Vision 2025



A Strategic Plan to End Homelessness in Clark and Floyd Counties

2015

Produced through a community planning effort with funding from the Jeffersonville City Council and the Jeffersonville Redevelopment Commission

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APPLIED RESEARCH AND EDUCATION CENTER

INDIANA UNIVERSITY SOUTHEAST

The research and planning efforts that produced this report were funded by the City of Jeffersonville Redevelopment Commission and Jeffersonville City Council.

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The Applied Research and Education Center (AREC) is an outreach project of Indiana University (IU) Southeast. The AREC provides research, consulting and technical assistance to nonprofit organizations, government agencies and local businesses. The student staff enhances classroom learning through applied research projects as it actively engages every stage of each community-based project. The AREC combines learning, teaching and doing to support and empower community organizations in the IU Southeast service region.

The Strategic Plan to End Homelessness is the result of dozens of interviews, meetings, and informal conversations. Inclusion on these lists does not indicate endorsement of the final plan or support for all aspects of the plan. The lists acknowledge the time and thought that so many residents and organizations gave to the process. We thank each and every one of these individuals and all those unnamed individuals who attended community forums, homeless individuals who spoke with us on the street, in shelters, and camps, and at the public libraries in both counties. Affiliations listed reflect those at the time of participation, however some have changed in the interim.

Jeffersonville Homelessness Task Force

Appointed by Mayor Mike Moore in 2012, the Jeffersonville Homelessness Task Force originally included several members. The four listed remain involved and have overseen the study and planning process presented herein. They met regularly for more than two years, with frequency dependent on the needs of the project. While their professional affiliations are listed, they participated as residents with a concern for the future of the community, not as agents of their respective organizations.

Amy Burnette, Applegate Fifer Pulliam. LLC
Kelley Curran, Schuler Bauer Real Estate
Beth Keeney, LifeSpring Health System
Jill Saegesser, River Hills Economic Development District & Regional Planning Commission

Planning Committee

The planning committee met bimonthly for one year. Members reviewed information on current services, findings from focus groups and interviews, and shared their own experiences and perceptions. They determined goals and strategies, and revised the plan based on feedback from the community.

MeriBeth Adams-Wolf, Our Place Drug and Alcohol Services
Mark Casper, St. Elizabeth's Catholic Charities
Marty Chalfant, real estate developer, resident
Kelley Curran, Schuler Bauer Real Estate
Marilyn Czape, volunteer nurse, serves Haven House
Lisa Donahue, New Albany Housing Authority
Laura Fleming-Balmer, Clark County Youth Shelter
Jesse Floyd, Tri-County Health Coalition
Rose Frost, New Albany Floyd County Public Library
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Libby Pollard, Jeffersonville Township Public Library
Wilma Sadler-Morton, King's Table Soup Kitchen
Casey Smith, LifeSpring Health System
Leslea Townsend-Cronin, St. Elizabeth's Catholic Charities

Study Participants: Many people participated in individual or focus group interviews, provided ideas and feedback in conversation and at neighborhood association meetings, or were part of one or two planning committee meetings, but were unable to participate more regularly. Their contributions were an important part of the planning process. We do not have names of those who attended and participated in public community forums, but their ideas and concerns were an essential part of the planning process.

Barbara Anderson, Haven House's Williams Emergency Shelter
Teresa Bottorff-Perkins, resident
Brian Brown, Salvation Army
Rev. Dave Brown, First Christian Church of Jeffersonville
Tricia Byrd, St. Elizabeth's
Clark Memorial Hospital
The Claysburg Neighborhood Association
Paula Craig, Blue River Services
Franklin Commons Neighborhood Association
Tiffany Hall, Volunteers of America
Chris Halston, Greater Clark County Schools
Lori Harris, Family Health Centers
Wendy Helterbran, housing advocate
Virgil Hertling, resident
Rebecca Jetton, Center for Women and Families
Joe LaRocca, YMCA of Southern Indiana
Bob Lane, New Albany Housing Authority
Chris Locke, Goodwill Southern Indiana
Kirk Mann, Jeffersonville Housing Authority
Christopher Martin, Jeffersonville Police Department
James Newlin, Vocational Rehabilitation
Leah Pezzarossi, Open Door Youth Shelter
Mary Francis Schaefer, Louisville Coalition for the Homeless
Julie Schwerer, Bliss House
The Southern Indiana Housing Initiative
Paul Stensrud, Jesus Cares at Exit 0
Andrea Stevens, Habitat for Humanity (New Albany)
Victor Vinson, Gilt Edge Baptist Church

*Several currently and formerly homeless individuals spoke with the research team in group discussions or participated in some planning committee meetings. The lead researcher also had informal pick up conversations with homeless individuals that contributed to the researcher's understanding of their concerns. We thank each one of those individuals for sharing their story. In general, this document does not include named quotes or photographs of local citizens. The researchers wanted to protect the rights of all participants to contribute and participate without concern for whether their name or image would be attached to the resulting plan—a plan that reflects a wide range of voices, interests, and needs.

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Vision

The Clark and Floyd County communities will build a strong community by treating individuals across age and circumstance with respect and dignity, through a system that prevents homelessness and, in the event that an individual or family loses stable housing, efficiently identifies needs and assists the homeless in obtaining appropriate housing and support services.

Mission

The community planning effort will result in a shared roadmap for a community-wide coordinated effort to efficiently and effectively address housing insecurity.

Values

Human Dignity.

Respect.

Self-Sufficiency for those who can.

Support for those among us unable to live independently.

Quality service.

Responsible management of resources.

Executive Summary

Roughly 250-300 people live on the streets, in tents and cars, emergency shelters, and transitional housing programs in Clark and Floyd Counties. Hundreds more stay with family or move from friend to friend, couch surfing to avoid ending up on the street. In 2012, Jeffersonville Mayor Mike Moore established the Jeffersonville Homelessness Task Force to look more closely at the problem of homelessness. A year later, the group asked the City of Jeffersonville to fund a community strategic planning effort.

Vision 2025 is the product of more than a year of community meetings, interviews, surveys, and informal conversations to identify strengths and needs in local human services, the homeless crisis response system, housing, education, the economy, health, mental health and substance abuse treatment.
The plan reflects local concerns and knowledge of our community service system combined with research on best practices and effective models nationwide.

A homeless person is one who "lacks a fixed, regular and adequate night-time residence; and …has a primary night time residency that is (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations…(B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings"(42 U.S. C. § 11302 et seq. 1994).]

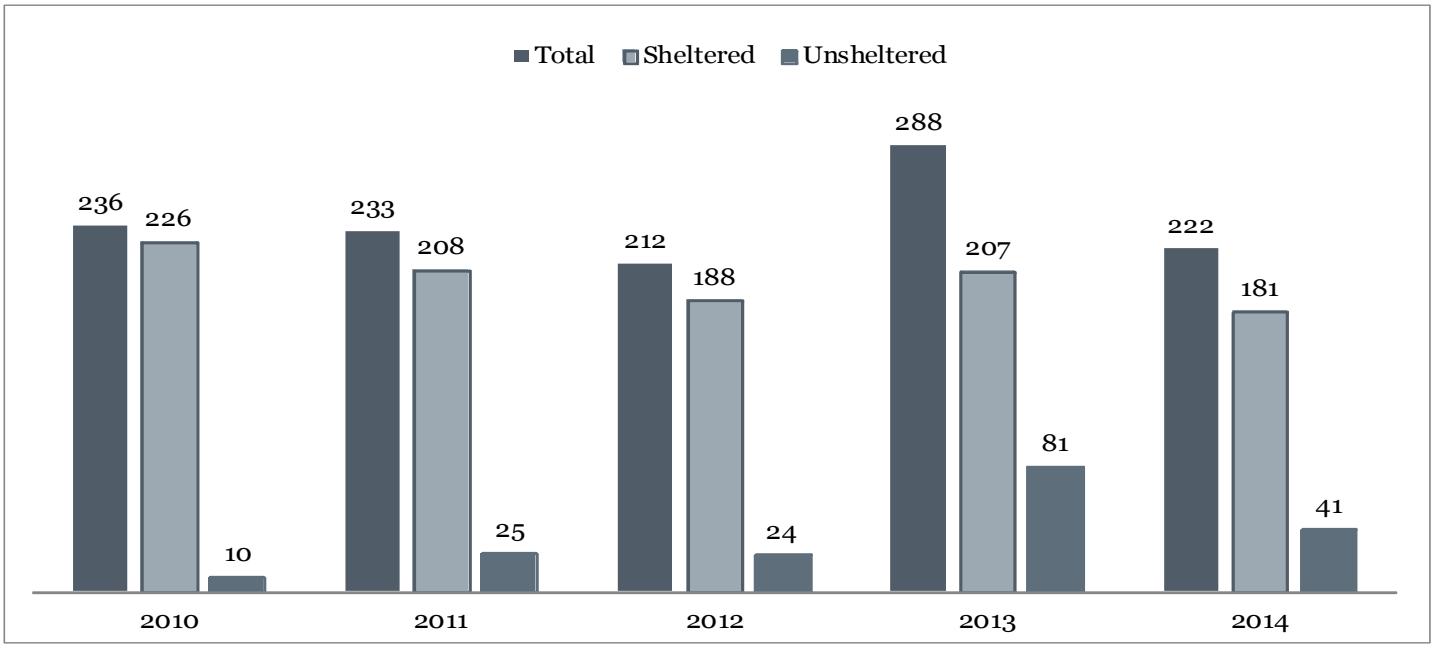
The report includes a profile of the homeless population in Clark and Floyd Counties, a discussion of the community costs of homelessness and the benefits of housing the homeless, a full description of the research and planning process, and a profile of local strengths and opportunities preceding each section of the strategic plan.

The document includes goals and objectives, as well as strategies for achieving them. Implementation of the plan will require the establishment of a new coalition organization, ongoing coordination, effective community-wide communication, and enduring commitment from local residents, government agencies, philanthropies, nonprofit organizations and the business community.

Integrate the Community Service System to More Effectively Prevent and Respond to Homelessness

Goal 1: The community service system will be well coordinated to address needs efficiently and effectively with clear connections between diverse community institutions and human services.

Figure 1: Clark and Floyd County Point-In-Time Count of the Homeless, 2010-2014



Objective 1.1: Educate, engage, and update state and local stakeholders in order to maintain focus on homelessness and support for collaborative efforts to end homelessness in Clark and Floyd Counties.

Objective 1.2: Identify who is providing which services and be sure that providers and residents have ready access to this information.

Objective 1.3: Local institutions (criminal justice, education, hospitals, mental health and substance abuse treatment facilities, foster care, and veterans' programs) will collaborate effectively with the human service system to prevent homelessness through early detection of risk and/or through facilitating supportive transitions to appropriate housing.

Objective 1.4: Create a virtually centralized intake system (soon to be required by IHCDA and HUD) that will connect the homeless crisis response system to the broader human and social service system so that (i) the homeless will be referred to needed services and (ii) the homeless crisis response system will be better able to track the number of homeless.

Goal 2: The community system that prevents and responds to homelessness will be supported by diverse funding sources to enhance our ability to provide needed services.

Objective 2.1: Utilize collaborations and the benefits of a coordinated system to seek out and attract additional public and private funding.

Objective 2.2: Build cost sharing agreements with both public and private funders in all counties served by Floyd and Clark County based organizations.

Retool the Homeless Crisis Response System

Goal 3*: *The service system will minimize the amount of time that individuals and families spend homeless by providing effective case management and planning for ongoing need. The network will provide quality service and will return people to appropriate stable housing.

Objective 3.1: Create a homeless coalition comprised of organizations that prevent and respond to homelessness in Clark and Floyd Counties.

Objective 3.2: The coalition for the homeless will provide a day shelter, or work in coordination with a day shelter operated by a community partner, that is a site for the virtually (digitally) centralized intake, case management, and programs that

connect the homeless to information and services needed to access stable appropriate housing.

Objective 3.3: Our community will provide emergency shelter (designed for stays up to 45 days) that is clean and safe and that allows for the maintenance of dignity and, where applicable, the integrity of the family unit.

Objective 3.4: Build and maintain a system for coordinated response to white flag night needs.

Increase Access to Stable and Affordable Housing

Goal 4: Our community service system will empower individuals and families to obtain appropriate housing and services.

Objective 4.1: Preserve and expand the number of affordable housing units (defined as rent or mortgage payment that is no more than 30 percent of monthly income).

Objective 4.2: Increase access to shelter and appropriate housing for those with health, mental health and substance abuse problems.

Objective 4.3: Increase supportive housing options for those who need some service support in order to remain housed in the community but who do not qualify for permanent supportive housing.

Increase Economic Security

Goal 5: Clark and Floyd Counties will reduce the percent of the population age 20-35 with less than a high school diploma or equivalency to six percent or less by 2025.

Objective 5.1: Prevent public school expulsion and drop outs and increase adult high school and equivalency completion rates.

Goal 6: Clark and Floyd Counties will increase access to education, training and reskilling necessary to obtain gainful employment.

Objective 6.1: As part of a uniform intake process, assess education and vocational rehabilitation needs and refer individuals to gain skills needed to obtain gainful employment.

Objective 6.2: Community service providers will provide training appropriate to existing and emerging work opportunities and will prioritize—and make services accessible to—those who are homeless or at risk of homelessness.

Goal 7: Our local economy will produce jobs that will allow working people of varied skill levels to support themselves and will remove barriers to employment.

Objective 7.1: Prioritize investment in services that support engagement with education and work.

Objective 7.2: Remove barriers to employment for former felons and provide opportunities for former felons to establish positive work histories.

Improve Health and Stability

Goal 8: Clark and Floyd Counties will improve health and address physical and behavioral health and safety to improve stability.

Objective 8.1: Increase access to healthcare, including behavioral health and substance abuse treatment, free of charge, for those without income or insurance.

Objective 8.2: Provide medication at low or no cost to indigent and low-income patients.

Objective 8.3: Provide diverse programs to treat substance abuse and increase public education to improve response to substance abuse and behavioral health concerns in the community.

Objective 8.4: Provide targeted programming and community education in order to improve physical safety and emotional well-being of persons who have been traumatized and displaced by intimate partner/sexual violence.

Moving Forward

The Strategic Plan to End Homelessness in Clark and Floyd Counties requires ongoing coordination and commitment of the many organizations that already work hard to support community members in need.

Realizing the vision presented here will also require creative efforts to attract new funding and maintain community dedication and focus. The study and planning process indicate that existing community organizations are stretched thin. The structure of funding for the nonprofit sector and the time demands for coordination of an effective system warrant the establishment of an independent organization grounded in the interests of the system as a whole. The planning committee and task force recommend a coalition whose mission and incentive structure is driven by the goal of effective integration and improvement in system level outcomes.

The report of findings and plan outline should be seen, not as the culmination of our community's effort, but as a beginning.

A coalition organization can effectively serve this function for Clark and Floyd Counties under the direction of representatives from key housing organizations, bridge organizations, and homeless or formerly homeless individuals who can identify and build on strengths while addressing gaps in collaboration with partner organizations.

A central element of the plan is an annual meeting to update the general public and diverse stakeholders on progress toward achieving the goals, lessons learned, revisions to pieces of the plan, and priorities for the coming year. A coalition organization can be the site for collecting and maintaining system level data and information and can organize planning and reporting efforts. The hope is that such coordination will support the continued success of existing programs and organizations and improve the efficiency of our service system in order to dramatically reduce the number of people who are homeless in Clark and Floyd Counties.

This report of findings and plan outline should be seen, not as the culmination of our community's effort, but as a beginning.

Introduction

Roughly 250-300 people live on the streets, in tents and cars, emergency shelters, and transitional housing programs in Clark and Floyd Counties. Hundreds more stay with family or move from friend to friend, couch surfing to avoid ending up on the street. In 2012, Jeffersonville Mayor Mike Moore established the Jeffersonville Homelessness Task Force to look more closely at the problem of homelessness in Jeffersonville. A year later, the group asked the City of Jeffersonville to fund a community strategic planning effort.

Vision 2025 provides a baseline profile of the homeless population in Clark and Floyd Counties, summaries of key findings from more than a year of community meetings, interviews, surveys, and informal conversations to identify strengths and needs in local human services, the homeless crisis response system, housing, education, and the economy. The plan reflects local concerns and knowledge of our community service system combined with research on best practices and effective models nationwide.

"The Homeless Population in Floyd and Clark Counties" includes a description of the local homeless population, a discussion of the difficulty of accurately identifying the scope of the problem, and current understandings of the costs of homelessness to communities and the shared benefits of housing those who may be temporarily or permanently unable to house themselves.

"Developing a Shared Road Map" provides a full description of the process that generated the report with attention to the diversity of participants and perspectives involved. Despite efforts to include as many people as possible and to talk with key stakeholders, we know we were unable to talk witheveryone. The process to date and the plan itself include attention to the need to continue to promote open public dialogue and feedback processes to ensure that all voices are heard and that the community has the opportunity to benefit from multiple perspectives and experiences.

The strategic plan uses the five major categories outlined in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* as its organizing structure.

"Integrate the Community Service System to More Effectively Prevent and Respond to Homelessness" addresses the need for improved information sharing about programs and program eligibility in our area, existing gaps between community institutions and human service providers, the opportunities for efficiency in establishing a coordinated intake and assessment process, and the need to work collaboratively to seek out new resources and to hold the community service system, local governments, and state legislators accountable for progress toward our community's shared goals.

"Retool the Homeless Crisis Response System" provides a descriptive baseline of strengths and gaps in our current system for meeting the immediate needs of the homeless. The section points to overcrowding in the local general population shelter, increases in camp settlements, the need for clear standards for quality service to the homeless, the limited resources currently directed to shelter and street outreach, the need for day shelter to provide a safe place to be, access to a hot shower, and assistance in accessing available community resources to return to stable appropriate housing, and the absence of an established system for funding and coordinating white flag services for extreme weather conditions and natural disasters.

"Increase Access to Stable and Affordable Housing" takes a closer look at housing and barriers to stable appropriate housing. This section of the report and plan addresses the gap between Fair Market Rent (FMR) and the earnings of low-income residents. We provide definitions of transitional, supportive, and public housing and discuss what is available in Clark and Floyd Counties.

"Increase Economic Security" provides an economic profile of Clark and Floyd Counties with attention to education levels and programs available for high school completion and workforce development. We discuss the relationship between the human capital in our community and our ability to attract well-paid jobs. Attracting jobs will only improve housing stability if those jobs pay livable wages.

"Improve Health and Stability" addresses barriers to self-sufficiency and stable housing that result from health, mental health, and substance abuse problems and the structure of our healthcare system. We provide an overview of healthcare currently available to low-income and homeless individuals in Clark and Floyd Counties and discuss some of the issues most cited by the homeless, formerly homeless, and those that provide healthcare for the homeless and housing insecure. As part of physical and behavioral health and safety, but also related to building effective communication between community institutions and human services, the plan devotes particular attention to victims of domestic violence, the services that need to be available to support recovery from trauma and emotional health, and the need to advocate for systemic changes that might prevent the displacement of victims of domestic violence.

The report closes with a discussion of the key implications of the plan in terms of implementation of the center piece items and ideas for coordinating strategies. This document is a roadmap that provides a starting place for our community to end homelessness and develop systems that empower residents to meet their basic needs, know who to turn to when they cannot, and to quickly return to stability when things go wrong.

The Homeless Population in Clark and Floyd Counties

No one knows for sure how many people in Clark and Floyd Counties do not have a place to call their own. Roughly 250-300 people live on the streets, in tents and cars, emergency shelters, and transitional housing programs.[1] Hundreds more stay with family or move from friend to friend, couch surfing to avoid ending up on the street. An even larger group suffers with housing insecurity, concerned that the next illness or car repair will make paying rent impossible or that a landlord renting month-to-month will change the terms of the deal or decide to stop renting altogether. Still others suffer from very poor living conditions in poorly kept rental units that fail to meet basic standards for health and safety.

The homeless population and those at risk of homelessness are as diverse as the issues that shape housing instability. Some homeless individuals and families cannot afford housing despite having relatively stable but low income; others struggle to maintain the responsibilities of housing as the result of any number of behavioral health or chronic medical conditions; some are fleeing violence and recovering from trauma; and still others simply need assistance in learning how to navigate jobs, housing markets and responsible financial management.

Each individual and family comes with their own story and their own challenges. Homelessness is temporary or transient for most, but some remain in shelter or on the streets for years, with no clear path to stable appropriate housing.

Counting the Homeless

Each year during the last week of January the U.S. Department of Housing and Urban Development (HUD) conducts a nationwide Point-In-Time (PIT) count, a census of the homeless. On that night, teams of volunteers hit the streets and visit shelters, soup kitchens, clothes closets and food pantries in an effort to interview all of the sheltered and unsheltered homeless in their communities. HUD-funded organizations that use the Homeless Management Information System (HMIS) make sure their records are completely up-to-date in order to accurately count their guests on the night of the PIT. The PIT survey captures demographic information about the homeless, as well as information on health, mental health, substance abuse, veteran status, and history of domestic violence.

Individuals incarcerated, hospitalized, or in drug treatment facilities on the night of the count are not counted as homeless, nor are those staying with family or friends. Individuals cannot be forced to participate and homeless individuals, like anyone else, sometimes opt out of the survey or purposefully avoid contact with survey volunteers to protect their privacy. In addition to these built-in sources of error, counting the homeless is a challenge. Slight changes in methodology and variations in the volunteer pool can shape which facilities and camps are visited.[2] Still, the PIT count is a guide and provides some sense of the size of the visible homeless population.

Nationally, advocates estimate the number of people without housing to call their own is between three and five times the number generated by the annual PIT count. Despite its problems, the PIT is the count we have. Federal and state government agencies use the PIT counts to apportion resources and monitor progress in efforts to reduce and end homelessness. With knowledge of built-in and added methodological error, local providers can still use the PIT count as a guide and barometer of success in efforts to better address homelessness.

State agencies organize the PIT count utilizing HUD Continuum of Care (CoC) funding regions. The Indiana Housing and Community Development Authority (IHCDA) is Indiana's state housing agency. Clark and Floyd Counties are two of the eight counties that comprise the Region 13 CoC. The Southern Indiana Housing Initiative coordinates the Region 13 CoC and hires the local PIT count coordinator for the eight-county region.[3]

The local general population homeless shelter (Haven House) serves the eight counties in region 13 as well as about half a dozen others that do not have general population shelters. Haven House has been chronically overcrowded over the last couple of years, with occupancy topping 100 in a facility designed to accommodate roughly 60 guests. During the same time period, the Southern Indiana community has seen a growth in camps of varied sorts. Several homeless individuals stay in a place referred to as "train city" with old shipping containers and train cars used for shelter. Conversations with service providers and residents suggest that tent encampments have increased as well. Law enforcement periodically sweeps tent camps and residents relocate to newfound vacant spaces. The increase in camps around town is evidence of displacement resulting from bridge construction in downtown

A homeless person is one who "lacks a fixed, regular and adequate night-time residence; and …has a primary night time residency that is (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations…(B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings" (42 U.S. C. § 11302 et seq. 1994).

Jeffersonville, but is also indicative of economic conditions and lack of space in area shelters.

Over the last few years (and most notably in 2013-2014), HUD cut funding for transitional housing programs and shifted support to Rapid Rehousing, a "housing first" approach that requires local communities to come up with a 100 percent match for federal funds. This change may contribute to either or both the overcrowding of the local shelter and the increase in unsheltered homeless. Overall economic conditions from 2008 to the present also play a role in the financial and housing insecurity that leads to homelessness.

Clark and Floyd County schools reported 158 and 118 homeless students, respectively, in the 2013-2014 school year

The Local Homeless Population

From 2010, Clark and Floyd counties reported between 212 and 288 homeless individuals, with as much as 28.1 percent unsheltered (Figure 1).[4]

Homelessness also affects children in our community. From 2010-2014, the number of children documented homeless in the annual PIT count ranged from 37-47, representing between 15.6 and 20.2 percent of the total homeless population counted (Figure 2). These numbers likely underestimate the number of families with children struggling with housing instability as family and friends may be more likely to make sure children are sheltered, even if it means separating them from parents who may be living out of cars, in shelter, or on the streets. Clark and Floyd County schools reported 158 and 118 homeless students, respectively, in the 2013-2014 school year[5]—these figures reflect a substantial gap between PIT counts and the realities of housing insecurity.

Consistent with national figures the majority of the local homeless population is male (62 percent locally compared to 63.4 percent nationally, Figure 3). Both nationally and in our area, however, among homeless families with children,

Figure 1: Clark and Floyd County Point-In-Time Count (PIT) of the Homeless, 2010-2014

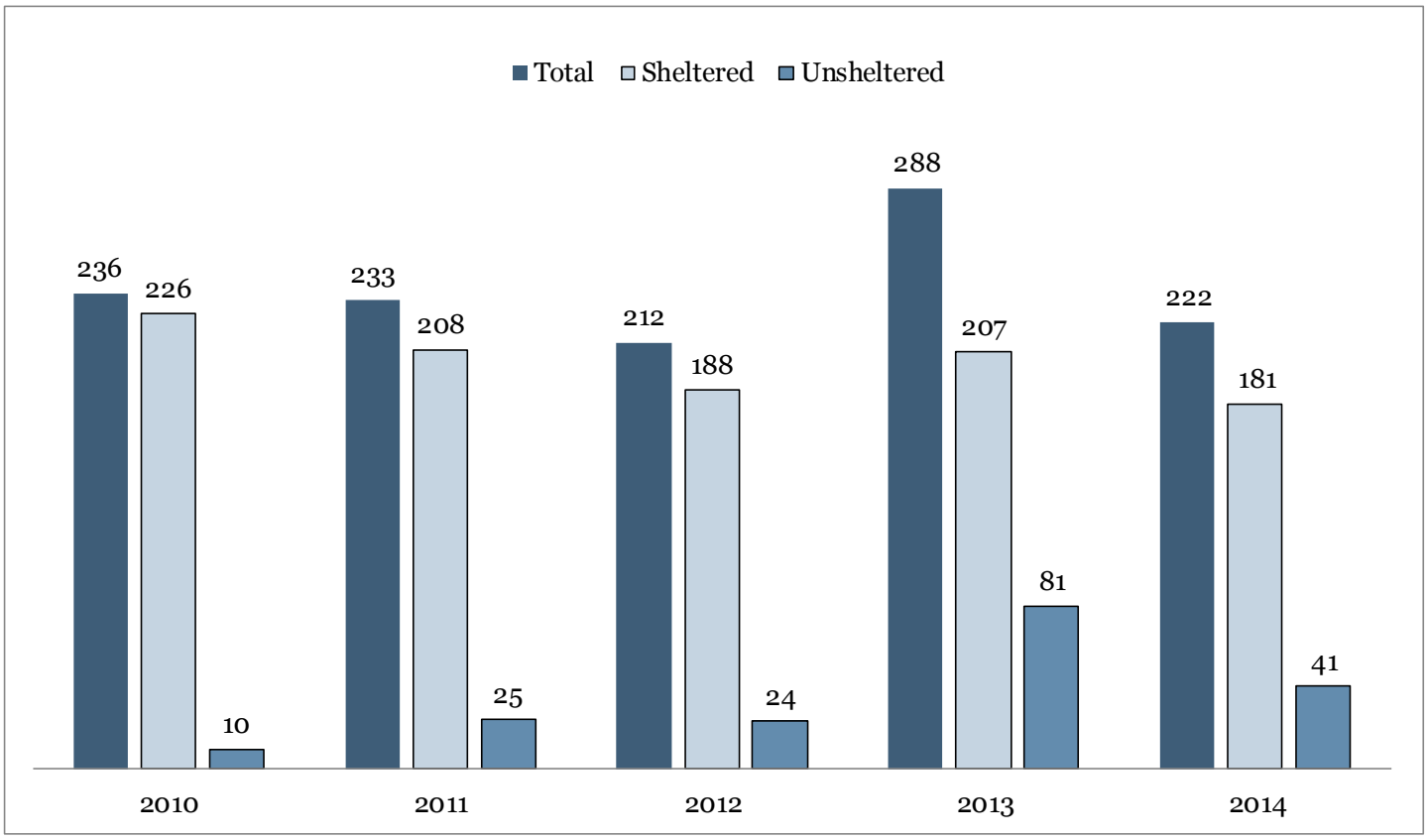


Figure 2: Homeless Children in Clark and Floyd Counties, 2010-2014 PIT Counts[6]

	2010	2011	2012	2013	2014
Sheltered	37	47	39	45	38
Unsheltered	0	0	0	0	2
Total Homeless Children	37	47	39	45	40
Total Homeless	236	233	212	288	222
Percent Children	15.7%	20.2%	18.4%	15.6%	18.0%

women are the majority of homeless family "householders." The PIT survey asks respondents to indicate their veteran status and to answer questions about domestic violence, physical health and ability, developmental disability, mental health, and substance abuse. The most frequently cited issue on these questions in Clark and Floyd Counties is some history of domestic violence (27.6 percent). That history may or may not be the proximate cause of an individual's or family's homelessness, but the figures suggest that experiences of domestic violence are correlated with homelessness.

Costs of Homelessness to the Community

Homelessness costs communities more than housing people. Several cities, including Louisville, have studied the costs of homelessness and have consistently found that providing housing, even with support services, is more cost effective than leaving people in emergency shelters or on the streets.

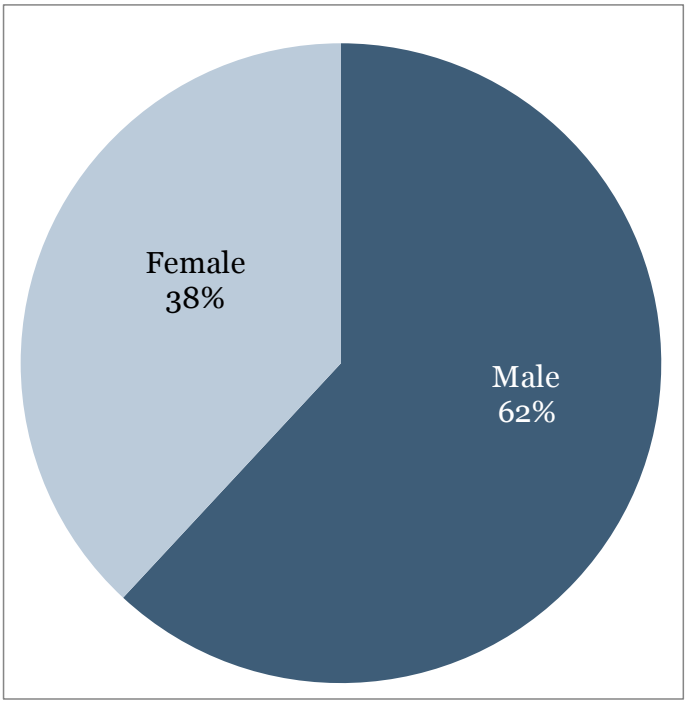
The costs of homelessness to communities include the following:

- Cost of shelter use.
- Cost of county, state and federal incarceration.
- Cost of probation and parole.
- Cost of emergency transports.
- Cost of medical or psychiatric services (particularly those provided in hospital emergency rooms or upon hospitalization that might have been handled less expensively in an office had the individual been housed and provided appropriate case management).
- Substance abuse treatment.
- Services through the Veterans Administration.
- Loss of business enterprise (tourism and downtown business).

Louisville estimated they spent $88,802,380 every two years for 7,108 adults.[7] The chronically homeless are a small portion of the homeless population, but they account for the majority of the costs. More recently, the state of Utah reports their housing first program has reduced their homeless population by 74 percent while saving them money and Utah and Arizona claim that they have reduced veteran homelessness to functional zero.

The long-term chronically homeless are the most expensive population to serve. Hospital utilization and incarceration are more common for this group and those costs are greater for those with serious mental illness (SMI) and/or SMI with co-occurring substance abuse. For these individuals, permanent supportive housing is a likely solution. Studies indicate that these individuals cost anywhere from $31,065[8]

Figure 3: Gender, 2014 (N=189)



Housing First: estimated cost savings around the country[14]

(per person per year)

Los Angeles: $23,836 (n=376) for a total savings of $8,962,336 per year for the 276 individuals included in the study.

Jacksonville: $54,086 (n=12) for total cost savings of $649,032 for the 12 individuals studied.

Louisville: $26,280 (n=34) for total savings of $911,897 for the 34 individuals included in the detailed study.

Seattle: $30,000 (n=95) for total savings of $2,850,000 for the 95 individuals in the study.

Central Florida: $21,014 (107) per person.

to $53,596[9] when they live on the street and in emergency shelter. In a Seattle-based Housing First-style facility, all of the residents had co-occurring alcohol abuse and health and serious mental health conditions. Taking all costs into account, the Housing First program saved $2,449 per person per month over use of conventional city shelters.[10]

A cost study of rural homelessness in Maine found a 57 percent reduction in the cost of mental health services over a six-month period, partly due to a 79 percent drop in the cost of psychiatric hospitalization when people were provided safe and appropriate housing and support services.[11] Living on the streets and in shelter dramatically increases the incidence and likelihood of hospitalization for mental health concerns.

LifeSpring's permanent supportive housing program, which provides subsidized housing with case management support services, costs $12,019.41 per person per year and all participants are physically or mentally disabled so they are likely to be among the most expensive when they are homeless.[12] Based on studies of the costs for managing this homeless population if they remain on the street or in emergency shelter, this program significantly cuts community costs of incarceration, health and mental health care.

New Albany Housing Authority (NAHA) is currently participating in the state's Supportive Housing Institute in order to secure eligibility for administering Permanent Supportive Housing. They hope to qualify for the Housing First set-aside for Low Income Housing Tax Credits (Section 42 Tax Credits), and use their operating subsidy so as not to take funding from other Region 13 efforts. They hope to build 80 replacement units with a portion reserved for chronically homeless individuals and families.[13]

Shared Benefits of Ending Homelessness

The costs of homelessness go beyond dollars and cents. The economic benefits of housing community members are great, but the social benefits to those individuals and to the communities in which they live are equally important. Reductions in crime and waits in hospital emergency rooms may be obvious benefits, but communities also experience benefits from the reduction in tensions around the social problems associated with homelessness.

When basic needs are met, vulnerable populations can better manage the various challenges they face and the community may be more supportive. When the barriers to service and/or self-sufficiency that are created by homelessness are removed, individuals and families can identify needs and devote energy to overcoming challenges.

When individuals and families have their basic needs met the community enjoys a higher overall quality of life. Resources can be invested in improving the lives of those in need rather than simply scrambling to address the emergent problems associated with homelessness.

Individuals and families who find themselves in need know where to go and can trust that the community support system will help them bridge gaps while they get back on their feet. A well-functioning community support system can help ensure that such issues are temporary and surmountable, or in cases where people need ongoing service, the community provides that support to maintain quality of life and prevent decline.

Developing a Shared Road Map

A couple years ago, amidst tensions resulting from a sweep of Jeffersonville homeless camps, the City of Jeffersonville hosted a community forum to discuss concerns related to the homeless population. As a result of that meeting, Mayor Mike Moore appointed the Jeffersonville Homelessness Task Force (hereafter referred to as "the Task Force"), a group of individuals who discussed the issues, advocated for due process in sweeps of homeless camps and mediated community tensions around various concerns related to homelessness for nearly a year. That group determined that the community needed a fuller study and a community planning process in order to determine how best to move forward.

The Task Force issued a request for proposals to conduct the study and facilitate the planning process. Indiana University Southeast's Applied Research and Education Center (AREC) took on portions of the research process and facilitated the planning process and Wendy Helterbran, the PIT count coordinator for Region 13 2010-2014, agreed to provide county-level Point-In-Time count data for the last five years.

The Task Force worked with the AREC to develop a list of organizations and individuals to serve on the planning committee. The AREC invited participation and arrived at a list of 22 individuals and organizations to participate in the process. The planning committee met six times.

During the same period, AREC research staff conducted individual and group interviews with key stakeholders, groups of service providers, and downtown residents (individuals, organizations, and businesses).

In November 2014, the AREC hosted three community forums at the Jeffersonville Township Public Library (Clark County) and three at the New Albany Floyd County Public Library (Floyd County) to invite feedback on the plan.

Attendance varied, leading the research team to decide to release the next iteration of the plan for another round of public comment. The AREC shared the document on the AREC web-site and advertised that posting in the local newspaper, through nonprofit organization member lists, planning committee members, and on Jeffersonville's and New Albany's city web-sites. The AREC also provided an audio and power point presentation of the plan on the website to make it more widely accessible. Each county had a final community forum to gather input and promote discussion of the plan.

During these final stages, planning committee and task force members shared the plan with other stakeholders likely to be involved in implementation and asked for input. The current plan is the result of both the study efforts and the planning process. The document reflects agreed upon ideas for how to achieve desired outcomes, but it is a living document that will change over time. All involved recognize that new challenges and opportunities will emerge. The community may go down some paths that lead to dead-ends, while others head off in unanticipated directions.

The project was not a comprehensive study of the costs and consequences of homelessness in Clark and Floyd Counties. The local community has looked at the issue a

number of times and a recent series by the *News and Tribune* provides compelling life stories, windows into the barriers faced by the homeless, and explores constraints on the local service system. This effort focuses on what people want to see happen and the goals, objectives and strategies that local service providers and community leaders can use to achieve a vision for making homelessness a temporary condition that is met with quick, compassionate and effective response by a well-integrated community support system.

The planning committee drafted goals, objectives, and strategies, took them to the community, and pared them down based on feedback and discussions of feasibility within a 10-year window. The plan is intended to be specific in places where the answers and paths are very clear and obvious, but more general in those places where implementing organizations will need to lead the way in determining the specific steps for achieving goals.

Following HUD performance measures and requirements for becoming a "High Performing Community," the implementation effort will track progress on the following goals by collecting appropriate data and presenting those findings as part of an annual update and discussion of priorities and plans.

- Decrease overall number of homeless individuals and families.
    - PIT Count for Clark and Floyd Counties.
    - Number of unique individuals and families (determined to be without stable housing) served by coalition organizations during a calendar year.
- Decrease number of first time homeless individuals and families.
- Decrease length of time that people spend homeless. To meet high performing community standards, the average needs to decrease by 10 percent over the prior year or be less than 20 days.
- Decrease episodes of returning to homelessness (maintain counts of episodes of homelessness for all individuals and families served). For high performance designation, recidivism back into homelessness should be lower than 5% or homeless individuals who have experienced multiple episodes of homelessness should decrease by 20 percent from prior year.
- Increase outreach and homeless program coverage.
- Prevent homelessness for families and youth.
- Increase job placement for homeless.
- Increase income for homeless individuals.
- Successful high performing communities use their success to continue their work against homelessness.

Additional specific targets will be established as part of the implementation process. Without access to full data on our system and knowledge of the time and resources needed to affect meaningful change in particular areas, it is nearly impossible to know what these specific targets need to be for many items in the plan. Implementation organizations will work together to solidify clear targets and measure progress.

The hope is that the document offers a place to start, and ideas for building structures that will keep the community accountable to the vision and goals. Strategies will undoubtedly change and objectives may be adjusted, but the overall vision and goals will remain. This document is a 10 year plan but will need to be revised and revisited as coalition and community members review progress each year.

The strategic plan to end homelessness in Clark and Floyd Counties is presented within the framework of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (all section headers come directly from the national plan).[15] Each section includes study findings followed by the goals, objectives and strategies for addressing needs.

Integrate the Community Service System to More Effectively Prevent and Respond to Homelessness

Integration of social services is key to efficient and effective policy implementation and service provision.[16] Well-coordinated services that engender collaboration and community engagement in planning and problem solving produce higher quality services that better meet the needs of the whole community. Those working in the system, observers, and academic research all seem to agree that existing institutions can support improvements in human services and generate positive outcomes through better coordination of various functions. Participants in the study and planning process identified four opportunities for better coordination and integration:

- A searchable community resource directory that includes eligibility guidelines.
- Connection between community institutions and human services.
- Coordinated intake and assessment.
- Sharing information and pursuing resources for plan implementation and accountability in reporting progress.

Searchable Community Resource Directory

Southern Indiana is home to a range of quality programs, services, and outreach ministries. A variety of community networks and regular meetings are designed to keep stakeholders informed of who provides which services. However, over time, these networks have become their own silos. Community members and service providers across Clark and Floyd Counties report a struggle to stay abreast of programs and services and their varied requirements for participation.

Community stakeholders share a strong consensus that our resources need to enjoy better coordination, information sharing, and access to reliable, up-to-date information on what is available to meet the needs of Southern Indiana residents. Participants agree that some sort of centralized system that pools resources and information for the benefit of all community members can make best use of the programs we have. Moreover, such a community service directory should take advantage of technology to make it widely accessible and easy to update.

Connection between Community Institutions and Human Services

Community institutions such as medical and rehab facilities, the criminal justice system, the U.S. military and the foster care system all need to operate in concert with the community service system to ensure smooth transitions from residential institutional settings or care into appropriate stable housing options. Under the current structure, while there are social workers that try to address transitions from some of these institutions, only

the foster care system has a fully established program for ensuring that individuals are not discharged to homelessness. While the Department of Child Services' new Collaborative Care program supports successful transitions for foster children aging out of the system, any foster child who opts out on their 18th birthday is ineligible to later receive the service. The state prison has a system for planning transitions as well, but people we spoke with indicated this does not always work as intended. The local hospitals and jails regularly discharge or release to homelessness.

The school systems are a touch point where a family's risk of homelessness can be identified and families may be appropriately referred to support services that can either prevent homelessness or return the family to a stable appropriate housing option. Cuts in school funding over the last several years led to significant reductions in school personnel responsible for acting as home/school liaisons. Participants see restoring funding and/or developing alternative ways to provide this service as a priority.

Coordinated Intake and Assessment

Throughout the study and planning process, the research team repeatedly heard from clients and case managers that the current system often requires people in need to repeat intake processes with several providers. In addition, they report receiving referrals to places that do not offer the needed service or cannot help the client due to eligibility issues. A great deal of time goes into this and frustration builds among both social workers and people in need who see the process as ineffectual, inefficient and in some cases, inaccessible due to the transportation required to get from office to office.

A clear point of intake for people who become homeless and a shared assessment tool, to determine eligibility for services and make appropriate referrals, will help prevent homelessness and will quickly return homeless people to housing. Organizations that already conduct intake will continue to work as they do, but having a shared intake and assessment process will save all organizations time while improving the efficiency and accuracy of the referral system. Adding an intake point that is open to the general population homeless will improve access to services for those who are not part of a target population served by another agency.

The federal government is requiring a shift in this direction for all HUD funded providers. The IHCDA will oversee the change and provide the infrastructure. For optimal benefit, local service agencies will encourage all providers to use the coordinated system.

Resources and Accountability

Participants agree that a coalition of providers needs to develop a strategy for tracking progress on the plan, educating stakeholders and the public, and monitoring the community service system. *[Strategies in this and other sections of the plan refer to a new "homeless coalition." Formation of said group is addressed in the next section of the plan.]*

Human service organizations and community institutions all maintain data on their own work and use the data to evaluate their performance. Organization level data may reflect systemic issues, but organization-level assessment does not provide clear indicators of service system successes and failures. Some organizations may do very well, but a missing connection or referral path with another organization in the system could limit their effectiveness in reaching particular populations. System-wide indicators and regular communication and analysis of systemic strengths and weaknesses can facilitate more coordinated, well integrated, and effective service provision.

Coordinated intake and assessment paired with system accountability will produce a more accurate count of the

number of unique individuals and families struggling with housing insecurity and homelessness.

In order to support effective coordination and mutual accountability, the community service system will need additional resources. Clark and Floyd Counties are currently eligible for more Federal Emergency Shelter Grant (ESG) monies than are in use, for example. The collaborative effort will need to pursue additional local and national funding. A well-coordinated and integrated system provides opportunities to pursue both public and private funds available to support development and innovation in community collaboration.

In addition to pursuing external funding for effective system integration, study participants noted that human service organizations located in Clark and Floyd Counties serve the needs of more rural surrounding counties. Local providers work with human services organizations in at least twelve other Southern Indiana counties. To the extent that local governments and local foundations bear the cost burden for meeting needs throughout the region, that responsibility should be shared by funders in those counties whose residents use the services.

Summary of Opportunities

The planning effort resulted in the following priority opportunities to improve coordination and integration of the community service system that prevents and responds to homelessness:

- Access to up-to-date information on who is offering which services to whom.
- Improved communication and coordination that reduces the likelihood that people in need will fall through the cracks.
- Clear information and referral service at intake and a one stop shop for accessing support for a return to housing.
- Tracking progress and coordinating planning based on system performance.
- New funding sources that leave providers less vulnerable to sudden changes to federal and state funding structures.
- Additional resources to serve the general population homeless who do not qualify for services targeting specific subpopulations.
- Public and/or private funding support from all the communities served by providers located in Clark and Floyd Counties.

Goal 1: The community service system will be well coordinated to address needs efficiently and effectively with clear connections between diverse community institutions and human services.

Objective 1.1: Educate, engage, and update state and local stakeholders in order to maintain focus on homelessness and support for collaborative efforts to end homelessness in Clark and Floyd Counties.

Strategies

1.1.a. Provide annual updates to the public on homelessness, economic security, health, mental health and substance abuse, housing, and progress in implementing the strategic plan.

1.1.b. Engage diverse stakeholders through an annual meeting of funders, service providers, local government, and local representatives from state and

Homeless Emergency Assistance and Rapid Transition to Housing Act

A desired outcome of the HEARTH Act is that a homeless family will not experience homelessness for more than 30 days.

The 2009 changes expanded to include a homeless prevention aspect within assistance programs, highlighting permanent supportive housing and rapid re-housing programs.

HUD offers incentives to programs that utilize proven effective strategies that reduce homelessness, such as rapid re-housing and permanent supportive housing programs.

Requires the CoC to have a coordinated assessment and access system by 2015 that will provide suitable programs to best fit the needs of homeless individuals.

Applicants for HUD funding must match up to 25% of the grant given to the community with local or other funding sources.

federal legislatures and agencies. The annual meeting will review progress in implementing the strategic plan, present a set of agreed upon dashboard indicators (including community level and service system indicators) for progress in addressing poverty and housing stability. Service providers will present priorities for the coming year for comment.

Objective 1.2: Identify who is providing which services and be sure that providers and residents have ready access to this information.

Strategies

1.2.a. Maintain a regularly updated database of service providers, programs, and basic eligibility criteria.

1.2.b. Make community service database available to providers, public institutions, and citizens seeking assistance through the Jeffersonville Township Public Library's Information System.

Objective 1.3: Local institutions (criminal justice, education, hospitals, mental health and substance abuse treatment facilities, foster care, and veterans' programs) will collaborate effectively with the human service system to prevent homelessness through early detection of risk and/or through facilitating supportive transitions to appropriate housing.

Strategies

1.3.a. The coalition for the homeless will employ a case manager to work on institutional transitions to appropriate housing options.

1.3.b. Listed institutions will participate in a newly formed coalition for the homeless to facilitate coordination.

1.3.c. Each institution will work with housing organizations to develop systems for discharge and transition plans that ensure case management and enrollment in appropriate support programs to prevent homelessness.

Objective 1.4: Create a virtually centralized intake system (soon to be required by IHCDA and HUD) will connect the homeless crisis response system to the broader human and social service system so that (i) the homeless will be referred to needed services and (ii) the homeless crisis response system will be better able to track the number of homeless.

Strategies

1.4.a. Implement IHCDA centralized intake including an assessment of need and function level of client. Encourage use among organizations not already using HMIS.

1.4.b. Use the new intake system as a primary structure for automated referral and more accurate tracking of the number of homeless and effectiveness of services in supporting return to stable appropriate housing.

Goal 2: The community system that prevents and responds to homelessness will be supported by diverse funding sources to enhance our ability to provide needed services.

Objective 2.1: Utilize collaborations and the benefits of a coordinated system to seek out and attract additional public and private funding.

Strategies

2.1.a. Use sound program design to attract funding for case management that can serve any homeless individuals.

2.1.b. Use community collaboration and an organized homeless coalition to help local organizations apply for

available state and federal funds.

2.1.c. Coalition of providers will collaborate to pursue new funding sources (local and national foundations and donors) with innovative program ideas and clear benchmarks for monitoring progress.

Objective 2.2: Build cost sharing agreements with both public and private funders in all counties served by Floyd and Clark County based organizations.

Strategies

2.2.a. Municipalities in Clark and Floyd Counties and both county commissions/councils will contribute some portion of the cost for a new coalition organization with case management and system coordination functions.

2.2.b. Work with municipalities and county commissions/ councils in IHCDA Region 13 and outside of Clark and Floyd Counties to ensure that local agencies receive support for services provided to residents of counties other than Clark and Floyd.

2.2.c. Work with local philanthropic organizations to play an active role in funding area services for the homeless.

Retool the Homeless Crisis Response System

The homeless crisis response system includes emergency shelters, supportive and transitional housing programs, subsidies, and affordable housing programs as well as all those support programs that meet the needs of those who become homeless. Clark and Floyd Counties are home to active networks of churches, King's Table, Community Kitchen, the Center for Lay Ministries and Hope Southern Indiana, which work to ensure that those at risk of homelessness and who have become homeless are able to access at least one hot meal each day and are able to get clothing and groceries from their clothes closets and food pantries.

Jesus Cares at Exit 0 is an outreach ministry that serves the street homeless who live in camps and do not stay in shelters. The ministry matches needs among the homeless with willing donors of goods and funds in order to make sure people are fed and that they have some form of shelter from the elements (tents, sleeping bags, tarps, train cars). Exit 0 helps people obtain identification (a common barrier to housing, medical care and services), works to get people enrolled in benefit programs when appropriate, and has a mobile shower unit. They work with local churches to organize the Jeffersonville hot meals program and obtain support for hotel stays for those who may be most at risk in the elements or in other shelter options. These ministries are essential for meeting immediate needs and moving people into services.

These organizations provide vital goods and services. However, homeless individuals may not have full access to use of public transportation needed to access some of these services. Moreover, the street homeless have few places to take a shower, get out of the elements, and figure out how to access needed support. Our libraries have become de facto day shelters, but they are ill-equipped to meet the varied needs of the homeless. The Southern Indiana community has struggled over the need for a day shelter for some time. Study participants determined that day shelter could serve basic daytime needs while also serving as a central location for providing services that may assist people in returning to stable appropriate housing.

Haven House's Williams Emergency Shelter is the area's primary general population shelter. According to the Haven House Director, the shelter serves roughly 1600 unique individuals per year and in recent years has been consistently overcrowded. Repeated cuts to public programs paired with the recession and slow recovery have made it difficult for people to return to stable affordable housing. Haven House has shifted from being an

emergency shelter to functioning also as transitional, and permanent supportive housing.

The Director works to get residents placed in public housing, permanent supportive housing, and affordable apartments, while also advocating for them in legal disputes and helping them find work. Without sufficient consistent funding sources, however, the combination of limited organizational resources and a paucity of available affordable housing and permanent supportive housing options mean Haven House is unable to quickly move residents into appropriate housing options.

St. Elizabeth's Catholic Charities provides emergency shelter to 10 to 12 pregnant women at a time. The facility has room for at least some of those women to have very young children with them during their stay. After the women give birth, they may move into one of St. Elizabeth's seven transitional housing units (also open to women and families not served by the maternity shelter) where they receive support and assistance in locating affordable housing.

The Center for Women and Families has 10 units of emergency shelter that serve individuals and families fleeing domestic violence. The emergency shelter is for stays up to 45 days and is paired with case management support for locating appropriate stable housing. The Center has funds for seven units of Rapid Rehousing and provides six months of case management to those living in subsidized units.

Under the current system, the two-county region has 80-95 spaces for emergency shelter across the three providers, but is often carrying a load of 125-140 homeless. During the winter months our local emergency shelters are full and unable to manage overloads on white flag nights—those nights when temperatures drop below 35°. Exit 0, the Center for Lay Ministries, and churches located in downtown Jeffersonville have played important roles in coordinating and providing food and shelter during white flag emergencies. But each year winter brings a scramble to determine how the community will respond to extreme weather and many fail to offer to assist out of concern for cost and liability. The absence of a clearly established system also means that some vulnerable street homeless remain unsheltered during the harshest weather.

Summary of Opportunities

The planning committee produced the following priority opportunities to enhance the area's homeless crisis management system:

- An entity that can provide centralized intake, needs assessment, referral and general case management for individuals and families who become homeless (including ongoing case management for those who do not qualify for other programs).
- Case management personnel and housing options that will allow for a major push to quickly reduce the substantial overflow at the general population shelter and will be able to sustain practices that reduce the time people spend in shelter.
- A family shelter or some alternative to the general population shelter facility that can safely house families and protect the integrity of the family unit during the period of homelessness.
- One or more day shelters that provide a safe space for homeless people to be during the day and offer a central location for coordination and provision of some services useful in returning to stable housing.
- A means for evaluating and monitoring the quality and effectiveness of services for the homeless to ensure that a more well-coordinated service system is meeting the needs of the homeless, moving them back into stable housing, and doing so in a way that preserves the dignity of those who rely on the service.
- A well-coordinated and planned system needs to be in place and ready for implementation in the event of any extreme weather or natural disaster event.
- Local governments need to budget to cover anticipated costs of white flag service so that when the

weather hits, local providers are not scrambling to coordinate services and find funds.

Goal 3: The service system will minimize the amount of time that individuals and families spend homeless by providing effective case management and planning for ongoing need. The network will provide quality service and will return people to appropriate stable housing.

Objective 3.1: Create a homeless coalition comprised of organizations that prevent and respond to homelessness in Clark and Floyd Counties.

Strategies

3.1.a. Establish an Executive Committee to serve as the start-up board for a new organization to coordinate the homeless coalition and to provide general population case management, with the potential to also provide day shelter.

3.1.b. Pursue funding to hire start-up staff to focus on program design and organizational development, including working with the Executive Committee to establish a full Board of Directors and pursue 501(c) 3 status.

Objective 3.2: The coalition for the homeless will provide a day shelter, or work in coordination with a day shelter operated by a community partner, that is a site for the virtually centralized intake, case management, and programs that connect the homeless to information and services needed to access stable appropriate housing.

Strategies

3.2.a. Centralize intake and needs assessment to streamline the process of getting individuals into appropriate services: service will include fast tracking enrollment in appropriate entitlements and obtaining identification. (May begin working out of a coalition member office until new organization and/or day shelter can get up and running).

3.2.b. Work to identify locations that may be willing and able to provide space for day programming and case management for the homeless.

3.2.c. Work with local service and healthcare providers to offer their services or a connection to their services on a regular basis at the day shelter (example: nurses visit two days per week or mental health case managers available 2 days per week for consultation or check-in).

3.2.d. Use metrics of quality and success for CoC services, evaluate annually and discontinue referrals to organizations who fail to address weaknesses or areas of concern with regard to quality and effectiveness.

3.2.e. Provide a place for homeless individuals to store their belongings until they return to stable housing, with clear guidelines for managing abandoned belongings.

Objective 3.3: Our community will provide emergency shelter (designed for stays up to 45 days) that is clean and safe and that allows for the maintenance of dignity and, where applicable, the integrity of the family unit.

Strategies

3.3.a. All organizations providing case management (including the new coalition) will work aggressively to clear out current backlog and better estimate demand for emergency shelter and permanent supportive housing.

3.3.b. If the coalition determines that, even with additional case management and street outreach resources, the community needs a new shelter, then the coalition will open a new emergency shelter or will work to find an organization to open a new shelter.

Objective 3.4: Build and maintain a system for coordinated response to white flag night needs.

Strategies

3.4.a. The new coalition organization will work with area churches and other local partners to develop plans for managing shelter overflow on operation white flag nights (nights where temperatures dip below 35 degrees).

3.4.b. The coordinated white flag system will address methods for sharing the cost burden for additional shelter.

3.4.c. The white flag system will have plans in place for other extreme weather events and conditions as well (i.e. tornadoes or heat waves).

Increase Access to Stable and Affordable Housing

Affordable housing is defined as housing for which the occupant is paying no more than 30 percent of household's monthly income for rent or mortgage and utilities.[18] Those who struggle the most to maintain stable housing are those earning less than 30 percent of area median income and paying more than 30 percent of that income in rent. In Floyd and Clark Counties, Fair Market Rent (FMR) for a two bedroom apartment is $705.[19] For an individual working full-time and earning minimum wage, this FMR is 61 percent of monthly income, double the amount that would be considered affordable at that income level.

Affordable housing is defined as rent or mortgage payment plus utilities totaling no more than 30 percent of a household's monthly income.

The vast majority of those who become homeless experience a temporary gap between income and the cost of housing. Mainstream support services can quickly move these people back into housing, some without any need for individual level case management. Access to affordable housing, for many, must also be combined with some level of support services to help them access training and jobs, and to develop the skills needed to maintain stable work and housing. Some may need additional services to become or remain independent and still others will need significant support indefinitely.

For those with greater support requirements, our community needs additional Permanent Supportive Housing (PSH) units. LifeSpring operates a PSH grant with the capacity to support 17 units. Organizations interested in providing PSH need to work with private landlords to develop relationships that support these arrangements. The Director of the local emergency shelter suggests that a large share of those individuals who are unable to leave her shelter within the 45-day emergency shelter guidelines are individuals who suffer from mental illness and will be unsuccessful in obtaining stable housing without additional support.

When it comes to affordable housing, Clark and Floyd Counties do better than the national average. The gap between supply and demand is far smaller on the Indiana side of the river than in Louisville, but it still creates housing insecurity for nearly 4,000 households in the two-county region and the disparity between available affordable units and low-income renters has been increasing since 2000. Developing more effective responses now will save the community greater expense in the future.

No county in the United States has an even balance between Extremely Low Income (ELI) households and affordable available rental units and yet achieving this balance and providing an appropriate level of support services to those who need them are the keys to ending homelessness. Under current conditions, low-income renters end up spending more time looking for housing, spend more than 30 percent of their income on rent, and often live in substandard housing.[13]

The National Low Income Housing Coalition reports that 29 percent of Indiana households are renters and the mean wage for renters is $11.62 per hour[20], making $604 monthly an affordable rent for the average renter—that's $100 below the FMR for Clark and Floyd Counties (Figure 4: Housing Affordability in Clark and Floyd Counties). If an individual works full-time at minimum wage, 52 weeks out of the year with no unpaid sick or vacation time, she can

Figure 4: Housing Affordability in Clark and Floyd Counties

	Efficiency (Studio)	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom
FY 2014 Fair Market Rent	$485	$567	$705	$976	$1104
Number of hours of minimum wage ($7.25/ hr.) work per week needed for this to be affordable (does not include utilities).	56	65	81	112	127
Hourly Wage Required for one income	$10.10	$11.81	$14.69	$20.33	$23.00
Monthly Income	$1,617	$1,890	$2,350	$3,253	$3,680
Annual Income	$19,400	$22,680	$28,200	$39,036	$44,160

Source: Fair Market Rent Figures come from The Urban Institute. 2014. "Mapping America's Rental Housing Crisis." *Housing Assistance Matters Initiative.* Retrieved 4-2-15 (http://urban.org/housingaffordability/).

afford monthly rent and utilities of no more than $377, well below FMR even for an efficiency or studio apartment (Figure 4).

The average Social Security Disability payment is $1,146.42 per month nationwide, which works out to below minimum wage earnings ($7.16 per hour). Intended to supplement low wages for the elderly and disabled, Supplemental Security Income payments are even lower ($733 per month maximum). For those dependent on Social Security and Supplemental Security, most housing is out of reach.

Both Clark and Floyd Counties need more affordable housing. Zoning and Not In My Back Yard (NIMBY) attitudes toward low-income housing present barriers to affordable and mixed income housing development. These barriers may contribute to the problems they seek to avoid.

The concentration of poverty in particular neighborhoods generates a cycle of social problems, multi-generational poverty, and decline that produces visible and persistent negative impacts. But those very problems are the result not the cause of class segregation. Mixed income housing allows communities to maintain economic activity, provides space for the development of social ties across class lines that can generate opportunities, facilitates economic mobility and also promotes a sense of shared community well-being as opposed to negative group dynamics based on false perceptions and low levels of trust.

Local discussions of the housing and rental markets indicated four areas that need attention to better address the gap between income levels and the cost of housing in the two-county area:

- Connecting landlords to people looking for housing.
- Code enforcement for safety and health in housing, especially the housing that is available and affordable for those earning 50 percent of area median income or less.
- Eviction protection—landlord-tenant laws and education on landlord-tenant rights for both renters and property owners.
- Affordable housing development used with mixed income housing strategies.

Public Housing is an option for those who cannot afford FMR. The two county area is home to four public housing authorities—Charlestown, Jeffersonville, New Albany, and Sellersburg. Each of those agencies plays a significant role in responding to housing needs in the two county region. New Albany Housing Authority (NAHA) has a well-developed data and tracking system and is regularly recognized as a leader in the field. Local public housing agencies can and will play an important leadership role in continuing to improve the area's response to homelessness.

Public Housing in both counties serves a large number of elderly residents and young families with children—these populations tend to be vulnerable to housing insecurity. Elderly individuals living on a fixed monthly income, often

well below area median income, are vulnerable to the rising cost of housing. Young parents often have little or no training or work experience and therefore have very low earning potential. Stuck in low-skill, low-wage work, public housing is the only affordable option.

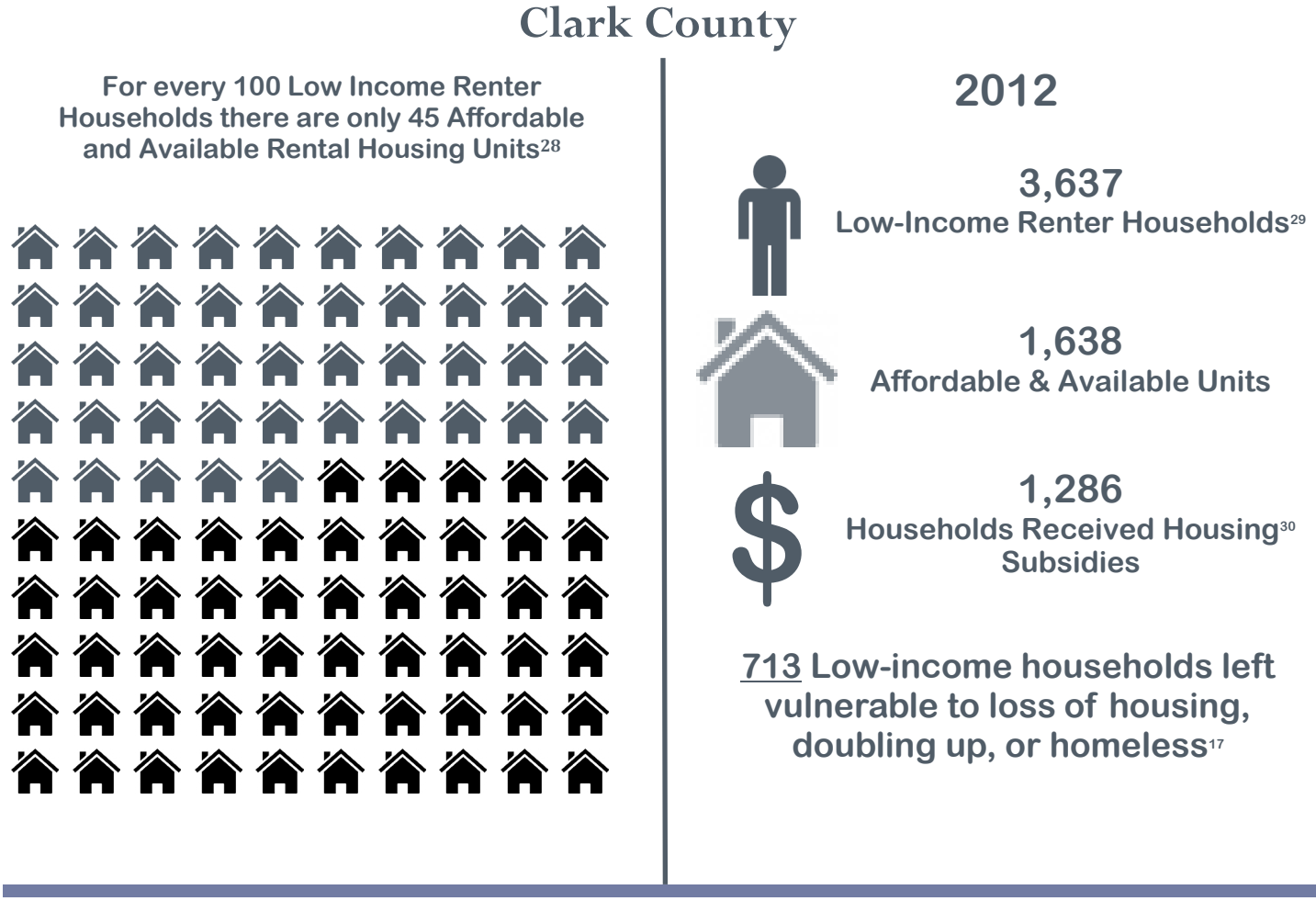
In 2014, NAHA received a combined total of 693 applications for Public Housing, project-based voucher housing (Valley View), and Section 8 vouchers for private housing. Section 8 Housing Choice Vouchers allow residents to choose private rentals that meet federal standards and use a federal subsidy to supplement their income in order to meet their housing needs. NAHA administers $2 million in Section 8 subsidies that go to 162 private landowners in the area.[21] In 2014 Clark County lost 28 Section 8 project-based units while the number remained constant in Floyd County. Community Action of Southern Indiana (CASI) manages Section 8 Housing Choice Vouchers for Clark, Floyd and Harrison Counties.

NAHA moved 275 individuals self-certified as homeless into public housing in 2014; working in partnership and collaboration with more than 40 local agencies to identify the homeless and meet their needs as public housing residents. Of those who identified as homeless, approximately 70 percent are still housed.[22]

Demand for Public and Subsidized Housing

According to the *2014 State of Metropolitan Housing Report*, three Southern Indiana agencies reported "substantial increases in the number of families waiting for Housing Choice Vouchers."[23] CASI administers about 300 vouchers and reports about 150 on their waiting list, up from 63 in 2013. Jeffersonville Housing Authority (JHA), with maximum funding, administers roughly 370 vouchers. The area is eligible for 410 vouchers, but they have not received funding to support the full 410. JHA also works with

Figure 5: Clark County Affordable Housing for Low-Income Households



Louisville's Veterans Administration (VA) to distribute VA Supportive Housing (VASH) vouchers in Southern Indiana. Jeffersonville's Public Housing is at about 97 percent capacity.[24]

NAHA administers Project-Based Section 8 as well as off-site Section 8 for a total of 408 Housing Choice Vouchers. Two hundred of those units are reserved for the non-elderly disabled and another 50 are Family Unification Vouchers. At this writing, NAHA had 48 people on the waiting list. One person has been on the wait list since 2011, but 80 percent of those on the list have been on the list for less than one year. NAHA has been at 97 percent or higher occupancy for the last four years.[25]

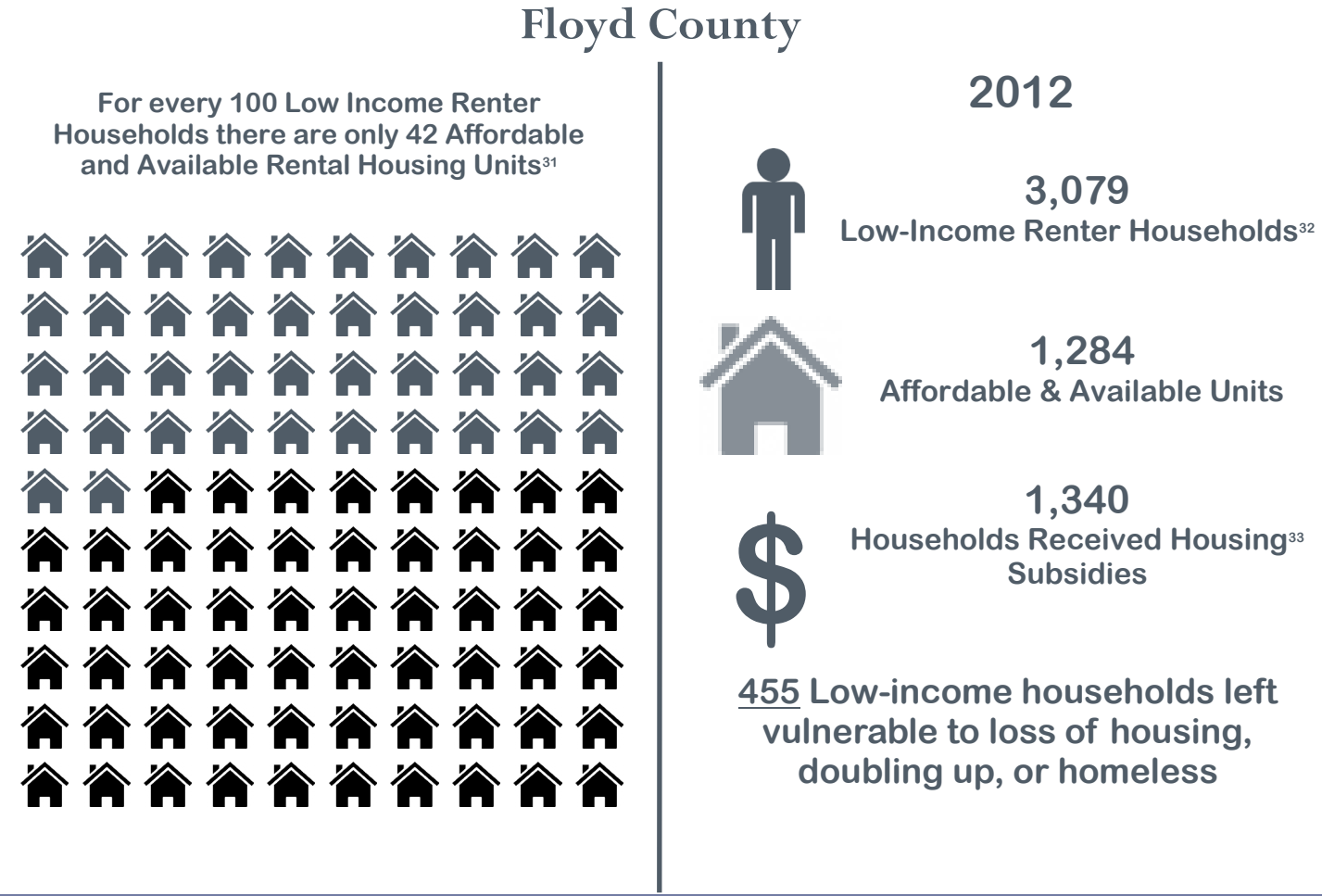
Sellersburg Public Housing Authority administers 55 Section 8 Housing Choice Vouchers and has no public housing units. The Housing Authority of the City of Charlestown (HACC) administers 70 Section 8 housing vouchers and owns and manages two housing projects which contain 250 affordable rental units.[26]

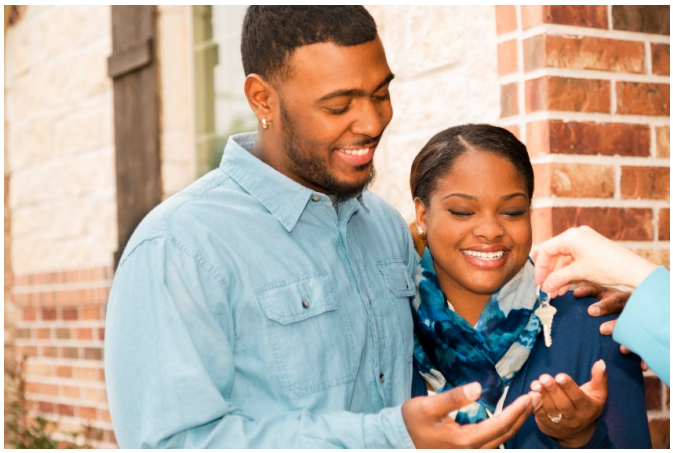
Supportive Housing

Supportive housing is affordable or subsidized housing linked to voluntary and flexible support and services to meet residents' needs and preferences. Federally funded Permanent Supportive Housing (PSH) makes it possible for people with disabilities and mental illness to live independently and with rights of tenancy. Our area has three supportive housing programs: LifeSpring's PSH, St. Elizabeth's affordable supportive housing, and Veterans Administration Supportive Housing for qualified homeless veterans.

The federal PSH program is designed for those with mental or physical disabilities and/or those with substance abuse problems who will only be able to manage living in the community with continued support. LifeSpring Health Systems has 17 units of PSH in the community—10 two-bedroom and 7 one-bedroom units. LifeSpring currently has 34 applications for this program. Because participation in the program is not time limited, there is no way to know how long people might

Figure 6: Floyd County Affordable Housing for Low-Income Households





be on the waiting list. Residents all qualify for disability benefits and pay affordable rent on a sliding fee scale.[27]

Locally, both the CWF and St. Elizabeth's now operate a version of supportive housing. The CWF lost transitional funding when HUD shifted focus and made significant cuts. The CWF responded with a shift to a 45 day Emergency Shelter Grant (ESG) program paired with case management supported Rapid Rehousing. Rapid Rehousing requires a 100 percent local match and provides too little funding to adequately cover housing, organizational and case management needs within the terms of the grant.

The CWF currently has seven units subsidized by Rapid Rehousing funds and they are providing six months of case management as people move out of the CWF emergency shelter and into independent housing. Many clients do very well with the emergency shelter and Rapid Rehousing combination, but it is too early to tell if the push to move people out of the Center within 45 days will increase recidivism as the result of more residents returning to abusive homes or finding themselves in other abusive settings following their brief stay at the Center.

St. Elizabeth's operates an emergency maternity shelter that can house 10-12 women and one to two very young children per adult, seven units of transitional housing with a waiting list of seven to ten at any time (they do not allow more than 10 on the list despite greater demand), and they recently opened five affordable supportive housing units and have plans to add four or five more.

St. Elizabeth's works with emergency shelter and transitional housing programs for pregnant women and mothers with very young children and has been a stable part of our local crisis response system for some time. That work led them to recognize that some families who may not qualify for PSH and who are past the need for the transitional program or who may not have come through their own programs may need some level of ongoing support in order to remain stably housed. St. Elizabeth's Affordable Supportive Housing (ASH) program provides support for families in affordable rental units.

For those who cannot be successful in low-income housing (such as public housing), but who do not qualify for, and may not need, PSH, supportive transitional housing prepares people to be good candidates for Section 8, public housing, or other affordable housing options. Positive letters of support from transitional housing staff can erase difficult histories that are often barriers to housing.

The Salvation Army operates a transitional housing program that provides support for six months to one year. The program includes subsidies for 16 apartments. They do not maintain a waiting list because vacancies are not always predictable. Instead, they refer overflow to other support services and opportunities for stable housing. The program has experienced great success with low recidivism.

All of these programs are important. We have strong resources in our community, but demand far outstrips supply. Every program has a waiting list and/or turns people away who need service. Requirements for some programs make access difficult for those in need or may lead to eviction and program discharge. Providers indicate the need for more permanent supportive housing, supportive housing for those who are not disabled, and resources for transitional housing that can help people prepare to succeed in subsidized and unsubsidized affordable housing options. The same providers, however, note that as long as wages for low-skilled jobs remain low, the shelter, transitional, supportive, and subsidized housing system will carry a heavy load and be unable to meet the level of need.

Study and planning participants identify four key areas of need:

- Identify individuals and families at risk of homelessness and coordinate community support services to prevent homelessness.

- Increase availability of support services for those who may not suffer from mental illness or disability, but need assistance in achieving stable self-sufficiency.
- Provide more units of permanent supportive housing for those who suffer from mental illness, substance abuse, and disability.
- Increase available affordable and subsidized housing to better serve the low-income population in our area.

The shift in federal and state funding strategies will fundamentally shape the landscape for returning people to stable housing after periods of instability and homelessness. The changes will require local governments and private funders to increase their financial support for homeless response and housing, posing significant challenges to already strained local budgets.

Summary of Opportunities

Participants identified several opportunities for improvement:

- Affordable housing for those working low-wage jobs available in the area.
- Housing and effective treatment options for the chronically homeless who suffer from health, mental health and substance abuse problems.
- Wrap around support services for those who are not mentally, developmentally or physically disabled but who need assistance in order to maintain stable housing.
- More street outreach to the unsheltered homeless in order to connect them to services that can help them return to stable housing.

Goal 4: Our community service system will empower individuals and families to obtain appropriate housing and services.

Objective 4.1: Preserve and expand the number of affordable housing units (defined as rent or mortgage payment and utilities that total no more than 30 percent of monthly income).

Strategies

4.1.a. Increase public-private partnerships for affordable housing with rents low enough to be affordable to those working minimum wage jobs and with sliding scales that keep rent and utilities at no more than 30 percent of monthly income.

4.1.b. Work with redevelopment and nonprofit affordable housing developers to establish mixed income housing with benchmarks for percentage of units at different income levels, including those earning at and below 30 percent of area median income (AMI).

4.1.c. Develop public private partnerships to coordinate implementation of Rapid Rehousing through both local match and case management.

4.1.d. Advocate for code enforcement and education around landlord tenant rights to prevent evictions and ensure that affordable housing is safe and healthy housing.

Objective 4.2: Increase access to shelter and appropriate housing for those with health, mental health and substance abuse problems.

Strategies

4.2.a. Increase access to appropriate housing options for those with chronic health and mental health needs.

4.2.b. Maintain all or part of one emergency shelter for those found intoxicated or high and staff with personnel qualified to oversee safe detox.

4.2.c. Explore the possibility of a housing first approach to providing shelter and services to those with substance

abuse problems with attention to potential cost savings and positive and negative community impacts.

4.2.d. Provide transitional or supportive housing options for recovering addicts.

4.2.e. Develop program design, grant writing, and fundraising strategies for meeting demand for permanent supportive housing for those with serious mental illness (SMI).

4.2.f. The coalition will employ a case manager who will be responsible for outreach to street homeless who do not have behavioral health concerns. The case manager will work with them on identification and program eligibility and will refer street homeless to appropriate services to meet their needs.

Objective 4.3: Increase supportive housing options for those who need some support services in order to remain housed in the community but who do not qualify for permanent supportive housing.

Strategies

4.3.a. Build on the model of successful local transitional housing programs and case management services to develop a system of support for those who do not qualify for other programs, but are still unable to earn and manage earnings well enough to pay market rate for housing.

4.3.b. Provide general population case management support to those who do not qualify for other services, but need some assistance in order to live independently.

Increase Economic Security

Addressing homelessness requires a clear understanding of the factors that cause homelessness. The most basic, immediate cause is the lack of housing, but myriad factors can interrupt or block access to stability. Among those factors are poverty, criminal record, having less than a high school education, and being a single mother.

Five year data for 2009-2013, estimates a 12.2 percent poverty rate for Clark County and 13.3 percent for Floyd County. These figures are below the state poverty rate of 15.4 percent,[34] but a closer look reveals increases in poverty and in the concentration of poverty in particular census tracts over the last 10-15 years.

In 1990 the poverty rate for the two-county area was 10.3 percent.[35] From 1990-2000 the area's total population grew by 10 percent while the population living in poverty decreased by nearly 10 percent—Southern Indiana enjoyed growth and much of that came in the form of middle class and affluent suburban development as well as economic prosperity in the more urban centers. By 2010 however, the tide shifted. Population growth slowed—growing 8.7 percent from 2000-2010, and the number of poor people increased by 56.3 percent (Figure 7).[36]

Between 2008 and 2012, more than 22,000 people in the two counties were living below the poverty line and 42 percent of the area's poor population lived in *poverty areas*—neighborhoods where 20 percent or more of the population lives below the poverty line. The child poverty rate in the two counties is 17.9 percent, and 43.9 percent of poor children in the area live in *poverty areas*. The child poverty rate in *high poverty* neighborhoods (those with a poverty rate between 20 and 39 percent) ranges from 22.8 percent to 38.5 percent and in the one *extreme poverty* (poverty rate of 40 percent or higher) census tract found in New Albany, the child poverty rate is 77.2 percent.[37]

By 2010, 26.0 percent of family households in poverty areas were female headed households with children compared to only 6.4 percent in low poverty areas.[38] Middle class families increasingly rely on two incomes to maintain a middle class lifestyle. Among low wage workers, supporting a family on

Figure 7: Distribution of the Poor in Clark and Floyd Counties 1990, 2000, & 2010

	Number of People 1990	Percent of Area Poor	Number of People 2000	Percent of Area Poor 2000	Number of People 2010	Percent of Area Poor 2010
Total Population of Clark and Floyd Counties	152,181		167,413		181,992	
Poor in Low poverty Tracts	6,886	44.0%	5,882	14.6%	4,843	21.9%
Poor in Moderate Poverty Tracts	4,179	26.7%	4,396	31.1%	8,077	36.5%
Poor in High Poverty Tracts	3,164	20.2%	2,377	16.8%	7,531	34.1%
Poor in Extreme Poverty Tracts	3,634	9.1%	1,484	10.5%	1,656	7.5%
Total Poor Population in Clark and Floyd	15,652		14,139		22,107	
Poverty Rate for Clark and Floyd	10.3%		8.4		12.1%	

Sources: 1990 Decennial Census; 2000 Decennial Census, and 2008-2012 American Community Survey.

only one income is even more difficult, if not impossible. The social factors driving marriage declines in low-income neighborhoods are many and complex. The result is a significant increase in child poverty as young women with few skills and little education try to raise their children on minimum wage jobs with little stability.

Recent poverty trends in Clark and Floyd Counties have contributed to growth in the homeless population and in the social concerns related to homelessness. The same economic dynamics place more families at risk, creating demand for gap-filling programs such as food pantries, utility and rent assistance, and eviction prevention.

Foreclosures and Bankruptcies

The bursting of the housing bubble and subsequent economic collapse led to increases in foreclosures nationwide, with some areas far more hard-hit than others. Clark County had 455 foreclosures started (filed) in 2005 and peaked at 750 in 2010 followed by a decline and then second surge of 741 in 2012. Floyd County, with a smaller population and slightly higher median income, peaked at 424 in 2008 and then also saw another high mark of 423 in 2012.[39] Clark County had 699 bankruptcy filings in 2013 and 704 in 2014 and Floyd County had 416 in 2013 and saw a decline to 338 in 2014.[40]

Education and Earnings

Those with less than a high school education have severely limited access to employment. Jobs requiring less than a high school education often pay too little to cover basic needs and housing is the largest basic expense. High school equivalency programs have been a primary response to this problem for some time and our local public housing authorities offer such programs on-site and work with area providers to advertise these programs and encourage participation. These programs are vitally important, but they also reflect a failure to prevent the problem.

When students are expelled or drop out of high school, the costs of completion and other support needed to manage their low employability increase significantly. Drop-out prevention and careful examination of school expulsion policies can be a far more efficient and effective way to ensure a basic level of education and employability in the local population.

In a rapidly changing technological and economic landscape, education and training programs must keep pace with new demands. This means that the basic high school equivalency program and the traditional high school diploma may not be enough even for relatively low-skilled occupations. Vocational and technical training and certification programs must appropriately match local training opportunities to

Figure 8: Percent of women at various levels of education that are single mother householders living below the poverty line

	Clark	Floyd
Less than a high school diploma	43.6%	54.3%
High school graduate	29.0%	34.2%
Some college or associate's degree	24.4%	33.6%
Bachelor's degree or higher	8.0%	7.2%

local employment options. New Albany Floyd County School Corporation offers quality high school level vocational and technical training at Prosser and many of these programs feed into additional post-high school certificate and associate's degree programs at Ivy Tech Community College.

Often those who can benefit most from the income gains that such training can bring have the hardest time taking advantage of the programs. Work schedules, the cost of training, and the need to continue to earn enough to cover basic costs while training can prevent the working poor from improving their skill set in order to increase their income. Available certification and associate's degree programs might lead to family self-sufficiency, but often, the time taken from work to complete the programs and/or the cost of those programs will place their housing and other basic family needs at risk.

Improving the qualifications of the local labor force can go a long way to attracting employers, particularly those employers that pay living wages. Without skill advancement to create a qualified workforce, the area is likely to attract employers who provide jobs that pay too little to support local housing costs. Generating more jobs is good, but if too much of our job growth is in fields that pay below a living wage and lack career ladders, then those jobs will not solve the area's housing problems.

Barriers to Employment

In addition to broad economic shifts and an increase in demand for education and training, low-income and homeless individuals face significant barriers to training and employment that can support stability.

Poverty rates are disproportionately high for young workers with children. These workers may have started families before completing needed education and training thus depressing their wages, but they are further constrained by the demands of parenthood and the prohibitive cost of childcare. Among low-income workers, the decision to stay home with young children is often a rational choice based on a strict cost-benefit analysis. It simply does not pay to work if one has to pay for childcare. Moreover, the "benefit cliff" means that as soon as a worker starts to make a little more money, they lose access to childcare subsidies. Most simply cannot afford child care without the subsidy. The decision to stay home with children may also prevent the child's enrollment in quality early childhood programs that may have positive impacts throughout their lifetime. Access to high quality, affordable early childhood education and care is essential to financial and housing stability.

Transportation is a key barrier to consistent employment. While many cannot afford to own and maintain a vehicle or to regularly pay bus fare, the state of Indiana continues to cut funding for public transportation. Local leaders often indicate there is insufficient market to warrant additional investment in public transportation, but in meeting after meeting, community members and service providers cite transportation as a major barrier to stable employment. We may not have sufficient market demand to support a more comprehensive transportation system, but one might argue that is precisely why we need a public transportation system—if the market could support it, a private company would be providing it. Despite the fact that the market cannot support it, however, it is a great benefit to the whole community to support workers with a strong public transportation system.

Moreover, the stronger the transportation system, the more likely people will use it. Fuel prices have come down recently, but the long term trajectory for energy costs is upward and this will likely increase demand for more efficient public options in the future. In the meantime, low-wage workers and residents dependent on social services need a stronger public transportation system to support their efforts to work and meet their basic needs.

Organizational, public and business policies present significant barriers to stable housing and employment for former felons. Over the last thirty years, incarceration rates

skyrocketed. The same sentiment that drove up incarceration rates also solidified restrictions on access to jobs and housing based on conviction history. Every conversation we had with homeless individuals and the case managers who serve them included discussion of the fact that after people serve their time, they are unable to return to a productive work life and stable housing because applications for both screen out former felons. Unable to access living wage work and stable housing, former felons often find themselves homeless and desperate. These circumstances increase the likelihood of recidivism and a return to jail or prison.

Summary of Opportunities

- Individuals with less than a high school diploma or equivalency are seldom able to maintain consistent employment or to earn wages sufficient to cover expenses. They are significantly more likely to become homeless. Clark and Floyd Counties need to increase the percent of the population completing high school and/or equivalency options.
- Clark and Floyd Counties lag overall in educational attainment and suffer from a mismatch between local human capital and current growth industries. The area needs to increase access to education, training and reskilling necessary for people to obtain gainful employment. These efforts will also attract companies paying living wages for qualified workers.
- Local workforce development efforts need to match training programs to jobs that are available now and are likely to be areas for growth over the next 15 years.

- Southern Indiana needs to remove barriers to work by expanding access to quality affordable childcare, increasing public transportation, and removing barriers to employment for former felons.

Goal 5: Clark and Floyd Counties will reduce the percent of the population age 20-35 with less than a high school diploma or equivalency to six percent or less by 2025.

Objective 5.1: Prevent public school expulsion and drop outs and increase adult high school and equivalency completion rates.

Strategies

5.1.a. Work to increase funding for social work staff to act as home/school liaisons and identify families at risk of homelessness in order to connect them to preventive services. Coordinate grant writing across both counties and work with school districts on budget planning to support at-risk students from early grades forward.

5.1.b Develop strong home to school support for student success and drop-out prevention.

5.1.c. Continue to support adults completion of the high school equivalency programs offered by several providers throughout Clark and Floyd Counties.

5.1.d. Aggressively encourage 18-24 year olds—without a diploma and not enrolled in a high school program—to complete an adult education high school equivalency program and exam.

Goal 6: Clark and Floyd Counties will increase access to education, training and reskilling necessary to obtain gainful employment.

Objective 6.1: As part of a uniform intake process, assess education and vocational rehabilitation needs and refer individuals to gain skills needed to obtain gainful employment.

Strategies

6.1.a. Include workforce development and vocational rehabilitation organizations among those in the networked intake, assessment and referral system.

6.1.b. Build the networked intake, assessment and referral system in a way that allows/requires providers to flag risk of homelessness, if intake is through workforce development or vocational rehabilitation. Ensure that clients are able to access safety net supports to avoid homelessness during training, reskilling, and their job search.

Objective 6.2: Community service providers will provide training appropriate to existing and emerging work opportunities and will prioritize—and make service accessible to—those who are homeless or at risk of homelessness.

Strategies

6.2.a Relevant community organizations and educational institutions will identify priority areas for workforce development (this is happening, but communication and planning may need to include better integration of the network of service providers).

6.2.b. Build on existing efforts with local vocational rehabilitation, workforce development, training, and education programs to streamline efforts to match training to jobs, improve access and efficiency, and prioritize the homeless and housing insecure.

Goal 7: Our local economy will produce jobs that will allow working people of varied skill levels to support themselves and will remove barriers to employment.

Objective 7.1: Prioritize investment in areas that support engagement with education and work.

Strategies

7.1.a. Work in collaboration with area childcare resource and referral services to increase access to early childhood programs that allow parents to work while also improving those children's chance of success.

7.1.b. Increase use of public transportation, through improved access and reliability, using partnerships with major employers. Include a strong public relations strategy to educate the public about availability and benefits.

7.1.c. Work with chamber of commerce to attract and build companies and small businesses whose operations will provide jobs that support residents' ability to pay average market rate prices for rent or mortgage.

Objective 7.2: Remove barriers to employment for former felons and provide opportunities for former felons to establish positive work histories.

Strategies

7.2.a. Work with local employers to identify jobs where the question on the job application about prior convictions might be either unnecessary or might be eliminated from consideration of skills and qualities required for the position.

7.2.b. Advocate for expunging non-violent, non-sexual felonies.

Improve Health and Stability

In addition to economic insecurity, chronic disease or physical disability, mental illness, and experiences of domestic violence often lead to housing instability. These issues may cause financial strain that leads to homelessness or they may occur as the result of living on the street, exposed to the elements, with insufficient nutrition and health care.

Health, Mental Health and Risk of Homelessness

Health, mental health, and substance abuse prevention and treatment are all integral to well-being and stability. Issues in these areas can very quickly land a low-income family in an emergency shelter. Moreover, once an individual or family loses stable housing, health, mental health and substance abuse issues can quickly spiral, and/or new health issues may emerge and present barriers to a return to stable housing.

The Affordable Care Act and subsequent expansion of the state's Healthy Indiana Plan (HIP) are improving access to healthcare. Many remain unenrolled because they lack identification, are ineligible for Medicaid or HIP, are suspicious that it is worth their time, or have not successfully enrolled in the market despite some effort. In Clark and Floyd Counties, those without insurance receive care from the Family Health Centers (FHC), with locations in both counties. The homeless also receive care from these facilities and they go to Phoenix Health System's Health Care for the Homeless facility in Louisville. LifeSpring Health System will expand access to healthcare for the area's poor and low-income population when they open a Federally Qualified Health Center in September 2015.

Residents at Haven House receive routine primary care and first aid assistance from volunteer nurses who provide service at the shelter two to three days per week. LifeSpring provides behavioral health services to those who qualify for Medicaid or Disability. Our Place Drug and Alcohol Education Services, Inc. provides outpatient substance abuse treatment on a sliding scale, often for free, to the homeless. These programs are sound, but all have limited resources. Conversations with homeless individuals and those who serve them suggest that consistent medical, behavioral and substance abuse care remain a challenge and in the absence of consistent care, many are unable to achieve the stability necessary to remain housed.

Common ailments among the homeless include a combination of physical and mental health issues including poor nutritional health, wounds, chronic obstructive pulmonary disorder (COPD), drug and alcohol abuse, and common viruses. The local homeless population needs better access to behavioral health services, counseling, preventive and dental care, vaccinations, treatment for hypertension and diabetes, and first aid support.

A commonly cited problem involves access to needed medication. Prescription drug assistance is available, but takes time to access. Many low-income patients leave the doctor or hospital with prescriptions, but are unable to stabilize medication use due to inability to pay. Even if someone will help them enroll in a program, the process can take weeks and by then, they have already failed to get in a routine with the medication or their problem may have worsened. Hospital social workers and community-based

Domestic Violence in Southern Indiana[41]

More than 25% of our local homeless population reports a history of domestic violence on the 2014 PIT survey.

2014 Center for Women and Families

603 crisis calls to the 24-hour hotline

123 Adults and 120 children served in the CWF Emergency Shelter.

CWF was unable to house **277** victims of intimate partner violence and their 324 children in Floyd and Clark Counties.

262 Responses by CWF Legal Advocates (

71 Meetings and Ongoing Support services provided by a Family Advocate (includes legal advocacy).

case managers cite prescription issues as a primary barrier to mental health stability and to responsible management of chronic health conditions.

Substance Abuse

Substance abuse can be a cause or an effect of homelessness. People who suffer from addiction often struggle to maintain financial and relationship stability. People who become homeless and do not struggle with addiction may turn to drugs or alcohol to self-medicate for depression or other mental illness that may either be a cause or a result of their homelessness. While only 13.9 percent (of those who responded to the question on the 2014 PIT survey) indicated that they suffered from substance abuse, this number likely reflects underreporting and self-selection among respondents. Nationally, 38 percent of homeless individuals have an alcohol addiction and 26 percent have abused other drugs, compared to only 12 percent in the general population.[42]

One size fits all approaches to substance abuse and wait times for service contribute to continued problems with addiction and difficulties in getting treatment to those in need. Local providers find their tool kit for responding to substance abuse problems is sorely limited. Providers recognize that not all addicts respond the same to particular treatment programs, but they are too resource strapped to provide diverse options. In addition, our community does not have a program that can respond immediately to requests for detox treatment. By the time a program can find space for a new patient, the moment of readiness may have passed and an opportunity to help an addict recover and return to stability is gone.

Domestic Violence

Finally, domestic violence continues to be prevalent among the homeless. Victims of domestic violence often become homeless in order to escape their abusers. Those fleeing violence are faced with the need to process their trauma and abuse, while also managing the displacement caused by the decision to leave their abuser. Nationwide, communities are looking at ways to keep victims stably housed and require abusers to leave. Preventing displacement can limit the damage to mental and emotional health for victims recovering from trauma and ending abusive relationships.

Among our local homeless population, 27.6 percent who responded to the question reported a history of domestic violence. The CWF's shelter, case management and Rapid Rehousing subsidies are a vital part of our local CoC. The CWF will discontinue their Rapid Rehousing program in the coming year due to program costs not adequately covered by the Federal grant. The CWF emergency shelter is consistently full and residents in other shelters and transitional programs also report histories of abuse. CWF treats both those enrolled in their own shelter and housing programs and those served by other programs or living independently. These services are a strength in the local system, but the high demand suggests that local communities need to keep working to prevent domestic violence and reduce the prevalence of factors that contribute to violence.

Summary of Opportunities

- Provide tools to improve health and well-being generally.
- Support state level expansion of access to Medicaid for those who qualify.

- Ensure that those who have Medicaid can find a place to be treated in the local community.
- Provide healthcare to the uninsured free of charge or at reasonable prices, depending on income.
- Assist homeless and low-income people with access to prescription medications to treat chronic illness.
- Provide diverse options for the treatment of substance abuse.
- Address substance abuse as an illness.
- Provide mental healthcare to low-income and homeless individuals.

Goal 8: Clark and Floyd Counties will improve health and address physical and behavioral health and safety to improve stability.

Objective 8.1: Increase access to healthcare, including behavioral health and substance abuse treatment, free of charge, for those without income or insurance.

Strategies

8.1.a. Develop a community plan for improving mental health services with opportunities to build on strengths and successes of different organizations.

8.1.b. Increase service provider awareness and understanding of existing resources for treating those without income or insurance.

8.1.c. Pursue Health Care for the Homeless funding to better serve Southern Indiana. (New LifeSpring Federally Qualified Health Center may serve this need).

8.1.d. Increase use of retired nurses and physicians who are willing to volunteer their time and expertise to assist hospitals and clinics in serving the needs of indigent patients.

8.1.e. Identify remaining gaps in access to healthcare for low-income individuals not eligible for Medicaid and develop strategies for meeting their needs while keeping them in stable housing.

Objective 8.2: Provide medication at low or no cost to indigent and low-income patients.

Strategies

8.2.a. Hospitals, community health centers, and community mental health providers will develop a plan for providing first 30 days of medications upon prescription during office visit or hospitalization.

8.2.b. Case management organizations and hospital social workers will develop a clear system for using the first 30 days after prescription issue to make arrangements for ongoing prescription service to meet the treatment needs specified by the prescribing physician.

Objective 8.3: Provide diverse programs to treat substance abuse and increase public education to improve response to substance abuse and behavioral health concerns in the community.

Strategies

8.3.a. Make immediate service for substance abuse and mental health concerns more accessible.

8.3.b. Increase substance abuse outreach to those without stable housing.

8.3.c. Provide diverse types of treatment programs.

8.3.d. Increase public education on mental health and substance abuse in our community.

8.3.e. Provide Behavioral Health First Aid training to police officers, fire department, public housing staff, teachers, IUS, Purdue and Ivy Tech faculty and staff, and other community service providers who may

need to respond to a situation or may work in a context where they may see indicators of the need for assessment or response.

8.3.f. Increase collaboration and advocacy to get more public and private funding directed toward reducing drug abuse in our communities.

Objective 8.4: Provide targeted programming and community education in order to improve physical safety and emotional well-being of persons who have been traumatized and displaced by intimate partner/sexual violence.

Strategies

8.4.a. Make available 24/7 trauma informed crisis intervention, safety planning, and information/ referrals via a toll free hotline.

8.4.b. Ensure there is trauma informed case management and/or support groups available to survivors.

8.4.c. Establish community service provider awareness of available screening and assessments to encourage appropriate referrals.

8.4.d. Make available legal advocacy to help promote that victims remain housed and that perpetrators of intimate partner/sexual violence are removed from the home.

8.4.e. Educate the community on the intersections between homelessness and intimate partner/sexual violence victimization.

Moving Forward

Communities across the country have worked aggressively in recent years to eliminate chronic homelessness and design effective systems for preventing disruptions and returning people to stable housing in the event of homelessness. These efforts have experienced significant success. They demonstrate that we can end homelessness and that the assumption that the problem is intractable has missed the mark. When our communities shift from reacting to homelessness and its causes to preventing homelessness by addressing root causes, then our communities benefit from healthier residents, stronger economies with high quality of life, and savings in public spending. The indirect benefits of these shifts are significant and will likely only be fully understood in hindsight.

Clark and Floyd County service providers and residents who participated in this effort are eager to join the many communities that are working together to prevent and end homelessness. Residents, homeless individuals, service providers, and community leaders bring a variety of concerns and priorities to our community discussion of how to address housing insecurity and homelessness. Diverse stakeholders also share an understanding of the problems as they manifest in our local area and a commitment to change the way we respond to the challenges we face.

The Strategic Plan to End Homelessness in Clark and Floyd Counties includes the following centerpiece initiatives that will drive other parts of the plan:

- Establish the Homeless Coalition of Southern Indiana (HCSI) as an independent 501(c)3 nonprofit overseen by a board of directors that includes representatives from key housing organizations, currently or formerly homeless individuals, representatives from bridge service organizations, and residents committed to ending homelessness.
  - Conduct intake and assessment and provide case management for acquiring identification and expediting enrollment in appropriate benefits.
  - Provide ongoing case management to those who do not qualify for other programs in the community.
  - Provide coordination support for implementation of all aspects of the plan, ensuring that groups of

organizations that work on particular issues meet and develop strategies, establish accountability measures, and maintain effort and communication to realize shared goals.

- Develop coordinated intake and assessment across coalition member organizations to increase efficiency, prioritize vulnerable clients, and automate referral processes (HMIS users will lead the effort).

- The HCSI will work with community institutions and human service organizations to develop systems for better communication and integration of services to eliminate gaps and improve outcomes.
- The HCSI will work with those currently providing white flag services, local governments and churches to develop a plan for base funding and operation of a coordinated white flag response system.
- The HCSI or one or more member organizations will establish one or more day shelter programs to provide safe space, access to useful information and resources, hot showers, and intake and referral to other service providers.
- The HCSI and the broad community of institutions and organizations that prevent and respond to housing insecurity will work to bring more local and national resources to their efforts.
- Housing organizations will work with private property owners, landlords, and developers to increase available affordable housing and better match renters to landlords.
- Community organizations will also address key barriers related to health, mental health, substance abuse, education and job training.

Many of the needs identified by study participants require service providers across sectors to communicate more effectively and better integrate their efforts for more efficient and effective impact. Working across silos can be quite challenging as each sector has distinct constraints based on professional standards, funding sources, and government agency requirements. Communities that are able to break down those silos, however, find that integration improves outcomes and often opens up new opportunities to attract resources and launch innovative programs that work.

A key to successful implementation will be the development of metrics for measuring service system success and a structure for reporting, reflecting on, and adjusting implementation efforts. The plan includes provisions for annual updates presented in forums that bring together stakeholders including residents, government officials and agency representatives, community services, and philanthropic foundations. The annual event will hold the whole community accountable for maintaining effort, highlighting success, learning from mistakes, and continuing to make progress toward ending homelessness. The hope is that in 10 years, Clark and Floyd Counties will join other communities in reporting a functional homeless rate of zero.

Facing Homelessness[43]

The News and Tribune 2015

For a more personalized look at homelessness and varied perspectives on the challenges our communities face, explore the News and Tribune's ongoing series and supplemental videos at www.newsandtribune.com

"It's Time to Step Up for Our Homeless"

"Youth in Transition Face Special Challenges"

"Counting the Homeless"

"Helping the Homeless Requires a Community Effort"

"Nowhere to Call Home"

"The Waiting Game"

"Facing Homelessness: Jerry's Place owner uses own experiences to guide others"

"Facing Homelessness: Highs and Lows"

"Facing Homelessness: Feeling Stretched"

"Facing Homelessness: Transportation availability a barrier for homeless."

"School Systems Keep Tabs on Homeless Students."

"Facing Homelessness: No Home for the Brave"
"Local, State and National Initiatives Aim to End Veteran Homelessness"

"A Sick Cycle: Placing Health Care Hopes in HIP 2.0"

"A Sick Cycle: Getting Healthy, Staying Healthy a Challenge for the Homeless"

"Mobile Showers, washer and dryer to aid homeless in Southern Indiana"

"Facing Homelessness: Another side of homelessness"

"Facing Homelessness: Officers Say Understanding Key to Interaction with Homeless Population"

"Facing Homelessness: Locked Up or Locked Out"

"Facing Homelessness: Reaching a hand out: More local governments supporting homeless aid"

"Other Communities Find Successes in Helping Homeless"

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Endnotes

[1]PIT Count estimate based on preliminary data. Finalized data for 2015 will be released in July.

[2]The local coordinating effort is working to document the process in as much detail as possible to ensure that we repeat the same process for future counts and that any additions or changes can be appropriately noted as community groups review and use the findings.

[3]Indiana's Region 13 (for HUD funding) includes the following counties: Clark, Crawford, Floyd, Harrison, Jefferson, Orange, Scott, and Washington Counties.

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[13]Author's communication with NAHA staff, April 2015.

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[22]NAHA facts and figures obtained through personal communication with NAHA data manager.

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[24]Author's interview with Kirk Mann, then Director of Jeffersonville Housing Authority, August 5, 2014.

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[36, 37, 38]Data for "2010" come from the *American Community Survey 2008-2012 5 Year Estimates*. These figures center on 2010 and are our best option for figures comparable to 1990 and 2000 *Decennial Census* data.

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