Indianapolis Continuum of Care (Quarterly) Community Convening August 27\textsuperscript{th}, 2020

The Indianapolis Continuum of Care (IndyCoC) in partnership with the Coalition for Homelessness Intervention and Prevention (CHIP)
We believe everyone has the right to be housed and connected to care! We believe that we are stronger and more impactful when we work together as a collective, coordinated network!

Vision for the Indianapolis Homeless Response: A Coordinated System of Entry & Exit

- **Triage**
  - Diversion
  - Coordinated Outreach & Services
  - Temporary Shelters
  - Prevention

- **Assess**
- **Prioritize**
- **Refer**
- **Navigate**
  - Permanent Supportive Housing
  - Rapid Rehousing
  - Affordable Housing
  - Employment/ Self-Resolution

Linked to Community Support Stability/Prevention
Today’s Agenda

COVID-19 Homeless Response: What’s being done?

Rehousing Strategies and Investment Plan: What needs to be done?

Community Data: How do we know if we are making an impact?

Youth Homelessness: How are we focusing on young people and ending a pathway to chronic and long-term homelessness?

Coming Soon: What should be seeing in the next quarter?

How do I connect people to resources?

Discussion / Q & A
COVID-19 Response

Creating a coordinated response to the public health crisis for those living unhoused and who are at much greater risk
Homelessness is incompatible with health.

It is near impossible to social distance, adhere to handwashing and good hygiene practices, and to “stay home” and healthy when you don’t have a home.

Those living unhoused are the most vulnerable in this public health crisis!

COVID-19 “is an enormous crisis superimposed on an existing crisis.” - Margot Kushel
COVID 19: What’s being done now?

Immediate Crisis Response (March - June)

- Coordinated Planning (OPHS, MCPHD, FSSA, HUD, CHIP)
- Coordinated community communications (Thursday calls)
- Redeployed street outreach and food distribution efforts (unsheltered)
- Hygiene stations (15 handwashing stations, 16 portable toilets)
- Screening protocols, data tracking, referrals to non-congregate sites
- Overflow shelters, hotel sites (Q&I)

Short-Term Actions (June - Current)

- Non-congregate shelter expansion
- Coordinated Entry Assessments and COVID-19 Prioritization
- Coordinated, targeted outreach* (Downtown)
- Rehousing strategy development and investment planning (Blueprint Council Taskforce)
- Targeted homelessness prevention (C-CERF)
- Eviction Prevention (IndyRent Assistance Portal)
COVID-19: What’s being done to respond long-term with permanent solutions?

**Medium-Term Actions (September - )**

- Scale up non-congregate shelter/winter contingency planning
- Rapid Rehousing for those experiencing homelessness now (ESG-CV)
- Deploy and scale supportive services for high-acuity individuals (Housing to Recovery, ACT)
- Establish housing infrastructure for rental assistance (single fiscal agent, unit inventory)
- Housing problem solving, rapid resolution
- Continued eviction prevention (Indy Rent Assistance, Eviction Avoidance Project-ILS)
- Connect to other systems

** Longer-Term Actions (2021-2022)**

- Sunset non-congregate shelters
- Convert RRH bridge to PSH as vouchers become available and pipeline expands
- Scale diversion
- Connect homelessness assistance to employment systems
COVID-19: How are we tracking the impact? (Aggregate)

*Admission and Discharge data from the SRS has not been available since it transferred to the MCPHD from FSSA*
COVID-19 Impact: Assessing for Racial Equity

COVID-19 Screening and Testing Data

Race

- Screenings
- High-Risk
- Tests
- Positives

Race categories:
- Null
- Multi-Racial
- American Indian...
- Native Hawaiian...
- Asian
- Unknown
- Black or African...
- White
COVID-19: Referrals to Non-Congregate Site and Housing
Indianapolis Rehousing Strategy and Investment Plan

Being strategic by assessing need and targeting resources to get to permanent housing solutions
“Recipients {CARES Act} should use funds to end homelessness for as many people as possible. Pressure to spend these resources rapidly can motivate communities to spend more on preventing evictions than on targeting people already experiencing homelessness, because prevention is faster and easier to administer. Communities should resist this pressure and instead re-house as many people as possible with emergency rental assistance to protect individual and community health. – Ann Oliva, Testimony to House Financial Services Committee 6/10/20
What’s the plan to get more people into housing?

Rehouse 500* people experiencing homelessness in response to COVID-19

- Rehouse 350 people in non-congregate shelters to reduce shelter and unsheltered populations and risk of COVID-19 infection and death

- Rehouse 150 unsheltered households who have high barriers and who may not be eligible for non-congregate shelters
How do we do this?

End-to-End Rehousing Process
How are rehousing efforts being funded to reduce the impact of COVID-19?

Emergency Solutions Grant- COVID (Round 1- $2.7 Million)

Rapid Rehousing $1,995,295
- Coburn, HVAF, Stopover, Damien Center, Horizon House, Aspire

Non-Congregate Sheltering $797,502
- City Expansion (Damien Center)
- Families
  - Dayspring
  - Family Promise

Emergency Solutions Grant- COVID (Round 2- $7.1 Million)

Rapid Rehousing Rental Assistance $5,993,712
- Single Fiscal Agent
- Housing Inventory and Acquisition Team
- Housing Inventory Management Tool

Rapid Rehousing Services
- Case Management and Supportive Services $983,707
- Reserve (Housing Search & Placement) $145,276
Coupling rental assistance with performance-based supportive services: Housing to Recovery Fund

**Horizon House**
- Scattered Site Supportive Housing
- Serve 68 households
- $670,000
- 95% housing stability in pilot

**Adult & Child**
- Assertive Community Treatment (ACT) Team
- Serve 100 unsheltered persons
- $750,000
Preventing and diverting households from the homeless system

- Utilize front-door diversion and rapid resolution to exit households from the crisis response system

- Prevent homelessness for households most at-risk of returning to homelessness (i.e. previous experience with literal homelessness)
The State of Homelessness

Using data to inform, assess, and adjust to better serve people.
“If we have data, let’s look at data. If all we have are opinions, let’s go with mine.” – Jim Barksdale, former Netscape CEO

“The goal is to turn data into information and information into insight.” - Carly Fiorina, former Executive of Hewlett-Packard
Looking at annual data

This data tells us the number of people that experienced homelessness over an entire year. Unlike those on the Who is Accessing Services tab, these individuals were experiencing homelessness at the time of receiving services.

This data includes the 4 Project Types specified above. The total number of individuals is broken down by 4 Key Demographics: Gender, Age, Veteran Status, and Race.
Looking at a single-night census

To read the full report and analysis: https://www.indycoc.org/community-data/point-in-time-housing-inventory-count
Looking at trends over time

Chart 1: 2013-2020 Point-In-Time Counts - Sheltered and Unsheltered Homelessness

Chart 2: Indy CoC Funding Totals by Project Type (2013-2020)
Looking at who is accessing housing and service interventions

Indianapolis Coordinated Entry System 2019

Who was assessed for housing needs with the CES?

Vulnerability Scores

<table>
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<th>Number of Assessments</th>
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<tbody>
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<tr>
<td>2,243</td>
</tr>
<tr>
<td>3,298</td>
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</tbody>
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Households Assessed: 2,243
People Assessed: 3,298

What does this data tell us?

This data helps us better understand the housing needs of our system. Using this information we can identify gaps in our housing resources and strategize around identifying funding for resources we lack.

We also use this data to look at sub-population needs. Try using the filters to look at the difference in needs between veterans and non-veterans, household types, or to identify potential disparities based on race or ethnicity.

Recommended housing intervention based on score

- 1-3 Vulnerable
- 4+ Rapid Rehousing
- 5+ Permanent Supportive Housing

Vulnerability scores are determined by the VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool). The VI-SPDAT is a survey administered to both individuals and families to determine risk and prioritize when providing assistance to homeless and at-risk of homelessness persons.
Looking for improvements over time

2018 vs. 2019
- 3% increase in assessments
- 10% increase in housing placements

2020 projections
- 2300+ assessments
- 600+ housing placements

Households Assessed per Year
- 2018: 2,176
- 2019: 2,248
- 2020: 1,539
*as of 8/25/2020

CES Housing Placements per Year
- 2018: 604
- 2019: 665
- 2020: 401
*as of 8/25/2020
Looking at weekly flow, successes, and barriers

Indy CoC Weekly Successes

- **CES Needs Assessments**: 74
- **CES Referrals (Total)**: 38
- **Referrals to Non-Congregate Shelter**: 10
- **CES Permanent Exits (All)**: 9
- **CES Permanent Housing Placements (RRH and PSH)**: 5

**CES Referrals** includes referrals to services only programs as well as temporary and permanent destinations including but not limited to emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing.

**CES Housing Needs Assessment** is a structured process for entry, assessment, scoring, prioritization, determining eligibility, and referral for homeless housing and services.

**The Coordinated Entry System (CES) is a web-based temporary shelter created by the City of Indianapolis through the Office of Public Health and Safety, to provide non-congregate shelter for individuals experiencing homelessness who are at high risk of the COVID-19 virus.**

**The Non-Congregate Shelter Site (NCS) is a hotel based temporary shelter created by the City of Indianapolis through the Office of Public Health and Safety, to provide non-congregate shelter for individuals experiencing homelessness who are at high risk of the COVID-19 virus.**
Looking at specific priority populations - Veterans

Veterans entering TH/GPD is significantly less than the number of Veterans entering the system on a monthly basis.

Zero chronically and long term homeless Veterans on the By Name List.

Average length of time from assessed to housed is 90 days or less (including TH/GPD).

Number of Veterans entering the system are equal to or less than the number of Veterans exiting homelessness on a month basis.
Working towards a culture of data driven practice and performance

HMIS Data Quality Plan
- Approved by Blueprint Council June, 2020
- Lays out responsibilities of HMIS lead and HMIS agencies
- Assesses data quality in three areas: (1) accuracy, (2) completeness, and (3) timeliness

Quarterly Data Dive Lab
- Creating a culture of data literacy and data for planning, practice, and performance
- Space for balancing data requirements and data for community of practice
Youth Homelessness

Working further upstream to end homelessness for young people and engaging young adults in solutions
What is being done to address homelessness among young people?

**Youth Homeless Demonstration Program (YHDP)**
- $3.88 million (2020-2022)
- 5 project types selected for funding (Diversion, Rapid Rehousing, Host Homes, System Navigation, Transitional Housing - Rapid Rehousing)
- RFP Open (8/28/20) TH-RRH
- Implementation to begin October, 2020

**Foster Youth to Independence (FYI) Vouchers**
- 25 per year (special purpose)
- Young Adults 18-24
- Left foster care after 16
- IHA/ DCS/ Children’s Bureau/ CoC

**Youth Action Board**
- Young people 12-25
- Forum to bring youth voice to planning, implementation, assessment, and decision making

**Continuum of Care (CoC)**
- Integration with CoC
- Renewable projects after YHDP
Coming Soon - Next Quarter
What’s coming in the near future?
What are some projects to keep an eye/ear out for?

- United Way of Central Indiana (UWCI)
  - Prevention and Diversion
    - Corporation for Supportive Housing (CSH)
      - Peer support project
        - Corporation for Supportive Housing (CSH)
          - Dimensions of Quality (Supportive Housing)
            - Ascend Indiana
              - Talent Pipeline Development Partnership
Connecting People to Resources

Where do people get connected to resources?
How do we connect people to resources?

**Triage**
- Homeless Initiative Program (HIP) call (317) 957-2275

**Reuben Engagement Center**
- Please call 317-327-8733 or 317-327-8734 to refer an individual.

**Quarantine & Isolation Site**
- Referrals can be made through the Nurse On Duty line through Marion County Public Health Department at 317-447-8534.

**Non-congregate Site – Shelter for COVID High-Risk**
- Referral form
  https://coalitionforhomelessnessinterventionpreventionchip.formstack.com/forms/noncongregate_shelter_referral

**Street Outreach (PBSO)**
- Horizon House, Nicole Wesling (317) 396-6359 or nicolet@horizonhouse.cc

IN 211
How do we connect someone in need of permanent housing to a CES Assessor?

Coordinated Entry Housing Needs Assessments during COVID-19

The following Access Points are able to complete housing needs assessments over the phone during COVID-19. Please ask for a CES Housing Needs Assessment when calling.

Adult & Child  
(317) 961-0090  
Monday: 9:30am – 12:30 pm  
Wednesday: 3:00 pm – 5:00 pm  
Friday: 10:00 am – 12:00 pm

Homeless Initiative Program  
(317) 957-2275  
Tuesday: 9:00 am – 4:00 pm  
Thursday: 9:00 am – 4:00 pm

Horizon House  
(317) 423-8909 ext. 476  
Monday: 12:30 pm – 2:45 pm  
Wednesday: 8:00 am – 11:15 am  
Friday (beginning 4/24): 12:30 pm – 2:45 pm

HVAF of Indiana (for Veterans)  
(317) 951-0688  
Monday – Friday: 8:00 am – 4:00 pm
Contact Info / Resources

Websites
- www.indycoc.org
- www.chipindy.org
- http://handbookofhelp.org/

E-mails
- information@indycoc.org
- info@indycoc.org
- info@chipindy.org

Social Media
- Facebook-@IndyContinuumOfCare
“It is the best of times because we have entered a period, if we can bring ourselves to pay attention, of great clarity as to cause and effect.” – Alice Walker, author
Discussion/Questions?