blueprint 2.0

2013-2018

INDIANAPOLIS CONTINUUM OF CARE

Making Homelessness rare, short-lived and recoverable.

Acknowledgements

This Blueprint would not have been possible without the active involvement of the community and key supporters.

A special thanks to Lilly Endowment Inc. and United Way of Central Indiana for their financial support; the Coalition for Homelessness Intervention & Prevention for convening the process; Sara A. Peterson and Anne R. Carroll for facilitating the process; and most importantly to all the individuals and organizations who gave their time and energy to provide valuable information and insights to the process.

A full listing of planning participants and others who gave of their time and expertise begins on page 28.

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OUR COMMITMENT

To the People of Indianapolis

As members of the Indianapolis community that developed Indianapolis' second Blueprint to End Homelessness, we support the vision of this plan, its goals and strategies.

Including our names and organizations in this letter indicates our support for this effort and our commitment to working toward its full implementation and realization. We will proceed toward this future as a Coalition that pursues continuous improvement and that holds itself accountable for our collective success.

We are privileged to be part of a future in which Indianapolis says:

- We will not stand by when families and individuals lose their homes.
- We will not allow individuals to languish in shelter, camps, cars, and the like.
- We will work to prevent and end homelessness through the support and advocacy of caring and engaged members of the community.

For a full list of Blueprint 2.0 development participants and supporters, please view the online version at www.indycoc.org.

ADD YOUR NAME/ ORGANIZATION TODAY!

We continue to add names and organizations to the list.

You and your colleagues can "sign" whether or not you participated in planning, provided you support the Blueprint content.

Contact chip@chipindy.org or 317.630.0853.

Homelessness is rare, short-lived and recoverable.

In order for this to be true:

»» **Families must be preserved and communities must be supported.**

»» **The incidence of homelessness of all kinds must be rare and short-lived.**

»» **Chronic homelessness must occur rarely and any argument of "choice" examined.**

We—as the community committed to intervening in and preventing homelessness—also envision a future in which our work together has changed, in turn changing the environment in which we work and the outcomes we achieve. In that future:

»» Our collaboration, commitment to prevention, and effective intervention make chronic homelessness rare and any kind of homelessness short-lived and recoverable.

»» We build public awareness of homelessness; we respect our homeless citizens; we listen to the voices of people in crisis; and we invest in prevention and rapid response across a continuum of housing, care, and services.

»» Our well-coordinated approach is built on common goals and we use evaluation results to track progress, align efforts and improve efficiency, effectiveness and outcomes for our homeless citizens.

»» The collaborative work of providers and advocates is bolstered by political and community champions who ensure that we align funding, policies, programs, and services to meet people's specific needs.

In this way we can end homelessness one person/family at a time.

DEVELOPING THE BLUEPRINT

Celebrating the 2002 Blueprint

The context for this Blueprint is best described by one who was able to watch its development and implementation. Ellen K. Annala of United Way of Central Indiana did so in the fall of 2012 as part of Coalition for Homelessness Intervention & Prevention's (CHIP) Blueprint Celebration event. (See right sidebar.)

2012 Process Overview

With funding from Lilly Endowment Inc., CHIP began a process in 2011 of developing a new community plan to address homelessness in Indianapolis. Over the course of that year, CHIP completed research and interviews, convened a Process Steering Committee, set goals, and drafted narrative for a new plan. However, the community decided it needed to work more closely as a group before proceeding with a plan document.

In late 2012 and early 2013, the community convened across four daylong sessions through which participants:

Explored critical issues to be addressed in a new plan:

- The stigma from stereotypes placed on those experiencing homelessness
- The varied causes of chronic homelessness and the barriers to overcoming it
- The complex task of preventing homelessness
- The necessity of developing goals and strategies that are directly influenced by the voices of those experiencing homelessness
- And the necessity of working across sectors to find and implement solutions that include the best of what we are as providers; business, faith-based, and governmental entities; and funders

Developed a vision and goals for the plan—defining what success means for Indianapolis

Solidified plan strategies that allow each entity to see itself as a meaningful player in the work

And finally, filled out the plan with timelines for action and a structure for implementation

This document presents the results of that process—a process that created a flexible framework for implementation and evolution over time.

By Ellen K. Annala
United Way of Central Indiana

Excerpted from 10/9/12 CHIP's Blueprint Celebration Event

Ending homelessness hasn't always been a community priority for Indianapolis, but rather evolved over several years, beginning in the mid-80's. Prior to 1987, there was no coordinated or concerted effort to address housing or homelessness. In 1987, Mayor Hudnut appointed a 45-member Housing Task Force, chaired by Tom Binford. At the same time, United Way's Community Service Council conducted a homeless study focused on service delivery and shelter bed availability. The reports called for case management and coordination between service providers. Creating the Indianapolis Neighborhood Housing Partnership was a direct result of the Housing Strategy Task Force, but it was not started to address homelessness.

Like other cities, Indianapolis saw the numbers of individuals and families experiencing homelessness grow dramatically. In 1996, following another Community Service Council study, CHIP was created to serve as the primary information source and planning body for homeless issues, replacing the former Indianapolis Homeless Network.

Mayor Goldsmith re-convened the Housing Task Force in 1998, this time, co-chaired by Sam Odle and Al Smith. It produced the first citywide strategy that included a housing continuum. A key theme of the task force was that employment and support services must be closely linked with housing. In 1994, there were only 28 identified transitional supportive housing units available for households earning between 0 – 30% of median family income. By 1996, there were 300 units either available or planned. CHIP was identified as the lead agency to coordinate a client tracking system and to coordinate support service providers.

Nationally, the increase in homeless numbers led the National Alliance to End Homelessness to release, in 2000, a bold, innovative strategy to end homelessness in the United States. The Document was titled: *A Plan, Not a Dream: How to End Homelessness in Ten Years.* Indianapolis followed suit and in 2002, after a year of research and planning, our own Blueprint was published—a 10-year plan to end homelessness in Indianapolis.

We were one of the first cities to take this bold step.

The Blueprint focused on strengthening prevention efforts, improving access to and coordination of housing services; enhancing services in specific areas and for special populations—in particular, people with mental illness and veterans; and, finally to monitor progress and bring about public awareness.

It's been ten years. We have not ended homelessness. But, there is a lot to celebrate.

Prevention & Housing

The Blueprint has impacted how our community addressed homelessness prevention. There are a number of specific populations at high-risk of homelessness such as youth aging out of foster care, individuals living in extreme poverty, those returning from incarceration, veterans, victims of domestic violence, and others. Each of these populations is being addressed in a variety of ways.

The Blueprint introduced a "Housing First" and "Housing Plus" approach emphasizing getting people into affordable housing with support services as quickly as possible, rather than having them live for long periods in emergency shelters or temporary housing.

The Blueprint established ambitious goals for development: 2,100 units of supportive housing in five years; and 12,500 affordable housing units by the end of 10 years. Although we missed those goals, according to the 2012 housing inventory, our city has more than 3,400 units of affordable housing, 1,044 units of permanent supportive housing, and 472 units of transitional housing. That is—at a minimum—4,916 individuals or families lifted out of or prevented from homelessness. ***That's worth celebrating!***

Another significant development was the creation of the Marion County Low Income Housing Trust Fund. It was established by the state legislature in 2000. However, no revenue source was identified at the time.

CHIP launched an awareness campaign, "A Home Within Reach", to generate support for a dedicated revenue stream for the fund. One of the community's strongest advocates for the underprivileged, State Representative Bill Crawford, championed an amendment to state law to permit counties to enact a fee on recorded documents. In December 2007, the City-County Council approved, and Mayor Peterson signed, an ordinance to direct a portion of fees from electronic filing of property sales to the fund. This funding, coupled with an annual commitment from Health and Hospital Corporation to invest $1 million to the fund, resulted in about $1.3 million annually for low income individuals and families to purchase or lease housing or for the development of affordable housing. Since the inception of the fund, more than $6.5 million has been invested in projects yielding 282 affordable housing units and providing prevention assistance for hundreds of families. ***That's a celebration!***

Services

The Blueprint also emphasized coordination of services to help people remain housed or to gain housing. Today we have the Homeless Management Information System and hold an annual Indy Homeless Connect event, bringing providers and homeless neighbors together. Most notably and pleasing, though, are the outreach teams that work collaboratively to assist those who are living on the street to get connected to services and housing. We also have an IMPD Homeless Outreach unit that responds to complaints by linking people to services first. AND, we have a Winter Contingency Program for our coldest nights. A crisis response team and training is in place to serve those with mental illness; and, in 2006, the Mental Health and Shelter Collaboration was established. Veterans' services have been increased and there are a variety of services aimed at helping homeless children and youth stay and succeed in schools. The Continuum of Care Advisory Board was established to review requests for supportive housing funding, as well as the Advocacy Council, comprised of homeless and formerly homeless neighbors. ***These are all reasons for celebration!***

In Conclusion

We are well on our way to developing a truly collaborative community based continuum of care in our community.

HOMELESSNESS & OUR COMMUNITY

Understanding Homelessness

Homelessness is one of the more complex of society's struggles. In other areas of social service we can identify the core event or problem to be addressed and target services to it. However, homelessness is a condition that results from any of a number of problems. It sits at the nexus of a great range of personal challenges and societal failings. As such, its prevention and intervention touch on all facets of life and its victims can be of any age, race, ethnicity, upbringing, education, belief, or class.

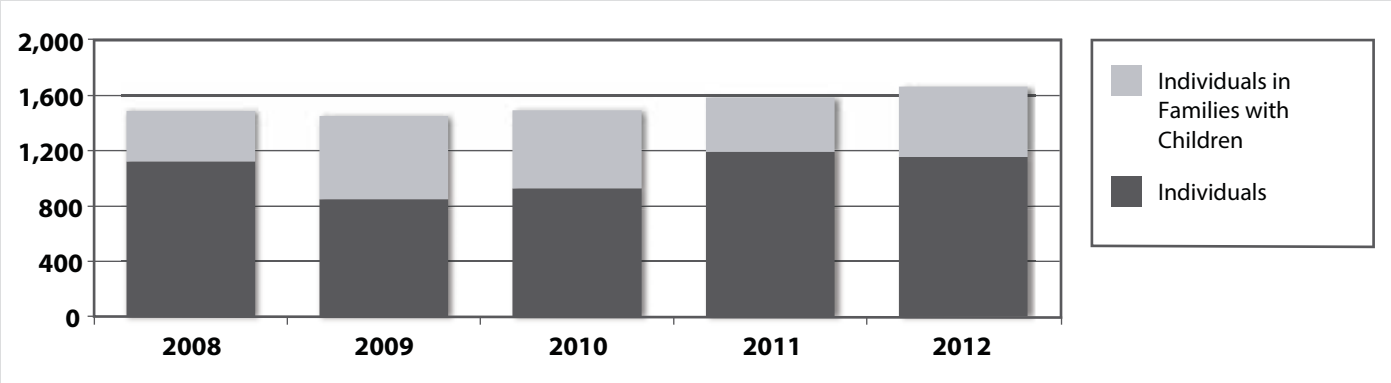
Homelessness in Indianapolis

Though the data available suffers from periodic changes in definition and collection approach, when taken as a whole it is still clear that Indianapolis has a significant number of its citizens in need of housing and services.

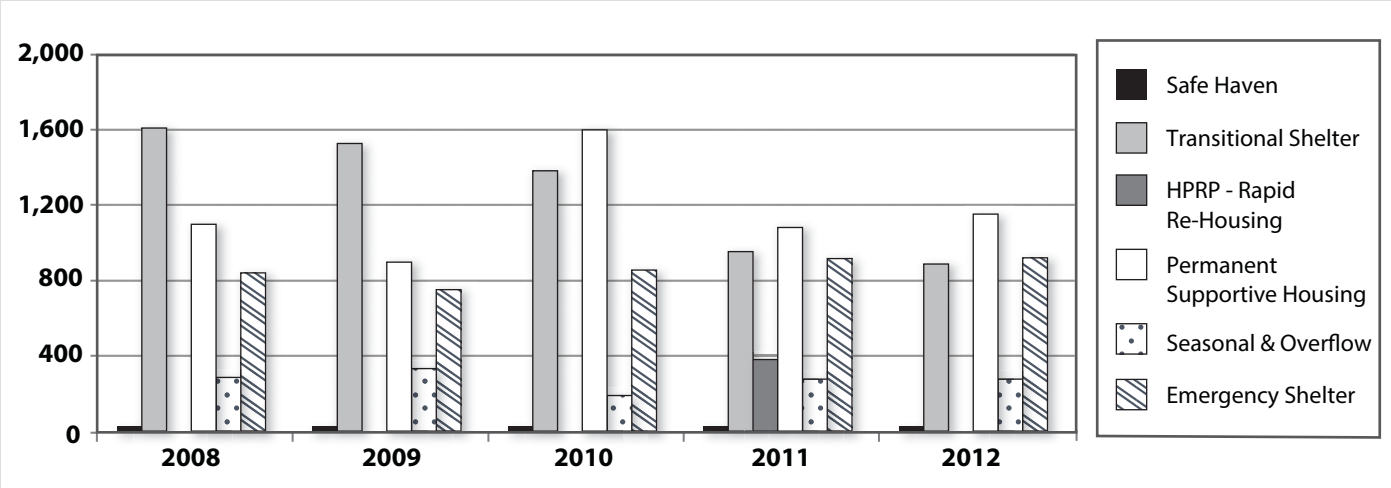
Homelessness in Indianapolis may not be as high as it once was, but previous numerical improvements appear to have leveled off in recent years as the charts that follow suggest. From 2008 – 2012 those counts suggest that the number of individuals experiencing homelessness is slowly growing, whether they be in shelter or on the street. At the same time, the number of beds available to serve these individuals has been shifting in some categories and remaining relatively constant in others as depicted below.

Learning from Other Efforts

In the fall of 2012, the homelessness intervention and prevention community was honored to welcome Nan Roman of the National Alliance to End Homelessness for a visit. She shared with providers and supporters lessons from other efforts across the country—strategies we might include in this Blueprint.



**Data from HUD's Continuum of Care Homeless Assistance Programs—Homeless Populations and Subpopulations reports for Indianapolis*



**Data from HUD's Continuum of Care Homeless Assistance Programs—Housing Inventory reports for Indianapolis*

[1] *Point-in-time counts of the homeless population conducted each winter (used for the charts below) do not capture the entire scope or complexity of Indianapolis' concern but provide a sense of change over time.*

By Nan Roman
National Alliance to End Homelessness

Excerpted from 10/9/12 CHIP's Blueprint Celebration Event

What are the smarter strategies that are making such a difference?

Rapid Re-Housing

We have learned from many communities—and now through the national experience of the Homelessness Prevention and Rapid Re-Housing Program—that rapid re-housing and linking to services often works better and at a significantly lower cost than other interventions like transitional housing. Since we're not going to get more stimulus money for rapid re-housing, we're going to have to shift money from less effective and more costly interventions to rapid re-housing, where possible and appropriate. Places like Minneapolis, Fairfax County Virginia, and Oakland California have significantly reduced family homelessness at less cost by shifting resources from programs like transitional housing to rapid rehousing.

Targeting Intervention & Prevention

Second, we have learned that a major issue in improving effectiveness is targeting, and one place to see this is in the effort to end chronic homelessness. Overall, the focus on ending chronic homelessness through permanent supportive housing has been very successful. On the other hand, we should have seen even **MORE** progress. One thing that is certainly having a big impact on this is that chronically homeless people are not getting these permanent supportive housing units. They're going to people with lesser needs. If we are going to have the impact we want we are going to need to target expensive interventions like permanent supportive housing to the most vulnerable people. Targeting is key.

Veterans

Another area where there is tremendous opportunity to make progress is around homeless veterans. I understand that you have about 350 homeless veterans in Indianapolis. So this is an urgent problem, but one with an available solution. With an ever increasing supply of permanent supportive housing units, prevention money, rapid rehousing money, transitional and shelter money, the potential is clearly there to end veterans' homelessness in Indianapolis in short order—just 350 people! But that is not to say that doing it will be easy. . . . We can end veteran homelessness, but we won't if we don't target the interventions properly. Again, the highest need individuals need the most intensive interventions like permanent supportive housing.

Emerging Themes

Finally, I want to quickly go over a few themes that are emerging from communities that are reducing homelessness. The first is to focus on performance and outcomes. The outcomes to be achieved are reducing the number of people who become homeless, reducing the length of time people are homeless, and reducing recidivism. The second is the movement from programs to systems. We need to look at how all of the programs in the community function together to achieve these goals; not how they're achieved program by program. This is much more than just coordinating. It means all the individual programs work together to function as a whole system. A third thing is to look at how much you can use prevention, diversion and rapid rehousing to keep people out of shelter.

WHERE WE ARE GOING

Vision

Our vision for Indianapolis is that:

Homelessness is rare, short-lived and recoverable.

In order for this to be true:

- Families must be preserved and communities must be supported.
- The incidence of homelessness of all kinds must be rare and short-lived.
- Chronic homelessness must occur rarely and any argument of "choice" examined.

We—as the community committed to intervening in and preventing homelessness—also envision a future in which our work together has changed, in turn changing the environment in which we work and the outcomes we achieve.

In that future:

- Our collaboration, commitment to prevention, and effective intervention make chronic homelessness rare and any kind of homelessness short-lived and recoverable.
- We build public awareness of homelessness; we respect our homeless citizens; we listen to the voices of people in crisis; and we invest in prevention and rapid response across a continuum of housing, care, and services.
- Our well-coordinated approach is built on common goals and we use evaluation results to track progress, align efforts and improve efficiency, effectiveness and outcomes for our homeless citizens.
- The collaborative work of providers and advocates is bolstered by political and community champions who ensure that we align funding, policies, programs, and services to meet people's specific needs.

In this way we can end homelessness one person/family at a time.

Goals, Outcomes & Strategies

From this vision, the Blueprint provides a flexible framework for implementation and evolution around three main goals.

- An Engaged, Invested & Active Community—Community awareness, understanding and commitment support a coordinated response to homelessness
- Quality Housing & Service Delivery—All forms of homelessness are reduced: chronic homelessness is made rare, and all are stably housed
- High Impact, Effective & Accountable System—Our homeless prevention and intervention system is a results-focused, high-functioning Continuum of Care

Each of these goals is presented in detail on the pages that follow. We have described the changes each should achieve and the strategies by which we will pursue them.

Community awareness, understanding and commitment support a coordinated response to homelessness

An Engaged, Invested & Active Community

Our first goal seeks change in the environment in which homelessness, prevention and intervention occur in order to improve outcomes for the individuals and families we serve.

We will know we have achieved this goal when:

Homelessness as a condition is not tolerated and is thus prevented

- There is a common understanding of homelessness and our response to it in and around Indianapolis
- The general public knows how to assist and will act when facing those in need
- Formerly homeless citizens are valued as part of our community
- Those experiencing homelessness are supported as individuals and families rather than stigmatized

The service, business, faith, health, criminal justice, and philanthropic communities are united in housing, supporting and stabilizing our homeless citizens as well as those at risk of homelessness

- The community understands the causes of homelessness, and community perceptions of it match reality
- Business sees itself as part of an effective response to homelessness and is participating in the solution
- The faith community works in coordination with secular and governmental programs

There has been political will to make necessary systems change so that government policies (at all levels) and community norms support solutions to end homelessness

- There is appropriate funding for needed housing and services
- There is access to additional supports that keep individuals and families out of homelessness

The strategies in this Blueprint progress toward this goal via the following routes:

New Public, Business & Faith Partnerships

We will build partnerships with business, government, faith, and community groups in order to solve problems together. Those partnerships will support investment in achieving Blueprint goals.

Increased Community Awareness & Engagement

We will eliminate barriers between homeless citizens and the community at large. As a result, the community will leverage its resources to increase system capacity, reach and impact.

Proactive Advocacy

We will pursue a proactive public policy agenda and foster activism. As a result, critical policies to help prevent and end homelessness will be put into place.

Strategies & Activities

A. New Public, Business & Faith Partnerships

1. **We will convene funders, service providers, recipients, government, business, faith, and community champions to build relationships and solve problems collaboratively.**
   - Engage business as a partner in finding innovative solutions to homelessness and in mitigating its effects on individuals, families and the community
   - Develop a faith-based group that connects and coordinates partners and providers
   - Re-engage a funder group that connects and coordinates with new partners and providers
   - Connect with underserved populations through community and service partners—particularly immigrant and youth-serving systems
   - Improve coordination among city, state and federal government and with providers regarding homelessness
   - Partner with the Veteran's Administration in support of the Opening Doors plan to end veteran homelessness
   - Collaborate with local higher education institutions to increase awareness of homelessness issues, gain support and provide continuing education support
2. **We will build partnerships across sectors and the community that engage new partners in achieving the Blueprint vision and goals.**
   - Cultivate personal relationships with leaders
   - Engage individuals, entities and groups via focused data and outreach
   - Speak to the particular interests and concerns of each audience
   - Specifically demonstrate to each the economic benefits of ending homelessness

A. New Public, Business & Faith Partnerships (continued)

» Bridge the gap between:

- ¬ Business and housing/homeless service providers via membership and umbrella groups such as the Chamber of Commerce and neighborhood business associations
- ¬ Secular and non-secular services in partnership with similar umbrella entities

3. We will proactively seek out opportunities to connect with policy discussions related to the needs of homeless individuals and families.

» Engage housing/service providers in conversations or task forces related to consolidated planning, transportation, education, employment, re-entry, etc. wherever they be (e.g., at the City, in the Chamber of Commerce)

» Build awareness and relationships that result in expanded Continuum membership and ensure its representation in important policy discussions

4. We will expand the Coalition engaged in achieving our vision through an education campaign that makes the business case for working together.

» Coordinate efforts to collect data to support our position

» Communicate the economic and social benefits of reducing homelessness and the hidden costs of inaction

» Engage individuals in the current work surrounding homelessness intervention and prevention through hands-on opportunities, provider tours and impact panels

» Educate, raise awareness, elicit support, and attract resources to the cause

» Collectively approach officials, decision-makers and influential leaders with a well-defined, specific plan of action

B. Increased Community Awareness & Engagement

5. We will eliminate barriers between homeless citizens and the community at large through a public education campaign.

» Educate the community on the total effects of homelessness

» Engage through community conversations, volunteer experiences and the media

» Foster community-wide understanding of the complex nature of homelessness

» Support rather than stigmatize those who experience homelessness

» Promote and empower community action in support of this Blueprint

» Intentionally seek out all stakeholders to participate

» Leverage media outlets to coordinate messaging over time

» Couple the campaign with fundraising activities

6. We will annually report progress in achieving the Blueprint vision.

» Share consistent information and challenges among providers and to the community

» Illustrate how a coordinated system improves outcomes

» Ensure that the community is educated on changing needs, the work being done and its effect on Indianapolis

B. Increased Community Awareness & Engagement (continued)	**7. We will increase system capacity, reach and impact as a result of community engagement.** » Engage the community around current programs and identifiable needs » Increase volunteer involvement and donor commitment across the community » Highlight the service gaps we need to fill and how the community can support change » Reduce the likelihood of ineffectively duplicative or cross-purpose efforts
C. Proactive Advocacy	**8. We will pursue a proactive public policy agenda, seeking legislative and administrative change.** » Speak through a common voice » Employ grassroots methods to mobilize action » Arm officials with data on the impact of city, state, and federal programs » Work with specific officials who will pursue needed policy and funding change » Collaboratively draft legislation such as a Homeless Bill of Rights **9. We will foster BOTH political and community activism.** » Host information sessions, organize "lobby days" and provide advocacy training » Work with membership, peer networks and umbrella organizations in the business and faith communities **10. We will develop agency capacity to advocate effectively.** » Create a Public Policy and Advocacy Committee within the Continuum of Care » Educate providers about federal funding dynamics » Train providers on current trends, the Continuum's public policy agenda, legislative efforts that might run counter to Blueprint goals, and grassroots lobbying methods

Quality Housing & Service Delivery

Our second goal seeks to enhance the work we do to prevent and intervene in homelessness and thus improve outcomes for the individuals and families we serve.

All forms of homelessness are reduced: chronic homelessness is made rare, and all are stably housed

We cannot achieve this goal unless we are successful in the following:

Our homeless citizens feel empowered, heard and supported by a caring community.

- **Services are timely and delivered respectfully**
- **Efficient redundancies in the system prevent individuals or families from falling through the cracks**

Our homeless citizens receive wrap-around services that tie to a rapid housing response and incorporate:

- **An effective, coordinated entry point that ensures no door is a wrong door for needs to be addressed**
- **A continuum of accessible housing options that meet existing needs without delay**
- **A continuum of intensive services that expertly address the diverse, population-specific needs presented**
- **Program delivery that targets and balances observable need, client desire and evidence-based practice**

Our citizens at risk of homelessness are effectively stabilized/supported to prevent crises.

The strategies in this Blueprint progress toward this goal via the following routes:

Comprehensive, Coordinated, Effective, and Responsive Continuum of Care

We will create a comprehensive Continuum of Care (outreach, engagement, assessment, prevention, shelter, housing and services). We will listen to homeless voices regarding their needs and our improvement, enhance service standards and provide coordinated services that respond to the needs expressed by homeless citizens and those at risk of homelessness.

High Impact Prevention

Focusing on high impact prevention efforts within our spheres of work and connecting with other providers for needs that are further away from our core, we will increase assistance to keep individuals and families in their homes. We will work to ensure people have adequate resources, provide immediate crisis support to stabilize individual and family housing and develop new strategies for re-entry and medical referrals.

Sustainable Housing

We will provide a continuum of accessible housing options (e.g. shelter, transitional housing), maintaining a bias for rapid housing when possible. As a result, we will help individuals and families find permanent, sustainable housing and reduce the length of shelter stay.

Strategies & Activities

A. Comprehensive, Coordinated, Effective, and Responsive Continuum of Care

1. **We will invite, listen to and respect homeless voices and self-determination.**
   - » Develop and maintain trust in relationships
   - » Consistently gather and use individual input
   - » nform service needs mapping, structure and continual improvement
   - » Increase individual involvement in Continuum of Care

2. **We will maintain a comprehensive Continuum of Care (outreach, engagement, assessment, prevention, shelter, housing and services) aligned with identified needs and meeting performance expectations.**
   - » Collectively map existing services and evaluate against client needs with attention to all relevant populations
   - » Collectively identify Continuum gaps and collaboratively work to fill them (e.g., medical respite care)
   - » Share resources for system efficiency and effectiveness
   - » Continually assess/evaluate against common measures
   - » Ensure program performance, improve as needed and (re)align to changing needs
   - » Develop a system for collecting, maintaining and sharing needs data with access across Continuum entities

3. **We will expand Continuum participation to include new partners and less-represented groups (e.g., prevention; re-entry; youth, HIV, and immigrant-serving entities).**
   - » Ensure a comprehensive Continuum of Care
   - » Meet or exceed federal program requirements of the body

» **Comprehensive, Coordinated, Effective, and Responsive Continuum of Care**

4. **We will create a coordinated assessment and intake system with "no wrong door."**
   - » Meet federal Continuum of Care standards
   - » Create reasonable client expectations and reduce "red tape" barriers
   - » Establish a "single" entry through which individuals and families can be connected to the most appropriate / accessible program wherever it may be—one-stop access—with a clear agency-to-agency hand off and follow up
   - » Include a fallback process for those who may, unfortunately, be unsuccessful in the program offered
   - » Create a visible avenue to obtain services that results in clear, practical and immediate steps to take in response to the interaction
   - » Use referral directories (online and physical booklets) based on common information

5. **We will enhance service standards.**
   - » Ensure responsive, respectful and safe service to everyone
   - » Shelter families with children on the day they present, without breaking them up
   - » Immediately meet the needs of youth and young adults

6. **We will wrap intensive, individualized case management and services around our clients.**
   - » Ensure access to an optimal body of supports such as mental health, medical, case management, transportation, day services, parenting education, life skills, financial education, para-professional support, etc.
   - » Use a highly effective client assessment
   - » Target services to individual and family needs expressed and identified in assessments
   - » Leverage such services for successful housing
   - » Sustainably fund these supports for individual and family success in housing

7. **We will explore an effective and sustainable solution for serving the chronically inebriated/addicted among our clients.**
   - » Including but not limited to an engagement center / shelter model

B. High Impact Prevention

8. **We will increase access to assistance that keeps individuals and families in their homes.**
   - » Increase access to intentional community supports (e.g., mentoring, circle models)
   - » Educate individuals about their role / responsibility in a path to self-sufficiency
   - » Increase access to legal assistance
   - » Explore "early warning" systems for service in advance of eviction or foreclosure

9. **We will work to ensure individuals and families have adequate financial resources.**
   - » Provide access to financial assistance

B. High Impact Prevention (continued)

- » Improve financial literacy, budgeting skills and access to resources
- » Identify funders to assist with outstanding bills

10. We will work to ensure individuals are sufficiently employed.

- » Help individuals get and stay employed through education, life skills training, mentoring/coaching, and transportation assistance
- » Identify potential barriers to employment (e.g., identification, personal history) and work with clients to hurdle those barriers
- » Work with businesses to:
  - ¬ Increase opportunity and wages
  - ¬ Increase employee retention
- » Extend case management post-housing, post-employment
- » Leverage successful employment programs
- » Link public policy understanding of employment to advocacy related to wages, transportation and child care

11. We will provide immediate crisis support to stabilize housing for individuals and families in imminent risk of homelessness or a return to homelessness.

12. We will coordinate prevention efforts and prevent return to homelessness by creating a "bridge" from direct service to neighborhood supports.

- » Coordinate initiatives across providers, community centers, townships, etc.
- » Effectively bridge from wrap-around services whether through shelter, transitional, and/or rehousing programs to longer-term community center programs and related supports

13. We will develop effective re-entry programs for offenders, veterans, patients, and youth coming out of foster care.

- » Partner with corrections, the Veterans Administration, mental health providers, hospitals, and children services

14. We will increase the number and effectiveness of mental health referrals and access to appropriate medical care.

- » Partner with a wide range of providers and institutions

C. Sustainable Housing

15. We will help individuals and families find permanent, sustainable housing and reduce the length of shelter stay.

- » Help individuals and families move through the Continuum of Care
  - ¬ Minimizing shelter stays while maximizing their positive impact
  - ¬ Rapidly housing (Housing First) with wrap-around services when feasible
  - ¬ Maximizing the benefits of transitional programs when appropriate
  - ¬ And employing permanent supportive housing when necessary
- » Simplify access to services—removing perceived "strings" and "hoops"
- » Increase access to legal services, transportation and safe 24-hour child care
- » Increase access to legal services, transportation and safe 24-hour child care

C. Sustainable Housing (continued)

» Working to remove barriers to housing
» Improve financial literacy, budgeting and smart renting skills
» Link adequate rental subsidy with identified affordable housing

16. We will prioritize efforts to end chronic homelessness.

» Continue and then learn from the 100,000 Homes Campaign
» Employ, and regularly review, the Vulnerability Index among service providers and health care providers
» Increase coordination of street outreach services
» Develop more permanent supportive housing with optimal wrap-around services

17. We will support newly housed individuals and families according to their needs.

» Create a range of after-care service options (e.g., wrap-around, multiple-month follow-up, permanent supportive housing) to prevent future homelessness events
» Increase access to intentional community supports
» Acknowledge the possibility of cycling back to homelessness by developing targeted services for those situations that, in turn, reduce the likelihood of cycling yet again

18. We will increase access to safe, affordable housing for individuals and families.

» Reduce language, affordability and bureaucratic barriers to housing
» Enlarge the pool of property managers and owners willing to house those with credit or background impediments
» Monitor and maintain safe housing that is accessible to transportation, services, education, and food—sharing database access through "no wrong door"

19. We will develop a community-wide professional housing team to expand access to safe, affordable housing.

» Work with property owners, housing agencies and private developers
» Educate landlords about prevention services
» Allocate unused land and buildings for safe, functional housing and services
» Develop new properties

High Impact, Effective & Accountable System

Our third goal seeks to improve the way we work apart and together and thus improve outcomes for the individuals and families we serve.

Our homeless prevention and intervention system is a results-focused, high-functioning Continuum of Care

We cannot achieve this goal unless we are successful in the following:

The Indianapolis homelessness prevention and intervention system:

»» **Collaborates as a High-Performing Community without silos**

»» **Focuses on the whole person/family with reasonable expectations and coordinated services**

»» **Shares goals and desired outcomes, thus ensuring success for the community**

»» Is results-focused and holds one another accountable for achieving those goals and outcomes

»» Collectively ensures that we do what works—the work is supported by evaluation and reliable data

»» Effectively communicates the impact of our work throughout the community

The availability, structure and dissemination of public and private funding:

»» Targets effective programs, practices and entities—goes to what worksaligned with common goals

»» Is weighted toward the services required to prevent homelessness and stabilize individuals and families once housed

The strategies in this Blueprint progress toward this goal via the following routes:

Intentional, Continuous, System-wide Improvement with High Performance toward Outcome Goals

We will improve our service/program effectiveness and efficiency per available data, and we will promote evidence-based practices from the broader field.

Effective System Capacity & Quality

We will leverage our collective capacity to increase effectiveness and financial efficiency, while we work to increase funding availability. Our staff and volunteers will serve people with respect and compassion.

High Impact Resources

We will work to increase and improve funding availability and effectiveness.

Strategies & Activities

A. Intentional, Continuous, System-wide Improvement with High Performance toward Outcome Goals

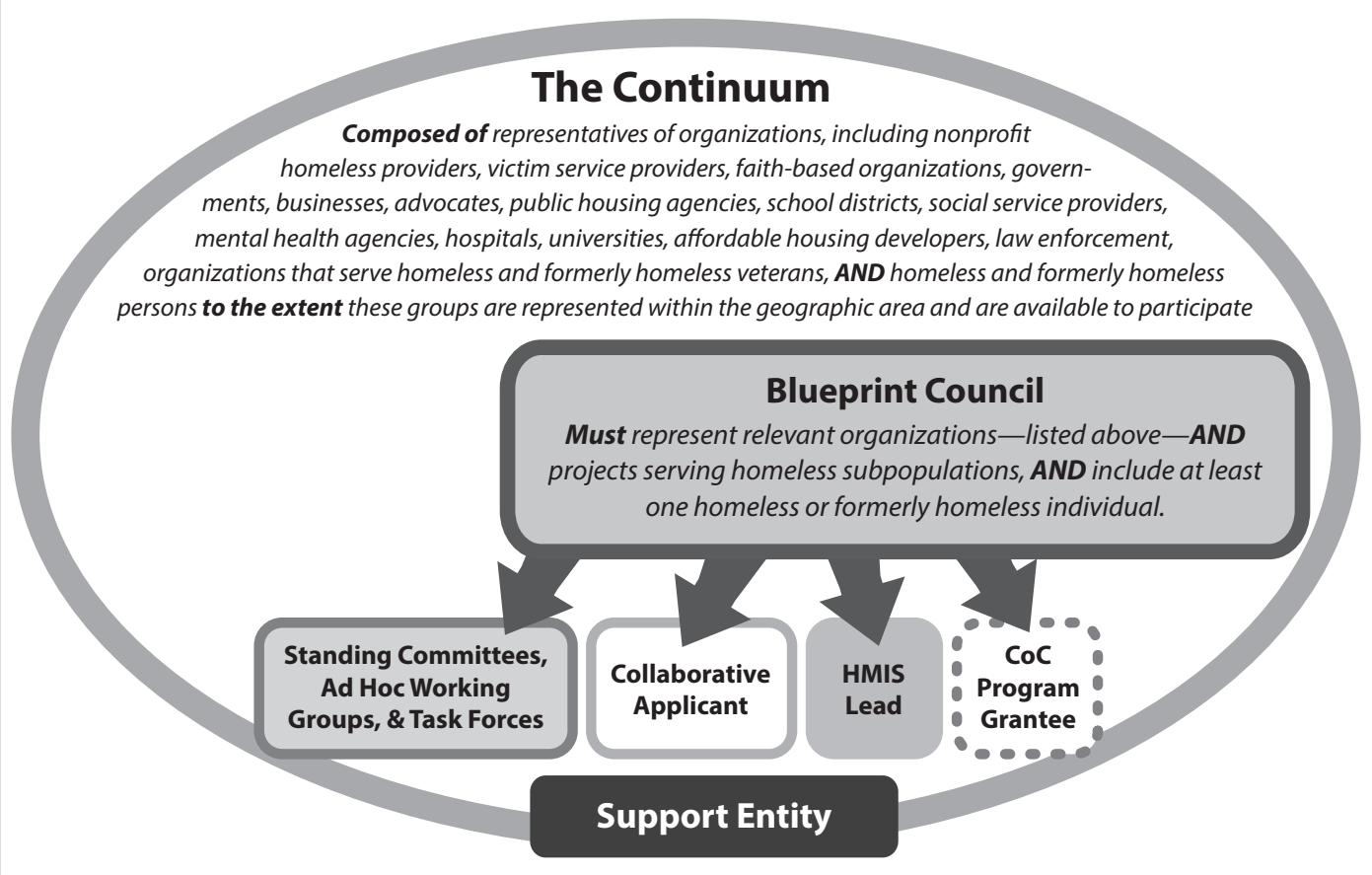
1. **We will collectively implement this Blueprint and assess its progress and contents annually.**
   - » Use standing committees, working groups and task forces
   - » Convene regular homelessness summits to assess the need for Blueprint change, integrate what we learn from implementation and re-assess client need
   - » Annually report to the community on our progress in reaching the Blueprint vision

2. **We will ensure that Blueprint and Continuum of Care planning and action functions as one coherent system.**
   - » Collectively define a single infrastructure for the work (see "How We Will Get There")
   - » Employ a Blueprint Council to coordinate efforts

3. **We will coordinate the data we collect and use across common information systems so that we can effectively implement "no wrong door" entry, assess and report progress, and effectively make the case for change.**
   - » Maintain up-to-date information for real time access
   - » Adjust current information systems to allow for common data access across entities

4. **We will continually improve our collective service and program effectiveness/efficiency in response to the data and input we collect.**
   - » Define and use common measures to assess and communicate outcomes
   - » Assess organizational and collective progress against common measures
   - » Incorporate evidence-based practices from the larger field
   - » Hold each other accountable for high quality service and performance

A. Intentional, Continuous, System-wide Improvement with High Performance toward Outcome Goals (continued)	**5. We will strive to become a HUD-defined High Performing Community.** » Reduce the number of individuals and families that become homeless overall » Reduce the mean length of homelessness to 20 or fewer days » Reduce repeat homelessness to under 5% » Meet all other technical requirements of the HUD CoC Program
B. Effective System Capacity & Quality	**6. We will leverage capacity across the Continuum of Care to increase effectiveness and financial efficiency.** » Share time, talent and experience across entities » Provide ongoing technical assistance and capacity building services to Continuum members **7. We will work to increase funding availability via collaboration and increased efficiency.** » Collaboratively prepare funding requests **8. We will continuously train staff and volunteers to serve with respect, compassion and knowledge in order to maintain service quality and build trusting, non-judgmental relationships with clients that focus on individual and family dignity.** **9. We will create a supportive "space" for each other as organizations adapt to the Blueprint, develop services in response to identified needs and coordinate activities.**
C. High Impact Resources	**10. We will work to increase availability of new and newly directed funding streams.** » Identify funding needs and available streams » Couple our education campaigns with fundraising » Cultivate relationships with funders » Advocate for more flexible use of specific funding streams » Redirect money saved in medical, criminal justice and related systems to prevention, housing options, and services targeted to specific populations **11. We will work to increase funding coordination and effectiveness.** » Evaluate the effectiveness of specific funding streams and approaches » Encourage fund distribution based on the needs and long-term success of homeless individuals and families in the community versus those of providers as entities » Implement entitlement and benefit programs in a way that is consistent with self-sufficiency goals



HOW WE WILL GET THERE

Implementation Structure

The Blueprint implementation structure as depicted above consists of the following key elements.

1. The Continuum

The Continuum embodies three concepts:

» **A Blueprint Coalition:** It is the collection of individuals and entities that have specifically committed to seeing that the Blueprint is implemented with integrity and excellence.

» **A System of Housing & Services:** It is the system of housing and service entities that provide a broad range of homelessness prevention and intervention services to the community, the pieces of which leverage one another in assisting individuals and families move to stable housing. It incorporates outreach, engagement, assessment, prevention, shelter, housing, and services to successfully achieve self-sufficiency.

» **The HUD CoC Program-Defined Continuum of Care:** It is the community planning body that works to prevent homelessness. It organizes and delivers housing and services to meet the specific needs of people as they move to stable housing and maximize self-sufficiency.

Specifically, it is obliged to do as in the sidebar.

Consensus in this group drives Blueprint content and implementation decisions.

Further, its members include at least nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans, and homeless and formerly homeless individuals

2. Blueprint Council

The Blueprint Council is the governing board required by the HUD CoC Program and meets all formal HUD requirements. As such it is the oversight and communication hub for Continuum planning, implementation and evaluation. It connects Continuum members, monitors Blueprint implementation, scans for innovations, assesses the Continuum, makes recommendations, ensures participation of required groups, and drives planning and evaluation. The

Responsibilities of the Continuum of Care
(Interim Rule – 24 CFR §578.7)

Operate the Continuum of Care.

The Continuum of Care must:

1. Hold meetings of the full membership, with published agendas, at least semi-annually;
2. Make an invitation for new members to join publicly available within the geographic area at least annually;
3. Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years;
4. Appoint additional committees, subcommittees, or workgroups;
5. In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, . . . ; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;
6. Consult with recipients and sub-recipients to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
7. Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;
8. In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families . . .
9. In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. . . .

Designating and operating an HMIS. . .

Continuum of Care planning.

The Continuum must develop a plan that includes:

1. Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. . . .
2. Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements . . .
3. Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
4. Providing information required to complete the Consolidated Plan(s) within the . . . geographic area;
5. Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and sub-recipients.

HUD CoC Program-required governance charter, code of conduct and recusal process, governs it.

3. Standing Committees, Ad Hoc Working Groups & Task Forces

Standing committees, working groups, and task forces are the action planning components of the system. In these bodies, strategies are developed, deepened and expanded into timed work plans. These groups may also be directly responsible for specific strategies or exploring options to solve particular concerns.

Among the standing committees is the CoC Program Application Committee that reports to the Blueprint Council and the Continuum just as other committees do. However, it is supported in a different way.

» The CoC Program Grantee plays a role similar to that of the Support Entity for this committee, including communication with HUD.

» The Collaborative Applicant is the coordinator for the program application.

4. Support Entity

The Coalition for Homelessness Intervention & Prevention has been designated as the support entity for implementing this Blueprint. The support entity has the staff and skills to coordinate Continuum members as they implement the plan. It is the coordination hub responsible for:

- Providing logistical support for Continuum responsibilities as in Interim Rule – 24 CFR §578.7
- Convening and facilitating the Blueprint Council and key working groups
- Monitoring strategic coherence across efforts
- Coordinating communication within the Continuum
- Managing collective data systems and information distribution
- Mobilizing planning efforts that frame future Blueprints, related community-wide plans and their revision
- Stewarding resources for collective impact as appropriate

As such, the support is not a "lead" entity, but rather performs the roles of advocate, planning consultant, project manager, and logistics staff—though always free to delegate elements of its responsibility to appropriate Continuum members and/or contracted support as appropriate.

Because of the nature of the Coalition for Homelessness Intervention & Prevention it also plays an important role in coordinating community outreach and advocacy. This is in addition to its other support roles.

This structure leaves intact existing entities that are functioning well or are in the process of forming. It also allows the Continuum to adapt to new needs as they arise.

This structure is described in greater detail in the Continuum's governance charter.

Implementation Principles

Within this structure, individual entities continue to function according to their mission / strategic direction and are governed by their boards of directors. They will pursue visions that are both more and less aggressive than that which the Continuum pursues as a whole. For some, the Blueprint will be central to all of the work they do. For others, it will apply to only a portion of their work. No matter where an entity falls within this spectrum, Continuum members will:

As a Continuum, we will:

As a Continuum, we will:

- **Focus on the whole person / family**
- **Use understandable language versus jargon**
- **Constructively self-assess performance**
- **Remain flexible and open to change**
- **Maintain a bias for action over planning, allowing "great" to evolve while "good" is in place**
- **Monitor and measure our progress**
- **Share and coordinate information**
- **Trust one another and follow up on promises**
- **Maintain open dialogue—speaking up in the moment, asking questions, and clarifying**
- **Hold ourselves and each other accountable for Blueprint success**

- **Vision:** Share a vision for change that includes a common understanding of Indianapolis's homelessness needs and a collective approach to advancing the Blueprint vision
- **Measurement:** Use shared measurement strategies in order to gauge progress, maintain alignment with vision and goals, and hold each other accountable for collective performance
- **Reinforce:** Engage in mutually reinforcing activities—ones that, while not identical, both support the Blueprint vision and goals, leverage the impact of one another, and avoid actions that are at cross-purpose to each other
- **Communicate:** Continuously, consistently, and openly communicate with each other assuring trust, progress toward mutual objectives and common motivation

NEXT STEPS

Advancing the Work

Having completed the Blueprint process, the work is just beginning. Immediately following the last planning meeting, the Continuum created an Interim Steering Committee to spend March – July 2013:

- Developing the Blueprint Council, its job description, its structure and operating procedures, and its election/self-sustaining process—aligning the Continuum with HUD CoC Program requirements (e.g., governance charter, recusal process)
- Completing the first Blueprint Council election process
- Beginning implementation of the Blueprint by developing the timeline, priorities, and content for next steps in operationalizing, evaluating and testing the feasibility of plan elements
- Developing initial committees and/or work groups to take over the details of implementation

Going forward, the Continuum will revisit the Blueprint on an annual basis for revision and re-alignment while working from detailed action plan for each strategy. In this way, the work can evolve over time, AND the Blueprint can remain relevant as a framework document supported by working tools.

Discussing the Blueprint

In addition, an Executive Summary, Overview and Discussion Guide will be available to promote conversation throughout the community about the Blueprint and what it means to you. Committees, groups, commissions, associations, organizations, churches, schools, businesses, boards, and governmental agencies are encouraged to use these tools to begin talking about the Blueprint and for ongoing reflection on the Blueprint's implementation. The guide is a good place to start, but feel free to focus your discussion on the strategic priorities and questions that are most important to you and your work.

Getting Involved

We will provide regular updates to the community on Blueprint implementation through annual reports and Continuum meetings. You can get involved by:

1. **Familiarizing yourself with the goals and strategies of the Blueprint.**
2. **Educating your colleagues and board about what the Blueprint means for your organization or group.**
3. **Assigning a Blueprint point person for your organization or group.**
4. **Encouraging those you work with to participate in the Blueprint implementation.**
5. **Helping us share the Blueprint with the broader community:**
   - Put a link on your website;
   - Spread the word via social media; and
   - Forward it to others who are not already engaged in our work.
6. **Talking to your supporters about what opportunities the Blueprint might bring to your organization or group.**
7. **Attending Continuum and Blueprint Council meetings.**
8. **Adding your name to the Blueprint Commitment letter.**
9. **Joining a Blueprint committee, working group or task force.**

APPENDICES

Planning Process

Stakeholder Engagement Planning & Process Design

Over the course of two days in April 2012, participants identified and analyzed the stakeholders who are most relevant to developing the new Blueprint than framed a process to engage stakeholders in developing a successful Blueprint. (CHIP extended invitations to their full distribution list of staff from service and housing agencies; philanthropic, corporate, and individual donors; volunteers; advocates; and others—with nearly 2,700 emails delivered.)

Participants also identified criteria for a successful Blueprint.

Process

- » Inclusive, Trusted, Intentional
- » Communicated, Accessible, Transparent
- » Open, Adaptable, True to Input
- » Comprehensive, Well-Managed
- » Public
- » Client-Oriented
- » Attentive to Specific Stakeholder Groups

Product

- » Inclusive, Trusted, Intentional
- » Communicated, Accessible, Transparent
- » Open, Adaptable, True to Input
- » Comprehensive, Well-Managed
- » Public
- » Client-Oriented
- » Attentive to Specific Stakeholder Groups

Working from the Spectrum for Public Participation developed by the International Association for Public Participation (IAP2), participants examined the overall process goals and promise to stakeholders. This guided the process design and implementation.

Engagement Level

- » Involve

Goal

- » To work directly with stakeholders throughout the process to ensure that stakeholder concerns and aspirations are consistently understood and considered.

Promise to Stakeholders

We will work with you to:

- » Ensure that your concerns and aspirations are directly reflected in the alternatives developed and
- » Provide feedback on how stakeholder input influenced the decision

Process Oversight & Guidance

Per discussion during the design workshop, it was decided that there not be a traditional steering committee for the remainder of the Blueprint process. Rather, the group moved toward creating a smaller team charged with serving as process advisors and accountability stewards. The Process Accountability Team (PAT) that emerged included:

Amber Ames, Stopover, Inc.*
Michael Butler, CHIP
Randolph Clark, IUPUI MSW Program/Midtown
Julie Fidler, City of Indianapolis
Frank Hagaman, Advocate*
Don Hawkins, Homeless & ReEntry Helpers, Inc.
Mary Jones, United Way of Central Indiana
Julia Kathary, Coburn Place
Maury Plambeck, City of Indianapolis
Rebecca Seifert, Gennesaret Free Clinic, Inc.
Sharon Stark, Homeless Initiative Program
Betsy Whaley, The Julian Center*

**Individual had to step away from the team before planning was completed.*

Information Gathering

In July – September 2012, we gathered information related to each of the following:

- Comparative Continuums of Care
- Inventory of housing available
- Inventory of services available
- Point-in-Time Count Trends
- Survey responses related to planning, community needs, strategies to learn from, vision, and goals

The results of this process fed into the initial working sessions of planning.

Working & Information Sessions

Planning spanned four daylong working sessions from September 2012 – February 2013. In the course of that time, participants pursued the following agenda.

Issues – September 28

- Unpacking the Issues
- Assets to Leverage
- Learning from Experience
- Critical Issues & Their Implications

Vision & Goals – October 16

- Developing Vision Components
- Mapping Goals & Strategies

Strategies – December 13

- Reviewing Emerging Model & Feedback to Date
- Going Deeper & Filling Gaps in Three Goal Areas:
  - Coordinated Community Response
  - Housing & Service Delivery
  - System Effectiveness & Accountability
  - Group Vetting & Feasibility Test Feasibility

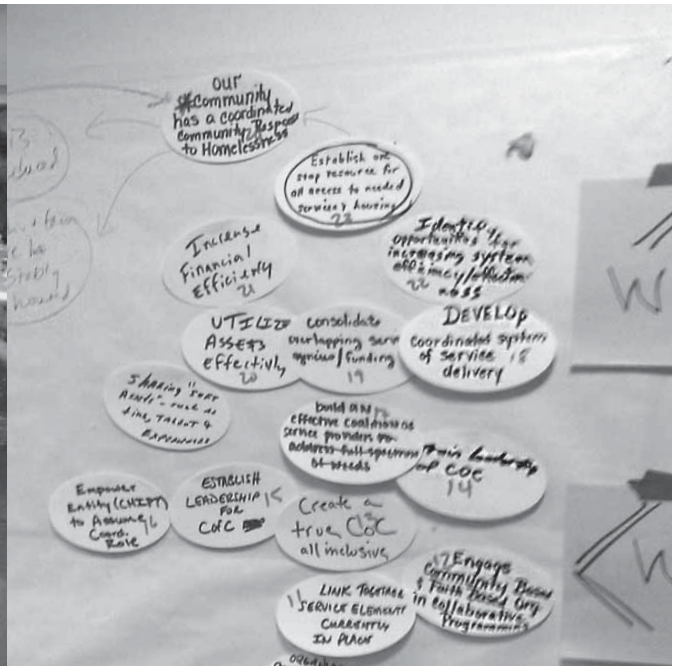
Moving Forward – February 15

- Revisiting Context & Content
- Moving Forward: How to collaborate and achieve collective impact
- Sharpening the Blueprint
- Moving Forward: Implementation Framework
- Next Steps

During this time there were also two information sessions for the community—opportunities to hear Blueprint ideas as they developed, ask questions, and offer feedback. These were held on November 15 and January 24.

Interim Results

The results of these sessions were made available online, in the information sessions and at subsequent working sessions. By way of context, we include two pieces of that work here. The first are the critical issues that drove planning. The second is the goal and strategy map developed that transformed over time into the plan presented here. Both are presented on the following pages.



Ending Chronic Homelessness
The issue components and causes identified here filled a page-size table.

Changing Stigmatization
The stigmatization of those experiencing homelessness interferes with their access to services, prevention efforts, and development of community-wide solutions.

Truly Collaborating
We espouse collaboration when we are together but struggle with the reality of doing it on a day-to-day basis.

Working Toward Common Outcomes
We espouse common goals when we are together but face the reality of organizational needs when apart.

Engaging the Business Community
We are not adequately working with business to craft solutions in preventing and ending homelessness.

Engaging the Faith-Based Community
Faith-based and secular entities are all concerned about preventing and ending homelessness, yet the two are often working at odds with one another.

Making the Case in General
We must engage the whole community in order to change stereotypes and shift the political will for change.

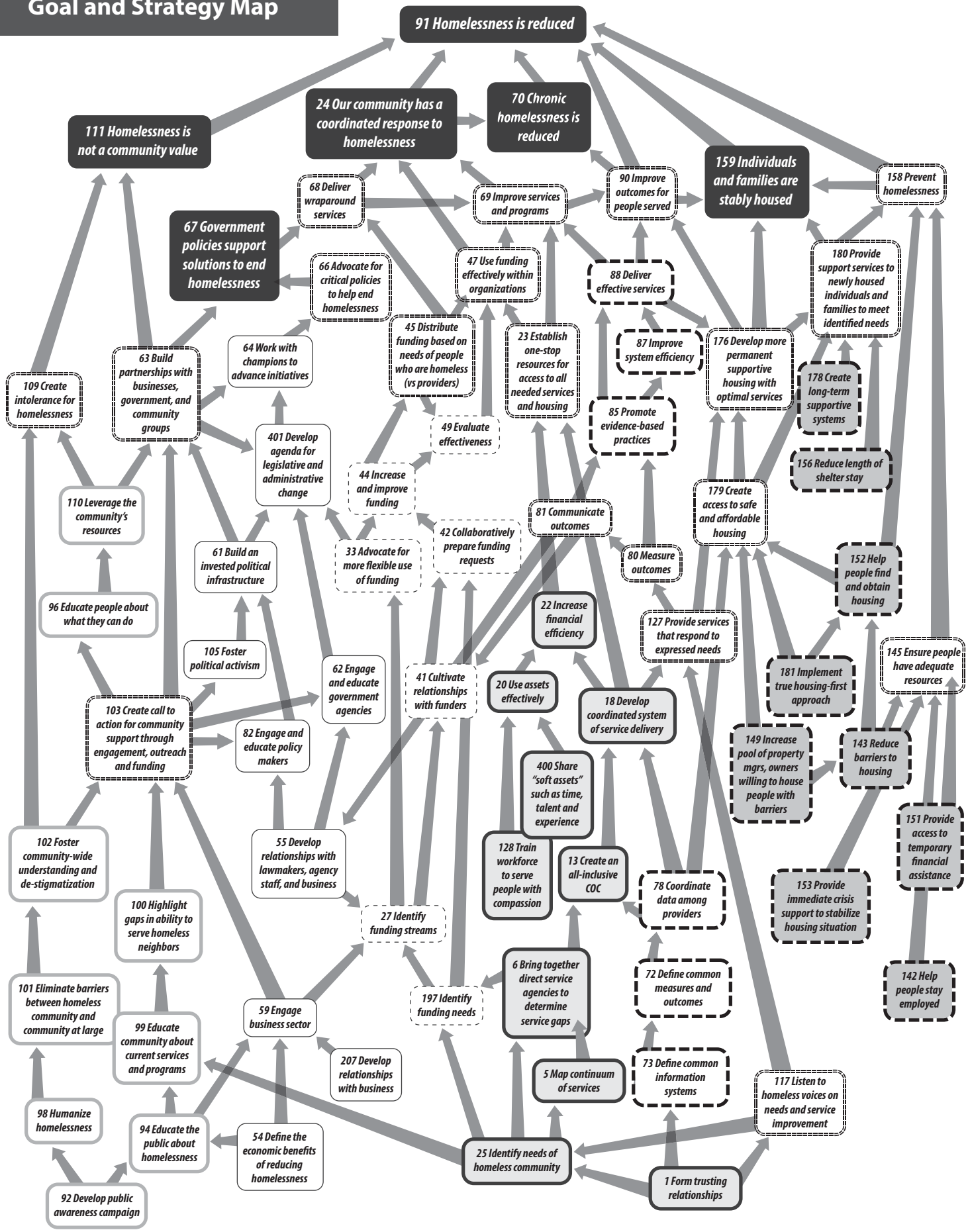
Shifting Political Will for Change
The political will to address homelessness in a sustainable way is often absent in the places it is most needed.

Developing Family/Community Support
Support is critical to preventing homelessness in the first place and to stabilizing someone after a homeless episode.

Prevention (Before & After)
The system is set up to serve those experiencing homelessness after it occurs. We need to find ways to work further upstream.

Integrating Voices of Homeless
We are not adequately asking, listening, to and incorporating the voices of those experiencing homelessness in our collective work to prevent and eliminate this condition. Further, there are not current mechanisms for these voices to be heard, even if we wanted to.

Goal and Strategy Map



Individual Participants

The following participated in one or more working or information session as part of the 2012 Blueprint planning process.

Kathy Albright
Meet Me Under the Bridge

Brantley Alexander
Alexander Associates

Laura Alvarado
School on Wheels

Amber Ames
Stopover, Inc.

Ginger Arvin
Indianapolis Public Schools

Don Beckwith
Adult & Child Center

Elizabeth Boyle
Mental Health America, Greater Indianapolis

Sally Bindley
School on Wheels

Paul Bryan
Progress House

Melissa Burgess
Horizon House

Michael Butler
CHIP

Charles Cantrell
Trusted Mentors

Samuel M. Carson IV
I Love Julia Foundation, Inc.

Lori Casson
Dayspring Center, Inc.

Jennifer Charles
U.S. Department of HUD

Randy Clark
Midtown Community Mental Health

Sarah Cleveland
HealthNet/Homeless Initiative Program

Jeanine Csire
Indiana Housing Agency

Christina Davis
Holy Family Services

Stephanie Derrick
Coburn Place Safe Haven

Tierney Dioffo
Capitol City Seventh Day Adventist Church

Crimsetta Dunn
Street Reach Homeless Ministry

Julie A. Fidler
City of Indianapolis

Kenneth Ford
Indiana Department of Workforce Development

Shawna Fugate
Indiana University School of Social Work

Jennifer Fults
City of Indianapolis

Autumn Gale
CHIP

Terri Garcia
Southeast Neighborhood Community Services

Alicia Giles

Louise Goggans
Robinson Community AME

Ron Gyure
Indiana Legal Services

Frank Hagaman

Douglas Hairston
City of Indianapolis

Carolyn Harkin-Brinton
Dayspring Center, Inc.

Doris Harris

Tom Harris

Joan Harvey
Indianapolis Public Library

Don Hawkins
Homeless & ReEntry Helpers, Inc.

John Franklin Hay
SPEA/IUPUI

Megan Hershey
Outreach, Inc.

Valerie Hogston
Advocacy Council

Matt Holland
HealthNet/Homeless Initiative Program

Eric Howard
Outreach, Inc.

Kristi Howard
The REALTOR® Foundation

Cassandra Hughey
Partners in Housing

Jennifer Hunt
CHIP

Kate Hussey
School on Wheels

John Joanette
Horizon House

Michael Johnson
PACE

Mary Jones
United Way of Central Indiana

Steve Karn
Bank of America

Linda A. Kassis
Mary Rigg Neighborhood Center

Julia Kathary
Coburn Place Safe Haven

Leslie Kelly
Horizon House

Amanda Lamb
CHIP

Shelley Landis
Trusted Mentors Inc.

Kenneth Lautner

Kerri Leffler
Adult & Child Center

James Logan
Health Net/Homeless Initiative Program

Kelsie Longway-Vince
Horizon House

Melissa Madill
accessABILITY Center for Independent Living

Chris Major
City of Indianapolis

Samuel Manning
Goodwill Industries of Central Indiana, Inc.

Julie Marsh
Domestic Violence Network

Greg Martz
Keystone

Kelly McBride
Domestic Violence Network

Jim McElhinney
Indianapolis Interfaith Hospitality Network (Family Promise)

Mike McKasson
Adult & Child Center

Mary McKee
Marion County Public Health Department

Jan Miller
Goodwill Industries of Central Indiana, Inc.

Jim Miller

Michelle Miller
CHIP

Randy Miller
Drug Free Marion County

Patrick Monahan
Indiana University

Bill Moreau
Barnes & Thornburg

Alice Morical
School on Wheels

JoAnn Morris
HealthNet/Homeless Initiative Program

Audrey Nannenga
Westside Community Development Corporation

Craig Neef
Trusted Mentors

Bethany Nelson
Wheeler Mission Ministries Inc.

Cal Nelson
Wheeler Mission Ministries Inc.

Sarah Nielsen
Project Home Indy

Brian Paul
Adult & Child Center

Betty Pedigo

Maury Plambeck
City of Indianapolis

Sue Reed
Advocacy Council

Evelyn Ridley-Turner
EmployIndy

Jill Robertson
Sheltering Wings Center for Women

Karen Routt
School on Wheels

Kate Rowland
HealthNet/Homeless Initiative Program

Patrick Russ
Volunteers of America, Indiana

Brianna Sauer
HealthNet/Homeless Initiative Program

Michael V. Schwing
Advocacy Council

Todd Sears
Herman & Kittle Properties Inc.

Tara Seeley
Central Indiana Community Foundation

Rebecca Seifert
Gennesaret Free Clinic

Christy Shepard
CHIP

Sally Schrock
Second Starts Inc.

Stephanie Sideman
Corporation for Supportive Housing

Matt Sigler
Fifth Third Bank

Dena Simpson
The Salvation Army Social Service Center

Phil Smith
Partners in Housing

Jeffrey Speiden
COPE Behavioral Consulting, P.C.

Mark St. John
St. John & Associates

Sharon Stark
HealthNet/Homeless Initiative Program

Rodney Stockment
Indiana Housing and Community Development Authority

Chris Strait
Horizon House

Kathleen Taylor
Indiana Association for Community Economic Development

Marla Taylor
Domestic Violence Network Andrew Thien

Karin Thornburg
Midtown Community Mental Health Center & Pedigo Clinic at Horizon House

Jessica Tomlinson
Holy Family Services

Erica Tyson
United Way of Central Indiana

Katrina Upshaw
Coburn Place Safe Haven

Jennifer Vigran
Second Helpings, Inc.

Charlesetta Waddell
Capitol City Seventh Day Adventist Church

Jeri Warner
Trusted Mentors Inc.

Robert Weiler
Indiana University School of Social Work

Jeff Wertz
Interfaith Hospitality Network

Betsy Whaley
The Julian Center

Jenni White
Coburn Place Safe Haven

Kay Wiles
HealthNet/Homeless Initiative Program

Eric Wilka
CHIP

Vernon Williams
Indiana Black Expo, Inc.

Carter Wolf
Indianapolis Art Center

MaryBeth Wott
Federal Home Loan Bank of Indianapolis

Maurice Young

Organizations Present

The individuals on the previous page, at the time, employed by or sat on the board of the following entities.

accessABILITY Center for Independent Living
Adult & Child Center
Advocacy Council
Alexander Associates
Barnes & Thornburg
Capitol City Seventh-Day Adventist Church
Central Indiana Community Foundation
City of Indianapolis
- » *Department of Metropolitan Development*
- » *Mayor's Office of the Front Porch Alliance*

Coalition for Homelessness Intervention & Prevention
Coburn Place Safe Haven
COPE Behavioral Consulting, P.C.
Corporation for Supportive Housing
Dayspring Center, Inc.
Domestic Violence Network
Drug Free Marion County
EmployIndy
Federal Home Loan Bank of Indianapolis
Fifth Third Bank
Gennesaret Free Clinic
Goodwill Industries of Central Indiana, Inc.
HealthNet/Homeless Initiative Program
Herman & Kittle Properties Inc.
Holy Family Services
Homeless & ReEntry Helpers, Inc.
Horizon House
I Love Julia Foundation, Inc.
Indiana Association for Community Economic Development
Indiana Black Expo, Inc.
Indiana Legal Services
Indiana University
- » *School of Social Work*

Indianapolis Art Center
Indianapolis Interfaith Hospitality Network (Family Promise)
Indianapolis Public Library
Indianapolis Public Schools
Keystone
Marion County Public Health Department
Mary Rigg Neighborhood Center
Meet Me Under the Bridge
Mental Health America of Greater Indianapolis
Midtown Community Mental Health Center & Pedigo Clinic
Outreach, Inc.
Public Advocates in Community re-Entry (PACE)
Partners in Housing
Progress House
Project Home Indy
Robinson Community AME
School on Wheels
Second Helpings, Inc.
Second Starts Inc.
Sheltering Wings Center for Women
Southeast Neighborhood Community Services
SPEA/IUPUI
St. John & Associates
State of Indiana
- » *Department of Workforce Development*
- » *Housing Agency*
- » *Housing & Community Development Authority*

Stopover, Inc.
Street Reach Homeless Ministry
The Julian Center
The REALTOR® Foundation
The Salvation Army Social Service Center
Trusted Mentors Inc.
U.S. Department of Housing & Urban Development
United Way of Central Indiana
Volunteers of America, Indiana
Westside Community Development Corporation
Wheeler Mission Ministries Inc.

Additional Individuals

The following 215 individuals were previously listed as having participated in the 2011 Blueprint revision process. Many of them overlap with the 2012 process.

Rick A. Alvis
Wheeler Mission Ministris, Inc. ‡

Amber D. Ames
Holy Family Services

Erica Aquila
City of Indianapolis

Diane Arnold
*Hawthorne Community Center **

Lindsey Bacon
*Chick-Fil-A **

Bruce Baird
*Indianapolis Housing Agency **

The Honorable Gregory A. Ballard
City of Indianapolis ‡

Margaret Banning

Thomas Bartenbach
Damien Center

The Honorable Jeff Bennett
Warren Township

Amber Berry
HealthNet/Homeless Initiative Program

Bill Bickel
Holy Family Shelter ‡

Sally Bindley
Schools on Wheels ‡

Kayona Bingham-Woodard
Advocacy Council

The Rev. Michael Bowling
Englewood Christian Church ‡

Kim Boyd
Threshold Project ‡

Charles Boyle
Indiana Office of Mental Health Policy & Planning ‡

John Brandon
Marion County Commission on Youth, Homeless Youth Advocacy Network (hereafter HYAN)

Karla Brady
Midtown Community Mental Health Center

Scott Brannon
Trusted Mentors

Katy Brett
*Indy East Asset Development ‡ **

Willis K. Bright Jr.
Lilly Endowment Inc. ‡

Mary E. Brooks
Center for Community Change (CA) ‡

The Honorable Russell Brown
*Lawrence Township **

Melissa Burgess
*Horizon House **

Jay Butler
Castleton United Methodist Church ‡

Michael Butler
*CHIP ‡ **

Susan Calhoun
Partners in Housing

Richard Campi
Irish Hill & Fountain Square Neighborhood Association ‡

The Honorable André Carson
U.S. Congress ‡

Lori Casson
Dayspring Center, Inc.

Patricia Chandler
Advocacy Council

Kay Christensen
*Indianapolis Public Schools **

Amelia Clark
HYAN

Natalie Clayton
*Greater Indianapolis Progress Committee **

Sarah Cleveland
HealthNet/Homeless Initiative Program

Cindy Collier
Cindy Collier Consulting LLC

The Honorable Barbara Collins
*Marion County Superior Court ‡ **

Kevin Corcoran
Lumina Foundation for Education ‡

Robert Courtney
Simon Property Group Inc. ‡

Stephanie DeMaris
Midtown Homelessness Resources ‡

Andrea DeMink
*The Pour House **

Stephanie Derrick
Coburn Place Safe Haven

Matthew Downey
Community Action of Greater Indianapolis

Shannon Driver
Helping Other Offenders Prosper & Excel

Brian Dunkel
*Neighborhood Christian Legal Clinic **

Belinda Ellis
Indy's Campaign for Financial Fitness

Chelsea Ernsberger
HYAN

Julie A. Fidler
City of Indianapolis

Doshia P. Fifer
U.S. Department of Veterans Affairs

Elizabeth Fish

Andy Fogle
*Marion County Prosecutor's Office **

Jan Frazier

Stephanie Freeman
Marion County Commission on Youth

Chad Fulkerson
SWAT Ministry

Autumn Gale
CHIP ‡

Vanessa Gardner
Pike Township

Hope Garrett
Restoring Lives West, HYAN ‡

Jeff Gearhart
West Indianapolis Development Corp., HYAN ‡

Christie Gillespie
United Way of Central Indiana

Shannon Reagins Glenn
*Indianapolis Interfaith Hospitality Network (Family Promise) **

*Key: ‡ Interviewee; * Process Steering Committee*

*Key: ‡ Interviewee; * Process Steering Committee*

Louise Goggans
Robinson Community AME Church

Ken Griffin
HealthNet/Homeless Initiative Program ‡

Patricia Griffin
All Saints Church, Interlocal Association

Jodi Guinan
HealthNet/Homeless Initiative Program ‡

Charles Haenlein
*HVAF of Indiana Inc. **

Frank Hagaman
Land Bank of Indianapolis ‡

Douglas Hairston
*City of Indianapolis ‡ **

Matt Hammond
Advocacy Council

Joan Harvey
Indianapolis Public Library

Crystal Haslett
M.S.D. of Washington Township, HYAN

The Rev. Jay Height
Shepherd Community Center ‡

Brian Helm
HYAN

Jane Henegar
former City of Indianapolis ‡

Denise Herd
Herd Strategies, HYAN

David Hillman
Nina Mason Pulliam Charitable Trust, HYAN

Robert Hipple
*Indianapolis Metropolitan Police Department, HYAN ‡ **

Valerie Hogston
Advocacy Council

Debbie Hoskins

Eric Howard
*Outreach Inc., HYAN ‡ **

Jen Hunt
CHIP ‡

Michael Hurst
CHIP ‡

Kate Hussey
School on Wheels, HYAN

Sandy Jeffers
*Pathway to Recovery Inc. ‡ **

John Joanette
Horizon House ‡

Dale Johnson
Jesus Loves You Homeless Ministry

Patricia Johnson
Jesus Loves You Homeless Ministry

Renita Johnson
Abbie Hunt Bryce Home

Mary Jones
*United Way of Central Indiana ‡ **

Timothy C. Joyce
CHIP ‡

Linda A. Kassis
Mary Rigg Neighborhood Center

Haddie Katz
Project Home Indy

Leslie Kelly
Horizon House ‡

Melina Kennedy
former City of Indianapolis ‡

Stephen H. Kerr
Wheeler Mission Ministries, Inc. ‡

Tracey Horth Krueger
*THK Consultants **

Gary Labita
HealthNet/Homeless Initiative Program ‡

Jon Laramore
*Faegre Baker Daniel LLP **

Steve Lavery
Herman & Kittle Properties Inc., HYAN

James Lewis
Advocacy Council

The Honorable Maggie Lewis
City-County Council of Indianapolis and Marion County, Dove Recovery House for Women, HYAN

James Logan
HealthNet/Homeless Initiative Program

Kelsie Longway-Vince
Horizon House

Stephanie Lowe-Sagabiel
CenterPoint Counseling ‡

Carolyn Marshall
Marion County Public Defender's Office ‡

Daryl L. Mason
Mason Consulting Group, HYAN

Noel McClain
Neighborhood Christian Legal Clinic

Timothy J. McClure
Office of the Indiana Attorney General

Dan McDonough
Gennesaret Free Clinic

Harry T. McFarland
HTM Services, HYAN

Mike McKasson
*Adult & Child Center ‡ **

Wallace McLaughlin
*Fathers & Families Center **

Whitney McTush
Forest Manor Multi-Service Center

Terry Michael
*Damien Center **

Randy Miller
Drug Free Marion County

Michelle Milliken
CHIP ‡

Cheveria Minor
HealthNet/Homeless Initiative Program

Patrick Monahan
Indiana University

Steve Moody
Midtown Community Mental Health Center

Ann Moore

D. William Moreau Jr.
Barnes & Thornburg LLP ‡

Jo Ann Morris
HealthNet/Homeless Initiative Program

Alisia Munoz
HealthNet/Homeless Initiative Program

William Najera
HealthNet/Homeless Initiative Program

George Neal
Advocacy Council

Cal Nelson
*Wheeler Mission Ministries, Inc. ‡ **

Nick
Pathway to Recovery Inc. ‡

Heather Nicodemus
School on Wheels

Stacey Nugent
*HealthNet/Homeless Initiative Program ‡ **

Liz Odle
HYAN

Robert J. Ohlemiller
Marion County Sheriff's Office

*Key: ‡ Interviewee; * Process Steering Committee*

Lisa Osterman
Community Solutions Inc. ‡

RJ Pasquesi
Herman & Kittle Properties Inc., HYAN

Kelly Peckham
CHIP ‡

David V. Perkins
Ball State University

The Honorable Bart Peterson
former City of Indianapolis, Eli Lilly & Co. ‡

The Honorable Mary Pfisterer
City-County Council of Indianapolis and Marion County, HYAN

Lori Phillips-Steele
Corporation for Supportive Housing, HYAN ‡

Maury Plambeck
*City of Indianapolis, HYAN **

Dick Porter
Advocacy Council

Kelly Porter
Mary Rigg Neighborhood Center, HYAN

Michael Powers
Threshold Project ‡

Betty Pedigo
IU Medical Group

Melissa Pershing
The Julian Center Inc.

Charles Preston
Lilly Endowment Inc. ‡

Sue Reed
Threshold Project, Advocacy Council ‡

Theresa Rhodes
Buckingham Foundation

Evelyn Ridley-Turner
*EmployIndy, HYAN **

Gary Rhodes
Advocacy Council

Donnie Robinette
HealthNet/Homeless Initiative Program ‡

Matt Roller
Wheeler Mission Ministries, Inc.

Warren A. Rogers
Office of the Indiana Attorney General ‡

William Ross
Advocacy Council

The Honorable José Salinas
Marion County Superior Court ‡

Brianna Sauer
HealthNet/Homeless Initiative Program

Darnaé Scales
*JEWEL Human Services, Eastern Star Church ‡ **

Lucretia Scammahorn
St. Luke United Methodist Church

Sally Schrock
Second Starts Inc.

Bill Schwartzkopf
Advocacy Council

Michael Schwing
Dinaris House Corporation, Advocacy Council

Todd Sears
Herman & Kittle Properties Inc. ‡

Tara Seeley
Central Indiana Community Fund ‡

Rebecca Seifert
*Gennesaret Free Clinic ‡ **

Sherry Seiwert
Indiana Housing & Community Development Authority ‡

David Sibley
White Lodging ‡

Stephanie Sideman
Corporation for Supportive Housing

Dena Simpson
The Salvation Army Social Service Center

David Sleppy
Figment 2000 Inc., No One Sees Me ‡

Bobby Smith
Interfaith Hospitality Network ‡

Jimmie L. Smith
Advocacy Council

Renota Smith
Indianapolis Interfaith Hospitality Network (Family Promise)‡

Sue Duvall Smith

Tami Smith
Advocacy Council

Sharon Stark
HealthNet/Homeless Initiative Program ‡

Vanessa Stewart
Pathway to Recovery, Dove Recovery House for Women ‡

Rodney Stockment
Indiana Housing & Community Development Authority ‡

Alicia Stout
United Way of Central Indiana, HYAN

Lorraine Stout
Mary Rigg Neighborhood Center, HYAN

Chris Strait
Horizon House

Tyler Stumm
Midtown Community Mental Health Center

Julie Szempruch
Midtown Community Mental Health Center

Bill Taft
Local Initiatives Support Corporation ‡

William Taylor
HealthNet/Homeless Initiative Program

Cindy Thomas
HVAF of Indiana Inc. ‡

Karin Thornburg
Midtown Community Mental Health Center ‡

The Rev. Jim Thurston
Indy Dream Center International Church & Outreach, HYAN

Kevin Tichener
HYAN

James Todd
Indianapolis Metropolitan Police Department, HYAN

Dave Toliver
Pathway to Recovery Inc. ‡

Jim Trulock
Pathway to Recovery Inc. ‡

Jeremy Turner
*Damien Center **

Barbara Walker

Deborah R. Walls
U.S. Department of Veterans Affairs

Holly Ward
Retirement Housing Foundation

Tyrone Ward
Threshold Project ‡

Amy Conrad Warner
*Indiana University-Purdue University **

Jeri Warner
Trusted Mentors Inc.

Karen Washington
Indianapolis Housing Agency

Curtis Watkins
Threshold Project ‡

Dennis Watson
Indiana University School of Medicine

Janell Watson
Threshold Project ‡

Robert Weiler
Indiana University School of Social Work

Betsy Whaley
*The Julian Center Inc. ‡ **

Kirk Wheeler
Wheeler Consulting Group

Teresa White
The Bethlehem House

Kay Wiles
HealthNet/Homeless Initiative Program ‡

Eric Wilka
United Way of Central Indiana

Toscha Wilkins
HealthNet/Homeless Initiative Program

Jonathon Willey
Wellpoint Inc. ‡

Betty Wilson
HYAN

Carter Wolf
Indianapolis Art Center

Eric Wright
Indiana University School of Medicine

MaryBeth Wott
Federal Home Loan Bank of Indianapolis

Tamara Zahn
Indianapolis Downtown Inc. ‡

Andy Zehner

GLOSSARY

Part A

This Blueprint includes select acronyms as in this section. With the exception of code excerpts contained in sidebars, we have endeavored to keep their use to a minimum.

CHIP
Coalition for Homelessness Intervention & Prevention—This organization is currently serving as both Support Entity and HMIS Lead.

CoC
Continuum of Care—See definition that follows.

CFR
Code of Federal Regulations—A codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the Federal Government.

ESG
Emergency Solutions Grants—See definition that follows.

HMIS
Homeless Management Information System—See definition that follows.

HPC
High-Performing Community—See definition that follows.

HUD
Housing and Urban Development—This is a department within the U.S. federal government.

UFA
Unified Funding Agency—See definition that follows.

Part B

This Blueprint uses terms from its peers, its experience, and or developed for this document as in this section.

Engagement center
This is envisioned to be a temporary shelter or "engagement center" for people who are publicly intoxicated and without a home, and to provide them with shelter, safety, and access to treatment.

Housing First
From National Alliance to End Homelessness: *Organizational Change: Adopting a Housing First Approach* (July 2009)

The Housing First approach encompasses a diverse range of programs; however, they are guided by a number of principles.

- Homelessness is first and foremost a housing problem and should be treated as such
- Housing is a right to which all are entitled
- People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain that housing
- Issues that may have contributed to a household's homelessness can best be addressed once they are housed

Housing First-oriented programs typically share a number of service delivery components.

- Emergency services that address the immediate need for shelter or stabilization in current housing
- Housing, Resource, and Support Services Assessment which focuses on housing needs, preferences, and barriers; resource acquisition (e.g., entitlements); and identification of services needed to sustain housing
- Housing placement assistance including housing location and placement; financial assistance with housing costs (e.g., security deposit, first month's rent, move-in and utilities connection, short-or long-term housing subsidies); advocacy and assistance in addressing housing barriers (e.g., poor credit history or debt, prior eviction, criminal conviction)
- Case management services (frequently time-limited) specifically

focused on maintaining permanent housing or the acquisition and sustainment of permanent housing

Rapid re-housing

From National Alliance to End Homelessness: *Rapid Re-Housing: Creating Programs that Work* (July 2009)

Rapid Re-Housing is for "individuals and families who are experiencing homelessness (residing in emergency or transitional shelters or on the street) and need temporary assistance in order to obtain housing and retain it" (HUD Homelessness Prevention and Rapid Re-Housing (HPRP) Notice, March 19, 2009). These are the key components:

- The individual or family is currently homeless
- The "Rapid" in Rapid Re-Housing means that the household is assisted to obtain permanent housing as quickly as possible. People move directly from homelessness to housing. There are no intermediate programs that delay their move to housing.
- Rapid Re-Housing provides the minimal amount of assistance—amount and length—needed to obtain and retain housing.
- Households are empowered to make their own choices and to respond to the consequences of those decisions.
- The key to successful re-housing is understanding the individual's barriers to getting and keeping housing—then finding ways to eliminate or compensate for those barriers.

Support entity

Support Entity is the coordination hub responsible for:

- Providing logistical support for Continuum responsibilities as in Interim Rule – 24 CFR §578.7
- Convening and facilitating the Board and key working groups
- Monitoring strategic coherence across efforts
- Coordinating communication within the Continuum
- Managing collective data systems and information distribution
- Mobilizing planning efforts that frame future Blueprints, related community-wide plans and their revision
- Stewarding resources for collective impact as appropriate

As such, the support is not a "lead" entity, but rather performs the roles of advocate, planning consultant, project manager, and logistics staff—though always free to delegate elements of its responsibility to appropriate Continuum participants and/or contracted support as appropriate.

Vulnerability index

From National Alliance to End Homelessness: *Vulnerability Index: Prioritizing the Street Homeless Population by Mortality Risk*

A vulnerability index is a measure of the exposure of a population to some danger. In this case it is survey and analysis methodology for "identifying and prioritizing the street homeless population for housing according to the fragility of their health."

Part C

This Blueprint also uses terms with federal definitions (Interim Rule – 24 CFR §576.2, §576.103, §578.3, §578.5, and §578.65), including:

At risk of homelessness

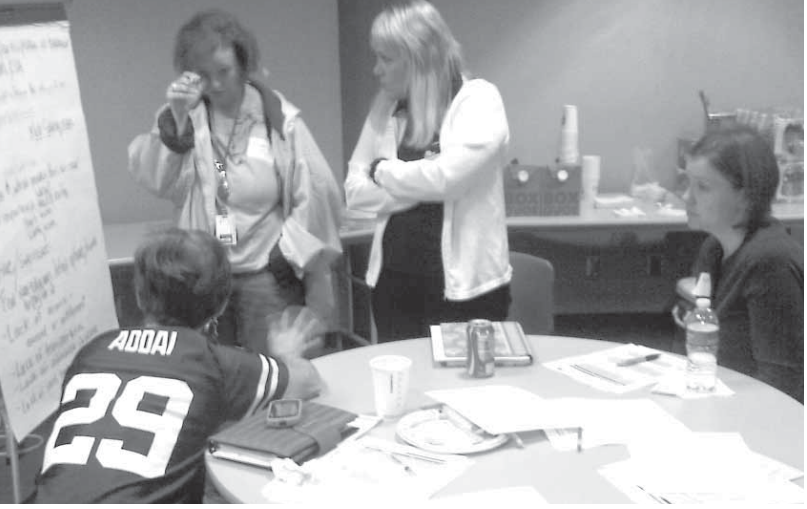
1. An individual or family who:
   - (i) Has an annual income below 30% of median family income for the area, as determined by HUD;
   - (ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this §; and
   - (iii) Meets one of the following conditions:
     - (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
     - (B) Is living in the home of another because of economic hardship;
     - (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
     - (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
     - (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than 2 persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
     - (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
     - (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;
2. A child or youth who does not qualify as "homeless" under this §, but qualifies as "homeless" under §387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), §637(11) of the Head Start Act (42 U.S.C. 9832(11)), §41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e- 2(6)), §330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), §3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or §17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or
3. A child or youth who does not qualify as "homeless" under this §, but qualifies as "homeless" under §725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child o r youth if living with her or him.

Blueprint Council

The governing board established to act on behalf of the Continuum using the process established as a requirement by §578.7(a)(3) and in compliance with the conflict-of-interest requirements at §578.95(b). The board must: (1) be representative of the relevant organizations and of projects serving homeless subpopulations; and (2) include at least one homeless or formerly homeless individual.

Centralized or coordinated assessment system

Means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.



Chronically homeless

1. An individual who:
   (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and
   (iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in §102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Collaborative applicant

Means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum.

Consolidated plan

Means the HUD-approved plan developed in accordance with 24 CFR 91.

Continuum of Care and Continuum

Means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate. (24 CFR §578.3)

Means the group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social service providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons that are organized to plan for and provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area. (24 CFR §576.2)

The name of this body shall be the Indianapolis Continuum of Care (the Continuum).

Developmental disability

Means, as defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):

1. A severe, chronic disability of an individual that—
   (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
   (ii) Is manifested before the individual attains age 22; (iii) Is likely to continue indefinitely;
   (iii) Results in substantial functional limitations in three or more of the following areas of major life activity:
      (A) Self-care;
      (B) Receptive and expressive language;
      (C) Learning;
      (D) Mobility;
      (E) Self-direction;
      (F) Capacity for independent living;
      (G) Economic self-sufficiency.
   (iv) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of "developmental disability" in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

Eligible applicant

Means a private nonprofit organization, State, local government, or instrumentality of State and local government.

Emergency shelter

Means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements. Any project funded as an emergency shelter under a FY2010 Emergency Solutions grant may continue to be funded under ESG.

Emergency Solutions Grants (ESG)

Means the grants provided under 24 CFR part 576.

High-performing community (HPC)

Means a Continuum of Care that meets the standards in subpart E of this part and has been designated as a high-performing community by HUD. To qualify as an HPC, a Continuum must demonstrate through:

1. Reliable data generated by the Continuum of Care's HMIS that it meets all of the following standards:
   - (i) **Mean length of homelessness.** Either the mean length of episode of homelessness within the Continuum's geographic area is fewer than 20 days, or the mean length of episodes of homelessness for individuals or families in similar circumstances was reduced by at least 10% from the preceding federal fiscal year.
   - (ii) **Reduced recidivism.** Of individuals and families who leave homelessness, less than 5% become homeless again at any time within the next 2 years; or the percentage of individuals and families in similar circumstances who become homeless again within 2 years after leaving homelessness was decreased by at least 20% from the preceding federal fiscal year.
   - (iii) **HMIS coverage.** The Continuum's HMIS must have a bed coverage rate of 80% and a service volume coverage rate of 80% as calculated in accordance with HUD's HMIS requirements.
   - (iv) **Serving families and youth.** With respect to Continuums that served homeless families and youth defined as homeless under other federal statutes in paragraph (3) of the definition of homeless in §576.2:
     - (A) 95% of those families and youth did not become homeless again within a 2-year period following termination of assistance; or
     - (B) 85% of those families achieved independent living in permanent housing for at least 2 years following termination of assistance.
2. Reliable data generated from sources other than the Continuum's HMIS that is provided in a narrative or other form prescribed by HUD that it meets both of the following standards:
   - (i) **Community action.** All the metropolitan cities and counties within the Continuum's geographic area have a comprehensive outreach plan, including specific steps for identifying homeless persons and referring them to appropriate housing and services in that geographic area.
   - (ii) **Renewing HPC status.** If the Continuum was designated an HPC in the previous federal fiscal year and used Continuum of Care grant funds for activities described under §578.71, that such activities were effective at reducing the number of individuals and families who became homeless in that community.

Homeless

Means:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   - (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
   - (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
   - (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
2. An individual or family who will imminently lose their primary nighttime residence, provided that:
   - (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
   - (ii) No subsequent residence has been identified; and
   - (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
   - (i) Are defined as homeless under §387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), §637 of the Head Start Act (42 U.S.C. 9832), §41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), §330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), §3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), §17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or §725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
   - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
   - (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
   - (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
4. Any individual or family who:
   - (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
   - (ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Homeless Management Information System (HMIS)

Means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS Lead

Means the entity designated by the Continuum of Care in accordance with this part to operate the Continuum's HMIS on its behalf.

Homelessness prevention

ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the "homeless" definition in § 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the "at risk of homelessness" definition, or who meet the criteria in paragraph (2), (3), or (4) of the "homeless" definition in § 576.2 and have an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short-term and medium-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

Permanent housing

Means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

Permanent supportive housing

Means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Point-in-time count

Means a count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

Private nonprofit organization

Means an organization:

1. No part of the net earnings of which inure to the benefit of any member, founder, contributor, or individual;
2. That has a voluntary board;
3. That has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated a fiscal agent that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles; and
4. That practices nondiscrimination in the provision of assistance.

A private nonprofit organization does not include governmental organizations, such as public housing agencies.

Program participant

Means an individual (including an unaccompanied youth) or family who is assisted with Continuum of Care program funds.

Project

Means a group of eligible activities, such as HMIS costs, identified as a project in an application to HUD for Continuum of Care funds and includes a structure (or structures) that is (are) acquired, rehabilitated, constructed, or leased with assistance provided under this part or with respect to which HUD provides rental assistance or annual payments for operating costs, or supportive services under this subtitle.

Recipient and Sub-recipient

Recipient means an applicant that signs a grant agreement with HUD.

Sub-recipient means a private nonprofit organization, State, local government, or instrumentality of State or local government that receives a sub-grant from the recipient to carry out a project.

Relevant organizations

Relevant organizations include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

Safe haven

Means, for the purpose of defining chronically homeless, supportive housing that meets the following:

1. Serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services;
2. Provides 24-hour residence for eligible persons for an unspecified period;
3. Has an overnight capacity limited to 25 or fewer persons; and
4. Provides low-demand services and referrals for the residents.

Transitional housing

Means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

Unified Funding Agency (UFA)

Means an eligible applicant selected by the Continuum of Care to apply for a grant for the entire Continuum, which has the capacity to carry out the duties in §578.11(b), which is approved by HUD and to which HUD awards a grant.

Victim service provider

Means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs

REFERENCES & RESOURCES

The following references and resources were used in developing this Blueprint and can be useful in its implementation.

Indianapolis Information

- The Indianapolis 2002 Blueprint to End Homelessness: **www.chipindy.org**
- Indianapolis Department of Metropolitan Development
  - Grants: **www.indy.gov/eGov/City/DMD/Community/Grants/Pages/home.aspx**
  - Consolidated Plan: **www.indy.gov/eGov/City/DMD/Community/Planning/Pages/consolidated.aspx**

Indiana Information

- Indiana Housing & Community Development Authority: **www.in.gov/ihcda/2510.htm**
- Indiana's Continuum of Care regions: **www.state.in.us/ihcda/files/Indiana_COC_Region_Map.pdf**
- Indiana's History of Continuum of Care Funding: **www.hudhre.info/index.cfm?do=viewGrantAwards**

Federal Information

- Overview of the HEARTH Act: **www.hudhre.info/hearth/index.cfm**
- Overview of the Continuum of Care Program: **www.hudhre.info/coc/index.cfm**

Other Links

- National Alliance to End Homelessness Library: **www.endhomelessness.org/library**
- Overview of Key Concepts
  - Housing First: **en.wikipedia.org/wiki/Housing_First**
  - Rapid Re-housing: **funderstogether.org/resource/improving-housing-outcomes-with-rapid-rehousing/**
  - Collective Impact: **www.ssireview.org/articles/entry/collective_impact**
- Funder Toolkit re Homelessness: **funderstogether.org/resource/grantmakers-toolkit-on-ending-homelessness/**

For More Information

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United Way

United Way of Central Indiana

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