when needed. The CMO is responsible for management and accountability of the service delivery system and assures implementation of identified "best practices."

CARVE OUT – A special set-aside of funding for a specific population or service to assure that those most in need are prioritized for services and support.

CASE MANAGER – A person who develops a working alliance with individuals seeking services and engages them in identifying goals and developing a plan for attaining greater self-sufficiency through resource cultivation, linkages with service providers, advocacy for vital services, and providing direct services.

CASEY FAMILY PROGRAMS – A group that provides foster care and an array of other services for children and youths. Casey services include adoption, guardianship, kinship care (being cared for by extended family), and family reunification (reuniting children with birth families). Casey also is committed to helping youths in foster care make a successful transition to adulthood. As a direct service operating foundation, Casey Family Programs does not make grants.

CHRONICALLY HOMELESS – Persons who remain homeless for long periods – typically, months or years. They represent perhaps 15 percent of the homeless population but use a large share of the service system's resources.

CLIENTTRACK – A computerized data collection system established to create more case management and client follow-up among providers of services to homeless and near-homeless people.

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDIANAPOLIS INC. (CHIP) – A nonprofit organization that provides information to an extensive network of provider agencies and others; acts as an information source on homelessness and housing issues; collects information regarding the needs and demographics of the homeless population, available resources, and examples of effective self-sufficiency programs; acts as a partner in community planning efforts related to the various service needs of homeless persons and those at risk of becoming homeless; assists in resource development; and acts as a broker of partnerships among various community planning efforts, working committees, and networking sessions.

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG) – A federal grant program administered by the U.S. Department of Housing and Urban Development and by state and local governments. CDBG funds may be used in various ways to support community development, including acquisition, construction, rehabilitation, and operation of public facilities and housing.

COMMUNITY DEVELOPMENT CORPORATION (CDC) – A not-for-profit organization usually established by concerned citizens in a specific neighborhood to engage in development activities, such as home repair and rehabilitation, new home construction, and home revitalization projects that will help rebuild the neighborhood.

CONSOLIDATED PLAN – A document written by a state or local government and submitted annually to the U.S. Department of Housing and Urban Development. It describes the housing needs of the low- and moderate- income residents of a jurisdiction, outlines strategies to meet these needs, and lists resources available to implement the strategies.

CONTINUUM OF EMPLOYMENT SERVICES – The full range of employment services and opportunities provided to address the multiple needs of individuals seeking work.

CONTINUUM OF SERVICES – The full range of emergency, transition, and permanent housing and service resources typically used to serve homeless persons.

COORDINATION (OF SERVICES) – The effort to link persons to needed services, track the progress of that linkage, and generally facilitate the provision of services.

CORPORATION FOR SUPPORTIVE HOUSING – A national financial and technical assistance intermediary dedicated to helping nonprofit organizations develop and operate service-enriched permanent housing for homeless and at-risk families and individuals with special needs, including mental illness, HIV/AIDS, and substance abuse issues.

DAY CENTERS – Agencies that provide case management, hospitality, and a range of other services to aid homeless people during the day.

DISABILITY – A physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, speaking, walking, seeing, hearing, or learning.

Glossary

DOMESTIC VIOLENCE – Physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm among family or household members.

DOMESTIC VIOLENCE NAVIGATION HUB – A project of the Domestic Violence Network that aims to ensure that local service providers coordinate programs to better support survivors of domestic violence and their families. It does this by being the principal point of entry into support services for survivors and their families and by helping them access other services. The Navigation Hub also collects information as the victim moves through the system and monitors victim outcomes to provide information on the effectiveness of the response system.

DOMESTIC VIOLENCE NETWORK – A partnership of community organizations committed to finding positive, creative solutions that prevent and respond to domestic violence. The network advances these solutions through educational support, community collaborations, and public awareness projects and initiatives.

EMERGENCY HOUSING ASSISTANCE – One-time or very short-term assistance provided to address an immediate housing crisis, often for people who are homeless or at imminent risk of becoming homeless. This assistance usually consists of emergency rent, mortgage, or utility payments to prevent loss of residence, motel vouchers, or emergency shelter.

EMERGENCY SHELTER – Any facility with overnight sleeping accommodations, primarily to provide temporary shelter for homeless people.

EXTREMELY LOW-INCOME – Households with incomes no higher than 30 percent of the median income for the area, as determined by the U.S. Department of Housing and Urban Development.

FAIR MARKET RENT (FMR) – An amount determined by the U.S. Department of Housing and Urban Development for a state, county, or urban area that defines maximum allowable rents for HUD-funded subsidy programs.

FAMILY INVESTMENT CENTERS – An effort by Mayor Bart Peterson to strengthen families. According to the Peterson Plan, family investment centers are designed to provide one-time needs assessments, comprehensive family care plans, and coordinated delivery of services.

FAMILY – A self-defined group of people who may live together on a regular basis and who have a close, long-term, committed relationship and share responsibility for the common necessities of life.

FOOD STAMPS – Federally funded, state-administered program to provide vouchers for the purchase of food for low-income households.

FOSTER CARE – In Indiana, foster care provides 24-hour care to children who can no longer remain in their homes due to the risk of abuse or neglect, or due to behaviors which may result in danger to themselves or others.

"FRONT DOOR" MODEL FOR FAMILY SHELTERS – An approach to coordinating emergency care for homeless families that requires them to enter the system through a single entry point.

GOOD NEIGHBOR AGREEMENTS – Written agreements that specify the ways in which supportive housing units and their residents will be "good neighbors." Good neighbor agreements are good-faith efforts discussed and agreed upon to ensure a healthy coexistence among businesses, neighbors, and housing providers.

HEAD START AND EARLY HEAD START – Comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.

HOME – A program administered by the U.S. Department of Housing and Urban Development that provides grants for low-income housing through rental assistance, housing rehabilitation, and new construction.

HOMELESS FAMILY WITH CHILDREN – A family that includes at least one homeless parent or guardian and one child under the age of 18; a homeless pregnant woman; or a homeless person in the process of securing legal custody of a child under the age of 18.

HOMELESS PERSON – According to the U.S. Department of Housing and Urban Development, a homeless person is an individual who lacks a fixed, regular, and adequate night time residence or has a primary night time residence that is a) a publicly supervised or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); b) an institution that provides a temporary residence for individuals intended to be institutionalized; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) – A computerized data collection system to collect information about homeless people. HUD requires that jurisdictions collect an array of data on homelessness, including unduplicated counts, use of services, and the effectiveness of the local homeless assistance system. Indianapolis has instituted ClientTrack as its HMIS.

HOMELESSNESS PREVENTION – An effort to assist individuals at risk of becoming homeless to stabilize their housing situations and provide supports necessary to help them maintain their housing.

HOOSIER VETERANS ASSISTANCE FOUNDATION – A not-for-profit organization whose mission is to provide permanent, supportive housing to Indiana's veterans and their families who are recovering from homelessness and to provide them with the assistance necessary to ensure successful independent living in the community.

HOUSEHOLD – An entity that includes all the people who occupy a housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit - such as domestic partners or roomers - is also counted as a household.

HOUSING FIRST – An approach to aiding homeless people that emphasizes helping them move into housing they can afford as quickly as possible.

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) – A U.S. Department of Housing and Urban Development program that pays for housing and support services for people living with HIV/AIDS and their families.

HOUSING PLUS – A term used to describe "supportive housing" – the combination of permanent, affordable housing with appropriate case management, mental health, or other services needed to help a homeless or near-homeless person maintain housing and move toward the greatest independence possible.

HOUSING SPECIALISTS – People who work with case managers, landlords, shelters, and day centers to seek out existing affordable housing units, including those accessible to persons with disabilities, and to match them with homeless people and persons likely to become homeless. These specialists also provide information and referral programs with information on available affordable housing.

HOUSING SUBSIDY – Funds typically paid from federal or other sources to help make a housing unit affordable to a low-income household.

HOUSING UNIT – An occupied or vacant house, apartment, or single room intended as separate living quarters.

HUD – The U.S. Department of Housing and Urban Development, a federal agency responsible for overseeing a variety of government-subsidized housing and related programs.

INDIANA DEPARTMENT OF CORRECTION – A state agency responsible for administering Indiana's prison system.

INDIANA DEPARTMENT OF VETERANS AFFAIRS – A state agency responsible for oversight and administration of certain veterans programs.

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION – A state agency that oversees a variety of human services for people who are poor or elderly or have a mental illness, addiction, or other disability.

INDIANA HOUSING FINANCE AUTHORITY – A state-operated bank that finances residential mortgages and the development of rental housing. IHFA is also a community development organization.

INDIANA YOUTH INSTITUTE – A nonprofit group that provides technical assistance to agencies that serve the needs of youths.

INDIANAPOLIS HOUSING AGENCY – An entity that oversees a number of publicly subsidized housing programs, including public housing and the Section 8 program.

INDIANAPOLIS HOUSING TASK FORCE – A group convened by Indianapolis mayors to address the city's housing needs. Mayor Bart Peterson designated a subcommittee of the Housing Task Force to

develop the Blueprint to End Homelessness.

INDIANAPOLIS PRIVATE INDUSTRY COUNCIL – A policy and planning body for workforce development. As the Workforce Investment Board for Marion County, IPIC serves as the distribution source for funds provided through the federal Workforce Investment Act, the federal law providing the largest source of funding for job-training programs. IPIC operates with more than 30 public, private, and philanthropic funding sources for planning, administration and oversight of specific workforce development programs.

INDIVIDUALS LEAVING INSTITUTIONAL SETTINGS – Persons released from prison, mental hospitals, foster care, or other institutions. Some are at high risk for becoming homeless if suitable housing is not readily available and accessible.

INFORMATION AND REFERRAL – Programs that provide a variety of information on available social services and related programs.

INTEGRATION (OF SERVICES) – An effort to provide social services in a manner that coordinates services to meet each person's needs.

INVOLUNTARY COMMITMENT – A process that allows the law enforcement system to place persons temporarily or permanently in a mental health facility without their consent because they have a mental illness and are dangerous to themselves or others.

JOB CLUB – A means of encouraging people with various challenges to find jobs by getting together to share job leads and experiences related to seeking employment.

LEAD ENTITY – The entity responsible for implementing the Blueprint to End Homelessness and being accountable to the community for moving the goals of the Blueprint forward. The Coalition for Homelessness Intervention and Prevention will become this lead entity.

LIFE SKILLS TRAINING – Assistance provided to help people learn a variety of essential skills, such as money management, parenting, and maintaining successful relationships.

LONG-TERM HOMELESS PEOPLE – People who have experienced lengthy or multiple episodes of homelessness and rely on emergency shelters and other temporary arrangements for housing.

LONG-TERM INTENSIVE CASE MANAGEMENT – Case management services provided for months or even years to people who are homeless due to chronic illness, disability, or other permanent barriers to self-sufficiency. Some chronically homeless people likely will need permanent supportive services to remain housed in the community.

LOW-INCOME HOUSEHOLD – A household earning no more than 80 percent of a locality's median family income.

LOW INCOME HOUSING TAX CREDIT PROGRAM – A program that provides a formula allotment of federal income tax credits to states. These tax credits are distributed to nonprofit and for-profit developers of, and investors in, low-income rental housing. States are given general guidelines and are free to establish their own

preferences, restrictions, and procedures. The Indiana Housing Finance Authority allocates tax credits for the state of Indiana.

MENTAL HEALTH ASSOCIATION IN MARION COUNTY – A nonprofit group that provides education, advocacy, referrals, and other services to persons with mental illnesses and their families.

MCKINNEY-VENTO ACT – The primary federal law that targets federal funds to homeless individuals and families. Programs eligible for the funds include outreach, emergency food and shelter, transitional and permanent housing, primary health care and mental health services, alcohol and drug abuse treatment, education, job training, and childcare. There are nine titles under the McKinney - Vento Act administered by several federal agencies, including the Department of Housing and Urban Development.

MEDICAID – A program jointly funded by the states and the federal government that provides medical care to certain groups of poor people, including the elderly, children, welfare recipients and people with disabilities.

MENTAL ILLNESS – A serious mental or emotional impairment that significantly limits a person's ability to live independently.

NEAR-HOMELESS – A term that refers to persons or households in imminent danger of becoming homeless, often because they have low incomes and pay more than half of those incomes for housing.

PEOPLE AT RISK OF HOMELESSNESS – See Near-Homeless.

PERMANENT HOUSING – Housing intended to be a home for as long as a person chooses to live there. In the supportive housing model, services are made available to residents but accepting those services is not required. Instead, residents are encouraged to accept the services they need to fulfill the requirements of their leases.

PERSON WITH A DISABILITY – Someone with a physical, mental, or emotional impairment that is expected to be of continued and indefinite duration and that substantially impedes his or her ability to live independently.

PREVENTIVE CASE MANAGEMENT – Case management designed for people who are precariously housed and need brief support services to achieve housing stability.

PUBLIC HOUSING UNIT – A housing unit built with federal funds but owned and operated by a local public housing agency or authority.

SECTION 8 – A federal program typically operated by local housing authorities or agencies that provides rental assistance to low-income persons. The Section 8 certificate program typically includes a maximum rent for a metropolitan area or county. Individuals receiving assistance under a certificate program must find a unit that complies with rent guidelines, and they will pay 30 percent of their incomes for rent. Under the Section 8 voucher program, the local housing authority determines a standard amount of rental assistance an individual or family receives. Both the Section 8 voucher and certificate programs are tenant-based programs, meaning the subsidy is specific to the tenant as opposed to the unit. Under the project-based assistance

program, a public housing authority may target up to 15 percent of its Section 8 certificate allocation to specific housing projects, ensuring that the subsidy will remain with the properties.

SHELTER PLUS CARE – A national grant program administered by the U.S. Department of Housing and Urban Development that provides rental assistance, linked with supportive services, to homeless individuals who have disabilities (primarily serious mental illnesses, chronic substance abuse, and disabilities resulting from HIV/AIDS) and their families.

STREET HOMELESS ADULTS – Single adults who live on the streets or in abandoned buildings. They often are reluctant to accept housing options such as emergency shelters or transitional housing programs.

STRENGTHS MODEL – A model for providing service that focuses on persons' strengths rather than their weaknesses, relies on aggressive outreach, and attempts to build on client preferences. In the strengths model, the community is viewed as an oasis of resources and the case manager - client relationship is considered crucial to accessing those resources.

SUBSIDIZED HOUSING – A housing unit that has a portion of its rent paid with public funds or, during its development, was financed with public funds that will help keep the rent affordable to low-income families. It is estimated that there is only one such unit in the U.S. for every five households that could qualify.

SUPPORTED EDUCATION PROGRAMS – Programs that provide support services to people with disabilities or other barriers to success to help them be successful in mainstream educational programs.

SUPPORTED EMPLOYMENT PROGRAMS – Programs that provide support services to people with disabilities or other challenges to help them succeed in the mainstream workforce.

SUPPORTIVE HOUSING - A type of housing that is both affordable to its residents and linked to mental health, employment assistance, and other support services to help residents live as independently as possible.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) – The main federally funded welfare program for families with children. Many details of the program are left to state government, but there are great incentives to reduce caseloads and to move heads of households into employment.

TEMPORARY SHELTER – See Emergency Shelter.

TOWNSHIP TRUSTEES – Local government officials who provide assistance to meet certain immediate needs that typically relate to utilities, food, household supplies, housing, clothing, burials, and traveler's aid.

TRANSITIONAL HOUSING – Living units that provide temporary shelter (usually for two years) to persons making the transition from homelessness to permanent housing.

U.S. DEPARTMENT OF VETERANS AFFAIRS – A federal agency that administers a variety of medical and other assistance programs to veterans, including veterans who are homeless.

WAY TO WORK PROGRAM – A program administered by the Family Services Association to provide low- and no-interest auto loans to eligible low-income people.

WET SHELTER – A temporary shelter in which individuals who are intoxicated may stay if they are not disruptive. Wet shelter services may also be linked with detoxification or other treatment services.

YOUTHS – People under the age of 18.



Coalition for Homelessness Intervention and Prevention

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