Strategic Plan to End Homelessness in Clark and Floyd Counties by 2025

Drafted by a community planning committee comprised of residents, including some who have had experiences with homelessness, business owners and service providers from both Floyd and Clark Counties and the Jeffersonville Homelessness Task Force.
Vision

The Clark and Floyd County communities will treat 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.

Goals & Strategies

The Jeffersonville Homelessness Task Force and its community planning process utilized the national strategic plan to end homelessness and federal guidelines and tools to support community planning efforts as guides for the planning process. This document places the locally determined Goals, Objectives, and Strategies within the framework provided by the national goals. Broad section headings provide the national goal.
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.

**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 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, and 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 the 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 Volunteers of America’s veterans program) 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 refer to a new “Homeless Coalition.” Formation of said group is addressed in part two of the plan.]

**Strategies**
1.3.a. The homeless coalition will employ a case manager to work on institutional transitions to appropriate housing options.
1.3.b. Listed institutions will participate in the newly formed homeless coalition 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 Indiana Housing and Community Development Association 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.

Strategies
1.4.a. Implement IHICDA centralized intake including an assessment of need and function level for each 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: Diversify funding sources for the community services system that prevents and responds to homelessness.

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 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 a share of the cost for a new coalition organization with case management and system coordination functions.
2.2.b. Work with municipalities and county commissions 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 local services for the homeless.
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.

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 and 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.

Objective 3.2: The coalition for the homeless will provide a day shelter that is a site for the virtually centralized intake, case management, and programs that connect the homeless to information and services needed to access appropriate stable housing.

Strategies

3.2.a. Centralized 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 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; mental health case managers available 2 days per week for consultation or check-in).
3.2.d. Use metrics of quality and success for continuum of care 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 overflow to better estimate demand for emergency shelter and permanent supportive housing.
3.3.b. If the coalition determines that, even with additional case management 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.

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% 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 at no more than 30% 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% of Area Median Income.
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.
4.1.e. Work in collaboration with public housing to assist in successful transitions from subsidized housing to affordable housing options.
4.1.f. The coalition will support local rules and standards that meet guidelines without being unfairly punitive, or adding burden, for those in need of housing who meet federal eligibility requirements.

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 strategy for meeting demand for permanent supportive housing for those with serious mental illness.
4.2.f. The coalition will employ a case manager, whose primary focus is outreach to street homeless who do not have behavioral health concerns, and getting street homeless into appropriate services to meet their needs.

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.

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 & Improve Health and Stability

Goal 5: Decrease the percent of the population age 20-35 with less than a high school diploma or equivalency to 6% or less by 2025.

Objective 5.1: Prevent public school expulsions and dropouts and increase adult completion rates.

Strategies
5.1.a. Work to increase funding for social work staff to act as school/home liaisons and identify families at risk of homelessness. Connect at-risk families 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 adult 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: 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 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 hunt.
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 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.

Goal 8: Improve health and address physical and behavioral health 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.
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, higher education 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.