



Homebase Proposal

To Develop a Community Plan to Prevent and End Homelessness

Prepared for the City of Madison

September 15, 2022

In Response to RFP 2022-11073



Homebase

ADVANCING SOLUTIONS TO HOMELESSNESS

September 15, 2022

Linette Rhodes
Community Development Division
City of Madison
215 Martin Luther King, Jr. Blvd., Suite 300
Madison, WI 53703-3348

Dear Linette Rhodes,

On behalf of Homebase, I am pleased to submit the following proposal in response to the City of Madison's RFP 2022-11073, for a consultant to develop a Community Plan to Prevent and End Homelessness.

Homebase is a mission-driven nonprofit organization dedicated to building community capacity to address homelessness. For more than 30 years, we have supported communities to analyze the root causes of homelessness and to develop and implement effective and equitable programs and systems.

In the attached proposal, we describe our qualifications and proposed approach to successfully support the City of Madison, Dane County, and the Homeless Services Consortium in a community-led process to develop a strategic plan to address prevent and end homelessness. At Homebase, we offer a flexible approach that is tailored to meet the goals of the community and that draws from our extensive experience working with homeless systems of care and facilitating strategic planning processes. We have proposed a diverse team of highly skilled individuals with experience providing a range of support to homeless service systems around the country.

We appreciate your consideration of our proposal. Additional information about Homebase, our staff, and our areas of expertise is available at <https://www.homebaseccc.org>. If you have any questions or would like to discuss this proposal in further detail, please contact Nikka Rapkin at nikka@homebaseccc.org

Best regards,



Nikka Rapkin, Executive Director
Homebase

**Community Plan to Prevent and End Homelessness
Request for Proposals**

Part 1: Agency Information

Applicant Organization:	The Center for Common Concerns, Inc. (DBA Homebase)
Contact Person Name and Title:	Nikka Rapkin, Executive Director
Address:	870 Market Street, Suite 1228, San Francisco, CA 94102
E-Mail:	nikka@homebaseccc.org
Phone:	415.788.7961
Website:	www.homebaseccc.org
Federal Tax ID or EIN:	94-3148303
SAM/UEI Number:	VA4JKUFBXR3
Legal Status:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other: _____
Tax Exempt Status:	501 (c)(3) since 1991

Part 2: Authorization to submit Proposal

This application is submitted by the undersigned with the full knowledge and consent of the governing body of this organization and is, to the undersigned's best knowledge, accurate in all details. The undersigned also certifies having reviewed the terms and conditions stated in the RFP.

	
Signature	Date

Part 3: Agency Qualification

Agency Experience and Capacity (30 points)

1. Provide a brief overview of your agency. Include a brief background of all personnel who will be assigned to this project including their education and previous experience on projects of a similar size and scope. (5 points)

Homebase is a mission-driven nonprofit organization dedicated to building community capacity to end homelessness, reduce poverty, and foster thriving, inclusive communities.

We work alongside our partners to identify and analyze the root causes of homelessness and develop effective systems and solutions.

With over 35 years of experience providing high quality technical assistance in the homelessness response field, Homebase works closely with federal, state, and local stakeholders to develop strengths-based, customized responses to their most pressing challenges. We partner with clients in the public and nonprofit sectors to identify barriers and resources, refine strategies and goals, and design scalable solutions. We believe that meaningful impact results from robust and intentional collaboration across systems, cultivation of passionate leaders including those with lived experience, and skillful execution of policy and practice to achieve sustainable results.

Homebase is a nationally recognized expert on homelessness and affordable housing, with deep expertise on best practices for system and program-level interventions to prevent and end homelessness. We have experience developing the full range of needed programs, including prevention, outreach, housing, and health and social service supports, as well as in catalyzing system-wide action to innovate service provision, promote cross-sector collaboration and collective impact, and foster greater efficiency in resource allocation.

For over twenty years, we have been a national technical assistance provider for the federal Department of Housing and Urban Development (HUD), supporting their grantees in complying with HUD priorities and requirements and in implementing best practices to meet local housing needs. Our direct contracts with national, state, and local clients involve work with a diversity of urban, suburban, and rural communities across the United States.

Our technical assistance focuses on both system and program-level capacity building and performance improvement for homeless systems of care. We provide group planning facilitation, dynamic trainings, one-on-one direct consultation and guidance, and development of user-friendly tools and templates. Our wide-ranging portfolio encompasses support in accessing and complying with key federal and state funding sources (Continuum of Care, Emergency Solutions Grants, etc.); implementation of best practice housing and services; facilitation of system design and redesign efforts to improve performance and efficiency; partnership development to enhance collaboration; crisis response, including emergency and recovery support for communities confronted with natural disasters and COVID-19; and fluency with HMIS and other advanced data collection, analysis, and reporting to guide program planning, monitoring, and equity improvements.

We tailor our services to align with the particular strengths and challenges faced by our client communities of differing sizes, resources, and capacities. We are familiar with the common issues that often exist across systems of care, including challenges to community-wide alignment across goals and strategies; issues of limited transportation, financial resources, and staff capacity; obstacles presented by politics and political will; infrastructure limitations; and low housing stock and barriers to housing development.

We are also adept at identifying and leveraging local strengths, and our experience with diverse communities across the country has made us familiar with strategies to address the variety of challenges and issues they face, as well as established and emerging best practices to address issues commonly shared by systems of care. We support implementation of best practices, including around housing first implementation, landlord engagement, and housing-focused case management; connections to mainstream benefits; cross-system collaboration to address unsheltered homelessness and encampments; trauma-informed and person-centered case management techniques; staff sustainability including recognizing, coping with, and preventing empathy fatigue and burnout; and reducing barriers to access for vulnerable subpopulations.

Homebase is well-versed in the many systems and agencies serving people experiencing homelessness, including the policies and priorities of HUD, HHS, and the VA on the federal level. Likewise, we are experienced with state agencies, and various funding sources available to homeless systems of care. Our teams help communities to identify available and appropriate funding streams to support their work and meet community needs. Our staff provide support for applying, allocating, implementing, monitoring, and reporting for funding streams, including state and federal funding. Our teams are skilled in facilitating cross-sector partnership development to make full use of community resources and conduct cost-analyses to guide resource allocation.

Homebase has facilitated multi-sector strategic planning processes to address homelessness in dozens of states and communities and has supported implementation of many of these plans. Our work is informed by an up-to-date understanding of national goals, regulatory requirements, and the latest research on best practices, while also being grounded in the specific circumstances of our community partners and customized to the needs, resources, and timelines of each community.

Our team of over 60 specially trained and experienced data and policy analysts, lawyers, facilitators, trainers, and information technology specialists leverage their expertise to provide customized assistance grounded in the needs of each community we work with. Together, we develop responsive solutions with lasting impact.

Homebase proposes a highly qualified team of individuals who bring the necessary skills and experience to make this strategic planning process successful. We organize our work using a team structure to leverage the best mix of skills, expertise, and experience to meet our clients' needs. Our team will be led by a Project Director who will serve as the team's main contact during the contract period and will provide day-to-day leadership and project management for the duration of the project, as well as quality control for all deliverables and services. The Project Director will be supported by a team of highly skilled and experienced project staff who bring diverse lived experiences, including staff who are BIPOC; have lived experiences of homelessness, housing instability, and poverty; identify as LGBTQ+; and who have experiences of disability.

Homebase prioritizes the development of strong relationships with our client communities, and our team will provide highly responsive and attentive services throughout the duration of the project. The key member(s) of our proposed team are introduced below.

Project Director: Amanda Wehrman, Director of Strategy and Evaluation

As a Director at Homebase, Amanda oversees Homebase engagements in communities across California and the United States. She supports provision of direct technical assistance to communities and agencies on topics ranging from compliance with federal policies and priorities to strategic planning and capacity building and leads the development of cross-sector approaches to addressing homelessness including system redesign and integration of housing and healthcare systems. Amanda leads program and system evaluations and analyses of local homelessness response systems to identify and address gaps and barriers and track performance metrics and progress toward goals. She has extensive experience engaging diverse stakeholders in planning and evaluation processes and has provided a wide range of support to CoCs including Board development and development of Written Standards, Governance Charters, Bylaws, and Policies and Procedures. Amanda holds deep expertise on housing and homeless programs, state and federal policy, and best practices and has been a member of the Homebase team since 2012. She holds a Bachelor of Arts from the University of California at Berkeley and a Juris Doctorate from Georgetown University.

Recent projects similar in size and scope: County of San Diego Enterprise Homeless Solutions and Prevention Action Plan Needs Assessment (2022); City of Hayward Homelessness Reduction Strategic Plan (2021); City of Alameda Strategic Plan to Address Homelessness (2021); City of Stockton / San Joaquin County Strategic Plan to Respond to Homelessness (2020)

Project Lead: Karen Kowal, Directing Analyst

As a Directing Analyst at Homebase, Karen leads hands-on work supporting communities designing and implementing solutions to homelessness. Karen brings over 10 years of experience at the directing level at the intersection of housing and health, as well as extensive experience planning and developing housing and service programs focused on ending homelessness. Her areas of expertise include collaboration and partnership development, organizational capacity building, data analysis, and performance improvement. Karen has experience providing program oversight and successful contract management and building cross-sector partnerships and coordination between healthcare and housing programs. Prior to joining Homebase in 2021, she was a collaborative partner in Chicago working to strengthen the local homeless system of care. Karen holds a Bachelor of Science from the University of Wisconsin and a Master of Public Affairs from the Indiana University School of Public and Environmental Affairs.

Recent projects similar in size and scope: San Luis Obispo Strategic Plan to Address Homelessness and Racial and Ethnic Equity Analysis (2022); City of Springfield / Sangamon County Strategic Plan to Address Homelessness (Current)

Project Staff: David Dirks, Senior Staff Attorney

David is a Senior Staff Attorney on Homebase's Federal HUD technical assistance team and the Strategy Lead for the Homebase Racial Equity Integration Team, providing trainings, technical assistance, and support in evaluating and addressing community needs and goals according to evidence-based best practices for an equitable response to homelessness. David holds expertise in a wide range of housing programs and funding sources and is a skilled facilitator, bringing together communities and cross-sector stakeholders to build consensus around strategic approaches to addressing homelessness. He serves on two national HUD TA equity committees and has developed numerous materials and trainings to advance equity in homeless systems of care. Before joining Homebase in 2021, David served as Director of Meetings and Events for the National Alliance to End Homelessness (NAEH). He presents at regional and national conferences, including Homelessness 101 / Understanding the Causes and Nature of Homelessness at the NAEH 2022 conference. David holds a Bachelor of Science in Marketing from Grambling State University and a Juris Doctorate from Howard University School of Law.

Recent projects similar in size and scope: Everyone Home: Fort Wayne's Community Plan to Prevent and End Homelessness (2021); Winston-Salem/Forsyth County CoC Assessment and Action Plan (2022); City of Norman / Cleveland County Action Plan to End Homelessness (2022)

Project Staff: Aram Hauslaib, Senior Policy Analyst / Interim Team Lead

As a Team Lead at Homebase, Aram guides teams supporting local governments and nonprofits in their efforts to end homelessness. He helps communities to secure state and federal funding, implement programs and best practices, and understand the regulations that govern their homelessness systems. He has designed and implemented projects related to prevention, rapid rehousing, education and employment, drop-in services, and crisis intervention, and has facilitated strategic planning processes that include analysis of local data on homelessness and system functioning and engage community members and stakeholders to identify needs and develop strategic goals and strategies. Prior to joining Homebase in 2018, Aram spent over a decade managing direct service programs for families experiencing homelessness in San Francisco. He holds a Bachelor of Arts from George Washington University and a Juris Doctorate from Golden Gate University.

Recent projects similar in size and scope: City of Alameda Strategic Plan to Address Homelessness (2021), City of Stockton / San Joaquin County Strategic Plan to Respond to Homelessness (2020, currently supporting ongoing implementation)

Project Staff: Collin Whelley, Research and Program Evaluation Manager

Collin brings extensive fieldwork and project management experience as well as expertise in monitoring and evaluation and homelessness and health care systems. He began his work in homeless services as a street outreach worker in Denver, CO and has served as a program evaluator, researcher, technical assistance provider, and trainer. At Homebase, he designs and implements program and system evaluations including Coordinated Entry System evaluations, conducts gaps analyses and needs assessments, uses quantitative and qualitative data to model and forecast, and supports CoCs in evaluating and addressing needs and goals according to data-driven decision-making processes. He supports regional

data sharing efforts and use of data to promote more equitable service systems. Collin holds a Bachelor of Arts in Political Science and Psychology from the University of Dayton and a Master of Arts in Political Science and Local Public Policy from the University of Colorado, Denver.

Recent Projects of Similar Size and Scope: County of San Diego Enterprise Homeless Solutions and Prevention Action Plan Needs Assessment (2022); Kern County Strategic Plan to Address Homelessness (Current); Utah Statewide Strategic Plan to End Homelessness (Current)

2. Describe your planning experience in housing and homelessness, including:
 - The processes you have found to be effective
 - Your approach/philosophy of planning
 - One or two detailed examples of how this process has worked at the local level. (10 points)

Homebase has facilitated multi-sector strategic planning processes to address homelessness in dozens of states and communities and has supported implementation of many of these plans. Our experience includes:

- Dozens of community-wide strategic planning processes to address homelessness at city, county, and regional levels, including over 10 plans in the past year alone;
- Action and implementation plans to facilitate local stakeholders in collective impact approaches across systems and sectors;
- Plans to end youth homelessness, chronic homelessness, and homelessness among veterans / service members and their families;
- Over 30 plans to integrate health, housing, and homeless systems; and
- Numerous agency-specific strategic plans.

Examples of strategic plans completed by Homebase in recent years include: County of San Diego Enterprise Homeless Solutions and Prevention Action Plan / Needs Assessment (2022); Everyone Home: Fort Wayne's Community Plan to Prevent and End Homelessness (2022); A Way Home for Tulsa Strategic Plan 2020 – 2024 (2020); San Luis Obispo Plan to Address Homelessness & Racial and Ethnic Equity Analysis (2022); Five-Year Strategic Plan to Prevent and Respond to Homelessness in the City of Alameda (2021); Let's House Hayward: 2021 City of Hayward Homelessness Reduction Strategic Plan (2021); Santa Clara County Community Plan to End Homelessness 2020-2025 (2020); Strategic Plan to Respond to Homelessness in San Antonio and Bexar County (2020); and Stockton / San Joaquin County 2020 Strategic Plan to Respond to Homelessness (2020).

Our work is informed by an up-to-date understanding of national goals, regulatory requirements, and the latest research on best practices, while also being grounded in the specific circumstances of our community partners and customized to the needs, resources, and timelines of each community. We work with social services and government entities and their local stakeholders to develop precise goals that:

- Address areas of the greatest need, gaps and opportunity for impact;

- Advance equity for underserved and marginalized subpopulations;
- Align with local and/or regional priorities and harness existing strengths;
- Reflect national best practices for comparable communities and regions;
- Are ambitious but achievable given the system's size and resources; and
- Are measurable and capable of quantifying success.

Homebase will work with the City of Madison / Dane County to develop a strategic planning process informed by our vast experience facilitating community planning processes in other counties across the country. While this process will be unique to the community, we have learned that key elements of effective strategic planning processes often include:

- Early recruitment and engagement of a strategic planning steering committee that includes committed, diverse stakeholders and is responsible for overseeing the process and ensuring implementation of the plan
- Identification of high priority issues and strategies with the steering committee and stakeholders to develop key elements of the plan and targeted recommendations for addressing them, including budgets and implementation plans
- A process for inclusive and authentic community engagement, inviting a wide cross-section of the community to build support for the process, gather information, and guide planning, with a focus on segments of the community that are typically underrepresented in community engagement processes and/or underserved by traditional systems
- Assessing community resources and needs, informed by key informant interviews, consumer and provider focus groups, surveys, an online forum to gather and share information, review of key documents (including related state and local plans), and analysis of HMIS and other data
- Engaging cross-system partners in the planning and implementation processes, including physical and behavioral healthcare, education, local police departments, court and probation systems, and elected officials, and
- Identification of key points of contact in the community who can facilitate connections with unsheltered, sheltered and housed individuals with lived experience of homelessness and experts who confront homelessness on the front lines daily through various systems of care.

The planning process is an opportunity to engage stakeholders and build consensus and momentum that will be essential for successful implementation of the plan. We structure a transparent and open process that engages the community, providing multiple opportunities to provide input through a variety of methods (interviews, focus groups, surveys, community summits) while being mindful of time commitments and potential barriers to participation.

Our strategic planning processes utilize sophisticated community outreach and engagement strategies to ensure equitable involvement of a full range of stakeholders, provide transparent communication about processes, and allow for input and feedback from all sectors. We frame issues and guide discussions to build consensus and are skilled at drawing

from the diverse expertise and experience of participants to arrive at innovative solutions and concrete action steps.

Our teams are adept at facilitating planning processes and community meetings with clear agendas, minutes, deadlines, and action items identified. Our agendas and planning tools are developed to provide participants with information that supports their ability to provide targeted input in response to the local context. We help our partners to communicate effectively with policymakers, funders, and the general public, through clear messaging strategies, reports, and materials.

We ensure that planning is based on a comprehensive understanding of local data and needs, aligns with state and federal policy and funding requirements, and incorporates national best practices. We place strong emphasis on developing an actionable and data-driven plan, including the detail necessary to support implementation and drive impact.

Homebase's national team has extensive experience facilitating virtual processes, which can effectively engage busy stakeholders from across an extensive geographic region and improve accessibility for certain community members. We use a variety of techniques and tools to promote effective engagement during interviews, focus groups, workshops, and meetings, and we tailor our processes to align with participants access and comfort with technology.

Homebase develops user-friendly strategic plans that make a compelling case for action and identify clear implementation parameters. Our cost analyses help to identify both the costs of recommended actions as well as the cost-savings in public systems that can result from implementation. We assist in evaluating existing funding streams to maximize strategic allocation of resources, leverage mainstream resources, and in identifying new funding opportunities.

Homebase advocates for an emphasis on equity and inclusivity in every strategic planning process we facilitate. We weave an equity lens into our design of gaps analyses, needs assessments, and environmental scans, to develop an understanding of gaps, unmet needs, and disparities within communities, to inform the development of strategies that will address the specific needs of communities disproportionately impacted by homelessness. Our strategic planning process emphasizes the involvement and leadership of people with lived experience of homelessness, with a focus on including people with lived experience on decision-making bodies and committees and soliciting input and feedback from diverse stakeholders with a variety of lived experiences.

In all cases, we offer an array of helpful planning frameworks, tools, and materials to support the planning process, providing succinct information on model policy, best practice programming, local gaps and needs, and facilitating collaborative decision-making and priority-setting. All recommendations are concrete and specify responsible parties and timelines as well as metrics for tracking progress in plan implementation and achieving

outcomes. We support communities in carrying out their plans, including developing annual action and implementation plans, providing operational advice and guidance, developing metrics and systems for tracking progress, and facilitating plan updates as needed.

To this work, we bring expert facilitation skills; effective strategies for community and consumer engagement; advanced data collection, analysis, and visualization capability; and sophisticated reporting and presentations. Homebase prioritizes building relationships with diverse stakeholders to support planning and implementation.

The following are two detailed examples of strategic planning process facilitated by Homebase, to demonstrate how our approach has worked on the local level.

Fort Wayne, IN Strategic Planning (2022): Homebase contracted with the City of Fort Wayne, IN to develop a strategic plan that identified specific, key changes needed to move the needle on homelessness and build a roadmap for implementing those changes. Key goals of the process included: establishing achievable common goals in line with state and federal plans; build and enhance partnerships; guide all parties in a common direction; determine funding needs and potential resources and strategies; and develop overall and annual metrics to track progress.

Homebase provided the community with a flexible and responsive strategic planning process, which pivoted from its original timeline to allow the community to take advantage of a unique opportunity to apply for HOME-ARP funding, which required the development of an Allocation Plan. Our team was able to work with the community to align the two planning processes, efficiently leveraging data collection and stakeholder engagement processes across both projects and deepening community engagement for the strategic planning process as a result.

Our team convened a steering committee consisting of representatives from homeless service agencies, city departments, domestic violence providers, racial justice advocates, faith-based service providers, street outreach and coordinated entry staff, mainstream services, youth-focused housing and services, the public housing authority, and community members, to support and guide the strategic planning process through regular meetings, data review, and conversations about goals and strategies. Steering committee members were identified who could provide important perspectives and input on system functioning and opportunities for improvement, and who would play an important role in implementation.

Our team conducted an environmental scan to review local documents including reports developed by local partners, state and local plans, and materials from projects and initiatives currently underway; identify local providers and programs; and to collect data pertaining to homelessness in the community. Our team based their analysis on multiple sources of data using the best information available to understand the demographics of the homeless population and the needs and challenges faced by the community in addressing

homelessness. The following data sources were used in the strategic planning process: Point-In-Time (PIT) counts, Housing Inventory Counts (HIC), System Performance Measures (SPMs), Homeless Management Information System (HMIS), the Coordinated Entry System (CES) by-name list (BNL), and U.S. Census data.

Additional information, feedback, and input was collected using the following methods during the planning process: A) Surveys: Our team worked with the local community to distribute online surveys that were completed by over 1,300 community members, stakeholders, housing and service providers, and people with experience of homelessness, consisting of questions about local gaps and needs, priorities, challenges, and goals. B) Community Presentations: Homebase led 3-4 presentations for the community, including a fair housing summit; vision, mission, goals, and strategy development sessions; a public hearing; and presentations and facilitated discussions on prevention and diversion, temporary housing, and permanent housing solutions. C) Meetings and Convenings: Our team led bi-weekly planning meetings with City Housing & Neighborhood Services staff, monthly Planning Council meetings, and monthly Steering Committee meetings. D) Focus Groups: Two focus groups were held with direct service providers and CoC stakeholders and three focus groups were held with people at risk of or with lived experience of homelessness and poverty. E) Stakeholder Interviews: More than 16 interviews were held with representatives from city and county staff, law enforcement, community organizations, providers, health care representatives, outreach organizations, civil rights groups, disability rights organizations, educational organizations, and faith-based organizations.

Our team consolidated information and findings into a Community Resources and Needs Assessment which highlighted key trends in homelessness, strengths, and gaps that emerged during quantitative and qualitative data gathering and analysis. Drawing from analysis and stakeholder input, Homebase identified seven key priority areas for investment and recommendations for action, included in the assessment report. Presentations and facilitated conversations with stakeholders and the Steering Committee helped to identify key issues and investments to prioritize.

Homebase drafted and worked with local stakeholders to finalize a strategic plan drawing from these processes, consisting of four goals: two of which focus on improving or creating new programs and initiatives, and two of which focus on prevention and increased collaboration. The plan presents a strategy for a collaborative approach across sectors, organizations, and institutions to realize the vision to prevent and end homelessness in Fort Wayne. The final plan has been included as a work sample with this proposal.

San Luis Obispo Racial and Ethnic Equity Analysis and Strategic Plan (2021): Homebase worked with San Luis Obispo, CA to launch an equity analysis for the homeless system of care and collaborated with local stakeholders to develop a strategic plan with a focus on addressing identified disparities. Our planning process was similar to the one described in more detail above, and also included an expanded analysis of racial and ethnic equity.

Homebase convened a working group of diverse stakeholders representing a variety of local agencies and government departments to support the analysis. Our team conducted quantitative and qualitative analyses, including HMIS, PIT, and HIC data; a provider and stakeholder survey; interviews; and focus groups with consumers and providers; to understand whether certain racial and ethnic groups in the community experience disproportionate rates of homelessness, greater barriers in accessing the system of care and resources, inequities in program access, and other inequities related to homelessness.

Findings indicated that BIPOC are overrepresented in the homeless system of care compared to the general population, and that people who are Black and/or Hispanic/Latino(a)/Latinx are more likely to experience homelessness than the general population experiencing poverty. Further analysis identified differences in access within racial groups and across household types, and variations in rates of housing placement across racial groups and household makeup. Findings from HMIS, PIT, and HIC data were contextualized by qualitative feedback and input, most of which echoed concerns about existing disparities within the system. Our team shared findings with the working group to dive more deeply into potential factors contributing to disparities and opportunities for system improvement.

The racial and ethnic equity analysis contributed to a broader analysis of the homeless system of care, which was utilized to inform the development of strategies and goals and drafting of the strategic plan in partnership with a local steering committee consisting of representatives from local government, provider agencies, and the community. These efforts led to the development of a bold housing-centric strategy to reduce the number of people experiencing homelessness and the number of people who are unsheltered through increasing non-congregate sheltering, diversifying funding sources, strengthening regional partnerships, and modernizing data systems and structures that address homelessness. The plan includes specific actions to expand DEI competency among providers and the community, implement more inclusive processes for communication and outreach, create opportunities for leadership by people with experience of homelessness, and ensure equitable access to culturally appropriate and responsive services throughout the system of care.

3. Provide a list of community plans or related work your agency completed in other communities. Specify the name of the community, date of completion, and budget allowed for your agency's work. Attach one to two examples of community plans, preferably plans that were developed with a similar budget as this RFP allows, approximately \$150,000. Please include references for those plans with contact information. (10 points)

The following is a list of several community strategic planning processes completed by Homebase in recent years. Each strategic plan is unique to the community/client, and this list contains a range of processes for city and county-level plans, with varying scopes of work:

County of San Diego Enterprise Homeless Solutions and Prevention Action Plan / Needs Assessment

Completed: 8/2022*

Budget: \$189,000

*additional tasks ongoing

Everyone Home: Fort Wayne's Community Plan to Prevent and End Homelessness

Completed: 9/2022

Budget: \$142,000

A Way Home for Tulsa Strategic Plan 2020 – 2024

Completed: 1/2020

Budget: \$241,600*

*Includes expanded scope of work

San Luis Obispo Plan to Address Homelessness & Racial and Ethnic Equity Analysis

Completed: 9/2022

Budget: \$88,994

Five-Year Strategic Plan to Prevent and Respond to Homelessness in the City of Alameda

Completed: 10/2021

Budget: \$113,075

Let's House Hayward: 2021 City of Hayward Homelessness Reduction Strategic Plan

Completed: 7/2021

Budget: \$83,977

Santa Clara County Community Plan to End Homelessness 2020-2025

Completed: 8/2020

Budget: \$295,000*

*Includes support for implementation and expanded scope of work

Strategic Plan to Respond to Homelessness in San Antonio and Bexar County

Completed: 7/2020

Budget: \$128,000

Stockton / San Joaquin County 2020 Strategic Plan to Respond to Homelessness

Completed: 6/2020

Budget: \$109,543

We have included two sample strategic plans from processes similar in scope and budget, attached with this proposal. The included plans and corresponding points of contact to serve as references are:

Everyone Home: Fort Wayne's Community Plan to Prevent and End Homelessness
City of Fort Wayne
Kelly Lundberg
Deputy Director, Department of Housing and Neighborhood Services
200 E. Berry St., Suite 320
Fort Wayne, IN 46802
Phone: 260.427.1127

A Way Home for Tulsa Strategic Plan 2020 - 2024
Housing Solutions Tulsa
Becky Gligo, Executive Director
2915 E. 5th Street
Tulsa, OK 74104
Phone: 619.277.8777
Email: bgligo@housingsolutionstulsa.org

Additional References:

City of San Antonio
Morjorie White, MPH
Assistant Director, Community Health and Safety Division
100 W. Houston St., 14th Floor
San Antonio, TX 78205
Phone: 210.207.3117
Email: morjoriee.white@sanantonio.gov

County of Santa Clara
Kathryn (KJ) Kaminski
Deputy Director, Office of Supportive Housing
2310 N. First St., Suite 201
San Jose, CA 95131
Phone: 408.278.6425
Email: kathryn.kaminski@hhs.scc.gov.org

4. Describe how you will engage stakeholders in a discussion on local data. Which data sources will be used? (5 points)

Homebase works with communities to draw insights from data to inform strategic planning, ongoing policymaking, and system and program improvements. Our expertise includes data visualizing and reporting, applying data analysis methodologies, data integration, and helping communities better understand and use their data. Our team includes skilled data analysts experienced in system modeling to support forecasting and planning, with extensive experience collecting, analyzing, and distilling findings from data on homelessness and housing (e.g., PIT, HIC, HMIS, coordinated entry system data) as well as available data

from adjacent systems (e.g., education, criminal legal system, health care) and other available city, county, and state-wide data. We have extensive experience conducting mixed method needs assessments and gaps analyses to inform planning to respond to homelessness.

Homebase will work with City of Madison and the Homeless Services Consortium (HSC) to collect and analyze local data and will lead discussions with stakeholders about data to understand the present homeless situation in the community and identify appropriate goals and priorities.

We ensure that planning is based on a comprehensive understanding of local data and needs, aligns with state and federal policy and funding requirements, and incorporates national best practices. We place strong emphasis on developing an actionable and data-driven plan. While we will work with the community to identify available and relevant data sources as well as an appropriate plan for qualitative data collection, we expect that the following data sources will allow for a baseline understanding of community needs, existing services and resources, and priority gaps to be addressed.

Data sources for quantitative analysis will likely include:

- Point In Time (PIT)
- Housing Inventory Count (HIC)
- HUD System Performance Measures (SPMs)
- Non-HMIS data
- Data from local gaps analyses, reports, plans (including public housing authority plans, HUD Consolidated Plans, State of Wisconsin's Plan to End Homelessness, etc.), CoC funding applications, or other relevant existing information and analyses
- Data on progress toward goals in the previous community strategic plan
- Additional city and county-level data related to homelessness, such as local school district, physical/behavioral health care information on high system users, and law enforcement encounter data as available. McKinney Vento data, census data, and other sources will be used to provide insight into doubled-up homelessness

Our team will request quantitative data (including access and permissions) and other reports and information early in the planning process to allow ample time for local staff and partners to provide this information and for Homebase to conduct analysis to support the qualitative and planning processes. Our team is equipped to support HMIS leads and other local staff in pulling relevant reports and identifying data sources that can support planning. We recognize how busy local staff often are and provide our data requests in a format that is as streamlined and straightforward as possible to support the data collection process.

Our team will conduct an in-depth analysis of available data and information to assess the system's strengths, gaps, and opportunities for meaningfully improving outcomes. The analysis will consider topics such as:

- Demographics of who is experiencing homelessness, including unsheltered and doubled-up homelessness in the community, including household composition, age, race, gender, geographic region (as available);
- Variations in inventory, access, and outcomes by sub-population and sub-geographies, which may include analysis of prioritization scores, inter-rater reliability of assessors/assessing agencies, time to housing through an equity lens;
- Local factors contributing to homelessness in the community (housing availability, poverty rates, and other local factors);
- Assessment of existing funding and resources, interim and permanent housing and crisis shelter inventory, resource needs and gaps;
- System flow – including trends, inflows, and outflows over time – outcomes, and optimal system projections;
- Housing needs projection and cost forecasting for housing program types

The data and analysis developed through this process will be used to 1) tailor the qualitative assessment process to add context around key areas identified through the quantitative analysis; 2) inform stakeholder education and engagement processes, to advance a shared understanding across stakeholders of local successes, challenges, and opportunities; 3) identify gaps and needs to address, and opportunities to prioritize, through the planning and action process.

During the community engagement phase of the planning process, Homebase will consult with local stakeholders to contextualize findings from data and information gathered. This process may include focus groups, interviews, and surveys, conducted with providers, consumers, HSC staff, city/county staff, and other stakeholders whose insight will be beneficial to the analysis. Information gathered during the initial quantitative data collection and analysis will enable Homebase to identify relevant stakeholders both from within the homeless system of care and outside of it. A more detailed description of qualitative data gathering and community engagement has been provided in the Commitment to Promoting Racial Equity and Project Specific Policies and Strategies sections of this proposal.

Our teams utilize quantitative and qualitative data to explore differential experiences and outcomes for service recipients based on race, ethnicity, gender, age, language, and geography, offering recommendations for addressing systemic gaps. We evaluate equity in many ways; for example, looking at the impacts that race has on access to emergency shelter, safe haven, and transitional housing; access to coordinated entry standard assessment; time from first assessment to first permanent housing referral; enrollment in permanent housing; access to cash income and non-cash benefits; exits from rapid rehousing to other permanent housing; and retention of or exit to other permanent housing among permanent supportive housing participants.

Homebase proposes to engage local stakeholders through convening a strategic planning steering committee, consisting of committed, diverse stakeholders, which will be responsible for overseeing the planning process and ensuring implementation of the plan.

Our experience has taught us that the early recruitment and engagement of a strategic planning steering committee or task group comprised of local stakeholders can be key to the overall success of the planning process, including people with lived experience, providers, city and county staff, and a wide range of other stakeholders representative of various sectors in the county. We propose to work with the primary contact for the community's strategic planning process to identify this 10-15-member body that will oversee the planning process. This committee would be facilitated by Homebase, and our team would handle all logistics and prepare all materials and agendas necessary for meetings.

We propose that the steering committee will launch with a half-day retreat/planning summit to inform Homebase's planning process and to establish a guiding vision and goals for the planning process. At the retreat, we will discuss the data collection and analysis underway, and will guide the group through a discussion of current efforts, perceived needs and gaps, and priority areas to address in the strategic plan. At this retreat, the steering committee may also plan logistics for a community kick-off event and/or the qualitative data collection and stakeholder engagement processes. Homebase staff will facilitate the retreat, onsite or remotely according to local preference and current public health recommendations.

We anticipate that the steering committee will meet monthly to oversee and advance the strategic planning process, including review of data and findings from analyses. In addition, the Steering Committee will be asked to report monthly to their respective agencies or constituencies and staff about how the process is proceeding. Later in the planning process, Homebase will work with the steering committee and topical sub-committees or workgroups to dive more deeply into data as they investigate the highest priority issues coming from the community's identification of needs/gaps and analyses conducted in earlier stages of the project and work to identify potential strategies and solutions.

Homebase will develop meeting materials to help frame issues and guide these participant discussions around data. We develop reports that identify and prioritize homeless system and housing gaps based on comparison of the existing system with data and feedback on need. This may include discussion of trends, breakdown by sub-geographic regions or sub-populations, and equity analyses.

Homebase is skilled at distilling complex data analysis into insights that can be used by local stakeholders to support planning and decision-making. We provide information in user-friendly formats, making extensive use of graphics to illustrate findings, and offering concrete recommendations for moving forward. Detailed documentation of discussions will be completed by Homebase for later reference.

Organizational Fiscal Planning and Management (10 points)

5. Provide a timeline that includes a description of monthly activities, number of hours for each activity, suggested meeting schedule and format, and responsible parties. (5 points)

The following timeline assumes that this work will be carried out over 11 months (January 1, 2023 –December 1, 2023).

Phase 1: Project Launch, Data Collection, and Analysis

Approximate Staff Hours: 212

January

Homebase & Primary Local Contact Responsibilities:

- Initial launch meetings (virtual format suggested) with primary project contacts for the strategic planning process, to finalize contract and project management work plan, identify equity and inclusive engagement goals, review stakeholder engagement plans, and make initial requests for data and information
- We propose regular virtual check-in meetings with primary project contacts on a monthly or bi-weekly basis throughout the duration of the planning process

Homebase Responsibilities (continued):

- Review the State of Wisconsin's Plan to End Homelessness and 2016 Community Plan and 2019 updates

HSC, City of Madison Staff:

- Work with local stakeholders and Homebase to collect requested data

February

Homebase Responsibilities:

- Gather data and background information including quantitative data sources, current/previous plans
- Collect information on existing housing and services, including services provided by organizations within and outside of the HSC
- Begin quantitative data analysis

HSC, City of Madison Staff Responsibilities:

- Continue to support data collection as needed

March

Homebase Responsibilities:

- Complete quantitative analysis
- Document findings from quantitative analysis
- Begin planning for steering committee retreat / planning summit

Homebase, HSC, City of Madison Staff:

- Begin identification of strategic planning steering committee members

Phase 2: Community Engagement

Approximate Staff Hours: 618

April

Homebase Responsibilities (with support from HSC, City of Madison Staff):

- Identify, recruit, and establish 10–15-member strategic planning steering committee
- Facilitate steering committee retreat / planning summit (in-person format suggested) addressing: approval of strategic planning process, equity goals, inclusive stakeholder engagement plan, and timeline; development of a draft shared, clear, compelling, and timely guiding vision; planning logistics for a public planning process or kick-off

April –July

Homebase Responsibilities:

- Conduct qualitative portion of data collection, including: inclusive stakeholder engagement process consisting of interviews, focus groups/community meetings, and community survey (mix of in-person and virtual meeting formats expected)
- Conduct analysis of qualitative data collected
- Draft summaries of qualitative and quantitative analysis, findings and recommendations
- Lead discussions about data with steering committee at monthly meetings
- Launch community planning kick-off event or process to build community-wide support for the planning process and gather initial information to guide planning goals and strategic priorities (may include a series of emails, online surveys, presentations, and/or other engagement strategies)

July –August

Homebase Responsibilities:

- Establish and convene 3-4 topical sub-committees of the steering committee, or community summits (virtual and in-person meetings expected). Summits will meet 2-3 times to investigate high priority issues (such as youth homelessness, unsheltered homelessness, doubled-up homelessness, improving equity across the system of care, etc.), and develop key elements of the plan, and conduct implementation planning
- Planning discussions with the steering committee at monthly meetings to identify next steps and priorities for strategic plan implementation (virtual and/or in-person meetings expected), to include: continuing to review data and input from community engagement processes as needed; review of recommendations from topical subcommittees or summits; drafting/reviewing components of the strategic plan as they are developed
- Documentation of all meeting minutes
- Initial drafting of strategic plan components

Phase 3: Plan Drafting

Approximate Staff Hours: 200

September –October

Homebase Responsibilities:

- Monthly strategic planning committee meetings to support plan drafting and review (virtual meetings expected)
- Additional topical subcommittee meetings as needed
- Plan draft development

November

Homebase Responsibilities:

- Draft strategic plan made available to steering committee for review and edits
- Updated draft plan made available to HSC Board (and additional stakeholders as requested) for review

HSC Board Responsibilities (with additional stakeholders as requested):

- Review draft plan and provide consolidated edits and feedback

Homebase Responsibilities (continued):

- Final plan presented for approval by December 1, 2023, incorporating feedback from stakeholder review, in a well-organized, visually appealing document that is clear and comprehensible to people inside and outside of the homeless services network. The plan will include: overall vision statement; information from data analysis and stakeholder input identifying strengths, needs, opportunities, and gaps; priority areas for action, with information clarifying the issues and needs; recommendations for each priority area of action, creating short and long-term strategies for homeless sub-populations or racial and ethnic groups that are highly impacted to meet universal goals; cost implications for new or expanded projects or activities; plan-wide numeric goals and metrics to track progress and communicate to community stakeholders; implementation plan for years 1-2, identifying responsible parties, timelines, funding sources, and metrics to be used in evaluating progress in specific areas of plan implementation and improvement in system performance

6. Provide a proposed budget for this project. If applicable, provide various options. (5 points)
The following proposed budget was developed based on our understanding of the community's goals for this project as outlined in the RFP. We are happy to adjust as needed to meet the community's needs.

Salaries:

Executive Director - 4 hrs @ \$284.19/hr

Program Director - 40hrs @ \$182.36/hr

Project Lead - 350hrs @ \$151.08/hr

Senior Staff - 368 hrs @ \$133.06/hr

Project Staff - 256hrs @ \$99.07/hr

Administration - 12hrs @ \$106.78/hr

TOTAL SALARIES: \$136,917.85

Operating Expenses:

Postage/Delivery, Printing & Supplies: \$600.00

Costs related to engagement of people with lived expertise (50 gift cards @ \$20ea: \$500.00

SUBTOTAL: \$1,100.00

Travel: \$6,147.75

Homebase Indirect Costs on Operating and Travel: \$5,805.45

TOTAL BUDGET: \$149,971.05

Commitment to Promoting Racial Equity (30 points)

7. Describe your agency's commitment to equity and inclusion. What specific strategies or practices are followed to ensure that these principles are integrated into your organization, and its work? (10 points)

Homebase invests heavily in ongoing efforts to advance diversity, equity, inclusion, and belonging within and outside of our organization. Recognizing that homelessness is driven by systemic, intersectional inequities, and that homelessness disproportionately impacts BIPOC, LGBTQ+, and other marginalized communities, we believe it is crucial to promote equity and anti-racism throughout our work.

Internally, Homebase engages in significant anti-racist work as an organization. This work is led by Homebase's Equity Steering Committee (ESC). Founded in 2018, the ESC is a staff-driven initiative to build Homebase's capacity to advance equity with an emphasis on anti-racism through education, consultation, and equitable recruitment, retention, and advancement of current and future staff. We seek feedback from current staff on at least an annual basis to identify areas for improvement, and work to center equity in staffing, organizational culture, and inclusive and equitable workplace practices, guided by our ESC.

Homebase uses a staffing process that has been vetted by our ESC and diversity, equity, inclusion, and belonging (DEIB) consultants. Each step from hiring to advancement has been reviewed with an equity lens, and we continue to revise our policies to align with best practices. For example, our job descriptions are reviewed to identify and remove barriers that would prevent equitable opportunity. We include language that encourages applications by diverse individuals with a variety of professional and lived experience, and lived experience is given great consideration in the hiring process. We are a proudly multi-lingual and multi-cultural organization, with staff who are diverse in race, gender, and sexual identity and in professional and lived experience.

We educate and train all staff on racial disparities, housing discrimination, microaggressions, and a host of other topics to develop an anti-racist team and leaders in this work. We have developed affinity groups and a mentoring program, based on best practices and staff input. Our work is overseen by a diverse Board of Directors, of which over half are individuals who are Black, Indigenous, and/or people of color and which includes individuals with lived experience of homelessness and poverty.

Our efforts to advance equity extend to our external work as well. We recognize that through our years of experience as technical assistance providers for HUD and direct contracts with state and local governments and CoCs throughout the country, Homebase is uniquely positioned to support communities in advancing equity in homeless systems of care. Many of Homebase's current clients are engaged in work to advance racial equity either through HUD requirements or local initiatives. Our support for this work includes, but is not limited to:

Federal:

Advancing equity through EHV

HUD Race and Ethnicity Data Workgroup

Equity product review

Equity and authentic engagement training

Advancing equity through COVID-19 response (ESG-CV, CDBG-CV, HOME-ARP)

State and Local:

CA Racial Equity Action Labs

CES equity analysis and design

HMIS racial equity analysis

Designing lived experience advisory boards

Homeless systems design

Homebase's Racial Equity Action and Coordination Team (REACT) consists of staff representatives from each Homebase team and is focused on identifying specific opportunities and strategies to advance racial equity through our external work.

8. We are looking for a consultant who can provide guidance on best practices around racial equity and its incorporation into the planning process and the plan itself. Please describe how your agency will center the community in racial equity. (10 points)

Our proposed approach to strategic planning will build in an equity lens to both process and product to guide conversations about equity and justice, including how the system of care currently contributes to disparities and how stakeholders can make changes to facilitate fair access, treatment, and outcomes.

During the launch of the planning process, our team will meet with primary local contacts to finalize plans for the process, including discussing equity goals and strategies for an inclusive planning process. At this early stage, we will begin to work with local staff to identify potential stakeholders who may not be active participants in the HSC, and to develop strategies to ensure that the process engages the community's historically underserved populations and their champions and leaders.

Our team will analyze local data to explore differential experiences and outcomes for people experiencing homelessness and system consumers and service recipients based on race, ethnicity, gender, age, language, and other factors, offering recommendations for addressing systemic gaps. We evaluate equity in many ways; for example, looking at the impacts that race has on:

- Access to emergency shelter, safe haven, and transitional housing;
- Access to coordinated entry standard assessment;
- Time from first assessment to first permanent housing referral;
- Enrollment in permanent housing;
- Access to cash income, including earned income;
- Access to non-cash benefits;
- Access to health insurance;
- Exit from rapid rehousing to other permanent housing; and
- Retention of or exit to other permanent housing among permanent supportive housing participants.

Qualitative data drawn from focus groups, interviews, surveys, and participation in meetings provides important community context to frame measurements, and we will make sure that this data comes from a diverse range of stakeholders. Our team will develop interview and focus group scripts and surveys that are trauma-informed, respectful and inclusive, and that are based on best practices for engagement of diverse stakeholders and people with lived experience. Formats, locations, and other logistics will be arranged to maximize participation and ensure broad representation from stakeholders with a range of perspectives and experiences. Translation services will be available to be inclusive of non-English speakers.

Our team will work with local providers, advocates, and outreach workers to ensure that recruitment and engagement efforts reach individuals and organizations that have been historically underrepresented in system of care decision-making and planning. These efforts will include outreach to stakeholders who have been vocal supporters and critics of the system of care.

As described earlier in this proposal, Homebase proposes to convene a strategic planning steering committee to oversee the planning process and work closely with Homebase to identify priority needs, goals, and strategies and to draft elements of the strategic plan. The steering committee will include diverse membership representative of the entities who will be involved in the plan's implementation and inclusive of people with lived experience and portions of the community who are typically underrepresented and underserved by traditional systems. The committee should include at least 2 people with lived experience of homelessness; HSC lead staff, Board, and committee members; homeless housing and service providers, including those serving specific subpopulations (e.g., survivors of domestic violence, veterans, youth, families, people experiencing chronic homelessness, LGBTQ+ and BIPOC individuals); city and county staff; not-for-profit or community organizations, including faith-based and culturally-specific organizations; and human rights

advocates; as well as representatives from additional sectors within the community (physical and behavioral health care systems, the courts and criminal legal system, business community, public schools, workforce system, public housing authorities, affordable housing providers and developers, etc.). Homebase will work with local staff to identify and recruit committee members as needed to ensure diverse representation and participation.

The proposed steering committee retreat will provide an opportunity to dive more deeply into how the strategic planning process will authentically invest in advancing racial equity, to establish a shared understanding of what an equitable system of care looks like, and to explore concepts around best practices for advancing racial equity.

As needed, Homebase will provide guidance to the steering committee and other local stakeholders, which may include trainings or presentation of materials and information on best practices, to help to center racial equity in discussions and decision-making. Our team will ensure that local stakeholders involved in the planning process have up to date information on established and emerging best practices to guide these efforts, while being respectful and inclusive of local expertise.

As plan elements are drafted (based on data analysis including analysis with a racial equity focus), Homebase will continue to facilitate conversations with the steering committee and topical sub-committees on specific goals, strategies, and concrete action steps that will lead to measurable advancements in racial equity.

All meeting agendas and materials will reflect the core values of the strategic planning process, including commitment to racial equity, and public-facing materials and messaging will include statements about the community's commitment to racial equity in the planning process and implementation

9. Describe the proposed process for engaging the community in discussions on advancing equity. How will your agency engage all stakeholders in this conversation (providers, funders, people with lived experience, etc.)? (10 points)

As described above, Homebase will utilize multiple methods throughout the planning process to engage local stakeholders, including a diverse pool of providers, funders, people with lived experience, and other local stakeholders, in discussions on advancing equity. Our staff will work with local partners to conduct outreach efforts to engage a broad and diverse group of stakeholders in the planning process, including individuals and entities that have not been closely involved in HSC decision-making in the past, and to facilitate discussions in formats that will be inclusive to all potential participants.

Early in the planning process, our team will work to build trusting relationships with local staff, providers, and advocates who can serve as liaisons with the local community, creating connections with system consumers and with individuals and entities from marginalized communities and communities who are overrepresented in the community's homeless

population. We have found that initial interviews and focus groups result in the identification of groups and individuals who were not included in initial outreach but whose input and support will be beneficial to the plan. We will utilize a flexible and responsive approach that takes advantage of these insights to continue outreach on a rolling basis throughout the planning process.

Opportunities to discuss strategies to advance equity during the planning process will include:

Discussions with primary local contacts at project launch to identify equity goals and strategies for an inclusive planning process

Strategic planning steering committee retreat/planning summit, monthly meetings, and topical subcommittee meetings, guided by findings from local data analysis and stakeholder input including on needs, gaps, and disparities within the system of care

Focus groups, interviews, and discussions at community meetings around needs, gaps, and disparities across race, gender identity, sexual orientation, age, ability, etc., which will provide an opportunity to share information about the planning process and obtain input

Homebase will provide support for discussions with local leadership, the steering committee, and other stakeholder groups, which may include training or presentation of materials and information on best practices, to build a foundation for developing and implementing robust strategies and specific action steps to advance equity. The discussions will help to develop a shared understanding of systemic racism past and present; local data around disparities in homelessness, access to services, and housing outcomes; centering Black, Indigenous, and other people of color; strategies to eliminate disparities in the homeless service system, and best practices in creating an authentically inclusive system of care, including development of effective structures for power sharing with a Lived Experience Advisory Board. Discussions and presentations will be learning and action-oriented, establishing shared understanding of bias, racism, intersectionality, disproportionality, tokenism and other key concepts.

Our team will develop agendas and meeting materials that will help to center equity in discussions about identified needs, priority gaps, and potential short and long-term strategies with metrics for evaluating measurable progress toward advancing equity. Our team will provide up to date information on established and emerging best practices to guide these efforts, while honoring local expertise.

Homebase staff are adept at facilitating conversations around racial equity with diverse individuals, drawing upon best practices to navigate challenging discussions and centering the voices of individuals from marginalized communities and people with lived experience of homelessness. We will lead a transparent process, circling back whenever possible to stakeholders who have been involved in order to let them know how their feedback and

input has been incorporated, and continuing to keep all members of the community informed about how they can be included actively and authentically in the planning process.

Project Specific Policies and Strategies (30 points)

10. Describe how your agency will conduct focus groups with our stakeholders and people with lived experience?

A vital component of the strategic planning process is the meaningful involvement of a wide range of stakeholders, who are invited and encouraged to provide input and feedback on needs, gaps, priorities, and opportunities for system improvement. While we will draw from our initial information gathering and input by HSC leadership, city staff, and the steering committee, we have found that community outreach and engagement is often an iterative process where new ideas, additional gaps, and questions arise throughout the planning process.

We therefore develop our processes to be flexible and responsive, with room for additional outreach and engagement to answer questions and address gaps in information. Trust-building is an essential component of robust, diverse, and inclusive stakeholder engagement, and Homebase will begin early in the process to conduct outreach to stakeholders who may not already be closely involved in the HSC at present or who may have been marginalized, including those stakeholders who are vocal supporters or vocal critics of the system of care.

Stakeholder engagement plans will be developed with input from the steering committee, and approval by HSC leadership and/or city staff as necessary. In addition to focus groups with people with lived experience, program/system consumers, providers, and other stakeholders, we propose to conduct interviews with key stakeholders and a community survey, as well as possible additional data gathering at community meetings as available and appropriate.

Our team will develop interview and focus group scripts and surveys that are trauma-informed, respectful, and based on best practices for inclusive engagement of people with lived experience of homelessness, and that emphasize participant comfort and safety. Formats, locations, and other logistics will be arranged to reduce barriers, maximize participation, and ensure broad representation of a range of perspectives and experiences. Translation services will be available to be inclusive of non-English speakers. Our budget for this project includes compensation for people with lived experience of homelessness who participate in data gathering and planning activities who are not already compensated for this work through their employment.

We propose that focus groups and other stakeholder engagement activities take place using a mix of in-person and virtual facilitation techniques. Virtual meetings can be useful to secure attendance by stakeholders from a broader geographic range, as well as those with health concerns or disabilities which make virtual attendance preferable. Our teams are

skilled facilitators experienced with a range of virtual facilitation platforms, and will work with local stakeholders as necessary to arrange logistics of both in-person and virtual meetings.

Our community engagement process will be intentionally designed to focus on trust building and to make best use of time and resources. Homebase will work with local providers, advocates, and leaders to engage potential participants.

We propose to include:

Focus Groups: Homebase proposes to facilitate 3 - 4 consumer focus groups (which may be organized by geography, subpopulation, or other factors that may have influenced their experience with the system of care) and 2 - 4 focus groups with providers, case managers, and other stakeholders (potentially divided by geography, population served, housing or service type, or other factors). As a best practice, we often engage people with lived experience of homelessness as facilitators or co-facilitators of consumer focus groups, with compensation provided to honor their time and expertise.

Community Meeting Attendance: Our staff may also attend meetings of key stakeholder groups to talk about the strategic planning process and gather feedback from stakeholders such as HSC Board members and committees, local task forces, county and/or city departments, neighborhood associations, and/or state and local elected officials, as available and appropriate.

Key Stakeholder Interviews: Identifying key stakeholders to provide in-depth information via individual interviews is an important element of the strategic planning process, and we will work with the strategic planning steering committee or other stakeholders to make these connections, and conduct outreach as needed to connect with organizations or individuals outside of the homeless system. Additional stakeholders who may best inform the process via interviews are often identified by other interviewees or during community meetings and outreach. We propose to conduct approximately 13 - 15 interviews with stakeholders representing a diverse cross-section of the community, including people with lived experience of homelessness, providers and case managers, HSC leadership, city staff, policy makers and/or funders, and leaders from community-based organizations serving marginalized or underserved subpopulations.

Community Survey: We propose to gather additional public input (from the community, providers, HSC members, and agencies not involved with the HSC but whose work has an impact on people experiencing homelessness) via online and printed surveys or an open online forum to gather and share information. Surveys are most effective when distributed via established and trusted city and county departments, community groups, and providers to maximize participation. Homebase will invest time early in the community engagement process to build trust and demonstrate the value of the strategic planning process, with the hopes that they will support efforts to engage stakeholders including through distribution of

surveys. We may also use written surveys to gather feedback during any in-person community-wide kick off events or at focus group and stakeholder meetings. Collaborative efforts with street outreach providers or advocates may be another method of distribution and collection of paper surveys. Another option is to create an online forum for collecting community input and sharing planning progress and to create a communication feedback loop throughout the planning process, if desired.

Homebase will develop written summaries of these stakeholder engagement activities, to be presented to the steering committee and used to guide the analysis of needs and gaps and development of goals and strategies.

In addition to these methods of engagement, we will build into the process significant ongoing opportunities for leadership and decision-making by people with lived experience. We propose that the planning process will be overseen by a strategic planning steering committee of which at least 2 (preferably more) members have lived experience of homelessness and/or are or have been consumers of HSC services. Our team will work with members to remove barriers to participation that may arise during the process and, as stated above, will provide compensation to members who are not already compensated for this work through their employment. Our staff will provide any orientation, coaching, debriefing/preparation for meetings, or other support necessary to allow for full participation and engagement by all steering committee members.

11. With so many needs in the community, describe the process your agency uses to prioritize strategies.

Homebase facilitates strategic planning processes that are based on a foundation of local data and input from community stakeholders. Our team will gather data from numerous sources to develop a clear picture of homelessness in the community, including current and projected needs, gaps, and disparities in the system. Homebase also has extensive expertise and experience with national best practices in impactfully addressing homelessness, including strategies to support and prioritize our community's most vulnerable neighbors experiencing homelessness; the foundation of national best practices informs our facilitation work, while we also ensure our plans are tailored for specific communities and their needs.

In many of the large, engaged communities where we work, key stakeholders have a variety of goals and priorities. We work to engage and educate the diverse array of key stakeholders -- e.g., elected officials, business and faith organizations, community based organizations and government agencies, etc. through community summits, qualitative data collection processes, one-on-one conversations, and facilitated meetings. Through these processes we develop a shared understanding of local homelessness and the most effective, evidence-based solutions for long-term impact in ending homelessness in the community across all subpopulations, including approaches that are low barrier and focus on permanent housing pathways, while also addressing urgent crises of unsheltered

homelessness. We ground these discussions in local data and national examples of comparable communities to support stakeholders to build consensus around priorities.

We will work with the strategic planning steering committee, including diverse representatives from various sectors of the community, to interpret findings from data analysis and reach consensus around high priority needs and to develop strategies to address those needs.

Our team will gather stakeholder input from a broader section of the community through focus groups, interviews, surveys, and through methods utilized during the public kick-off process (which may include summits, surveys, forums). Information gathered during these processes will include any input on prioritized needs and strategies.

This information and data will be shared in summary form with the strategic planning steering committee, using graphs and visual representations to support understanding. The steering committee will meet monthly and will review data on needs as it becomes available. Discussions about priorities will begin early in the process, to begin to identify potential priority areas with broad consensus.

Additional discussions to identify the highest priority issues will take place with topical subcommittees, consisting of steering committee members and/or additional community stakeholders. We propose 3-4 topical subcommittees or summits which will meet 2-3 times to dive deeply into potential priority needs to address in the plan, and to begin to identify potential strategies. Focus areas will include identified issues and specific topical areas of interest to the community.

Homebase will develop user-friendly meeting materials to help frame issues and guide participants in setting priorities and developing recommendations, with the goal of implementing best practices at the local level. These subcommittees or summits will develop key elements of the plan, including clarifying key issues and gaps and developing targeted recommendations for addressing them.

The strategic planning steering committee will continue to meet monthly during this process and will consider the recommendations as they are developed through topical subcommittees or summits. Homebase will provide any supporting information necessary, including guidance on best practices, cost analyses, and projections to guide decision-making about which needs and strategies to prioritize in the final plan.

While the structure of the plan will begin to take form in earlier phases of work, the specific strategies, goals, and action steps will continue to evolve based on input and feedback until a full draft is completed and feedback on the draft has been obtained. This will allow for a flexible, responsive process and a plan that reflects broad consensus and support for priorities.

12. Describe how your agency will lead the community in a discussion to address the needs of double-up homelessness.

Doubled-up homelessness is challenging for communities to measure because it involves individuals and families sharing housing with other households rather than in shelters and housing provided through agencies within the system of care. It is not included in HUD's current definition of homelessness and as such, individuals and families experiencing doubled-up homelessness are not included in some data sets used to measure homelessness. This can result in an undercount of needs in the community, and communities can face funding limitations to address this issue.

Homebase will work with HSC leadership and city staff to identify data sources which can provide insight into the numbers of people experiencing doubled-up homelessness in the community, and these data sets will be included in our analysis of community needs and gaps.

Data from local school districts (often obtained through local student homeless liaisons) can provide information on households with school-aged children experiencing doubled-up homelessness. Additional information from census data can provide insight into the number of residences with mixed-household occupants and potential overcrowding. Consolidated Plans, with information on housing conditions and overcrowding, can provide additional information.

Discussions with steering committee members, topical subcommittees, focus groups and interviews, and data from surveys conducted during the strategic planning process will also be leveraged to provide context to findings from quantitative sources. These discussions may also point our staff to additional sources of data on doubled-up homelessness in the community, and current resources in use. One key question will be how the community might be able to leverage existing data at the local or national level -- or set up processes to begin collection and analysis of data over time -- that would help illuminate when and whether individuals experiencing doubled-up homelessness are likely to become actually homeless; better understanding the demographics and outcomes of the doubled-up population (e.g., families with children, persons involved with the criminal legal system, etc.); and identifying mainstream resources and cross-community partnerships to expedite identification and support for those households.

With adequate information to develop some estimation of the number of individuals and families residing in these conditions, our team will facilitate conversations with the steering committee and a possible topical subcommittee or summit to explore this need, existing resources, and potential strategies and solutions as part of the broader strategic plan. Our team will provide background research and information on best practices to support these discussions as needed, in order to stimulate creative ideas around potential funding and strategies. If doubled-up homelessness emerges as a highly prioritized need during the

prioritization process, our team will work with the steering committee and subcommittees to develop action steps to be implemented.

13. Include a description of how you will align the work with the [vision and guiding principles](#) of the Homeless Services Consortium.

Homebase's strategic planning process, as outlined in this proposal, aligns with the vision and guiding principles of the HSC. We share with the HSC the core belief that housing is a human right, and believe that housing is THE solution to homelessness. As such, we will guide the community through development of a plan that will incorporate best practices around Housing First, with a focus on reducing barriers to housing and services.

Our focus on equity, woven into the planning process and a core component of the strategic plan to be developed, will align with the community's guiding principle of ensuring that all people have the opportunity to secure and maintain safe and affordable housing free of discrimination. Our team will work with the community to develop strategies and action steps to make this a reality in Dane County.

Exploration of creative solutions to end homelessness, another guiding principle, will also be incorporated into the planning process. Homebase will involve each stakeholder engaged through interviews, focus groups, surveys, meetings, and subcommittee membership, in conversations about potential solutions to meet identified needs and gaps. We will encourage consideration of ideas generated from within the community to creatively address local issues related to homelessness. Our team will also present steering committee members and stakeholders with innovative and emerging best practices in use by CoCs from around the country, drawing from our network of past and current clients. Our teams stay up to date on creative solutions being implemented and will share ideas for new solutions that may address local needs or leverage existing resources in new ways.

In line with the community's guiding principle of shared ownership and responsibility for preventing and ending homelessness across all of Dane County stakeholders, Homebase has designed a strategic planning process incorporating extensive and meaningful engagement of stakeholder groups from various sectors, with differing degrees of current connection to the HSC. Our goal for strategic planning will be to obtain broad support for the plan prior to its publication, to generate momentum for future implementation.

The strategic planning steering committee proposed as part of our approach will engage a diverse group of stakeholders, including groups not directly involved in implementation of housing and services. Business leaders, volunteer groups, faith communities, funders, city and county government officials, and representatives from law enforcement, education, and healthcare will be invited to participate as active members of this planning committee, alongside HSC leadership, staff, providers, and people with lived experience of homelessness. Members will be invited to report back to their respective organizations or agencies to spread awareness about plan development, information on needs, and

emerging strategies and goals. Additional engagement will take place through surveys, interviews, and focus groups.

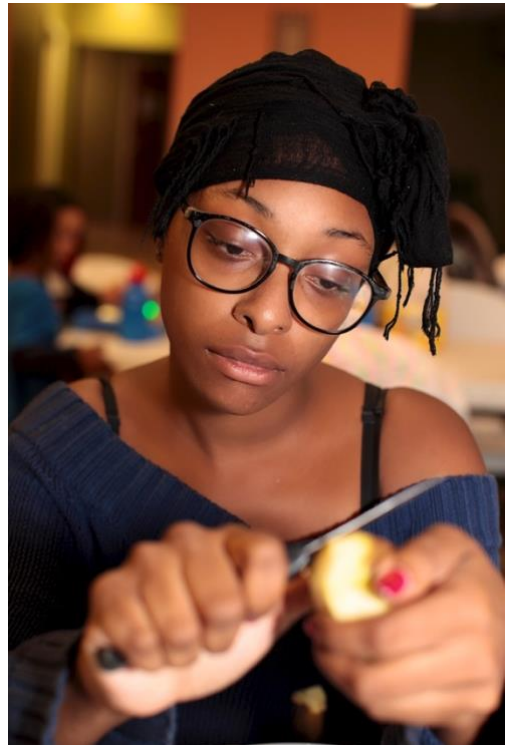
The final strategic plan will be a concise, clear document that will be accessible for people with a range of experience with homeless services. It will identify specific goals and action steps, roles, timelines, and metrics for tracking progress that will engage the community in shared responsibility for plan progress. After the plan is approved, additional materials should be provided to educate the community about the plan and implementation activities. We further align with the HSC guiding principles on the topic of consumer engagement. For years, Homebase has worked with communities leading efforts to elevate leadership by system and program consumers and people with lived expertise in homeless systems of care. Our teams have supported the development and growth of powerful lived experience advisory boards and have helped to design programs and systems for meaningful leadership by current and former consumers.

Our proposed strategic planning process builds in multiple methods for collaboration with system users / consumers in the facilitation of strategic planning processes, including participation on the strategic planning steering committee and topical subcommittees, and engagement through focus groups, interviews, and surveys. These methods will be designed according to best practices around trauma-informed engagement, safety, confidentiality, and fair compensation, and have been informed by our years of experience working with consumers and receiving input from participants with lived experience.

We agree with the assertion that consumers should have an integral role in the design of solutions, and it is essential that engagement goes beyond data gathering and includes these opportunities for deeper involvement in shaping the strategic plan that will guide the HSC's work in coming years. As much as possible, Homebase will circle back to participants from each stage of the planning process to provide updates on how their input has been incorporated.

Finally, we have aligned the strategic planning process with the guiding principle that the HSC's success is dependent on a commitment to the strategies and results in the strategic plan. We will facilitate a planning process that results in a plan that is grounded in local realities, supported by stakeholder input, and will lead HSC toward success in preventing and ending homelessness.

EVERYONE HOME: FORT WAYNE'S COMMUNITY PLAN TO PREVENT AND END HOMELESSNESS



By Homebase on behalf of the City of Fort
Wayne & the Fort Wayne Area Planning
Council on Homelessness

July 2022



ACKNOWLEDGEMENTS

Everyone Home: Fort Wayne's Community Plan to Prevent and End Homelessness, was drafted through combining local data, gaps analyses, focus group, and survey responses from individuals with lived experience of homelessness, and input from a broad variety of stakeholders throughout the City of Fort Wayne. Homebase, in partnership with the City of Fort Wayne and the Fort Wayne Area Planning Council on Homelessness, would like to thank the members of the Steering Committee for their partnership and guidance throughout the process of developing the strategic plan. Special thanks to the many nonprofit housing and service providers; health care, faith-based, and other stakeholders; and to the people experiencing homelessness or with recent lived expertise for sharing their invaluable experience and insight. The plan would not exist without your commitment. Please see additional Acknowledgments in Appendix B. Photo credits: Just Neighbors

EXECUTIVE SUMMARY

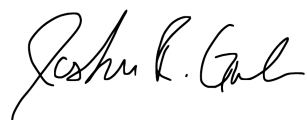
We are sometimes tempted to think a community's questions around housing and homelessness have answers that are too complicated for us to tackle effectively. The instance of homelessness for an individual or a family usually results from a profound disconnection between themselves and their own community, between the person and support networks, meaning a holistic approach is necessary for bringing real solutions.

In response, the City of Fort Wayne convened a network of stakeholders, including service providers, faith-based communities, organizers, and those with lived experience to work together to create the following ambitious plan to prevent and end homelessness. In collaboration with the national nonprofit consultants from Homebase, Fort Wayne convened a committee of community leaders to guide the process and incorporate broad perspectives as we developed a community-wide strategic plan. The committee set out to create solutions that would respond to the feedback and insights gained during a robust stakeholder engagement process (we completed 16 stakeholder interviews, 1,300 community surveys, and 2 focus groups of people with current or recent experience of homelessness).

The plan, *Everyone Home: Fort Wayne's Community Plan to Prevent and End Homelessness*, presents a strategy for collaborative answers to the tough questions around housing and homelessness. We used data-driven approaches combined with the lived experience of our partners to guide our deliberations. After identifying key issues and analyzing the data, we present a series of goals we can achieve combined with an action plan to achieve them.

Leading into the implementation of the plan, the City and our partners believe we have an opportunity to coordinate across sectors, organizations and institutions to step into our vision to prevent and end homelessness in Fort Wayne. Two of our four goals focus on improving or creating new programs and initiatives; the other two focus on prevention of homelessness and increased collaboration to better use the resources and talent we already have in the City.

After the turmoil of the last few years during the pandemic, and our city-wide coordinated COVID-19 response, we have an opportunity to take our collaboration even farther through a unified strategy to address homelessness. We look forward to implementing it as a whole community; to end homelessness in our city and to bring everyone home.



Joshua Gale, Executive Director
Just Neighbors Interfaith Homeless Network



Mayor Tom Henry
City of Fort Wayne

FORT WAYNE BY THE NUMBERS

- In the 2022 biennial Point-in-Time Count:
 - Over 170 people in the City of Fort Wayne were experiencing homelessness.
 - African Americans comprised more than one third of the individual's experiencing homelessness in the City of Fort Wayne (35%), even though they comprised only 15% of the general census population. African Americans were represented in the homeless population more than 2X they were represented in the general population.
 - Almost half (47%) of the *families* experiencing homelessness were African American, compared to only 42% who were white.
 - More than one of every four Fort Wayne homeless residents who received services (28%) reported having a severe mental illness (SMI). Additionally, one of every four residents (25%) reported experiencing a substance use disorder (SUD).
- In the 2021/2022 academic year, the Fort Wayne Unified School District assisted over 940 students whose families were experiencing homelessness.
- According to Homeless Management Information System (HMIS)¹ data, between August 2018 and July 2021 in the City of Fort Wayne:
 - 40% of all individuals who touched the homeless system of care were children.
 - Over 2,000 individuals in the homeless system of care accessed domestic violence services; 44% of those households included children.
- No permanent year-round shelter beds exist in the City of Fort Wayne that are not population specific.
- Close to one in every four households in the City of Fort Wayne (22%) are “cost burdened,” meaning they are paying more than 30% of their income toward housing.
- Less than 8% of available rental housing in the City of Fort Wayne is affordable to households at risk of homelessness (their income is 30% or less of the area median income (AMI)).
- Only 31 total units of permanent supportive housing (PSH) were available in Allen County in 2021 to provide housing and services to individuals with intensive needs (individuals with disabilities who need long-term supportive services)
- All the housing units – renter and owner-occupied – that were built before 1939 in Allen County are in the City of Fort Wayne.

¹ HMIS is a countywide, shared database used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at imminent risk of homelessness

VISION, MISSION, GUIDING PRINCIPLES

Strategic Plan Vision Statement

To prevent and eradicate homelessness in Fort Wayne.

Strategic Plan Mission Statement

To prevent homelessness by connecting residents to supportive services and swiftly and equitably house everyone experiencing homelessness.

Strategic Plan Guiding Principles



STRATEGIC PLAN GOALS



Goal 1: Increase Safe & Affordable Housing for All Fort Wayne Residents

Fort Wayne has a severe shortage of affordable housing for all sub-populations. Permanent housing is the primary and most effective solution to ending homelessness. It brings security and safety, allowing individuals and families to focus their efforts on maintaining a job, getting their kids to school or childcare, and improving or preserving their health and well-being. Some people experiencing homelessness would benefit from permanent housing coupled with supportive services, such as independent living skills, job training, and/or health and behavioral health services. Permanent Supportive Housing (PSH) allows people with higher needs to achieve housing stability and long-term self-sufficiency. Rapid Rehousing (RRH) helps people for up to 2 years with housing vouchers and supportive services that can enable them to become independent and stably housed by the end of the program. When permanent housing is unavailable, households in crisis need a continuum of low-barrier emergency service options, such as low-barrier housing focused shelter and supportive services.

Goal 2: Expand Access to Homeless Emergency Response Services

While the 2019, 2021, and 2022 Point-In-Time (PIT) counts accounted for few people experiencing homelessness in the City of Fort Wayne who were living unsheltered, community partners have seen growth in unsheltered homelessness during the COVID-19 pandemic. HMIS data between 2018 and 2021 indicate that many more people have been unsheltered than identified in the annual PIT count. In fact, of the number of people in HMIS whose prior living situation was known, more than 60% (1,022 of 1,662 individuals) came from a homeless situation before entering HMIS and 297 (18%) reported coming from a place not meant for human habitation. Staff have seen increases in the number of people who need food, tents, and clothing and indicate addressing unsheltered homelessness is one of the community's highest needs. Partnerships across agencies, government entities, and service providers, as well as the support of the community, are paramount to increasing access to homeless emergency response services.

The City, local Planning Council, Balance of State CoC, and other partners can work collectively to help those most in need get the services and support they require to exit homelessness by expanding access

to safe, low-barrier temporary housing options citywide, increasing coordinated and countywide street and encampment outreach, and developing more countywide comprehensive supportive services to help people obtain and maintain stable housing. Within Fort Wayne, there are populations at risk of or experiencing homelessness who require special attention, such as youth, chronically homeless individuals, and minority, immigrant or non-English speaking residents. By understanding their special needs and directing services that allow professionals to focus and tailor their care, the community can ensure that the system is accessible to some of the most vulnerable members in the City of Fort Wayne.

Goal 3: Partner Across Fort Wayne to Build Collective Solutions

No one strategy or agency alone can end homelessness in the City of Fort Wayne. Deeper partnerships and greater engagement throughout the region will strengthen and build leadership and community support for solutions to address homelessness more effectively. The public and private systems created to help people in times of need are often patchwork, i.e., programs have different eligibility requirements, are run by different agencies, and often do not work collaboratively to address the breadth of needs individuals or families may have. Improving collaboration, coordination, and leveraging investments across the many systems can help the community more effectively address homelessness, gather support for homeless solutions, and implement strategies more quickly and efficiently.

Per capita, there are more nonprofits in the City of Fort Wayne than most communities of a similar size, but they are not necessarily all working in alignment, nor are systems in place to ensure that services are not duplicative. Working together, engaging people with lived experience of homelessness, and focusing collectively on implementing the strategies can help ensure the community is well positioned to prevent and end homelessness in the City of Fort Wayne. To be successful, Fort Wayne can continue to build on the coordination efforts of the local Planning Council of the CoC and between the CoC and the broader community. The community needs a systematic and multi-faceted approach that engages the entire community – it requires investments from both the public and private sectors, dedicated resources with a focus on proven strategies, and collaboration and coordination across all sectors.

Goal 4: Prevent Homelessness Before It Begins

As the housing crisis in the nation and in the City of Fort Wayne deepens, more people are just one paycheck or financial crisis away from losing their housing. Often it only requires a small intervention to prevent them from becoming homeless —whether it is one-time financial resources to provide a security deposit, legal assistance to prevent eviction, or help learning to balance a budget. Preventing homelessness by supporting individuals and families before they become homeless is not only more humane, but also more cost-effective. Homelessness prevention can be a low-cost strategy that can be implemented immediately at any agency serving homeless clients.

Diversion protocols identify people and divert them from homelessness - back to stable housing options that they may not have been able to reach themselves. Diversion can help at-risk households mediate interactions with a landlord, fund reliable transportation, reunify with family members or support systems, or brainstorm about other options. Additionally, working closely with partners from medical, law enforcement, and foster care systems create interagency referral networks that proactively prevent homelessness for people exiting these systems.

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INTRODUCTION

The decision to develop a Strategic Plan to Prevent and End Homelessness was collectively made by the City of Fort Wayne’s Office of Housing & Neighborhood Services in direct collaboration with the Region 3 Planning Council on Homelessness (Planning Council), which is the local body providing leadership for the larger Balance of State Continuum of Care.

A Continuum of Care (CoC) is a communitywide planning approach to promote the goal of ending homelessness. As designated by the U.S. Department of Housing and Urban Development (HUD), a CoC provides the basis for communities to plan for and provide housing resources to address the needs of homeless families and individuals in the community.

The City of Fort Wayne is part of the Indiana Balance of State (BOS) Continuum of Care (CoC), which encompasses 16 regions and 91 of 92 counties in the state of Indiana.² A Balance of State (BoS) CoC typically covers a large geographic area, sometimes rural and non-contiguous jurisdictions, including all jurisdictions in a state that are not covered by any other CoC.

The City of Fort Wayne contracted with Homebase - a national technical assistance provider helping communities prevent and end homelessness — to assess and create a strategic plan to end homelessness in the region. The City and the Planning Council quickly realized a coordinated approach is critical to effecting immediate and long-term change to homelessness in the community. The Strategic Plan leveraged an unprecedented opportunity with the release of the new HOME-ARP funding to build significant collaboration and use the stakeholder feedback to identify strengths and gaps and implement strategies that would help measurably reduce homelessness in Fort Wayne.

Why a Strategic Plan

Strategic planning is an important process that builds consensus on goals, facilitates group prioritization of key actions, fosters creative and collaborative problem-solving, and provides a platform to consider resource needs and opportunities.

A well-developed strategic plan

- Lays out a shared vision and commitment to effectively respond to homelessness.
- Establishes community goals and benchmarks to define success and ensure accountability, and
- Serves as a roadmap for reaching those goals

² [Indiana Balance of State Continuum of Care Regional Structure](#), Indiana Housing and Community Development Authority (IHCDA).

About the Strategic Plan

The purpose of developing a strategic plan was to identify specific, key changes needed to move the needle on homelessness in the City of Fort Wayne and to build a roadmap for implementing those changes. This plan also includes recommendations designed to improve the homeless system of care and to provide opportunities to build upon current efforts to better meet the needs of people experiencing homelessness or who are precariously housed in the City of Fort Wayne. Key goals of the planning process locally were to:

- Establish achievable common goals that align with state and federal strategic plans relating to homelessness.
- Build and enhance partnerships.
- Guide all parties in a common direction.
- Determine funding needs and identify potential resources and strategies, and
- Develop overall and annual metrics to track progress.

This strategic plan was drafted in April – June 2022, following in depth research, community meetings and forums, focus groups, interviews, and surveys to identify and analyze the needs, perceptions, resources, barriers, and ideas relating to responding to homelessness throughout the City of Fort Wayne. The strategic plan includes feedback gathered over a period of nine months in 2021/2022 from a diverse set of Fort Wayne residents. A Steering Committee comprised of local stakeholders from the homeless system of care was established. Interviews were conducted and surveys and focus groups were completed with key stakeholders and with people with lived experience of homelessness.

Throughout the research and development process, the City of Fort Wayne (City) and the Steering Committee met to provide their own feedback and experience and to discuss community input and feedback; federal, state, and local priorities; research and best practices; and specific ideas to leverage the resources, expertise, and opportunities in Fort Wayne to create a customized and coordinated response to homelessness.

The strategic plan process was paused briefly to allow the City to take advantage of a unique opportunity to increase infrastructure and services for homeless and other at risk populations with the significant influx of HOME-ARP funding from the federal government. Through the HOME-ARP planning process outreach was conducted to a wider range of sectors. The City created a website to inform stakeholders and community members about HOME-ARP and to gather feedback more easily through additional surveys. Homebase interviewed more than 15 key stakeholders who work throughout the City of Fort Wayne. The interviews enabled the City to obtain feedback on the needs and gaps in the homeless system of care and to better understand the broader needs of all qualifying populations in Fort Wayne. The interviewees included organizations working within the homeless system of care, including an additional nine CoC members (as part of the larger Balance of State Continuum of Care), as well as City agencies, faith-based organizations, and community-based organizations. Additionally, the process included feedback in the form of surveys and questionnaires from 34 additional agencies.

STRATEGIC PLANNING PROCESS

The strategic planning process included feedback gathered from 2021 – 2022 from a diverse range of City of Fort Wayne residents and stakeholders, research on applicable best practices, and an analysis of relevant available data.

Because of the fluid nature of homelessness, data about people experiencing homelessness is never perfect. The City of Fort Wayne, and the Regional Planning Council are consistently working to improve data collection through the annual Point-In-Time count and the Homeless Management Information System (HMIS). The strategic plan relies on multiple sources of data using the best information available to understand the demographics of the homeless population and the needs and challenges faced by the community in addressing homelessness. The following data sources were used in the strategic planning process: Point-In-Time (PIT) counts, Housing Inventory Counts (HIC), System Performance Measures (SPMs), Homeless Management Information System (HMIS), the Coordinated Entry System (CES) by-name list (BNL), and U.S. Census data.

Sources of Quantitative Data	
“Coordinated Entry/By-Name” List (BNL):	The Coordinated Entry/BNL is a complete and inclusive list of every person experiencing homelessness who has been assessed/encountered by the homeless system of care. The Coordinated Entry/BNL includes information collected and shared with the individual’s consent like their name, family composition, demographic information, history, health considerations, current housing situation, length of time homeless, service and housing needs, etc.
Homeless Management Information System (HMIS):	HMIS is a countywide, shared database used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at imminent risk of homelessness. Each person participates in a variety of intake and assessment surveys when they first interact with the system or are referred to a new program. These intakes and assessments provide important information about each person and household. In addition, as a person starts working with a program, information about their progress and updated assessments are stored in HMIS as well.
Housing Inventory Count (HIC):	The HIC is conducted annually to collect information about how many units of housing in the region are active and reserved for people experiencing homelessness. This includes Emergency Shelter, Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing. To be included in the HIC count, the units must be reserved for people experiencing homelessness. In addition, to be included on the HIC, any Rapid Re-Housing units must have been actively in use by a particular client on the night of the count – subsidies that are available but are not currently being used to pay rental assistance on a particular apartment are not included in the count.

<p>Point-in-Time (PIT) count:</p>	<p>Every year, the Regional Planning Council in collaboration with the Indiana Balance of State Continuum of Care (CoC) conducts a Point-in-Time (PIT) count³ of people experiencing homelessness on a single night in the last ten days of January.⁴ PIT data for Fort Wayne is included in Region 3 of the CoC.⁵ The sheltered PIT count accounts for people who are currently enrolled in temporary housing in either emergency shelter or transitional housing. The unsheltered count accounts for people who are literally homeless in other locations, such as vehicles, parks, abandoned buildings, or the streets. The sheltered count takes place every year, but the unsheltered count is only required every two years. An unsheltered PIT count would normally have been conducted in 2021; however, due to the COVID-19 pandemic, the count was postponed until 2022. The additional time allowed for planning to take precautions to protect those conducting the count and the individuals experiencing homelessness that would be observed and/or engaged with during the count. Because of the delay, the full PIT count was cancelled for 2021, but was conducted in 2022, instead. The PIT count provides helpful data on the size and characteristics of the homeless population over time. It helps communities understand the dimensions of homelessness, improve system efficiency, target scarce resources, and promote effective interventions to help reduce or eliminate homelessness.</p> <p>The number of people who experience homelessness in the City of Fort Wayne over the course of a year, however, is much higher than measured by the PIT count. This is because the PIT count only measures the number of people who are homeless and participate in the count on a given day. It does not account for the many people who fall in and out of homelessness during the rest of the year. PIT count data is also limited in that it does not provide comprehensive information on the characteristics of the population experiencing homelessness compared to when an individual or household does an intake with the homeless system of care. Due to the limitations of PIT data, the strategic plan analysis is also informed by other data sources.</p>
<p>System Performance Measures (SPMs):</p>	<p>SPMs measure the performance of the whole coordinated system, as opposed to only analyzing performance based on specific projects or project types. HUD selected the system measures, which include:</p> <ul style="list-style-type: none"> • Measure 1: The length of time persons remains homeless • Measure 2: Returns to homelessness • Measure 3: The number of people experiencing homelessness • Measure 4: Employment and income growth for people experiencing homelessness • Measure 5: First-time homelessness • Measure 7: Successful placement from street outreach to permanent housing

³ The Point-in-Time count uses a definition of homelessness mandated by the U.S. Department of Housing and Urban Development (HUD). This definition counts people as homeless when they are living in a place not meant for human habitation (such as an encampment, tent, or vehicle), emergency shelters, or transitional housing. People who are doubled up (more than one household in a unit meant for a single household) or couch surfing are not counted as homeless under this definition.

⁴ Please note that in 2022, HUD has granted a special exemption allowing many counties, including Allen County, to move the count to the last 10 days in February.

⁵ The City of Fort Wayne is located in Allen County. Allen County is located in Region 3 of the Balance of State CoC. The CoC reports PIT data for Region 3 and the County, but not specifically for the City of Fort Wayne. Allen County comprises an average of 86% of the population experiencing homelessness in Region 3. U.S. Census Bureau data indicates that the City of Fort Wayne comprises 68% of the population of Allen County. The City extrapolates the data available from the CoC for Allen County to determine the City of Fort Wayne's PIT count.

U.S. Census Bureau:

The U.S. Census Bureau conducts a demographic survey that measures income, poverty, education, health insurance coverage, housing quality, crime victimization, computer usage, and many other subjects. The U.S. Census data helps to understand the overall composition and conditions in each community.

To capture community feedback, outreach was conducted to many sectors including businesses, service providers, City and County staff, persons with lived experience of homelessness, neighbors, CoC members, law enforcement, faith-based groups, health care representatives, advocacy organizations, and other community members.

Activities that occurred during the strategic planning process included:



An in-depth review of existing reports and data about Fort Wayne:

- Community Insights Report and Allen County Community Data (United Way 2021)
- Allen County Vulnerable Populations Report (St. Joseph Community Foundation, 2018)
- The demographics of the community and people experiencing homelessness including PIT, HMIS, HIC, SPMS, and US Census Bureau data; and
- Local plans, programs, efforts, and interventions already underway.



3-4 community presentations, including:

- Fair Housing Summit;
- Vision, mission, goals and strategy development;
- Public hearing for HOME-ARP Allocation Plan development; and
- Presentations and facilitated discussions on each of the topics: Prevention and Diversion, Temporary Housing, and Permanent Housing solutions.



Meetings and Convenings:

- Bi-weekly planning meetings with City Housing & Neighborhood Services staff
- Monthly Planning Council meetings
- Monthly Steering Committee meetings - comprised of representatives from nonprofit agencies, faith-based organizations, City and County agencies, business community, and people with lived experience of homelessness



Community surveys:

Over 1,300 people completed online surveys where community members, stakeholders, housing and service providers, and people with experience of homelessness answered questions about the local gaps and needs, priorities, challenges, and goals around preventing and ending homelessness.



Focus Groups:

- Two focus groups with direct service providers and CoC stakeholders.
- Three focus groups with people at risk of or with lived experience of homelessness and poverty.



Stakeholder Interviews:

More than 16 stakeholder interviews with representatives from City and County staff, law enforcement officials, community-based organizations, service providers, health care representatives, outreach organizations, civil rights groups, disability rights organizations, educational organizations, and faith-based organizations (including interviews during the HOME-ARP Allocation Plan public comment and stakeholder interview process).

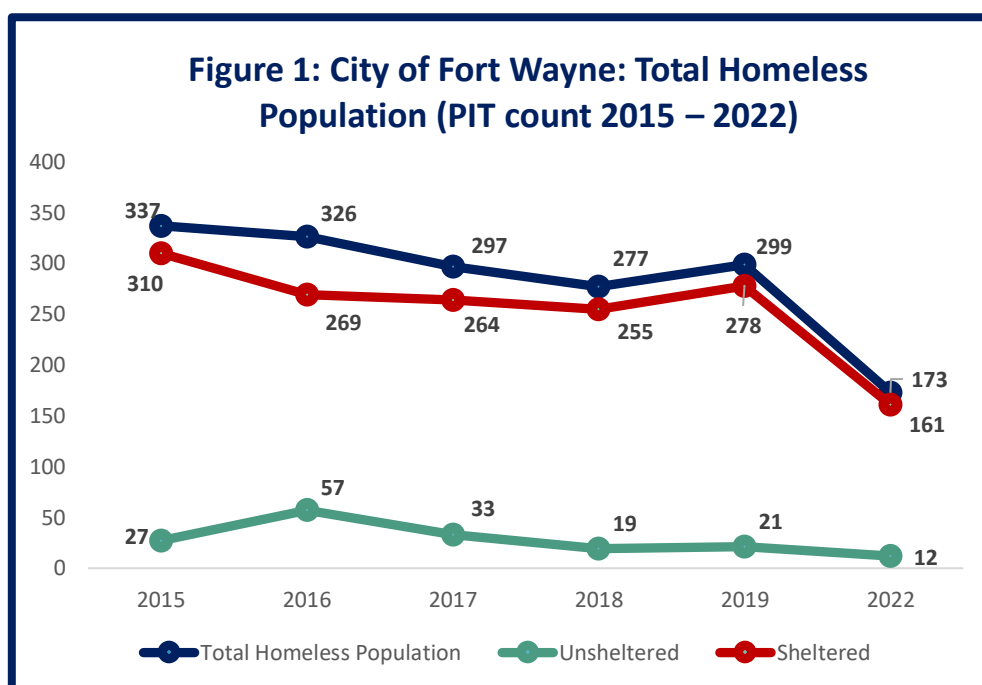
HOMELESSNESS IN FORT WAYNE

PIT and HIC data for the Indiana BOS CoC are reported by each region and by larger counties only. The CoC does not break down the PIT and HIC data by individual cities, including for the City of Fort Wayne.

Point-in-Time Count Data:

Region 3 of the Indiana BOS CoC includes Allen County. The City of Fort Wayne is located in Allen County. The CoC reports data for Region 3 and each County. Allen County comprises between 84% and 93% of Region 3's homeless population (with an average between 2015 and 2020 of 86%). U.S. Census Bureau data indicates that the City of Fort Wayne comprises 68% of the population of Allen County. The City extrapolates the data available from the CoC for Allen County to determine the number of people experiencing homelessness in the city by size and to identify demographic trends.

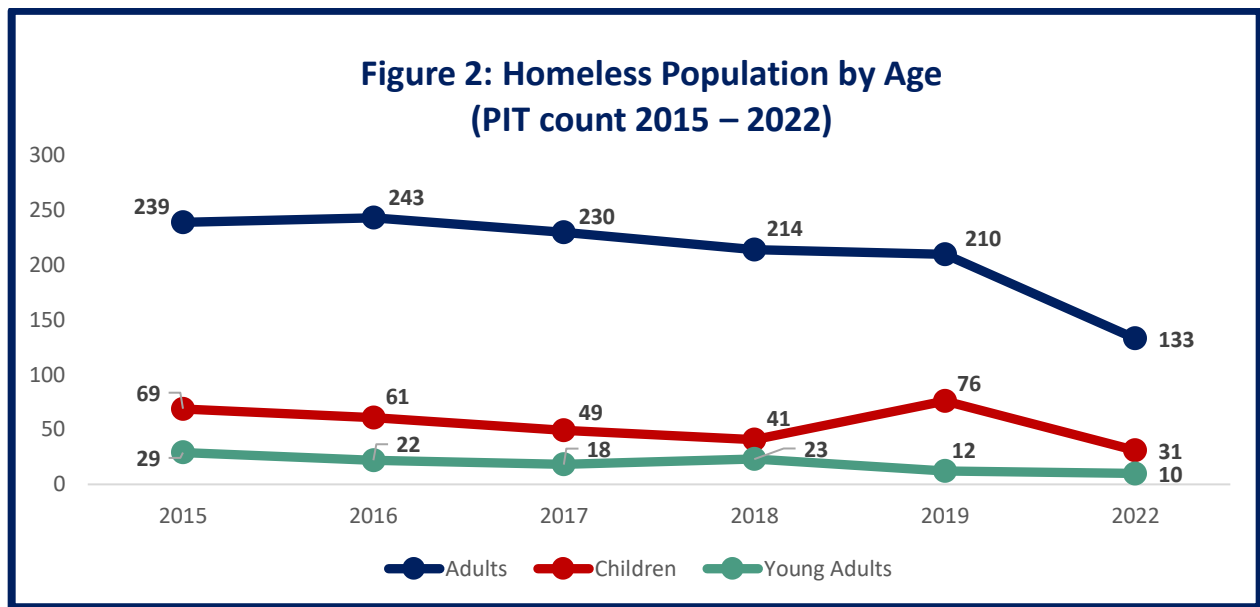
Based on extrapolations from the CoC's Region 3 and Allen County data, the most recent Fort Wayne PIT count (2022) identified 173 people experiencing homelessness in the City (68% of the people counted in Allen County). Of those, 161 (93%) were living in shelters, while the other 7% (12 people) were living unsheltered. The



number of people who experience homelessness in the City of Fort Wayne over the course of a year, however, is much higher than measured by the PIT count. Nonetheless, using the PIT data can be instructive in terms of the trends and demographic make-up of the homeless population and can help policymakers and providers in making more informed decisions. (Figure 1)

Age

According to the PIT count over the last six years, adults over 18 years old comprised between 73% and 75% of Fort Wayne's homeless population. In the 2022 PIT count, adults comprised 82% of the homeless population for Allen County and the City of Fort Wayne. (Figure 2)



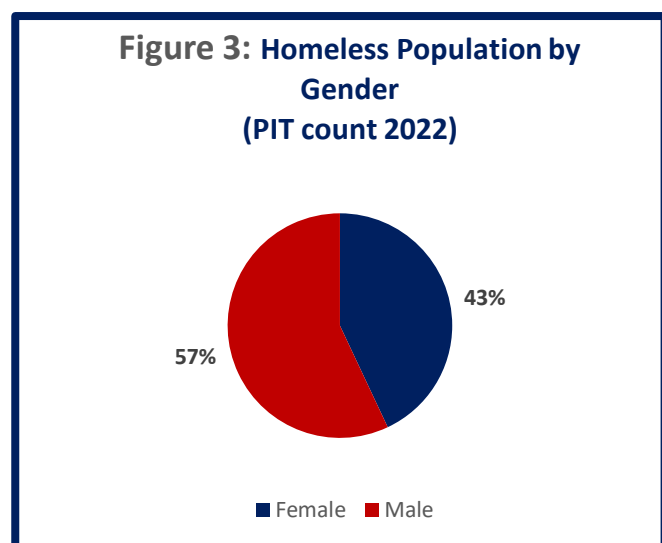
In the 2022 PIT Count, 31 children under 18 years experienced homelessness. An additional number of young adults (10 people aged between 18 and 24) experienced homelessness: almost one in four people experiencing sheltered homelessness in the City of Fort Wayne in 2022 was either a child or young adult.

At the same time, the number of children identified as experiencing homelessness in the Fort Wayne Unified School District was significantly higher: 945 for the 2021/2022 academic year. The reason the school system count is significantly higher than the PIT count is that the school system counts homeless students throughout the year, not just one night in January. The schools also use a broader definition of homelessness, which includes individuals who are couch surfing (staying on other people’s couches), doubled up (sharing housing with others), or in other unstable living situations that may not constitute homelessness under HUD’s CoC program/PIT Count definition.

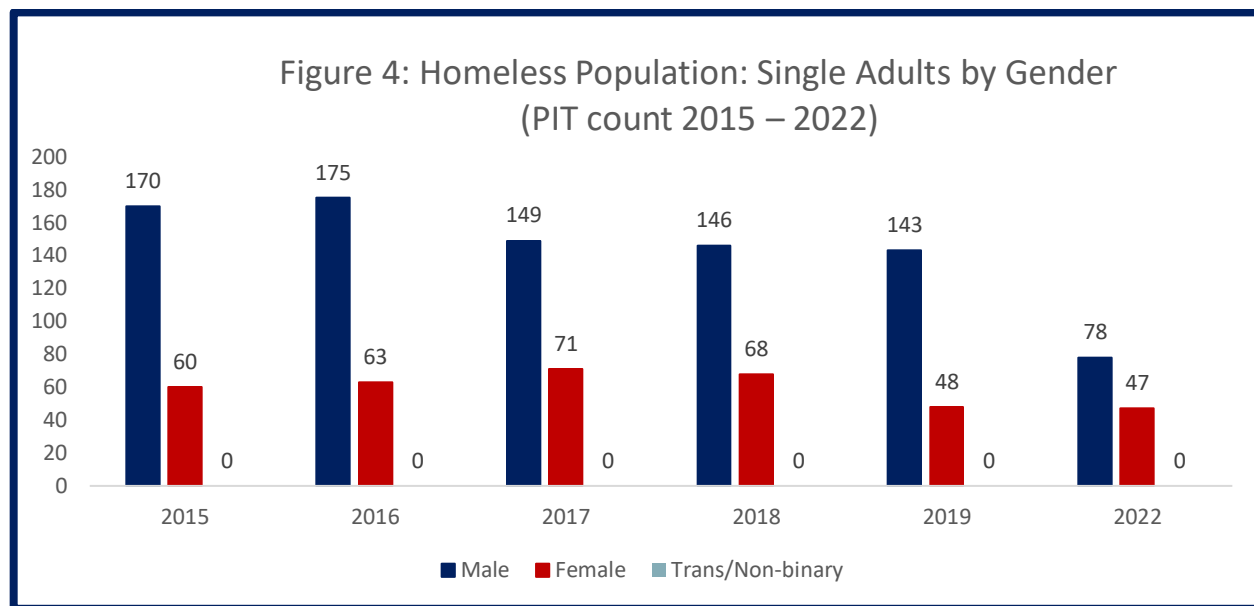
Gender

Historically, most people experiencing homelessness in the City of Fort Wayne were male-identified; for example, in 2019, 208 individuals out of the total 299 experiencing homelessness were male-identified (70%), while only 91 (30%) were female-identified. In 2022, the gap decreased, where 43% of people experiencing homelessness were female-identified and 57% were male-identified. (Figure 3)

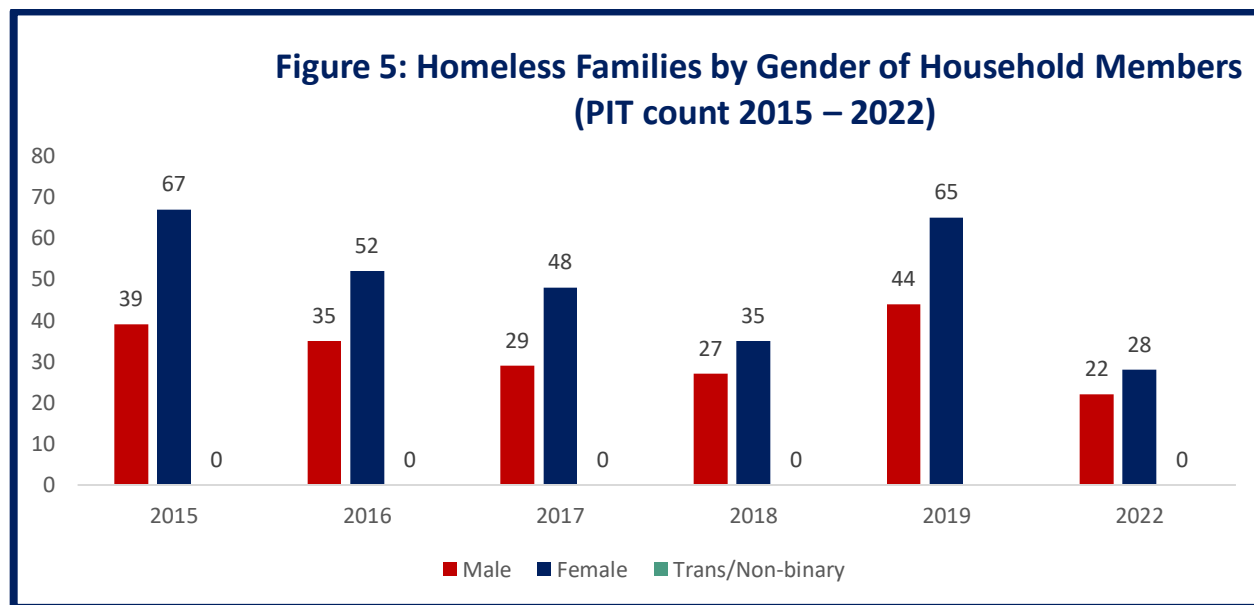
The majority of adults without children (single adults and couples) experiencing homelessness



were male-identified for every year from 2015 to 2022. In fact, in almost every year the male population was double the female population of adult only households, until 2022 with the gap is beginning to close. (Figure 4)



For families experiencing homelessness (at least one adult and one child), the majority of household members were female-identified, leading one to believe that the majority of those households are female-headed households. (Figure 5)

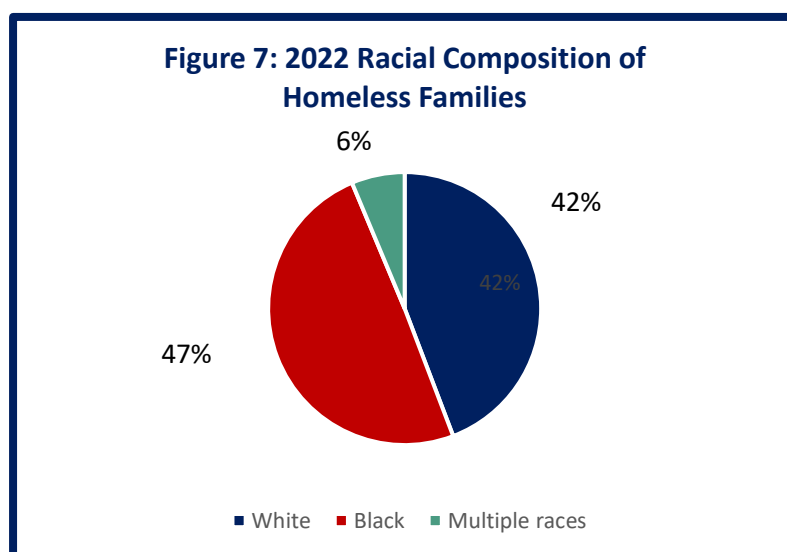
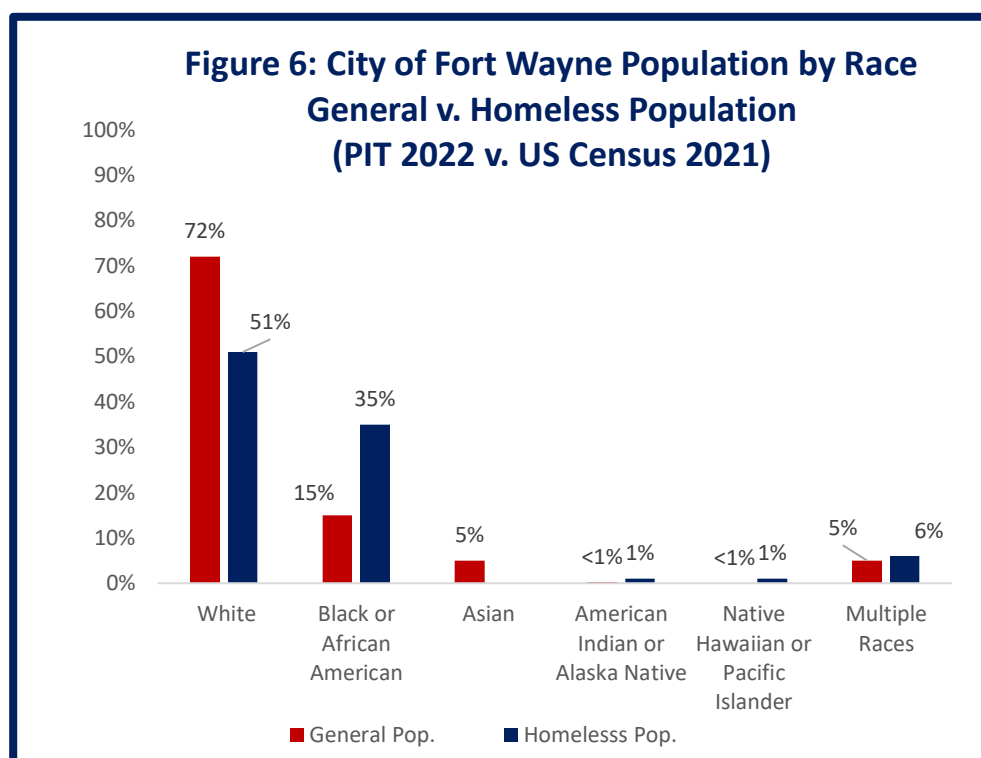


Race

An analysis of the City of Fort Wayne's last complete PIT count reveals distinctions in how different racial groups are represented among the homeless population compared to the general population. The City of Fort Wayne counted 173 people experiencing homelessness in January 2022. White individuals comprised only 51%

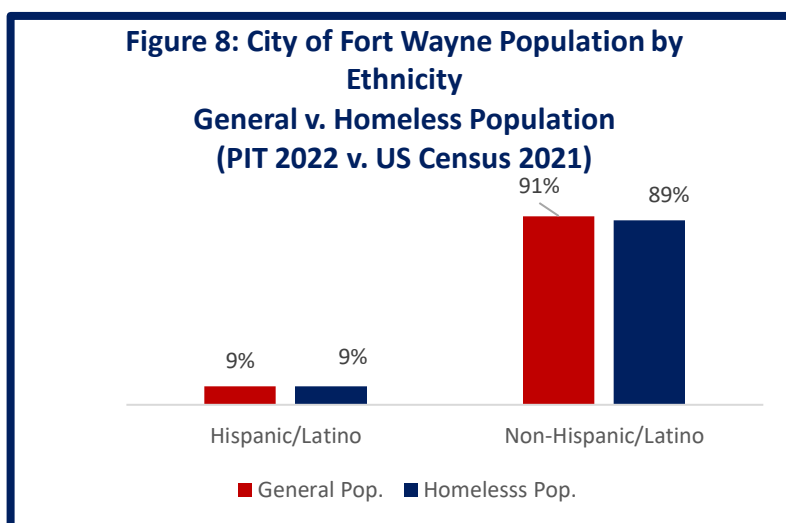
of the homeless population (compared to 72% of the general population). At the same time, Black or African American individuals comprised 35% of the homeless population (compared to 15% of the general population). While Asian and white individuals are underrepresented in the homeless population (the percentage of each that is homeless is smaller than its percentage of the overall general population), **Black or African Americans are overrepresented and are more than three times more likely to be homeless** than the general population. (Figure 6)

For Fort Wayne *families* experiencing homelessness, close to half (47%) in 2022 were Black or African American, compared to only 42% who were white. (Figure 7)



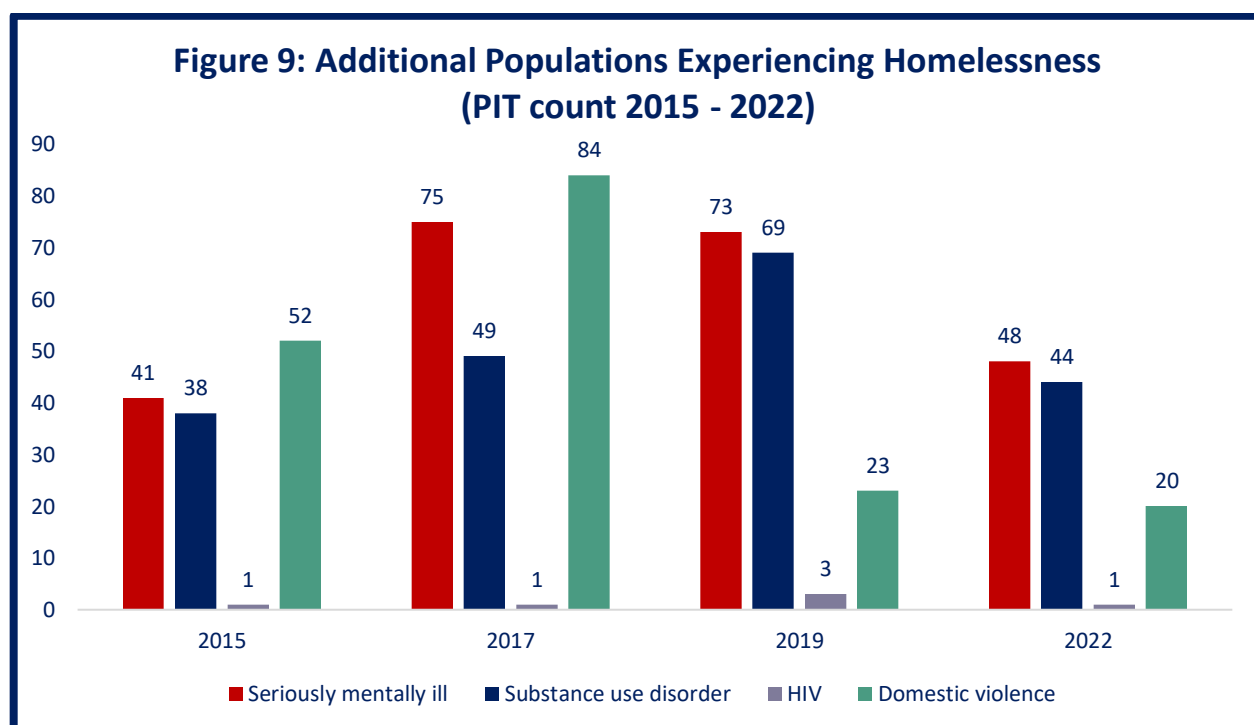
Ethnicity

The number of people who are Hispanic/Latino in the general population of Fort Wayne compared to number of people who are Hispanic/Latino in the homeless population does not reflect a similar difference compared to race. In fact, Hispanics/Latinos are represented in the PIT count homeless population in a similar ratio to their representation in the general population (representing 9% of either population). However, people with lived experience and providers shared that there are language barriers and cultural competency issues that may impact how effectively people can access housing and support. (Figure 8)



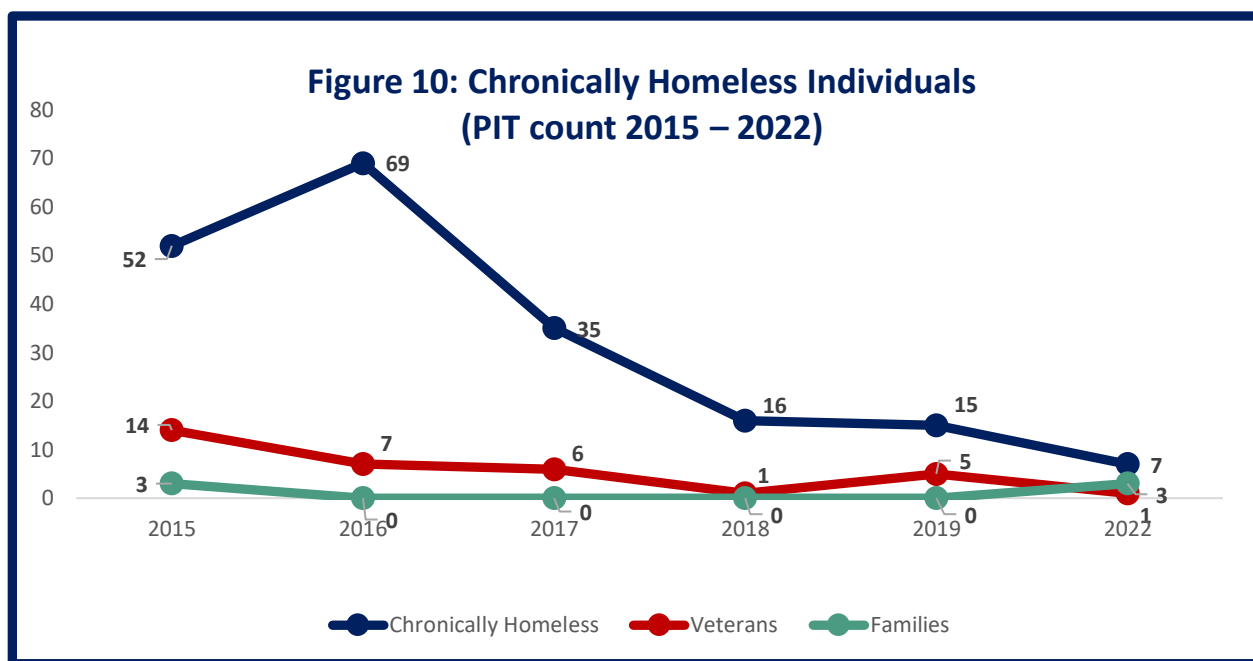
Disability

During the 2022 PIT count, 28% of Fort Wayne homeless residents who received services reported having a severe mental illness (SMI), while 25% reported experiencing a substance use disorder (SUD). It is likely that due to underreporting, the number of people with SMU or SUDs is higher. Underreporting can occur because some volunteers doing the surveys lack formal training in questioning methods and trauma informed care, some interviewees are unwilling to share personal information, and some individuals may be unaware of their own severe mental illness. (Figure 9)



Chronic Homelessness

Individuals or heads of households experiencing homelessness for a year or longer who also experience at least one disabling condition are considered chronically homeless. For the PIT count, which is based on self-reporting, the number of people experiencing chronic homelessness appears to be very small and to decrease between 2015 and 2022. (Figure 10) Similarly, at initial presentation at an emergency shelter, individuals self-report their chronic status. However, when assessed and matched for HUD-funded permanent housing, their chronic homeless status is verified. See page 24 for additional information.

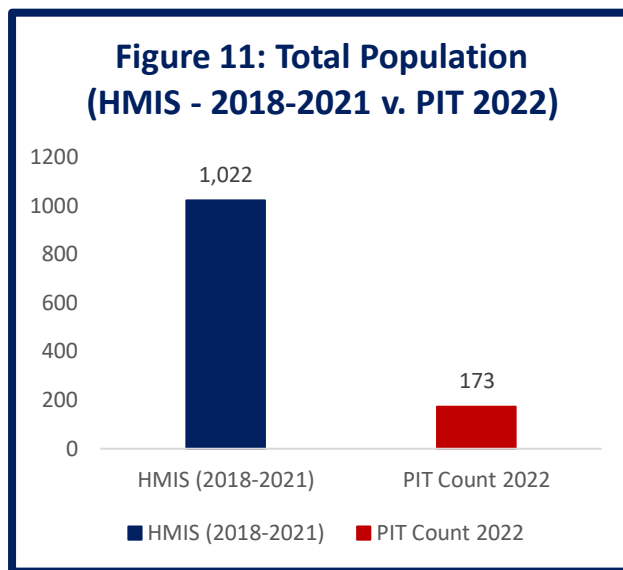


Homeless Management Information System (HMIS) Data:

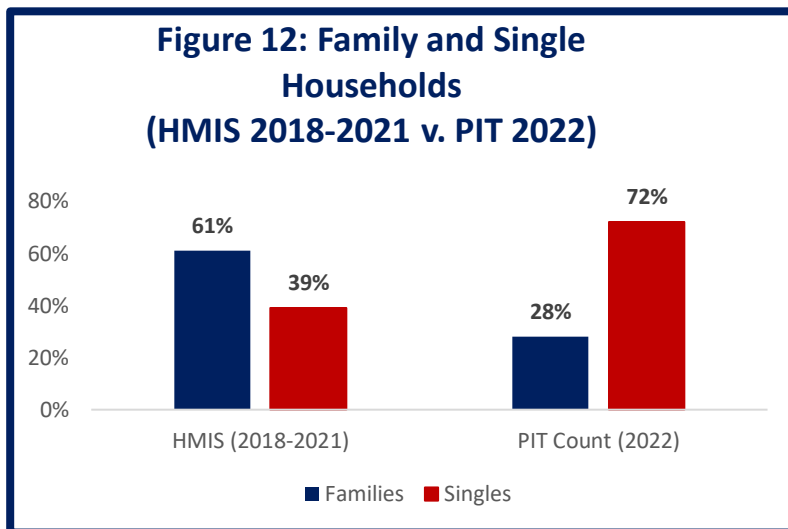
In addition to the Point-in-time (PIT) count, data are available from the Homeless Management Information System (HMIS). What makes HMIS data different from PIT is that HMIS collects client-level data over time (not just one point in time) and contains data on the provision of housing and services to homeless individuals and families and persons at imminent risk of homelessness. HMIS includes not only demographic data, but data about how people move through the homeless system of care, through initial assessment and placement in stable housing.

While PIT count data are collected by staff and volunteers during one night, HMIS data are collected primarily by services providers over an ongoing period of time. Additionally, data for Fort Wayne PIT count has to be extrapolated from Allen County and Region 3 data. The data from HMIS is specifically City of Fort Wayne data. It is analyzed below based on data for three years, from August 1, 2018 through July 31, 2021.

Overall, during the three-year period, 2,787 unique individuals connected to and/or received services from the homeless system of care. Of those whose prior living situation was known (1,662), 1,022 were literally homeless. (Others either were coming from an institutional setting or from a temporary or permanent housing situation.) In contrast, in the 2022 PIT count, from data collected for Region 3 and Allen County and extrapolated for the City of Fort Wayne, only 173 people were counted as literally homeless. (Figure 11)

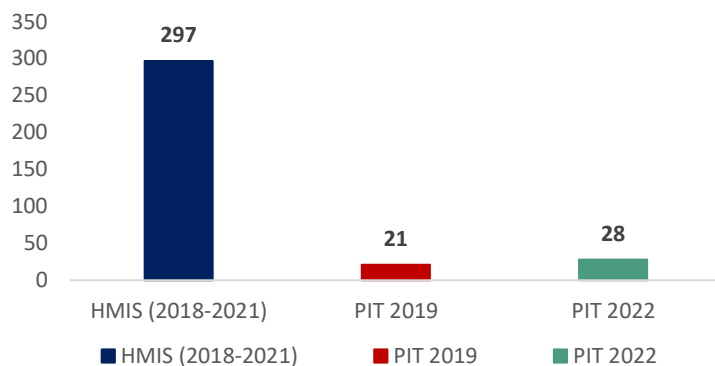


Of the total 2,787 people in the HMIS system, 61% percent were part of a family (at least one adult and one child), while 39% were households without children (individuals or adult couples). In contrast, for the PIT count, 28% of individuals were part of a family (at least one adult and one child) and 72% were from households without children (individuals or adult couples. (Figure 12)



HMIS data also indicates that more people touching the system were living unsheltered than the PIT count has historically indicated. For example, in the PIT counts from 2019 and 2022 (recent years when the PIT count included identifying people living unsheltered), less than 30 people each year were living unsheltered. However, during the three-year period of HMIS data reviewed, there were almost 300 individuals in HMIS who indicated that they were living in places not meant for human habitation. (Figure 13)

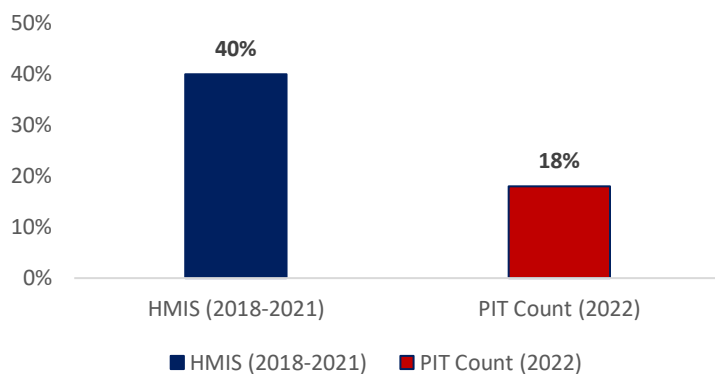
Figure 13: Individuals Living Unsheltered (HMIS 2018-2021 v. PIT 2022)



Age

Within HMIS, age information is available for most people touching the homeless system of care (2,778 out of 2,787). When looking at the ages of people in HMIS, 40% of them were children (under 18 years of age), while 60% were adults. The PIT count data, however, indicated that only 18% of people experiencing homelessness during the 2022 count were children. (Figure 14)

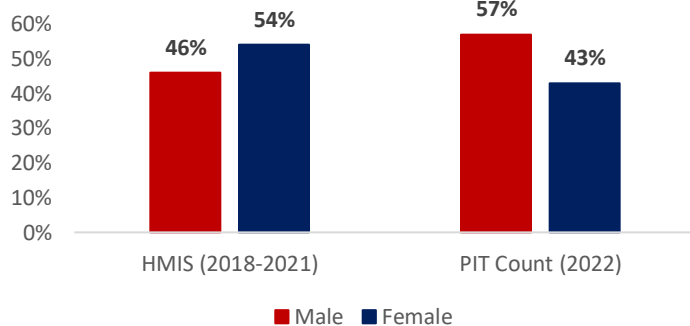
Figure 14: Children Experiencing Homelessness (HMIS 2018-2021 v. PIT 2022)



Gender

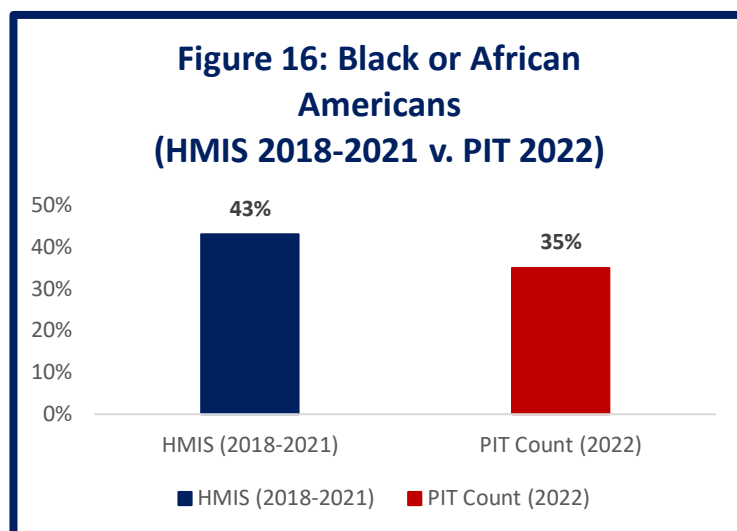
A similar disparity between data collected during the 2022 PIT count and data in HMIS between 2018 and 2021 is apparent for gender data. While the PIT count indicated that most people experiencing homelessness were male-identified (57% or 99 out of 173 individuals), HMIS data shows the opposite: from August 2018 to July 2021, the majority of people touching the homeless system of care were female-identified (54% or 1,508 out of 2,776 individuals whose gender was known). (Figure 15)

Figure 15: Family and Single Households (HMIS 2018-2021 v. PIT 2022)



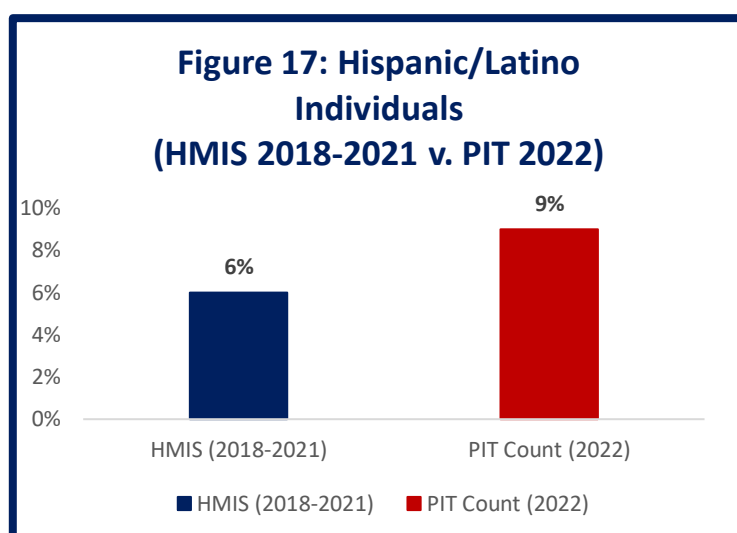
Race

Racial identity data in HMIS (2018-2021) and the 2022 PIT contrast as well. In HMIS during the three-year period, Black or African American individuals comprised 43% of the homeless population, more than the percent identified in the 2022 PIT count (only 35%). (Figure 16)



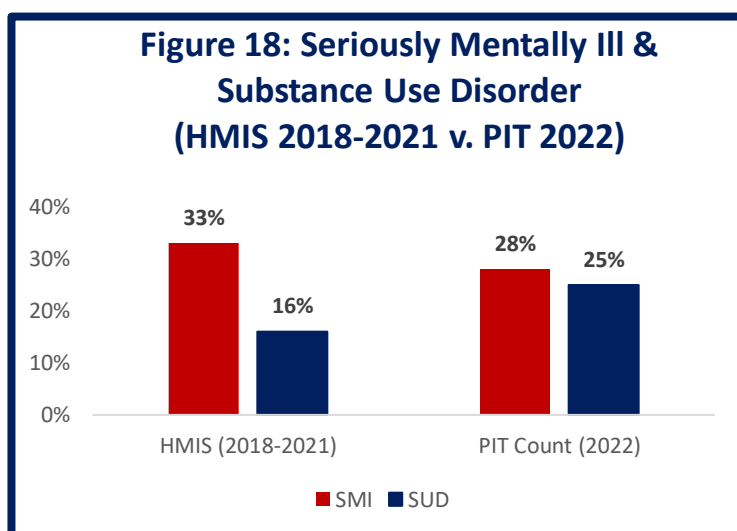
Ethnicity

While the PIT count and the general population percentages of people who are Hispanic/Latino was the same (9%), in the HMIS system between 2018-2021, only 6% of people were Hispanic/Latino. (Figure 17)



Disability

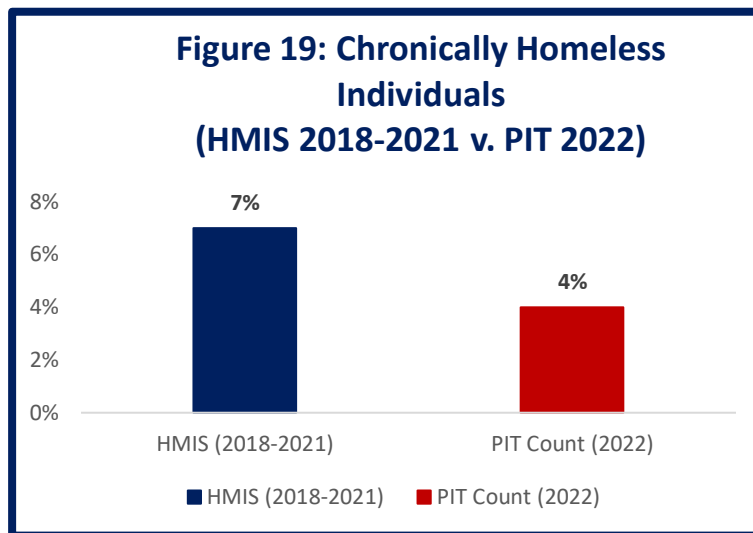
For individuals whose disability status was known in HMIS (2,699 out of 2,787), 48% identified as having at least one physical or mental health disability. Half of those individuals had only one disability (23%), while the other half (25%) had at least two or more physical or mental health disabilities. One in three people with a disability in HMIS (33%) had a mental health disability. Less than one in five people in HMIS (16%) identified as having a substance use disorder. Five percent had HIV/AIDS, 6% had a developmental disability, 12% had a physical disability, and 15% had a chronic disability. This contrasts the data collected during the 2022 PIT count. (Figure 18)



Chronic Homelessness

Among residents who accessed homeless services between August 2018 and July 2021, 7%, or 205 persons, were identified as chronically homeless. While the percentage of residents accessing homeless services who were identified as chronically homeless has been fairly stable since 2018, the number of residents experiencing chronic homelessness has increased with 125 individuals experiencing homelessness during the 18 months between August 2018 thru January

2020, compared to 141 individuals during the more recent 18-month period (February 2020 thru July 2021). HMIS data and 2022 PIT count data tell a slightly different story. The 2022 PIT count identified only 7 people (4%) as chronically homeless, while HMIS during the three-year period identified 7% of the population as chronically homeless. (Figure 19)



Additional Data from HMIS

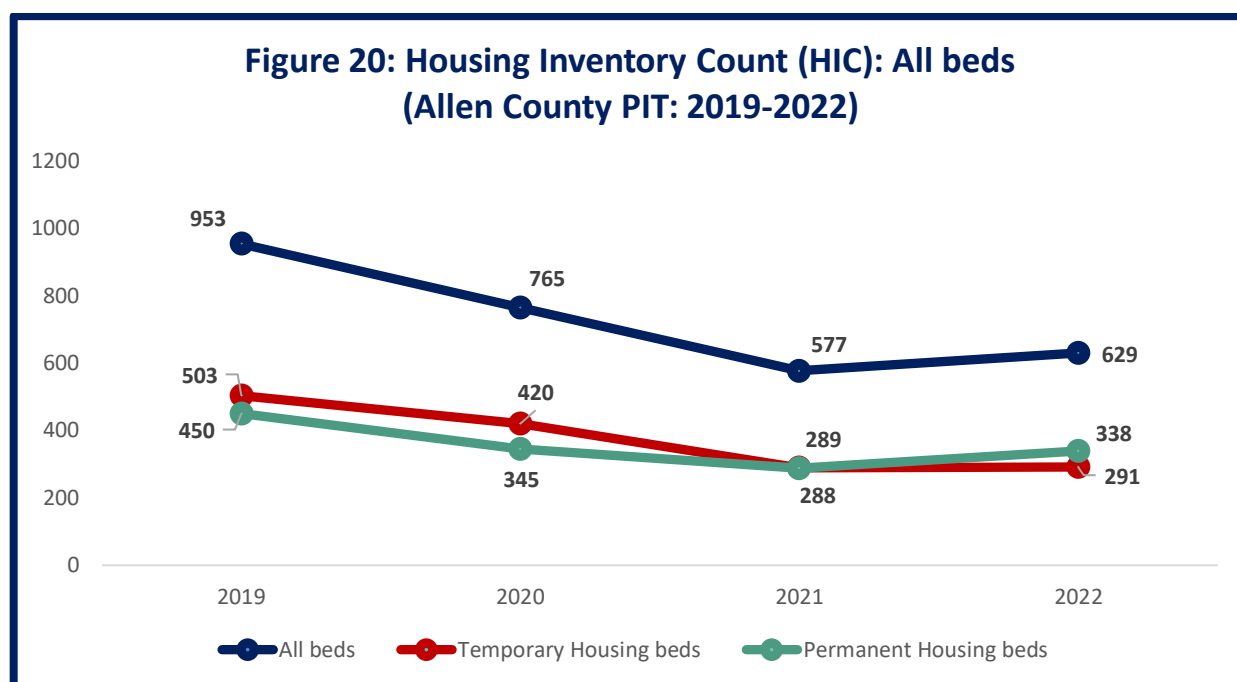
As shared earlier, HMIS collects more than demographic information about people experiencing homelessness in Fort Wayne. For example, one in five of people interacting with the homeless system of care between August 2018 and July 2021 identified as survivors of domestic violence. Other data from HMIS that helps understand how people are experiencing homeless include their income, health insurance, cash benefits, and prior living situations. (Table 1)

Table 1: HMIS Data (2018-2021)

People in HMIS who...	Percent of Homeless Population
Have income	52%
Have health insurance	80%
Lived either in a temporary or permanent housing situation before entering HMIS	34%
Had non-cash benefits (such as SNAP – otherwise known as food stamps)	36%
Identified as survivors of domestic violence	20%

Housing Inventory Count (HIC)

The City of Fort Wayne has an extensive network of providers that offer housing and services to address homelessness. The Housing Inventory Count (HIC) identifies the number of beds available in the community for emergency shelter, transitional housing, and permanent housing (rapid rehousing or RRH and permanent supportive housing or PSH). Because the City of Fort Wayne is part of the Balance of State, there is no specific bed inventory for the City, although there is one for Allen County. Most of the shelter and housing available in Allen County is in the City of Fort Wayne. Information about Allen County housing beds is provided below. (Figures 20 and 21)



The number of available beds for people experiencing homelessness – temporary and permanent – has gone down overall even in the past three years. Since 2019, the total number of beds available for people experiencing homeless has gone down over 30% (from 953 in 2019 to 629 in 2022 or 34%). The number of temporary beds available for people to get shelter rather than remain unsheltered has decreased by more than 40% (from 503 in 2019 to 291 in 2022 or 42%). For permanent housing options, Allen County lost one out of every four beds that were available between 2019 and 2022 (a loss of 112 beds or 25%). (Figure 20)

Types of Housing measured in the Housing Inventory Count (HIC)

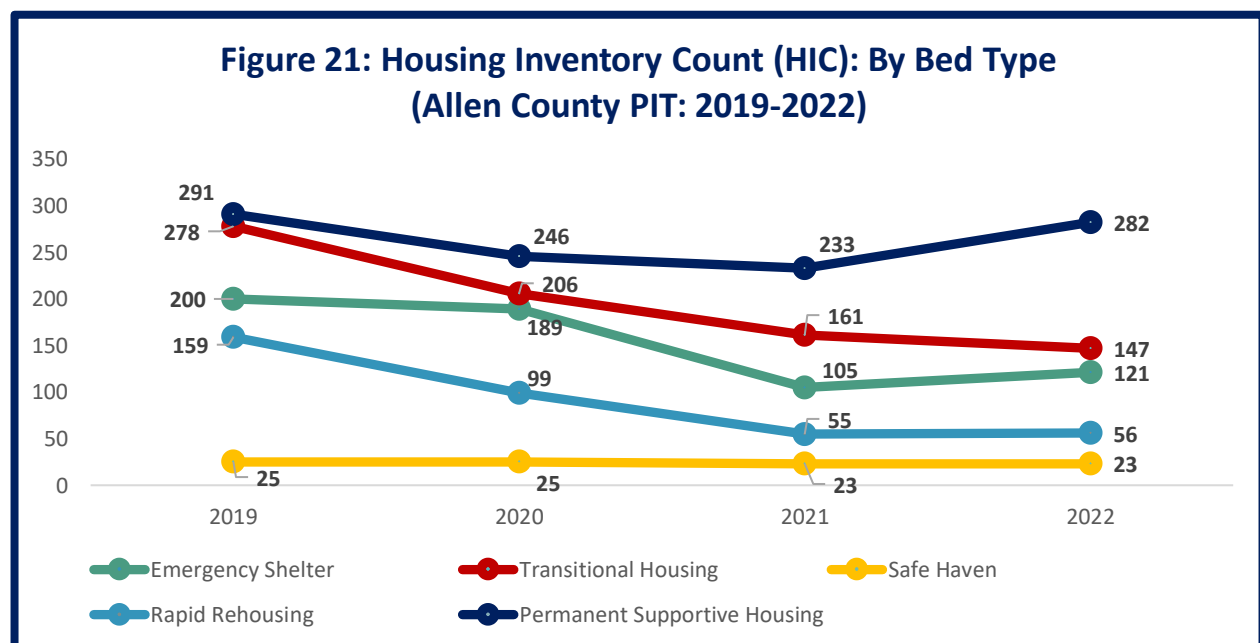
Emergency Shelter is any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for people experiencing homelessness in general or for specific populations. Shelter may include year-round emergency shelters, winter and warming shelters, navigation centers and transitional housing. These types of shelter have varying hours, lengths of stay, food service, and support services.

Transitional Housing provides temporary housing accommodations and supportive services. While many households benefit most from direct connections to permanent housing programs such as RRH or PSH (which are often more cost-effective over the long term), transitional housing can also be an effective support in the intermediary. In particular, certain subpopulations, such as people fleeing domestic violence and transitional age youth, can meaningfully benefit from a transitional housing environment.

Rapid Rehousing provides rental housing subsidies and tailored supportive services for up to 24-months, with the goal of helping people to transition during that time period to more permanent housing.

Permanent Supportive Housing provides long-term housing with intensive supportive services to persons with disabilities. These programs typically target people with extensive experiences of homelessness and multiple vulnerabilities and needs who would not be able to retain housing without significant support.

Looking more closely at specific housing types, the patterns of housing loss can be seen more acutely. Rapid rehousing (RRH), which largely depends on private market rental units that are subsidized through the program, has seen the largest decrease in usage. Since 2019, Allen County lost 103 beds, which represents a loss of 65% of the beds that existed just three short years ago. (Figure 21). Permanent



supportive housing (PSH), which can be scattered site, but also can be project-based, went down in the midst of COVID but came back up, with 2022 beds numbering almost as many as existed in 2019 (a loss of only 9 beds or 3%). For temporary beds, Safe Haven beds decreased by a little less than 10% (a decrease in 2 beds between 2019 and 2022), emergency shelter beds dropped significantly between 2020 and 2021, but started to come back up in 2022. Yet Allen County lost 40% of its emergency shelter beds between 2019 and 2022 (from 200 beds in 2019 to 121 beds in 2022). Transitional housing beds steadily decreased since 2019, with a total of 47% loss by 2022 (from 278 beds in 2019 to 147 beds in 2022).

While there is a strong network of providers offering emergency and transitional shelter, PSH, RRH and other support services for those experiencing homelessness, and while there are losses in the overall beds available in Allen County, there have been and continue to be gaps in shelter and permanent housing for specific populations, in particular couples without children, unaccompanied minors, and youth. (Table 2).

Table 2: 2022 Housing Inventory Count (HIC) by Type of Bed Available

Housing Inventory Count (2022)								
	Family Beds	Adult-Only Beds	Child-Only Beds	Total Year-Round Beds	Seasonal Beds	Chronically Homeless Beds	Veteran Beds	Youth Beds
Total Emergency Shelter & Transitional Housing	127	164	0	291	0	0	62	0
Emergency Shelter	72	49	0	121	0	0	0	0
Transitional Housing	55	92	0	147	0	0	62	0
Safe Haven	0	23	0	23	0	0	23	0
Total Permanent Housing	115	223	0	338	n/a	12	107	0
PSH	75	207	0	282	n/a	12	104	0
RRH	40	16	0	56	n/a	n/a	3	0
Grand Total	242	371	0	629	0	24	169	0

While the City of Fort Wayne recently added fifty-four PSH units (twelve 2-bedroom and forty-two 1-bedroom units) for individuals experiencing chronic homelessness at the River's Edge development, as well as expanded RRH vouchers for families, single adults and veterans, there continues to be insufficient bed availability for the number of people in need of shelter and housing from the homeless system of care.

CAUSES OF HOMELESSNESS

Despite effective programs and dedicated providers working to address homelessness there are still hundreds of City residents each year – neighbors, friends, and co-workers – who experience a crisis that results in loss of housing. And once housing is lost, it is increasingly difficult for an individual or family to get back on track.

People become homeless for many reasons and the precipitating set of circumstances for one household may not be the same as for another. Some people are unable to afford rent, often because of low-wage jobs that do not cover rent, prevent them from maintaining a mortgage, or make it impossible to afford a security deposit. For those living paycheck-to-paycheck, a few reduced working hours, a costly medical bill, or unexpected family emergency can be enough to result in a housing crisis. Still others are fleeing domestic violence or struggling with mental health issues that can make it difficult to retain stable employment. Older adults and individuals with disabilities who are on fixed incomes often struggle to find housing that is affordable.

Income and Wages

In the City of Fort Wayne, similar to other communities across the country, homelessness and housing instability are closely tied to housing costs that are out of reach to many because of economic factors. The ongoing COVID-19 pandemic has only worsened matters. For 2016-2020, 11% of the City of Fort Wayne residents under age 65 years had a disability and 10% were uninsured.⁶ More than 15% of residents lived below the federal poverty level (compared to only 11% in Allen County and 12% in the state of Indiana).⁷

While the median household income in 2020 dollars for the City was \$54,454, 15% of the City's population lived below the federal poverty guidelines.⁸ The federal poverty guidelines for a family of 4 in 2022 is \$27,750.⁹

For many households, it is difficult to afford market rate housing. For example, the U.S. Census says that in 2020, the median rent in the City was \$777.¹⁰ According to many local realtor websites, however, the median rent has gone up considerably since it was last reported through the Census in 2020. Some

⁶ [City of Fort Wayne, Indiana, Quick Facts](#). U.S. Census Bureau.

⁷ [City of Fort Wayne, Indiana, Quick Facts](#). U.S. Census Bureau.

⁸ [City of Fort Wayne, Indiana, Quick Facts](#). U.S. Census Bureau.

⁹ [2022 Federal Poverty Guidelines, Office of the Assistant Secretary for Planning and Evaluation](#).

¹⁰ [City of Fort Wayne, Indiana, Quick Facts](#). U.S. Census Bureau.

sites indicate that the median rent for a one-bedroom in the City of Fort Wayne was over \$950 per month (as of June 2022),¹¹ In March 2022, local news reported that the average one-bedroom was renting for \$1,200 month and indicated that rent prices have climbed over 40% in the City of Fort Wayne and they are expected to continue to climb.¹²

A household would need to earn more than \$47,520 annually to pay this level of rent (not counting utilities) without being cost-burdened or paying more than 30% of income on housing. (See next section for more detail on HUD's cost burden). For the 15% living below the federal poverty level, that annual income is almost twice what they have to spend without exceeding 30% of their income on housing. Assuming a 40-hour work week, 52 weeks per year, the level of income needed to pay the average rent translates into wages of \$23.00 /hour. The minimum wage in Indiana is three times less than that at \$7.25/ hour.

Housing Costs

Housing costs can be a significant factor in housing instability and the risk of homelessness. The more a household spends on their housing, the less income is left for other necessities. If their housing cost is a significant part of their income, missing a payment likely means they will be unable to catch back up, ultimately leading to housing loss. The COVID-19 pandemic has increased the risk of housing loss over time. While the eviction moratorium delayed evictions or other forms of housing loss, the build-up of missed payments continued during the moratorium. Missed payments can not only subject households to evictions, but they also can damage credit histories. With lower credit histories, households are considered higher risk to landlords and can often force households into substandard housing and/or a nearly inescapable cycle of housing loss and substandard housing options.

According to HUD, households spending more than 30% of their income on housing are referred to as "cost burdened" and are at an increased risk of housing instability and increased risk of homelessness.

Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is "select monthly owner costs," which includes mortgage payment, utilities, association fees, insurance, and real estate taxes.

They may have trouble paying rent and covering other costs such as food, clothing, transportation, and medical care.¹³ Severe cost burdened owners and renters pay more than 50% of their income for housing. For renters, housing costs include rent paid by the tenant, plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities. Renters in the City of Fort Wayne face a higher "cost burden" from housing and are at greater risk of losing their housing than homeowners.

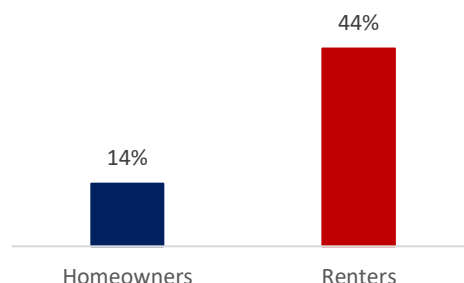
¹¹ [Fort Wayne Indiana rent prices, June 2022](#), Zumper. [Fort Wayne Rental Market Trends](#), Rent Café: // All access June 27, 2022.

¹² [Rent prices have climbed 40% in Fort Wayne, but why?](#), Wane.com (March 2022).

¹³ HUD Featured Article, [Rental Burdens: Rethinking Affordability Measures](#).

HUD's Comprehensive Housing Affordability Strategy (CHAS) data indicate that between 2014 and 2018 (the most recent available data), there were 105,715 households in the City of Fort Wayne. The data indicate that 44% of *renters* spend 30% or more of their income on housing.¹⁴ By contrast, 14% of *homeowners* spend 30% or more of their income on housing.¹⁵ Communities where residents spend more than 30% of their income on rent can expect to see an increase in homelessness.¹⁶ (Figure 22) Almost 20% of City of Fort Wayne renters pay more than 50% of their incomes toward housing, while only 5% of homeowners spend more than 50% of their incomes toward housing.¹⁷

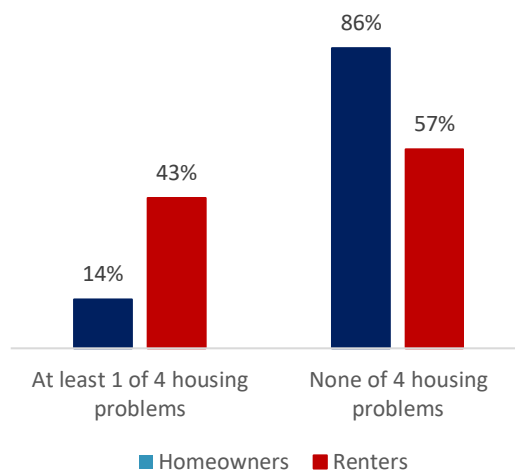
Figure 22: Percent of Households Cost-Burdened (CHAS 2014-2018)



In addition to a high housing cost burden, there are three additional housing problems that place Fort Wayne individuals and families at greater risk of losing their stable housing. First, many low-income families may have an apartment or home that does not have complete kitchen facilities. They may have an apartment or home that does not have complete plumbing facilities. They may live in a household that is overcrowded.¹⁸

In the City of Fort Wayne, more than 43% of the City's *renter* households have one or more of the identified housing problems (1. high housing cost burden; 2. incomplete kitchen facilities; 3. incomplete plumbing facilities; 4. overcrowded household). By contrast, only 14% of homeowners have one or more of the housing problems. Renters in the City of Fort Wayne are almost three time more likely to be at risk of losing their housing because of these issues. (Figure 23)

Figure 23: Likelihood of Housing Problems Homeowners v. Renters (CHAS 2014-2018)



¹⁴ [City of Fort Wayne, 2014-2018 CHAS \(Comprehensive Housing Affordability Strategy\), HUD.](#)

¹⁵ [City of Fort Wayne, 2014-2018 CHAS \(Comprehensive Housing Affordability Strategy\) data, HUD.](#)

¹⁶ [Homelessness Rises Faster Where Rent Exceeds a Third of Income \(Dec. 11, 2018\).](#)

¹⁷ [City of Fort Wayne, 2014-2018 CHAS \(Comprehensive Housing Affordability Strategy\), HUD.](#)

¹⁸ [City of Fort Wayne, 2014-2018 CHAS \(Comprehensive Housing Affordability Strategy\) data, HUD.](#)

Safe and Affordable Housing

The country, State of Indiana, and the City of Fort Wayne faces a shortage of affordable housing. According to the National Low Income Housing Coalition, the State of Indiana faces a shortage of 135,033 rental homes that are affordable and available for extremely low-income renters.¹⁹ The COVID-19 pandemic has only exacerbated the problem across the country, from disruptions to the construction workforce to increases in the price of building materials, and inflation.²⁰ According to Rent.com, the average rent for a 1-bedroom has increased by 22% and 27% for a 2-bedroom in the last year.²¹ Therefore, not only is development of affordable housing stalled, the cost of what is available has increased.

Throughout Allen County, there are half as many units available to rent compared to owner-occupied units. All the housing units – renter and owner occupied – that were built before 1939 are located in Fort Wayne, increasing the risk that people may be living in sub-standard housing or could be evicted in order to modernize the aging housing stock.²²

Special Populations at Greater Risk of Homelessness

Prior to COVID-19, over 19% of U.S adults experienced some form of mental illness with 46% of U.S. adults predicted to meet the criteria of a diagnosable mental health condition.²³ During COVID the number of Americans that reported mental illness and substance abuse has increased exponentially. In June 2020, 40% of U.S. adults reported struggling with mental health or substance use.²⁴ The Kaiser Family Foundation (KFF) reports that 22.3% percent of adults in the State of Indiana reported having a mental illness.²⁵ Rates of homelessness among those that self-identify as having either a mental health or substance use problem in Fort Wayne and Allen County is more than 2 times higher than their prevalence in the general population in the State.²⁶ According to Mental Health America of Indiana (MHA), more

¹⁹ [Housing Needs by State: Indiana](#), National Low Income Housing Coalition,

²⁰ [Northeast Indiana faces lack of affordable housing](#), The Herald Republican, (March 2022).

²¹ [Rental market trends in Fort Wayne, Indiana](#), Rent.com.

²² Vulnerable Populations Study.

²³ [Mental Health America, Mental Health Facts](#), last accessed June 30, 2022.

²⁴ Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020 , Center for Disease Control and Prevention, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

²⁵ [Indiana Mental Health and Substance Use State Fact Sheets](#), Kaiser Family Foundation, last accessed June 30, 2022.

²⁶ 49% of people in the HIC reported having a mental health disability or substance use disorder (33% had a mental health disability and 16% identified as having a substance use disorder.) 53% percent of people in the PIT reported having a mental health disability or substance use disorder (28% had a mental health disability and 25% identified as having a substance use disorder.)

funding for community services to address mental health and addiction is needed in the State.²⁷ A shortage of funding leads to a decline in available services and an increase in the number of disabled individuals, including those with serious mental health issues, and those at-risk of homelessness. Moreover, persons with serious mental illness and other disabilities often live with family members and are highly vulnerable to becoming homeless when those care givers experience illness or pass away.

Research also supports findings that lesbian, gay, bisexual, and transgender individuals are more likely to experience homelessness.²⁸ Additionally, formerly incarcerated individuals are ten times more likely to experience homelessness than the general population. They can struggle with mental health and substances use conditions and face barriers to obtain and maintain housing without community supports.²⁹ Mental health advocates, including Mental Health America of Indiana, believe that many individuals released from prison are prime candidates for treatment programs, such as Medication Assisted Treatment (MAT) and that the treatments must be accessible in community-based treatment, child welfare, the Department of Corrections, jails, probation and diversion programs.³⁰

To reduce homelessness, steps are needed to address the broader housing crisis, and its disproportionate impact on vulnerable communities such as families with children, people of color, transition-age youth, veterans and persons with serious mental illness. These steps include preventing people from becoming homeless, and engaging other systems—criminal justice, child welfare, foster care, work force development, education, and healthcare— in the work of preventing homelessness.

Systemic Inequities in Housing, Income, Education, and Services

In the United States, Black or African Americans are disproportionately represented in the homeless population. They comprise 13% of the general population but make up 39% of individuals experiencing homelessness and more than 50% of families with children experiencing homelessness.³¹ Across the country, other minority groups and indigenous people experience higher rates of homelessness than whites.³² The City of Fort Wayne demographics are similar to national data, specifically in regard to Black

²⁷ Public Policy Agenda, Mental Health America of Indiana, Last accessed June 30, 2022.

²⁸ Conron KJ, Mimiaga MJ, Landers SJ. A population-based study of sexual orientation identity and gender differences in adult health. *Am J Public Health.* 2010 Oct;100(10):1953-60. Kruks, G. Gay and lesbian homeless/street youth: Special issues and concerns. *J Adolesc Health.* 2010;12(7):515-8. Van Leeuwen JM, Boyle S, Salomonsen-Sautel S, et al. Lesbian, gay, and bisexual homeless youth: An eight-city public health perspective. *Child Welfare.* 2006 Mar–Apr;85(2):151-70.

²⁹ Couloute, Lucius. (2018 August). Nowhere to Go: Homelessness among formerly incarcerated people. Prison Policy Initiative. Retrieved from <https://www.prisonpolicy.org/reports/housing.html>

³⁰ Public Policy Agenda, Mental Health America of Indiana, Last accessed June 30, 2022.

³¹ Homelessness and Racial Disparities, National Alliance to End Homelessness (NAEH).

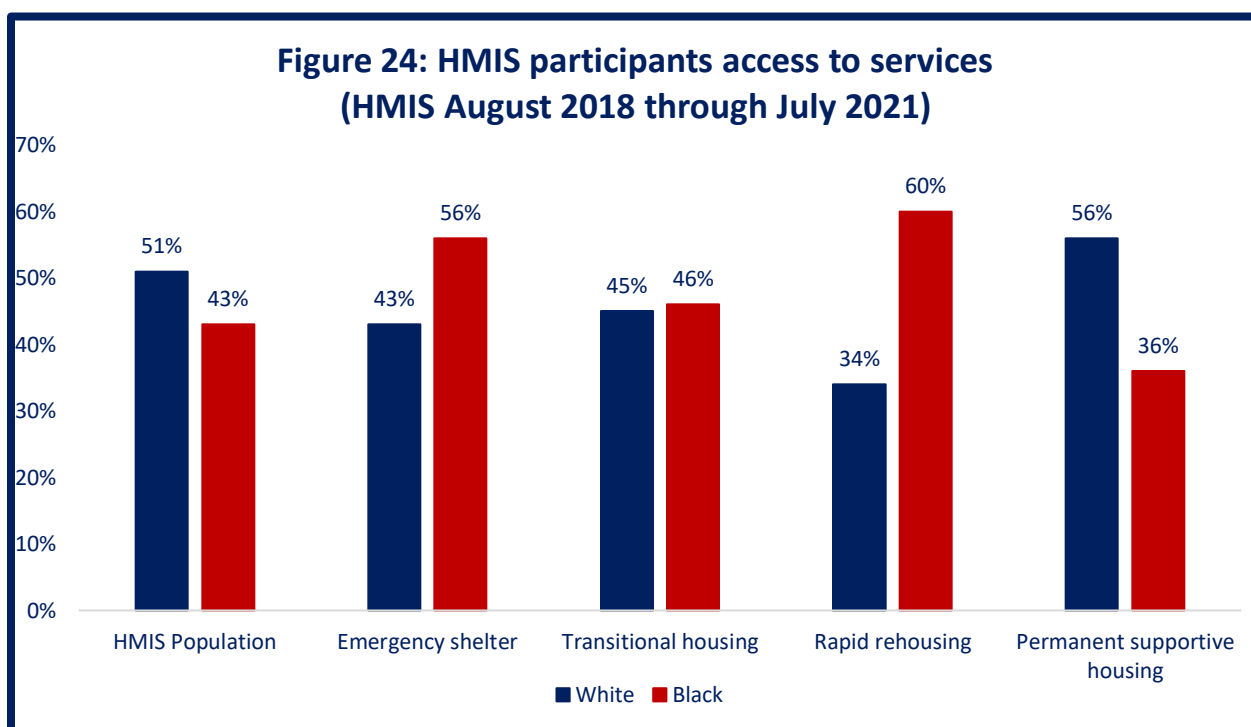
³² *Id.*

or African Americans: they comprised 35% to 43% (PIT and HMIS, respectively) of the homeless population compared to 15% of the general population. (See Figures 6 and 16).

There are also distinctions in how members of different racial groups experiencing homelessness in the City of Fort Wayne are accessing local shelter or housing programs. Due to the small sample size available for some populations, further research may be needed to confirm the representation of different racial groups among the City's homeless population. Nevertheless, the demographic analysis indicates potential evidence of racial inequities in the local homeless system.

Between August 1, 2018 and July 31, 2021, among the residents who accessed homeless services in the City during that time, for people whose race was known:

- 56% identified as Black or African American and 43% identified as white who accessed **emergency shelter**.
- 46% identified as Black or African American, 45% identified as white, and 7% identified as multi-racial who accessed **transitional housing**.
- 60% of people identified as Black or African American, 34% identified as white, and 6% identified as multi-racial who accessed **rapid rehousing (RRH)**.
- 36% of people identified as Black or African American, 56% identified as white, and 7% identified as multi-racial who accessed **permanent supportive housing (PSH)**. (Figure 24)



Subtle but important distinctions in access to services among different racial groups were observed across different program types when comparing the number of people accessing a program type to the relative homeless population. For example, according to HMIS Blacks or African Americans comprised 43% of the homeless population, but only 36% of people accessing permanent supportive housing during

that same time period identified as Black or African American. On the other hand, 60% of those accessing Rapid Rehousing identified as Black or African American. Given that Permanent supportive housing provides a longer-term housing subsidy and more intensive supportive services it is more likely to lead to long-term housing stability, particularly for households with intensive needs. Additional research and analysis about access and potential disparities are needed.

The City is geographically divided into four quadrants: northwest, northeast, southwest, and southeast.³³ The most diverse quadrant is the southeast quadrant where minorities make up a large percentage of the population. The southeast is home to 58% of the City's African American residents, 59% of the City's Burmese residents, and 43% of the City's Latino residents. Just 10% of the City's white residents reside in the Southeast.³⁴ Many of the zip codes in Allen County where more than 25% of residents live below the federal poverty line are overwhelmingly in the south part of the City of Fort Wayne, including areas bordering the southeast quadrant of Fort Wayne.

There are structural and systemic factors in the City of Fort Wayne that result in inequities in the homeless population. Racism is one underlying structural determinant that can create disparities in poverty, housing, employment, over incarceration, health, and education.³⁵ Social determinants of health are the conditions in which people are born, grow, live, work and age and account for as much as 80% of a person's health outcomes.³⁶ There are direct correlations between social determinants of health and homelessness. Homelessness is linked to poor health outcomes and both are a result of housing instability, income level, quality of education, availability and ease of transportation, access to healthy food and safe and healthy living environments.³⁷ In the recent ACT: Allen County Together economic development action plan by the Greater Fort Wayne Inc., the authors acknowledged that the City's Black or African American and Burmese populations face inequities, as well as all residents who live in Southeast Fort Wayne.³⁸ The action plan acknowledges the need for a greater focus on Black and Burmese residents, proposing to increase transportation and housing options available. Additionally, health care providers shared the disproportionately high mortality rates and the prevalence of high blood pressure, diabetes and other illnesses that affect people living in southeast Fort Wayne, as well as in minority populations in the City more generally. Stakeholders raised concerns regarding lack of access to transportation, quality housing stock, jobs and other needed services in Southeast Fort Wayne.

³³ City of Fort Wayne, quadrants of the City.

³⁴ 2021-2025 Consolidated Plan, City of Fort Wayne, Office of Housing and Neighborhood Services.

³⁵ How racism is a structural and social determinant of health, Ohio State University Wexner Center (March 2021).

³⁶ Id.

³⁷ Id.

³⁸ ACT: Allen County Together, Greater Fort Wayne, Inc. (November 2021).

CURRENT SYSTEM OF CARE

The City of Fort Wayne is the second-most populous city in Indiana after Indianapolis. Fort Wayne is in the Northeast section of Indiana and is the largest city and the county seat of Allen County, making up approximately 68% of the population of the County. According to the U.S. Census Bureau (ACS), the population in 2021 was 265,974.³⁹ The City of Fort Wayne is geographically divided into four quadrants, northwest, northeast, southwest, and southeast quadrants.⁴⁰

The local body providing leadership for the Continuum of Care is the Fort Wayne Area Planning Council on Homelessness (Planning Council), formerly known as the Region 3 Continuum of Care. The Planning Council consists of representatives from agencies and organizations who provide shelter, housing and a variety of services for individuals and families experiencing homelessness or who are precariously housed. The Planning Council meets quarterly while a smaller Planning Council Steering Committee meets monthly. The Planning Council includes not only City of Fort Wayne organizations and agencies, but it includes organizations and agencies serving all of Region 3, which includes Adams, Allen, De Kalb, Huntington, Lagrange Noble, Steuben, Wells, and Whitley Counties. Allen County, where the City of Fort Wayne is located, serves the majority of people experiencing homelessness in Region 3.

At each meeting of the Planning Council, a portion of the agenda focuses on coordinated access and how best to utilize data to evaluate service and shelter. Region 3 has transitioned from a more central approach to a more decentralized Coordinated Entry process that involves Brightpoint serving as the lead agency for each of the local communities.

As members of the Planning Council, providers work to address the needs and barriers of those experiencing homelessness and to create and enhance capacity amongst the local members in the City of Fort Wayne. Previous priorities identified by the Planning Council included addressing the needs of individuals and families experiencing chronic homelessness, families with children, and Veterans and their families, focusing on subpopulations with specific needs, including individuals re-entering the community from institutions, youth aging out of foster care, and individuals fleeing domestic violence across Region 3. The Steering Committee for the Planning Council helped to coordinate a response to the COVID-19 pandemic across Region 3, in the City of Fort Wayne, and the surrounding areas.

Primary public agencies involved in the homeless service delivery system for the Planning Council include many organizations and agencies in the City of Fort Wayne:

- The City of Fort Wayne – Office of Housing & Neighborhood Services (OHNS) is responsible for the administration of the City’s community development programs, including some of the local programs that assist homeless residents such as Community Development Block Grants (CDBG),

³⁹ [City of Fort Wayne, Indiana, Quick Facts](#). U.S. Census Bureau.

⁴⁰ [City of Fort Wayne](#).

Emergency Solutions Grants (ESG), the HOME Investment Project (HOME), HOME-ARP (HOME American Rescue Plan).

- The Fort Wayne-AlLEN County Health Department (FWACHD) offers a variety of services to County residents, including children's services, mental health services, and public health services and has been the lead agency for COVID-19 testing and vaccinations. The FWACHD collaborates with local provider agencies for the Syringe Services Program (SSP) and is a key agency in the implementation of the Allen County Lead Elimination Plan.
- The Fort Wayne Housing Authority (FWHA) serves as one of the local public housing agencies (PHAs) and is one of the primary owners of affordable housing in Fort Wayne. As the City of Fort Wayne's PHA, FWHA administers the Housing Choice Voucher (HCV), Emergency Housing Voucher (EHV), and other mainstream voucher programs, as well as Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and VA Supportive Housing (HUD-VASH). The FWHA works in close consultation with the City of Fort Wayne regarding HOME funding, public housing issues, and projects utilizing rental housing tax credits. The FWHA also has a nonprofit arm, Housing Opportunity Program (HOP), which offers PSH and RRH programs for people experiencing homelessness.

In addition to the below non-comprehensive examples of governmental, community and faith-based organizations who provide shelter, housing, health care, and support services for those experiencing homelessness, the private sector is an important collaborator in the homeless service delivery system. In addition to contributing resources that can be used to supplement housing investments, services or fill gaps in the system, the private sector provides expertise that can be instrumental in the financial success of a project.

Temporary Housing

Within Fort Wayne, several providers address the emergency shelter and transitional housing needs of the community, with several projects also targeting the needs of specific subpopulations or vulnerable groups. Although many providers have had to institute program and service changes to alleviate the potential impacts of the COVID-19 pandemic, people experiencing homelessness still have several options in terms of accessing these vital programs and facilities. Across the entire state of Indiana, anyone can dial 2-1-1 and be connected to a trained Community Navigator for confidential, 24-hour information and referral assistance regarding shelters and transitional housing. Additionally, in-person emergency facilities can also be visited in-person, and households can inquire about bed availability directly through the providers as well.

Projects in Fort Wayne target a variety of populations and offer emergency shelter and transitional housing for men, women, veterans, women with children, and families. A seasonal winter contingency project offers overnight warming shelters to women through various community locations. Consistent feedback during early phases of this project was that shelter availability for single women was a large unmet need. ESG-CV and other recent funding opportunities are being used or targeted to expand offerings to better match the needs and gaps within the community. Currently very limited services and no shelter/day-center or long-term housing exist for youth.

Emergency Shelter

Emergency Shelter is a facility that offers overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for people experiencing homelessness in general or for specific populations of the homeless community. Shelter may include year-round emergency shelters and winter and warming shelters provided as needed during inclement weather. Across Region 3, a number of emergency shelters are available to City of Fort Wayne residents. In Allen County, there are emergency shelters that serve specific populations.

- For **single men**, the Rescue Mission operates one of the largest emergency shelters, Life House.
- A Mother's Hope offers emergency shelter to **pregnant women**.
- Just Neighbor Interfaith Homeless Network offers shelter to **families with children**.
- St. Joseph Missions, Inc. offers emergency shelter for **women**.
- The YWCA of Northeast Indiana offers emergency shelter for **people fleeing domestic violence**.

Region 3 also offers additional shelters in other neighboring counties.

Transitional Housing

Transitional housing provides temporary housing accommodations and supportive services to people without permanent housing options. Transitional housing can be an effective support while people are awaiting more permanent housing or to help people resolve factors that contribute to housing instability through connections to mainstream benefits, education and employment and various supportive services, including health and mental health care. Most of the transitional housing available in Region 3 is located in Allen County.

- The Rescue Mission operates Restoration House, one of the largest transitional housing facilities in the City of Fort Wayne, serving **single men**.
- The Rescue Mission also operates Charis House, which serves single **women and women with children**.
- Volunteers of America operates two different programs for **veterans** at their Liberty Landing location and operates the Richard Lugar Save Haven for Veterans which serves Single Veterans.
- The Shepherds House operates a transitional housing facility for **veterans**.
- For **people fleeing domestic violence** and **women with substance use issues**, the YWCA offers transitional housing, as well.

Permanent Housing

Over half of the beds (54%) that are available in the City of Fort Wayne are permanent housing. Most of the permanent housing is permanent supportive housing, while there is less availability for rapid rehousing.

Permanent Supportive Housing (PSH)

Permanent supportive housing (PSH) provides homes and services for people in need of long-term support. A little over one-third of the PSH beds (37%) available in the City of Fort Wayne is available for veterans. A little over one quarter of the PSH beds (27%) are for families.

- All the Region 3 PSH beds are located in Allen County.
- The City of Fort Wayne provides PSH for **veterans** through their HUD-VASH (Veterans Supportive Housing) program.
- Brightpoint's PSH program helps **people with disabilities** and their families; people with either a serious mental illness, who are recovering from substance abuse, or who are HIV-positive.
- Park Center, in conjunction with the Fort Wayne Housing Authority's Housing Opportunities Program, offers two PSH programs for **people with serious mental illness** and co-occurring disorders, such as substance use disorder.

Rapid Rehousing Housing (RRH)

There is far less available for rapid rehousing (RRH) in the City of Fort Wayne. The RRH program provides subsidized permanent housing with supportive services for up to 24 months, with the hope that individuals and families in the RRH program will be able to stabilize enough to be able to stay in their homes at the end of the time period when the subsidy has ended. Most RRH units in the program are scattered site, dependent on landlords willing to rent to people enrolled in the program. Less than one in five of the dedicated housing opportunities for homelessness in the City of Fort Wayne are RRH.

- Brightpoint has four RRH programs, two funded through the Emergency Solutions Grant (ESG) program, one through the City of Fort Wayne, and one for veterans, supported by the Supportive Services for Veteran Families (SSVF) program
- The Housing Opportunity Program, which is the 501(C)(3) nonprofit development arm of the Fort Wayne Housing Authority (FWHA) offers two RRH programs through the ESG program.
- The YWCA offers RRH beds for people fleeing domestic violence.

Supportive Services

There are a range of supportive services offered to people experiencing homelessness in the City of Fort Wayne. Some of those services are specifically targeted for people at risk of or experiencing homelessness. Others available are mainstream services that are available to all eligible residents in the City, including people experiencing homelessness.

Homeless-specific services

Supportive services are an essential part of any homeless system of care. They include case management, life skills training, job placement and employment opportunities, mental health and substance use treatment services. Some of the supportive services offered in the City of Fort Wayne include:

- Case management
- Mental health services through Parkview Health.
- Housing navigation
- A number of faith-based organizations and churches provide food and clothing to community residents experiencing homelessness
- Just Neighbors, the PATHTeam, as well as a number of volunteer groups, provides outreach to build trust and connect with people living unsheltered.
- Just Neighbors runs a mobile food truck.
- Parkview provides outreach with the Rescue Mission for Mental Health Services.
- Housing Navigation services.

Prevention Services

Effective homelessness prevention requires proactive identification, engagement, and investment in communities most at risk of entering the homeless system of care. Currently the City of Fort Wayne, through partnerships with the County, community-based organizations, and other providers offers the following homeless prevention services:

- Counseling and Advocacy
- Eviction intervention
- Legal Assistance
- Mortgage Assistance
- Rental Assistance
- Utility Assistance

The City, the Planning Council on Homelessness and the CoC coordinate to address gaps within the system of care and to target to the needs of the community. Current prevention services in Fort Wayne are historically funded through HUD's Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG). Additional funding streams include the Allen County Division of Family Resources (DFR), the Indiana Department of Public Health, the Department of Child Services, Fort Wayne Community Schools, the VA of Northern Indiana Healthcare System, and the United Way.

In response to the COVID-19 pandemic, funds from CDBG and ESG programs were provided directly to support, Just Neighbors, United Way, and the City of Fort Wayne, and FIC (a partnership of Brightpoint, Catholic Charities, and Lutheran Social Services) and has now expanded availability of homeless prevention, emergency financial assistance services, and case management targeting individuals and families that may have been negatively impacted by COVID-19.

Mainstream services including health, mental health, and employment services

Those experiencing homelessness in the City of Fort Wayne are connected to various mainstream services and benefits available to support their health, mental health, economic, and employment related needs via City and County departments and with the assistance of a network of service providers.

- The Allen County Division of Family Resources (DFR) is responsible for establishing eligibility for health and behavioral health care through the Healthy Indiana Plan (HIP) and Hoosier Healthwise (both Medicaid programs).
 - DFR also establishes eligibility and manages Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) benefits and provides employment and training services to some SNAP and TANF recipients.
- The Indiana Department of Health provides families and individuals experiencing homelessness with benefits including the Indiana Women, Infants, and Children Program (WIC) through Neighborhood Health Clinics, Inc. and Paulding Road WIC.
- The VA Northern Indiana Healthcare System provides physical and mental health care services for Veterans at their Fort Wayne Campus.

Strengths of Fort Wayne's Homeless System of Care

The City of Fort Wayne has a homeless system of care made up of engaged, committed, and passionate providers and other stakeholders dedicated to preventing and ending homelessness while aligning with national best practices. The City works closely with the Fort Wayne Area Planning Council on Homelessness to create and enhance capacity amongst the members of the Council to develop an institutional structure in the community that will provide increased and better communication, assist in breaking down barriers, and strengthen the projects of housing, health, and service providers.

The strong collaboration between the City and the Planning Council has led to addressing the needs and barriers of those experiencing homelessness. The Steering Committee for the Planning Council has recently been working diligently to help coordinate a response to the COVID-19 pandemic in the City of Fort Wayne and surrounding areas and have been in open communication with the Planning Council at large about projects that have been launched during the crisis, and the new funding opportunities available to best serve the most vulnerable citizens in the community.

With many providers, organizations, and agencies engaged in preventing and ending homelessness, there are many **strengths in the City of Fort Wayne's homeless system of care:**

- An engaged, collaborative group of stakeholders who have good internal communication.
- A strong network of providers who offer emergency shelter and transitional housing, permanent supportive housing opportunities (PSH), rapid rehousing (RRH), and other support services for those experiencing homelessness.
- Coordination with various mainstream services and benefits available to support individuals' health, mental health, economic, and employment-related needs via City and County departments, as well a network of service providers.
- A preference within Fort Wayne Housing Authority's (FWHA) Housing Choice Voucher (HCV) program for those who are experiencing and at-risk of homelessness.

- Local Veteran’s Administration services that collaborate with community providers to offer housing solutions, employment opportunities, health care services, and support in the criminal legal system for veterans.
- A strong partnership with the City of Fort Wayne, which has supported the development of a local Coordinated Entry System (CES) that makes referrals to participating agencies who can provide housing and supportive services to individuals and families.
- Support for sub-populations in the region:
 - Specialized housing and services for individuals and families fleeing domestic violence.
 - Diverse range of people providing outreach services to unsheltered persons.
- Stakeholders and a public that is involved in the decision-making processes to define local priorities and strategic resource allocation for funding to carry out high priority projects to serve special needs populations and persons experiencing homelessness.
- An active local Planning Council made up of housing and shelter providers and representatives of agencies and organizations serving unhoused and precariously housed populations, that meets quarterly while the smaller Planning Council Steering Committee meets monthly.
- A new, robust eviction prevention program in collaboration with Allen County courts.

CHALLENGES AND NEEDS

Despite the strong collaboration, there are gaps in the system that prevent the community from responding as effectively and meaningfully as they could to end homelessness. Looking ahead, the community can build on its strong relationships by implementing strategies to address the needs of individuals and families experiencing chronic homelessness, families with children, and Veterans and their families, and focusing on individuals released from institutions, youth aging out of foster care, and individuals fleeing domestic violence.

With an effort focused around key areas, the community will be well positioned to enhance and improve the current system and anticipate and address the challenges ahead. This section provides an overview of the gaps and opportunities within the current system with recommendations about how to address them in the City of Fort Wayne.

A. Expand deeply affordable and accessible permanent housing

B. Build relationships with private market landlords to increase the availability of housing stock for households experiencing economic or housing insecurity.

C. Establish low-barrier, housing -focused shelters that individuals and families can access without pre-conditions or service participation

D. Offer dedicated temporary housing and day services for youth (including unaccompanied minors) and LGBTQ+ individuals.

E. Increase supportive services, including on-site case management and wrap-around services including mental health, substance use treatment, and outreach services.

F. Provide adequate transportation to shelters, services, and employment for residents.

G. Improve Coordination and Communication to Prevent Homelessness

A. Expand Deeply Affordable and Accessible Housing

There is a wide consensus from people with lived experience, service providers, faith-based organizations, community-based organizations, interviewees, survey respondents, and focus group attendees, as well as the data analyzed, that the City of Fort Wayne needs more affordable housing to effectively address homelessness. Access to affordable housing is vital to enable individuals who have become homeless to regain housing. It also provides an essential base for ongoing stability, which in turn prevents future homelessness. Seventy-five percent of stakeholders surveyed identified that the **greatest barrier to finding permanent and affordable housing is the lack of affordable units.**

There are not enough permanent housing options and related supportive services currently available to meet the need in the City of Fort Wayne. More than two out of three stakeholder survey respondents (66%) strongly or somewhat agreed that they support funding new permanent supportive housing (e.g., long-term housing with supportive services for people with disabling conditions).

"I think we can all agree that housing in this country is expensive. I think making housing more affordable would help many individuals in the community get off the streets and into a home that they can afford. I would say that it would take away a great deal of stress off from their shoulders, especially during this period."

— HOME-ARP Survey respondent —

Most stakeholders shared concern about the lack of quality affordable housing in the City of Fort Wayne. Many of the jurisdiction's quality units are not affordable to many households below 80% of the Area Median Income (AMI) without causing severe cost burden to the household. Other "affordable" units are dilapidated, unsafe, and offer substandard options. Many of the dilapidated structures are kept up just enough to avoid demolition, either because that is all the homeowner can afford to do, or because the landlord is motivated by profit versus investing in the community. Replacement of dilapidated housing with quality housing is a necessity in the jurisdiction. Simply acquiring and demolishing these substandard structures does not in turn increase the number of quality affordable units, it only serves to limit the number of overall affordable units causing even more market stress. There should either be encouragement to bring these units up to a safe and standard condition, or there should be a rapid replacement process for those that are demolished.

"They had apartment complexes that were dumps and they renovated them to look nice, but they are still bad. They covered up the problems with new carpet, but they are still in bad shape."

— Interviewee —

Stakeholders also indicated that Fort Wayne housing stock is being bought up more frequently by investors from outside the community. Often, they acquire and demolish the substandard structures, causing even more market stress. The City's lower-income households often face a choice between deficient housing and cost burden. Other households do not have the choice – they have both cost burden and deficient housing.

Some stakeholders reported that there are significant problems with access to affordable housing for very low-income (VLI) and extremely low-income (ELI) households. Stakeholders shared that inadequate new affordable housing exists or is under development in the City and that much of the housing that is affordable for VLI and ELI households is sub-standard. Individuals experiencing homelessness shared that landlords and property managers require three times the rent in hand to rent to them. They also said that the photos that are online for an apartment make it look nice, but when you go in person to see the unit, the repairs are often superficial, and the quality of the unit is not how it appeared online. Many people experiencing homelessness and providers shared that substandard housing and absentee landlords are on the rise.

"As a Realtor, I see affordable housing as becoming more of an issue than ever before. Several families are unable to compete for housing due to our value increase (double headed snake) I have had ideas for renovating buildings near downtown into affordable townhomes/rentals possibly subsidized with fed/state funding, creating a success roadmap for potential tenant/owners."

— HOME-ARP Survey respondent —

The following impediments were identified as factors that contribute to housing discrimination in Fort Wayne:

- Lack of access to opportunity due to high housing costs and the location and type of affordable housing: the most affordable neighborhoods in Fort Wayne are in the City Center and the southeast. This is also where the City's highest level of segregation and concentration of poverty is located. Although there is not an extreme discrepancy in access to opportunity between different sections of Fort Wayne, the center and southeastern neighborhoods of the City tend to have lower opportunity index scores, while tracts just along the City limits have higher scores.
- Availability of affordable, accessible units in a range of sizes: There is a significant disproportionate need for housing assistance for both large families with children and small (i.e. single person) households compared to other household types. Given the age and types of most of Fort Wayne's housing stock, persons with disabilities require some level of accessibility modification more often than not. Based on data analysis and reporting from local stakeholders, the current supply of housing in Fort Wayne does not have enough options to accommodate all the different types of households who need affordable units. Larger families with lower incomes, and/or lower-income families with at least one disabled family member have the biggest challenges finding affordable housing. These challenges are reflective of the needs of persons receiving housing assistance.

"Outside investment companies are currently buying up homes in our area in order to rent or resell them at an increased profit margin. As a young millennial, it's not even feasible for me to buy a house in the next few years. Fort Wayne needs to prioritize its constituents and laborers who actually run this city!"

— HOME-ARP Survey respondent —

The problem is that **there are not enough permanent housing options in Fort Wayne.**

B. Build Relationships with Private Market Landlords

In addition to the need for more affordable housing opportunities, there are challenges for low-income people to access the housing that does exist. **Landlords are invaluable partners in helping people exit homelessness and get back on their feet.** Permanent supportive housing and rapid rehousing programs can benefit participating landlords and offer a reliable source of rent income. Providers in Fort Wayne are engaging landlords and ensuring placements into housing, however improvements in cross-program coordination, uniform and consistent messaging, and outreach will improve citywide efforts.

In both the community-wide survey and the survey of homeless system stakeholders (service providers and others working with people experiencing homelessness), respondents shared that barriers related to landlords create many challenges for people experiencing homelessness to gain housing stability. **More than two-thirds of stakeholder survey respondents (67%) said that landlords are unwilling to accept people with challenging histories** (e.g. poor credit or criminal histories), while almost half (43%) of the community survey respondents said the same. Other barriers identified by both survey respondents include landlords unwilling to accept subsidies or rental assistance (20% in the community survey, 48% in the stakeholder survey) and landlords unwilling to accept tenants out of homelessness (16% in the community survey and 17% in the stakeholder survey).

Individuals experiencing homelessness and community-based organizations shared that not only is it hard to find an affordable housing option, but it is then hard to get a landlord to rent to them. In one focus group, people shared that they would like to see more education and outreach to landlords to help them see people with lived experience of homelessness as individuals. There have been reports of racial discrimination and source of income discrimination regarding landlords. Some community-based organizations stated:

"[We need] more media coverage or output to landlords – to not judge every single person under one umbrella. If you have a section 8 or food stamps – they see that and they say 'No! No! No!' I have not faced that for myself. I'm nervous if I can find housing. Am I going to have to be in the shelter, because the landlord will not rent?"

— Lived Experience Focus Group Member —

"Not enough landlords willing to accept people who are low-income, LGBTQ+ or who have histories (e.g., criminal, eviction). There is discrimination by landlords against people who are low-income and people of color in Fort Wayne, especially the Burmese population. Providers have the resources to help people with rental assistance, the challenge is finding landlords that will accept their clients. There is also substandard housing for low -or limited-income individuals, they have limited access to more decent housing options."

"Many landlords, especially in more affluent parts of the city, will refuse to accept Housing Choice Vouchers (in one building they rejected all the HCV holders of which 70-80% were Black households)."

There is also a need to educate landlords on fair housing and accommodation laws and to provide resources to assist landlords with accommodation requests.

“Landlords are unwilling to modify units to meet accessibility requirements for people with disabilities. There is a need to educate landlords to help them understand what is required under Fair Housing.”

“We paid \$100 for an apartment and that was the last \$100 we had that week and we just did it. We said, ‘We gotta do it, we gotta do it.’ So we paid it. And after that, the woman said you are approved. When we got there, they said we can’t give [the apartment] to you and then we called to get an answer and she never answered the phone. No reason. We went to Facebook and they have a page on Facebook and we were not the only ones. They were scamming [people].”

— Lived Experience Focus Group Member —

Some landlords take advantage of renters who complain about substandard housing. One community-based organization reported that when households complain, they end up being removed from their units for repair without replacement but are still responsible to pay rent.

C. Low-barrier Housing-focused Shelters and Day Services

Emergency shelters are an important part of a community’s response to homelessness. While they help people stay safe from the dangers of living outside, they are also a valuable link to permanent housing, especially for people who have been homeless for an extended period and might be reluctant to engage in services.

The most effective emergency shelters are “housing focused,” meaning that they are low-barrier and tailor their services to support the household with the goal of exiting homelessness. These programs have few pre-conditions for admittance and limit the barriers to entry by allowing some flexibility (e.g., entry of partners and pets are allowed, storage for personal belongings are available, and there is a flexibility of hours whenever possible). The housing-focused low-barrier shelters do not require participation in services as a condition of stay, but instead offer client-focused, voluntary case management working cooperatively with the household to create an action plan to help move them into housing. The work is individualized for each client and offers flexibility with intensity and frequency, recognizing client choice. While people are at housing-focused shelters awaiting permanent housing, the focus of the services is to provide the supports needed to ensure once permanent housing is found, that the household will be able to successfully maintain that housing over the long-term.

“Admission requirements for individual housing programs could allow for individuals with felonies and other crimes to be evaluated on a case-by-case basis, recognizing that some felonies are not reasons why individuals should be refused shelter.”

— Survey Respondent —

Agencies and organizations working within the homeless system of care in Fort Wayne, as well as people experiencing homelessness, shared that one of the biggest challenges in the current system is the absence of a low-barrier, housing focused shelter to serve all populations. While there are shelter options throughout the City, most of them are focused on a specific population (e.g., single men, families, women fleeing domestic violence), and many of them have the capacity to shelter only a small number of individuals or households. All but one of the shelters have pre-conditions for participation (e.g., service participation or sobriety) or other barriers to entry that prevent people from being able to access the shelter.

“Provide more flexibility with entry times/ food service times. Provide medical services/ medication for people who are homeless (particularly those with chronic diseases).”

— Survey Respondent —

Feedback from stakeholders indicated that some shelters currently available in Fort Wayne are high barrier and make it difficult for people who are unsheltered to participate. Many shelters have pre-conditions in place for entry (e.g., must have identification or must take a breathalyzer test) or have conditions for participation (e.g., require participation in religious services in order to stay in the shelter), leaving out many members of the community who are not religious or who practice religions different from a shelter. While most of the shelter beds available are open to male-identified individuals, very few shelters serve women, or couples without children. We heard from stakeholders that there is no shelter that serves youth, young adults, or LGBTQ+ individuals.

“We need a non-religious, non-discriminating shelter, that accepts all people including families.”

— Survey Respondent —

“I worked with a queer individual and she could not stay at mainstream shelters because of the barriers; it was extremely cumbersome to get her connected to a shelter.”

— HOME-ARP Survey Respondent —

Focus group participants and stakeholders expressed the need for low-barrier, housing-focused services in Fort Wayne. There is broad consensus that large portions of unsheltered households and other sub-populations are not being served by the current providers. Participants were concerned about the lack of places they could go during the day to get comprehensive services such as taking showers, doing laundry, undertaking job searches, getting job training, and other life skills education. Participants also expressed that they would like to easily access places that can offer various kinds of supportive services in order to help them transition from living unsheltered to stable housing. Moreover, there are some sub-populations that have nowhere to go (e.g., youth and/or LGBTQ+ individuals as well as those who may have an active substance use).

D. Dedicated Shelter and Services for Special Populations

There are certain populations such as youth, young adults, and LGBTQ+ individuals who have limited to no access to shelter and services in the City of Fort Wayne. As well, stakeholders identified other populations that face barriers to supportive services, including language and cultural barriers.

One strong area of consensus from stakeholders in the City of Fort Wayne was the need for shelter and services for youth. During the consultation process, public surveys, as well as at the public hearing, the vast majority of individuals and organizations that spoke at some point addressed the need to provide a safety net for youth in the City.

Whether stakeholders worked with youth directly or not, almost all mentioned the lack of available shelter and services for youth experiencing homelessness, at risk of homelessness, or living in unstable housing situations. The number of youth and young adults in need of shelter and services is not accurately reflected in the PIT count or even through HMIS. The numbers of LGBTQ+ individuals and at-risk youth are difficult to assess as they are from populations that often seek to avoid detection and are outside of the traditional homeless system of care. Although not all youth identified through the Fort Wayne Community School District (FWCS) are separated from their parents, some percentage of the 945 students identified as homeless in the 2020/2021 school year include youth seeking a safe place on their own.

The majority of the more than 1,000 public comments to the City’s proposed HOME-ARP draft Allocation Plan highlighted the dearth of services and support for youth in the City of Fort Wayne. They noted that unaccompanied youth are one of the only demographics that do not currently have shelter, day services, or advocacy on their behalf, although the data indicates there is a growing need.⁴¹ Many stakeholders mentioned that homeless or run-away youth were prime targets for human trafficking, a growing problem, in Fort Wayne. HOME-ARP survey respondents also mentioned that youth may have horrible home lives or be kicked out by their families. They noted that places like a youth shelter could help by sheltering youth with others of their own age and to be able to bond with people who may have been through the same thing.

“There are insufficient resources for Latinx communities and other immigrant populations (especially Burmese).”

— Stakeholder Interview —

“Currently there is no place for children under 18 to stay without an adult. Many teens are escaping unsafe situations that are directly related to adults. Human Trafficking for one. We need a safe, non-congregate shelter for teens to stay when no adult is with them.”

— HOME-ARP Survey Respondent —

“I would like to see a shelter built for the youth of Fort Wayne that have nowhere to go. Or something for the LGBTQ community where they are not accepted at home.”

— HOME-ARP Survey Respondent —

“Homeless youth need a safe place that will allow them to be free from dangers at home and/or from becoming victims of trafficking.”

— HOME-ARP Survey Respondent —

⁴¹ In response to the shortage of non-congregate low-barrier, housing-focused emergency shelter and programming options that currently exist in the community, the City of Fort Wayne decided to focus their HOME-ARP funding on the development of Non-Congregate Shelter and Supportive Services. Currently, the City is soliciting responses to its notice of opportunity (NOFO) and potential projects include options dedicated for youth.

Given the limited staffing for supportive services, stakeholders also noted that there are limited resources for immigrant populations or people from different religious backgrounds from the mainstream populations in the City. They noted that there may not be people who speak a participant's spoken language amongst service providers' staff. For some individuals, culturally it may be harder to trust someone who is not from their community or who does not speak their language. Numerous stakeholders shared that non-English speakers have difficulty navigating the public service systems that are in place to address housing instability. Language barriers such as the lack of program materials in native languages, insufficient numbers of bilingual staff, and/or a reluctance to have an interpreter during a crisis may create additional barriers. Some stakeholders felt that local community churches may be offering support, standing in the shoes of traditional social services.

"Putting the layer of not being progressive about race... People grew up with no diversity. So much implicit bias based on what people are exposed to."

— Stakeholder Interview —

E. Increase Supportive Services

While housing is the solution to homelessness, well-staffed, coordinated, and trained supportive service providers are the key to bringing people off the streets, into shelter, and ultimately into permanent housing. Supportive services help people achieve housing stability. People with lived experience, interviewees, and survey respondents all agree that the supportive services need to be a priority in Fort Wayne. One hundred percent of all stakeholder survey respondents and 99% percent of respondents to the community wide survey expressed support for individualized supportive services that move people from homelessness to housing.

There is a need for continued sources of funding for supportive services at all levels of the homeless response system. The City and CoC can prioritize existing and new funding to target households who have already received financial assistance to obtain or maintain housing. The City of Fort Wayne has leveraged many funding streams to offer support services but there seems to be a disconnect in the community regarding what is available and gaps in the needs of support services to ensure a household sustains the housing.

"[We] get caught in the system. If you make too much, then you will be denied the services you need. [We] need different paths to income/ education and then some level of ongoing support to afford housing."

— Lived Experience Focus Group Participant —

Gaps within the service delivery system include the need for additional supportive services, especially on-site case management and wrap around services to accompany housing for people with negative or insufficient rental history, especially those exiting homelessness. Based on the community-wide survey, the top roadblocks to ending homelessness identified through the community survey included insufficient mental health support (59%), insufficient support for criminal justice-involved individuals (34%), insufficient homeless prevention and diversion programs - e.g. eviction defense and tenant rights programs, one-time rental assistance (32%), insufficient housing assistance (31%), insufficient job training

and development (22%), and insufficient access to medical care (22%). Stakeholders identified a lack of mental health services, substance use treatment, transportation, and childcare.

The COVID-19 pandemic has heightened food insecurity and created a need for additional food services. The pandemic has highlighted the growing disparity among the areas in need of equitable access to affordable nutritious food. Equitable access to all housing and services will be an important consideration in planning for the future.

Mental Health and Substance Use Disorder Services

Trauma, affecting people's physical, emotional, social, or spiritual well-being, is widespread amongst those experiencing homelessness. The impacts of trauma and mental illness are widespread across the City of Fort Wayne's homeless population. In the City of Fort Wayne for individuals whose disability status was known in HMIS, close to half said they had at least one physical or mental health disability, with one out of every three people connected to the homeless system of care having a mental health disability.

According to the PIT count, serious mental illness impacts at least 28% of people in the City of Fort Wayne's homeless system of care. At the same time, 1 in 4 people in the homeless system of care have a substance use disorder. While HMIS indicates that the incidence of mental illness in the homeless population is higher than indicated through the PIT count, the opposite is true for people experiencing substance use disorders. HMIS indicates that less than one in five people (16%) had a substance use disorder.

The community in Fort Wayne recognizes that more is needed to support people with behavioral health conditions. In fact, almost two-thirds of community survey respondents chose mental health as one of the top three reasons for homelessness. Almost half of those same survey respondents (43%) chose the lack of mental health support as one of the top four roadblocks to ending homelessness.

"Many need intensive therapy to address trauma which has led to substance abuse. They need life skills and support."

— Interviewee —

The current needs and gaps exist primarily due to inadequate funds that are limiting the ability of the City and partner agencies to provide adequate services for stability and self-sufficiency to all residents in need. More than 50% of community-wide survey respondents identified that the supportive services needed most in the City are mental health services and 35% of stakeholder respondents agreed.

Stakeholders indicated that service providers with mental health expertise were over worked, underpaid, and unable to provide the breadth of services needed in the homeless community. They shared that the system is difficult to navigate overall, but, worse for people with mental illness. They believe that it is difficult to know what resources are available in the moment of crisis. They also shared that the biggest roadblock to obtaining affordable housing was insufficient mental health support.

"[We need] more intensive services for individuals facing substance use and mental health diagnoses."

— Survey Respondent —

Case Management

Case management is a crucial supportive service for people experiencing, exiting, and at risk of homelessness because they help assess the individual needs and make the connection to the right services. For people who are currently homeless, housing-focused case management is a best practice that focuses on the specific challenges and barriers preventing people from regaining stable housing. While people experiencing homelessness often have complex needs, these are generally more effectively addressed after they are housed.

Both focus group participants and stakeholders recognized that there are not sufficient case management services in the community particularly for individuals who are living unsheltered. Stakeholders acknowledged that much of the case management happens at organizations and not on the streets, so is not reaching people who are unsheltered. Some of the people with more serious mental illness find it difficult to make appointments and follow-up to get onsite to an organization to get the services that they need.

“Need more regular case management after people find stable housing.”

— Interviewee —

Housing-focused Case Management

Housing-focused case management is a crucial supportive service that focuses on the specific challenges and barriers keeping a family or individual from regaining housing. With case management, clients and case managers work together to develop and implement a dynamic “Housing Stability Plan” that is revised and refined over time. The process includes:

- ✓ **Identifying barriers to housing** using client-centered approaches.
- ✓ **Goal setting & action planning**, including ensuring case management stays in place even after someone is successfully housed.
- ✓ **Supporting long-term housing stability** by offering treatment to address physical, mental or behavioral (e.g., substance use) issues
- ✓ **Implementing best practice techniques** such as motivational interviewing and trauma-informed care.

Citywide Coordinated Street and Encampment Outreach Services

Many people with extensive histories of homelessness are disconnected from the network of services that could help them return to housing. They often have deep-seated trauma and negative experiences with the safety net system that may make them reluctant to engage with providers. As a result, despite the many shelters and services that are available, more people experiencing homelessness in the City of Fort Wayne are living unsheltered in the street, in parks, in cars, or in encampments.

When outreach workers go to where people are living, they can build trust, better understand the circumstances that people are facing, and offer advice and support to help people move to more supportive environments. Outreach specialists use proven engagement techniques, such as trauma-informed care and motivational interviewing, to build relationships of trust and help people connect to services and support they need to find and keep housing.

While there are various informal groups providing outreach services in Fort Wayne, there is no coordinated housing-focused outreach currently occurring in the City. Many of the efforts that do occur are siloed; outreach teams are frequently comprised of volunteers, faith-based groups, or advocates that provide feeding and food services, tents, sleeping bags, clothing, shoes and other warming items but who have little or no connection to other housing and service providers within the City.

“There is a need for a citywide outreach program focused on unsheltered homelessness and encampments.”

— Interviewee —

Multi-disciplinary street outreach teams are an effective way to bring services to unsheltered populations and connect them to resources and housing from the street. Outreach is more successful when the team includes workers from various disciplines – including medical and behavioral health staff, case workers, Coordinated Entry, and housing specialists – all working together to support and build relationships with unsheltered individuals. Some Fort Wayne providers have begun to collaborate on street outreach efforts. The outreach teams are often limited in scope and some focus on prevention outreach, versus street outreach to connect unsheltered individuals to housing and services and are not connected to the local Coordinated Entry System. Many outreach teams are centrally located – they are at a health care center or at one location, but don’t walk the streets and connect with people where they are.

“I think a traditional outreach effort model is not palatable. I don’t know if outreach should be outreach to shelters. if we had sufficient PSH, I like the idea of connecting people from the street to PSH and skip the shelters.”

— Interviewee —

There is some initial coordination that is focused on connecting unsheltered individuals to a broader array of services. Just Neighbors recently hired its first outreach coordinator to connect with people living unsheltered. Just Neighbors purchased a food truck, which has provided opportunities for staff to connect with people when they get food. They also partner with HART, a harm reduction and substance abuse provider, to provide essential recovery services in conjunction with the PATH program, for people living on the street. They have developed a cross-program outreach team that provides access to

coordinated entry, case management, and peer recovery services. This recent collaboration is a good foundation but is not yet sufficient to meet the need.

One area of feedback from outreach providers who had been providing food, clothing, and other services to unsheltered individuals for years was that they were still not aware of or connected to the agencies that provide housing, case management and services in the community. Another concern expressed by providers and unsheltered individuals was that outreach focused solely on whether a person wanted to move from the street to temporary housing, without sufficient supportive services. They described it as a “housing only” offer. A sentiment among providers, community advocates, and individuals experiencing homelessness was that additional supportive services in the field is needed, especially finding dedicated outreach specialists to help build trust and develop relationships needed for people experiencing chronic homelessness to transition to permanent housing.

The current need exists due to the absence of a citywide outreach team that can secure and keep funding; build relationships with the CoC, the Coordinated Entry System, current outreach teams and advocate groups, housing and shelter providers, and the health care system.

F. Transportation to Employment, Services, and Shelter

Many of the services and housing options in Fort Wayne are concentrated in certain parts of the City. These resources are often inaccessible for people experiencing homelessness who live outside of those areas. The lack of affordable, reliable public transportation between areas is a significant barrier for low-income households and people with disabilities living in Fort Wayne. It also restricts the viable locations for creating new housing resources for people who are low income or experiencing homelessness and who need to be near transit centers and services.

“Transportation is a big issue. Some people are literally walking from one end of the city to the other to try to get help.”

— Interviewee —

While there are some agencies that provide transportation services, including Volunteers of America, Vincent Village, The YWCA, the Allen County Council on Aging and the Community Transportation Network, Fort Wayne’s transit system does not allow easy access to employment centers or certain critical community amenities. Citilink provides regular fixed-route service and paratransit shuttles throughout Fort Wayne, but the hub-and-spoke system and hours of operation make accessing destinations outside of the central business district difficult. Individuals with disabilities are disproportionately affected by limited transportation options, as they tend to rely heavily on public transport due to an inability to reach destinations by other means.

“Need more transportation support for people who work outside of traditional business hours. People with disabilities can’t accept jobs that are on the 2nd or 3rd shifts because public transportation isn’t available after a certain hour or on Sundays.”

— Interviewee —

Across the board, stakeholders identified transportation as a significant issue in the County. Providers and focus group participants identified the lack of transportation as a key challenge for people trying to end their homelessness. It poses barriers to finding and maintaining employment and to accessing needed services and assistance. Some shared that transportation exists to get to the main downtown supportive services and shelters, but that transitions from other services were not supported by the current public transportation system.

People experiencing homelessness shared that the transportation system only runs during traditional work hours and does not run at all on Sundays. For people experiencing homelessness (and others), who need to connect with services, get to a job, or even go look at an apartment for rent, the inability to get around the City is one of the primary barriers to ending homelessness. Stakeholders shared that some of the jobs most available to people experiencing homelessness or at risk of homelessness are either located outside the transportation systems reach or are during shifts when the transportation system is not even running (in the evenings, night shifts, or on the weekends).

“Need more transportation support for people who work outside of traditional business hours. People with disabilities can’t accept jobs that are on the 2nd or 3rd shifts because public transportation isn’t available after a certain hour or on Sundays.”

— Interviewee —

Additionally, the community survey, consultations, focus groups, and staff interactions with citizens have consistently reinforced that many people struggle to get to work, to medical appointments, and even to the store. The limitations on the public transportation system, with restricted hours (including no services on Sundays), is identified as the primary reason for transportation challenges in the City of Fort Wayne. Availability, type, frequency, reliability and accessibility of public transportation was identified by most stakeholders as a challenge for most populations who rely on public transportation.

Additional reasons for the transportation gaps include the cost of owning a vehicle (payments, insurance, gas), credit capacity to purchase a vehicle, the high per-trip cost of services like Uber, and the lack of available jobs and services within walking and biking distance of the jurisdiction’s most affordable neighborhoods. The issue of transportation access to jobs and services is reported as a significant factor in several other issues, such as medical services. Medical care, appointments, and prescriptions can also be difficult to manage without ready access via transportation.

G. Improve Coordination and Communication to Prevent Homelessness

By preventing homelessness, the City of Fort Wayne can help individuals and families avoid the economic, social, mental, and physical challenges that result from homelessness – often at a much lower cost than it takes to serve people after they lose their housing. Effective prevention requires having adequate safety net services in place to address needs before they escalate to crises. Prevention involves adequate cross-sector collaboration, including with schools, the child welfare system, public health/emergency rooms,

mental health care facilities, public benefit programs, the criminal legal system, and others. Prevention services can include: housing relocation and stabilization services, short and/or medium-term rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair as necessary to prevent the individual or family from becoming homeless. In addition, other programs are trained to provide diversion assistance through conflict resolution and problem-solving conversations.

Prevention programs currently exist within the City of Fort Wayne that are addressing some of this need; however, stakeholder interviews along with the data reviewed demonstrate that this area is under-resourced given the level of need.

- HUD Emergency Solutions Grant (ESG) funding can be used for prevention assistance. Allen County normally allocates a percent of their ESG funding to Brightpoint for prevention.
- A local program funded by the United Way and the Emergency Food and Shelter Program (ESP), the Financial Independence Cooperation (FIC), is a collaboration between Brightpoint, Catholic Charities, and Lutheran Social Services. The partnership was in place before the COVID-19 pandemic. They created a private database through Brightpoint where they share data across the partners to ensure no duplication of resources.
- Brightpoint receives a limited amount of SSVF funding that can be used toward prevention.
- Township Trustees have funds to help with rent as part of their poverty emergency response funding
- YWCA – received COVID funding through VAWA for people experiencing Domestic Violence – that money is going to end soon
- Outside of the formal structures of the CoC, a local program called “In as Much,” is run by a group of churches led by Broadway Christian Church. Privately funded through the churches, they can provide financial assistance for incidentals, including utility assistance and rent.
- Indiana Housing Now is a state funded program for the federal emergency rental assistance program (ERAP) While the program is difficult to access, the state has prevention resources to distribute that could be used for City of Fort Wayne residents.

There have been more resources for prevention in the City than usual because of the influx of federal resources to respond to the pandemic. Stakeholders agreed, however, that there will be a huge gap when all the federal money is gone, which is likely to be very soon. In addition to the lack of resources, stakeholders shared that there is less affordable housing in the City to leverage prevention dollars because out-of-state investors are buying up more affordable housing.

Another challenge for implementing a robust prevention program is the lack of case management services. Stakeholders shared that case management was what was really needed – not just money – but staff time to help people develop individualized housing and service plans and critical life management skills that may not have been available before, including managing finances, obtaining employment/education, parenting classes, referrals to healthcare/mental healthcare, etc.

Of stakeholders surveyed, 43% said that one of the top roadblocks that keep Fort Wayne from ending homelessness was insufficient resources dedicated toward prevention and diversion. 25% said that eviction prevention should be a top priority for the City. In a HOME-ARP survey to the community, two-thirds of respondents agreed or strongly agreed that they or someone they knew had been concerned about finding an affordable place to live. Prevention programs are necessary to counteract this prevalent instability and prevent a housing crisis from escalating further into homelessness.

Roadmap: Goals, Strategies, and Action Steps

The following section is intended to provide a roadmap to guide current and future planning by the City of Fort Wayne in its efforts to prevent and end homelessness.

Together the four overarching **Goals** address the key challenges and needs identified in the previous section.

Each goal has beneath it a set of **Strategies** to enable the community to achieve the goal. Under each strategy, the roadmap outlines a series of **Action Steps** that the community can undertake to move the strategy forward.

After each set of strategies, there is a set of **sample Metrics** that include short-term (6 months to 1 year), medium-term (1 to 3 years) and longer-term (3 to 5 years) measures for each goal. The metrics, while not exhaustive or prioritized, identify specific and quantifiable ways the community can measure whether and when the goals have been met. Additional work on metrics will be done *by the community as implementation begins*.

After the strategies, Appendix C is a **sample Implementation Plan**, which provides more detail and specificity for implementing the strategies, including prioritization of the action steps. The success of the strategic plan ultimately depends on the community's ability and willingness to collectively prioritize and coordinate in implementing the action steps of the plan.



Goal 1: Increase Safe & Affordable Housing for All Fort Wayne Residents

Strategy 1.1: Assess & Use Available Public and Private Land for Permanent Housing

ACTION STEPS:

1.1.a	<p>Establish a five-year citywide Housing Development Pipeline that identifies an achievable path to establish new housing for underserved populations.</p> <ul style="list-style-type: none">i. Establish a Housing Committee including developers, the FWHA, the City, and experienced service providers to develop and facilitate implementation of a citywide Housing Development Pipeline.ii. Partner with Allen County to support development of a pro-rata portion of dedicated permanent supportive housing (PSH) inventory over the next five years.iii. Develop systems to increase local capacity to respond to development opportunities and expand capital funding and resources available to meet development goals.iv. Conduct and maintain an inventory of unused, underutilized, and available properties to ascertain opportunities for additional safe and affordable housing in the City.v. Identify suitable sites for rehabilitation or development of affordable permanent housing in the City.vi. Assess housing sites' proximity to amenities to support affordable housing (e.g., transit, food, services).vii. Initiate planning to aggressively expedite development and offer incentives, specifically for PSH.
1.1.b	<p>Rehabilitate vacant or underutilized properties to develop PSH.</p>
1.1.c	<p>Evaluate the feasibility for immediate development of multi-family housing units, in-law units, and other non-traditional options (e.g., repurposed motels/hotels and/or Accessory Dwelling Units (ADUs).</p>
1.1.d	<p>Consider developing of single-room occupancy (SROs) buildings, which provide non-congregate, small furnished single rooms within multi-tenant buildings for residents with low- or minimal income who may be transitioning out of long-term homelessness.</p>
1.1.e	<p>Explore master lease, lease to own, or create agreements with existing facilities in the community to create PSH.</p>

Strategy 1.2: Protect and Expand Affordable Housing through Local Policy

ACTION STEPS:

1.2.a	<p>Evaluate current City policies to identify any rules or programs in place that inhibit development of affordable housing. Identify changes that would reverse the negative impacts of those policies.</p> <ul style="list-style-type: none">i. As part of the local Housing Elements, identify and implement opportunities to streamline approvals for housing and service locations for formally and currently homeless households (e.g., year-round overnight shelter, community cabins, safe parking, and permanent supportive housing).
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	ii. Revise City policies to expand and streamline, by-right, a wide variety of resources, services, and housing for people experiencing homelessness.
1.2.b	Develop “Moving On” policies within the Fort Wayne Housing Authority that prioritize Housing Choice Vouchers for people in permanent supportive housing (PSH) to provide an affordable housing option and short-term services and resources that support program participants during and shortly after their transition to a greater level of independence. The Moving On program helps to keep limited supportive housing available for households who need intensive services.
1.2.c	Create local policies that incentivize in-state and out-of-state property owners to sell, repair, or develop substandard units/properties into safe and affordable housing (e.g., residential vacancy tax or other similar efforts, including City-level approaches).

Strategy 1.3 Increase Access to Housing through a Coordinated Landlord Engagement Campaign

ACTION STEPS:

1.3.a	<p>Establish a citywide landlord engagement strategy that includes year-round staffing to educate the public, recruit landlords, and engage in outreach to property managers and landlords with collective, consistent messaging.</p> <ul style="list-style-type: none"> i. Develop an outreach/communications campaign to educate landlords in the benefits of partnership and risk mitigation approaches. ii. Ensure all case managers are trained on landlord relationship development and retention, expand housing specialist positions, and train all agencies and staff on landlord engagement strategies. iii. Collaborate with landlords who are already successfully working with local homeless housing agencies to create a mentorship program for new landlord partners. iv. Create uniform landlord engagement and support protocols to ensure all landlords receive the same level of service regardless of where they connect to the system. v. Strengthen landlord engagement after households have exited homelessness to maintain positive long-term landlord relationships.
1.3.b	<p>Establish a landlord risk mitigation and/or incentive fund that provides compensation to landlords to mitigate any damage caused by tenants and to incentivize renting to formerly homeless households.</p> <ul style="list-style-type: none"> i. Engage private partners, such as foundations, service agencies, and faith-based organizations to contribute resources to mitigation or flexible housing funds. ii. Create financial incentives for landlords renting to voucher holders, including bonuses for new and/or returning landlords. iii. Evaluate the mitigation and incentive programs on an ongoing basis and gather landlord feedback on their experience to make improvements.
1.3.c	Create client portfolios to address barriers that make it difficult for tenants to obtain affordable housing. Portfolios can include letters of support from people who know the client, information about the client’s background and the steps they have taken to improve their housing stability.

	<ul style="list-style-type: none"> i. Help people with criminal record expungement, credit repair, and eviction expungement). ii. Provide opportunities for potential tenants to meet landlords one-on-one to create personal connections. iii. Use reasonable accommodation and other fair housing laws to help landlords understand the needs of the clients and open housing opportunities (create funding resources to assist with reasonable accommodation requests)
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Strategy 1.4: Create Flexible Resources to Expedite a Household's Ability to Attain Permanent Housing

ACTION STEPS:

1.4.a	Develop a Flexible Housing Fund to provide assistance with moving costs, address the limitations of housing subsidies to respond to rapidly rising housing costs, and focus on financial barriers that can prevent people from successfully exiting homelessness.
1.4.b	Expand rental assistance programs to cover application fees and assistance with security deposits and move-in costs to help ensure vouchers are utilized equitably
1.4.c	Expand resources for expungement (of eviction and/or criminal records), credit repair, and document readiness so households can use available housing subsidies quickly

Goal 1 Sample Metrics

Short-Term 6 months to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
<p>Metric 1.1: FWHA has adopted a "Moving on" policy that prioritizes Housing Choice Vouchers for people transitioning from PSH (PSH) no later than December 31, 2022.</p> <p>Metric 1.2: A landlord engagement campaign is providing support to landlords who rent to people transitioning from homelessness to permanent housing.</p>	<p>Metric 1.3: A Flexible Housing Fund is in place and distributing resources to eligible households.</p>	<p>Metric 1.4: At least 50 new PSH units exist throughout the City by January 2027.</p>

Goal 2: Expand Access to Homeless Emergency Response Services

Strategy 2.1: Expand Access to Safe, Low-Barrier Temporary Housing Options Citywide

ACTION STEPS:

2.1.a	<p>Establish permanent year-round, low-barrier housing-focused shelter with citywide coverage and adequate capacity that uses evidence-based practices to support households exiting homelessness, minimizes barriers to prevent people from participating, and is open around the clock to provide resources, services, and connections to housing.</p> <ul style="list-style-type: none"> i. Provides housing-focused case management and supportive services, including connection to mainstream benefits. ii. Open 24 hours a day 7 days a week, with flexible entry and exit and inclusive policies around partners, pets, and storage of belongings.
2.1.b	<p>Increase low-barrier crisis shelter options for special populations.</p> <ul style="list-style-type: none"> i. Explore bridge housing for youth, families, veterans, and seniors based in a multi-bedroom home shared housing model. ii. Prioritize new shelter development for underserved populations (i.e., individuals with long history of homelessness, medically fragile, etc.). iii. Assess the need for, and feasibility of, ongoing non-congregate shelter facilities.
2.1.c	<p>Convert or Incentivize the Conversion of existing current emergency shelters to low-barrier, housing-focused shelters and adopt best practice standards:</p> <ul style="list-style-type: none"> i. Integrate behavioral health services (e.g., mental health, alcohol, and substance use services) into shelters and provide more wrap around services. ii. Ensure access to all shelters is full-time (24/7), year-round, and housing-focused (e.g., provides services and case management to transition to permanent housing). iii. Enact low-barrier admission policies that screen-in rather than screen-out potential participants who face the greatest barriers to housing. iv. Enact minimal rules and restrictions that focus on behavioral expectations to help ensure client and staff safety – few rules, not “no rules.” v. Ensure staff are trained on housing-focused approaches and housing navigation is available at all shelters, day centers, transit center, libraries, and workforce development one-stop locations. vi. Provide optional wrap-around services and connections to key resources at all overnight and day shelters. vii. Provide shelters already in place the opportunity and support to transition to low-barrier shelters.
2.1.d	<p>Create safe parking zones/sites for households experiencing vehicular homelessness where they can park safely and connect to additional services, including medical help, housing navigation, public benefits, employment, hygiene needs, etc.</p> <ul style="list-style-type: none"> i. Identify a site or sites for a safe parking program (i.e., faith-based, municipal, or commercial parking lot, campground, vacant lot, etc.). ii. Identify potential service partners and funding.

	<p>iii. Start a pilot program to demonstrate need and viability of program, if needed, with possible focus on subpopulation(s) (i.e., families or single adults).</p>
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Strategy 2.2: Develop Coordinated Citywide Street and Encampment Outreach

ACTION STEPS:

2.2.a	<p>Establish a mobile multi-disciplinary outreach program to support health and wellness and provide connections to benefits and other resources to exit homelessness.</p> <ul style="list-style-type: none"> i. Create a coordinated, citywide street and encampment outreach team that builds on already existing outreach efforts and includes staff from a mix of different disciplines, including street medicine, social work, nursing, behavioral health, and housing navigation. ii. Create a mobile outreach trailer program that includes medical, behavioral health, and housing navigation services and can access people experiencing homelessness outside of urban areas as well as onsite for safe parking and other new programs. iii. Ensure the diversity of street outreach staff to include people with lived experience by lowering barriers to employment and recruitment. iv. Explore options for funding the outreach trailer and services, including existing funding or a fundraising campaign allowing partners to sponsor the trailer. v. Coordinate with local community groups and service providers to publicize the mobile outreach trailer and create a schedule to ensure citywide coverage. vi. Implement trainings on evidence-based best practices for outreach staff, including trauma-informed care, critical time intervention, motivational interviewing, and use of technology. <ul style="list-style-type: none"> i. Evaluate street outreach quality and outcomes regularly to ensure effectiveness and lived experience feedback. <ul style="list-style-type: none"> o Build in feedback opportunities for people with lived experience. vii. Identify ways to improve the success of street outreach as measured by the number of homeless individuals being connected to the CE system, exits from homelessness to permanent housing, and connection to mainstream resources.
2.2.b	<p>Develop a peer support program as an interdisciplinary approach that trains peers with lived experience of homelessness to become street outreach and system navigation staff.</p>

Strategy 2.3: Expand Services to Support Exits from Homelessness

ACTION STEPS:

2.3.a	<p>Hire housing navigators to help increase exits from homelessness by building and maintaining relationships with landlords, affordable housing providers, and other housing programs to increase the number of units available for households exiting homelessness</p> <ul style="list-style-type: none"> i. Identify potential funding source(s) for ongoing staffing ii. Identify host agencies or jurisdictions for housing navigator staff. iii. Hire qualified housing navigators with some housing/real estate experience.
2.3.b	<p>Expand supportive services available to individuals and families experiencing homelessness.</p> <ul style="list-style-type: none"> i. Expand availability of ongoing case managers for individuals seeking to exit to permanent housing.

	<ul style="list-style-type: none"> ii. Invest in local funding for case management, physical health, behavioral health, and substance use services for households receiving financial assistance. iii. Help local homeless services providers build capacity by obtaining additional funding for staffing, staff training, and the support needed to expand direct services offered to clients. iv. Expand language accessibility of the CE system, CoC providers, and outreach teams, and to ensure that individuals whose first language is not English have access to multi-lingual resource materials and staff who can assist them in their preferred language. v. Evaluate and revise salaries and benefits for case managers to ensure that City of Fort Wayne providers can recruit and retain qualified staff.
2.3.c	Identify a partner to build out workforce development programming specifically for households who are unhoused (or formerly unhoused) who have secured or maintained housing with a one-time grant or ongoing rental subsidy/voucher.
2.3.d	Provide additional support to participants who exit shelters to permanent housing through proactive case management and best practice strategies, such as motivational interviewing, trauma-informed care, and housing-focused case management and planning.
2.3.e	Strengthen partnerships and coordination with mainstream agencies such as legal aid, credit repair services, public benefits staff, e.g., Medicaid (the Healthy Indiana Plan (HIP) and Hoosier Healthwise), SSI/SSDI, workforce development, etc.
2.3.f	Ensure local programs can access and fully participate in the Coordinated Entry System and can enter data into the citywide HMIS.
2.3.g	<p>Develop a comprehensive transportation strategy in partnership with local transit authorities that considers the transportation needs of people experiencing homelessness.</p> <ul style="list-style-type: none"> i. Create or expand existing programs that provide discounted or free transit passes to people experiencing homelessness. i. Set up and identify locations where personal belongings may be stored and where pets and service animals may be cared for while individuals access services and resources. ii. Develop a subsidized ridesharing program or create a van service for individuals experiencing homelessness or recently housed who need to access health or behavioral health appointments or other resources. iii. Work with health care providers to create transportation to and from medical appointments.

Strategy 2.4: Expand Services for Subpopulations with Special Needs

ACTION STEPS:

2.4.a	Expand access to mental and behavioral health services for the homeless population.
2.4.b	Expand support services for people with a history of criminal legal system involvement , including housing location, record expungement, and credit repair.
2.4.c	Strengthen the system of care targeting youth and young adults to ensure culturally competent service delivery and engagement.

	<ul style="list-style-type: none"> i. Conduct additional youth focus groups to identify priority needs and gaps in system accessibility for youth experiencing homelessness in the City. ii. Expand partnerships with schools and colleges, the child welfare system, the juvenile justice system, and runaway and homeless youth providers to address gaps and ensure coordinated and culturally competent access to a youth-informed system of care. iii. Ensure youth access to CE and supportive housing resources, outreach and crisis shelter, and behavioral health and other supportive services.
2.4.d	<p>Evaluate, track, and implement training and program modifications to address disparities in system access and service provision for special subpopulations, including for people of color, non-English speakers, and persons identifying as LGBTQ+.</p> <ul style="list-style-type: none"> i. Consider collaboration with Center for Non-Violence and/or Metro Human Rights Commission to plan and execute a special committee or workgroup to address equity and system access. ii. Assess and evaluate racial disparities in service access and provision, including in numbers receiving CE system assessment, matched to a housing program, entering housing, and retaining housing. iii. Provide cultural humility and implicit bias trainings and support for CE and direct service staff, including outreach, emergency shelter, housing navigation, and housing program staff. iv. Add or modify PIT count and HMIS measures to collect targeted data about special subpopulations, including persons identifying as LGBTQ+. v. Enhance tracking of LGBTQ+ population experiencing homelessness by adding questions to the communitywide survey, engaging peer outreach, and leveraging peers in identifying locations for PIT counts. vi. Train intake staff on cultural competency and ensuring equal access. Ensure subpopulation fields in HMIS are tailored and used by intake staff.
2.4.e	<p>Establish a quarterly monitoring protocol that helps the CoC better understand how services are helping people obtain permanent housing.</p> <ul style="list-style-type: none"> o Include a field in HMIS to identify households who fall into homelessness for the first time or who return to homelessness and track the impact of interventions on high-risk households. o Review data entry and data quality requirements for HMIS-participating homeless service providers to improve local understanding of the scope of chronic homelessness in the City.

Goal 2 Sample Metrics

Short-Term 6 months to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
<p>Metric 2.1: Plans are developed to transition existing shelters to low-barrier, housing focused shelters.</p>	<p>Metric 2.2: A multi-disciplinary outreach program is regularly providing services and support to unsheltered individuals.</p> <p>Metric 2.3: At least one non-congregate shelter for youth is in place and offering shelter and services.</p> <p>Metric 2.4: A comprehensive strategy has been developed and at least 2 steps have been taken to improve transportation access for people experiencing homelessness no later than January 2023.</p>	<p>Metric 2.5: At least two shelters in the community have transitioned from high-barrier shelters to low-barrier, housing-focused shelters.</p> <p>Metric 2.6: A comprehensive peer support program is in place with a large percentage of paid outreach staff and navigators comprised of people with lived experience of homelessness.</p> <p>Metric 2.7: A safe parking pilot is in place for individuals and families no later than Fall 2022.</p>

Goal 3: Partner Across the City of Fort Wayne to Build Collective Solutions

Strategy 3.1: Deepen Public Understanding of Homelessness and Its Solutions

ACTION STEPS:

3.1.a	Roll out the Strategic Plan , using a process to support communitywide engagement and alignment around a single roadmap for next steps in addressing homelessness in the City.
3.1.b	Establish a year-round communication strategy to educate the public about homelessness and the local homelessness response, addressing common myths and celebrating progress in strategic plan implementation. Highlight programs and services, data-driven best practices, opportunities for community members to get involved, and examples of impact and success.
3.1.c	Create resident- and business-focused initiatives that match local employers with individuals facing housing instability. Initiatives can include training, in addition to offering employment, scholarship, mentorship, or housing opportunities.
3.1.d	Consult and partner on an ongoing basis with local faith-based organizations to leverage their strengths in building community, providing essential services, and coordinating volunteers and resources.

Strategy 3.2: Strengthen the Homeless System Response Infrastructure

ACTION STEPS:

3.2.a	Develop a year-round structure for citywide strategic plan implementation and reporting process that includes a citywide implementation body (committee/task force) to lead the development of a communication strategy, coordinate the implementation process and monitor the progress of the strategies.
3.2.b	Develop an annual work plan with prioritized action steps to guide strategic plan implementation along with identifying key stakeholders to guide each step. Establish stakeholder committees, as needed, and a process for regular updates to the countywide implementation body. Provide regular updates on progress made on goals, strategies, and metrics to the Planning Council and refine action steps as needed.
3.2.c	Establish roles and responsibilities and fund a staff position to support community wide implementation of strategies, including coordination of various implementation bodies, the outreach campaign, and execution of various initiatives and action steps.

Strategy 3.3: Provide Information and Engagement Opportunities to People with Lived Expertise

ACTION STEPS:

3.3.a	<p>Establish a Lived Experience Advisory Board, comprised of people currently experiencing homelessness or with recent lived expertise who can provide feedback to the CoC and jurisdictions and be involved in policymaking and allocations processes within the CoC.</p> <ul style="list-style-type: none"> i. Ensure people with lived experience review outreach documents use to advertise the position/s before circulating them widely. ii. Ensure at least one person with lived experience of homelessness participates in the review and selection of Lived Experience Advisory Board members. iii. Fairly compensate Lived Experience Advisory Board members for their participation on the Board. iv. Create position/s on the Planning Council that has decision making capabilities for people with lived experience of homelessness.
3.3.b	<p>Develop policies that are humane and responsive to the needs of unsheltered individuals and families.</p> <ul style="list-style-type: none"> i. Ensure policies reflect the input of those living unsheltered. ii. Ensure policies do not criminalize homelessness. iii. Work with experts and persons with lived experience on encampment resolution.
3.3.c	<p>Provide more education about mental illness and its impacts on individuals and its intersection with homelessness.</p>
3.3.d	<p>Develop resource materials and educational information about the variety of organizations and services in the community that can be available online, through social media, and accessible at places where people experiencing or at risk of homelessness can learn.</p> <ul style="list-style-type: none"> i. Expand language accessibility to materials, including online and printed. ii. Ensure that people with lived experience of homelessness are part of the development of the materials or can review/edit them prior to release.

Strategy 3.4: Improve Communication, Coordination, and Collective Action

ACTION STEPS:

3.4.a	<p>Increase participation by key stakeholders and essential community partners in meaningful solutions to address homelessness in the City of Fort Wayne.</p> <ul style="list-style-type: none"> i. Involve people with lived experience, philanthropy, service organizations, and faith-based organizations in supporting critical initiatives such as public engagement and education campaigns, the flexible housing and risk mitigation funds, and volunteer opportunities. ii. Include a diverse set of stakeholders in strategic plan implementation processes and committees to ensure engagement across sectors and all partners with a stake in addressing homelessness are part of the solution.
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3.4.b	Create a Planning Council website with a publicly-facing dashboard that shows progress toward identified goals (i.e., services offered, people assisted, or people placed into housing) and information regarding success stories, challenges, key policy decisions, funding allocations, available resources, housing opportunities, etc.
3.4.c	Use data to evaluate and track disparities in access to the homeless system of care and in who receives housing and services, including racial disparities, and implement training and program modifications to address any identified disparities.

Goal 3 Sample Metrics

Short-Term 6 months to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
<p>Metric 3.1: A year-round communication strategy to educate the public about homelessness has been created and is in place no later than December 31, 2022.</p> <p>Metric 3.2: A countywide implementation body has been selected and has produced an annual work plan for calendar year 2023 no later than December 31, 2022.</p> <p>Metric 3.3: Accessible outreach materials have been written, reviewed, and circulated widely that provide information about resources, agencies, and organizations that provide services and support to people at risk of or experiencing homelessness no later than December 31, 2022.</p>	<p>Metric 3.4: The process for creating a Lived Experience Advisory Board has commenced and the Advisory Board has a position on the Planning Council no later than March 30, 2023.</p> <p>Metric 3.5: Planning Council members regularly present periodic updates at jurisdictional meetings through the region, no later than January 31, 2023.</p>	<p>Metric 3.6: The Planning Council website has a public-facing dashboard that provides visualization of progress toward the 4 stated goals.</p> <p>Metric 3.7: Disparities in the homeless system of care have been identified and evaluated and new data indicates that the disparities have lessened or been fully eliminated.</p>

Goal 4: Prevent Homelessness Before It Begins

Strategy 4.1: Increase Prevention and Diversion Services in Fort Wayne

ACTION STEPS:

4.1.a	<p>Coordinate with Emergency Response System providers</p> <ul style="list-style-type: none"> i. Identify which Emergency Response System (ERS) providers can be good partners in preventing and responding to homelessness ii. Train identified first responders on housing and homeless interventions so they are aware of homelessness prevention services and CE and know how to refer clients iii. Conduct ongoing meetings and trainings with ERS providers to maintain competency and consistency in collaborative relationships
4.1.b	<p>Create and implement coordinated, system-wide prevention and diversion screening and problem-solving protocols to help people at high risk of homelessness remain housed.</p>
4.1.c	<p>Develop an ongoing education and training program about prevention and diversion:</p> <ul style="list-style-type: none"> i. Train all providers on prevention and diversion screening and problem-solving protocols and techniques, motivational interviewing ii. Include staff from all access and outreach teams in training opportunities. iii. Educate clients, providers and landlords on tenants' rights, fair housing, and reasonable accommodations. iv. Connect clients to legal services for eviction defense and mediation when necessary. If adequate services are not available, develop or fund additional legal services.
4.1.d	<p>Identify and allocate flexible funding and other resources for prevention and diversion and eviction prevention and designate agencies to disburse those funds to eligible clients.</p>
4.1.e	<p>Identify subpopulations in need of prevention services and align resources accordingly:</p> <ul style="list-style-type: none"> i. Analyze HMIS data for patterns among first-time homeless families and individuals and create a plan to address the most common reasons for first-time homelessness ii. Develop a process to work with the local McKinney-Vento program liaison to ensure early identification of families facing housing instability. iii. Collaborate with agencies and partners (e.g., local colleges, child welfare agencies) to identify transition age youth, including youth aging out of foster care, who are experiencing or at-risk of homelessness.
4.1.f	<p>Expand access to income, including employment and benefits, for people at risk of homelessness.</p> <hr/> <ul style="list-style-type: none"> i. Ensure all people experiencing homelessness are enrolled in the public benefits for which they are eligible. ii. Create partnerships with private employers to create pathways to stable jobs for people exiting homelessness.

Strategy 4.2: Improve Coordination to Ensure Individuals Are Not Discharged into Homelessness

ACTION STEPS:

4.2.a	<p>Coordinate discharge planning with the criminal legal system, (including juvenile legal system), child welfare (including foster care), and health care systems</p> <ul style="list-style-type: none"> i. Examine the discharge planning processes that currently exist between the CE and systems that transition people from their services who may be in need of housing. ii. Work with the HMIS Lead to ensure that HMIS can track discharge planning referrals. iii. Create new discharge planning protocols based on the collective work with systems. iv. Train and collaborate with the staff of discharge planning institutions and front door CE on new developed protocols. v. Meet regularly with discharge planning institutions and front door CE to evaluate processes and successes or challenges with discharge planning coordination. vi. Work collectively with discharge planning institutions to ensure that their programs provide robust case management for their clients to ensure they are placed in housing and received services until they achieve housing stability. vii. Conduct ongoing evaluations of the effectiveness of a new coordinated discharge planning system.
4.2.b	<p>Create additional resources and housing for people discharged from institutions:</p> <ul style="list-style-type: none"> i. Evaluate the resources that exist for populations served by institutions conducting discharge planning, including case management, educational resources, job training, life skills, housing, subsidies, housing placement, etc. ii. Ensure that discharge planning providers are aware of available resources; receive regular updates and relevant resource guides. iii. Identify gaps in housing and resources for people discharged from institutions. iv. Identify and collectively help secure funding to fill the gaps in resources.

Goal 4 Sample Metrics:

Short-Term 6 months to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
<p>Metric 4.1: At least 2 Emergency Response System (ERS) partners identified and at least 1 training has occurred for ERS.</p> <p>Metric 4.2: Discharge planning collaboration has started with at least one cross-sector agency (e.g., criminal legal system, child welfare, and/or health care systems).</p>	<p>Metric 4.3: A uniform prevention and diversion screening and problem-solving protocol is developed and is in use across City agencies.</p> <p>Metric 4.4: New resources have been identified and are funding prevention and/or diversion activities.</p>	<p>Metric 4.5: System Performance Measures indicate that the CoC has decreased first-time homelessness.</p>

APPENDIX A: GLOSSARY OF TERMS

Accessory Dwelling Units (ADUs) are permanent units that exist besides, near, or in conjunction with a larger, pre-existing home.

At risk of homelessness is a status given to individuals and their families who have unstable housing and inadequate income and resources.⁴²

Behavioral Health describes the connection between a person's behaviors and the health and well-being of the body and mind.⁴³

Bridge housing aims to immediately transition vulnerable clients out of homelessness to provide a stable experience that can facilitate placement into permanent housing.

Case management includes assessment, planning, facilitation, care coordination, evaluation and advocacy with people experiencing homelessness. Staff work with individuals and families to address their comprehensive needs to help them exit homelessness and stay housed.

Chronically Homeless is when a person has been homeless for at least a year, either 12 months consecutively or over the course of at least 4 separate occasions in the past 3 years. To be chronically homeless, the individual or head of household must also have a disability.

Community Development Block Grant (CDBG) is a flexible program run by HUD that provides communities with resources to address a wide range of unique community development needs.

Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed in the CoC Program Interim Rule⁴⁴ for a defined geographic area. A CoC is composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless Veterans, and homeless and formerly homeless persons. Responsibilities of a CoC include operating the CoC, designating and operating an HMIS, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds.

⁴² See 24 C.F.R. § 576.2 for complete definition of “at risk of homelessness” under the Emergency Solutions Grant Program.

⁴³ CDC, The Critical Need for a Population Health Approach: Addressing the Nation’s Behavioral Health During the COVID-19 Pandemic and Beyond. Available at: https://www.cdc.gov/pcd/issues/2020/20_0261.htm

⁴⁴ CoC Interim Rule, <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

CoC Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

CoC Program Interim Rule focuses on regulatory implementation of the CoC Program, including the CoC planning process. The CoC Program was created through the McKinney-Vento Homeless Assistance Act as amended by the HEARTH Act of 2009.⁴⁵

Coordinated Entry (CE) or Coordinated Entry System (CES) provides a centralized approach to connect the region's most vulnerable homeless residents to housing through a single community-wide assessment tool and program matching system. Bright Point is the coordinator for the local CES.

Congregate Shelters are facilities with overnight sleeping accommodations, in shared quarters, the primary purpose of which is to provide temporary shelter for people experiencing homelessness.

Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is "select monthly owner costs," which includes mortgage payment, utilities, association fees, insurance, and real estate taxes.

Day center or day services offer showers, internet access, case management, housing navigation, and other supportive services during traditional daytime hours. In most cases these services are free.

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Emergency Housing Voucher (EHV) is a program available through the American Rescue Plan Act (ARPA). Through EHV, HUD is providing 70,000 housing choice vouchers to local Public Housing Authorities (PHAs) in order to assist individuals and families who are homeless, at-risk of homelessness, fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, or were recently homeless or have a high risk of housing instability.

Emergency Shelter is any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for people experiencing homelessness in general or for specific populations. Shelter may include year-round emergency shelters, winter and warming shelters, navigation centers and transitional housing. These types of shelter have varying hours, lengths of stay, food service, and support services.

⁴⁵ Id.

Emergency Solutions Grants (ESG) provides funds to assist people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

Federal Poverty Guidelines are issued each year by the federal Department of Health and Human Services. The guidelines are a simplification of the federal poverty thresholds and are used to determine financial eligibility for certain federal programs.

Flexible Funds have increasingly been permitted and encouraged as an allowable expense by federal, state, and County funders. Flexible funds can be used for different purposes. They can pay for costs that will result in an immediate solution of a housing crisis. They can bridge the gap while permanent housing is secured. They can cover household needs that will help people keep their housing. Flexible funding can be used to purchase grocery cards, gas cards, certificates or licenses to work, car repair, furniture, pest extermination, storage, essential minor repairs to make living space more habitable, transportation vouchers/passes, costs for birth certificates or other documents, bus or train tickets, shipping belongings, housing application fees, credit checks, rental deposits, past due rent, one-month rent on new units, utility deposit, and/or utility payments.

HOME-ARP is a new federal funding stream that provides funding to cities and counties across the United States to produce and preserve affordable housing, provide tenant-based rental assistance, to build non-congregate shelters, and/or to provide supportive services. Projects must commit to serve qualifying populations, which include people experiencing homelessness, people at risk of homelessness, people fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, or other populations where providing supportive services or assistance would prevent the family's homelessness or would serve those with the greatest risk of housing instability.

Homeless is defined by HUD in four categories:

- (1) individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- (2) individuals and families who will imminently lose their primary nighttime residence;
- (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and
- (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Homeless student is defined under the McKinney-Vento Act as a child without a regular adequate residence, which includes any students living in shelters, in substandard housing, doubled up with friends

or relatives because they have no other place to go and cannot afford a home. The other living arrangements included are single room hotels, cars, parks, and public places.

Homeless system of care is another way of describing the Continuum of Care (CoC) and the network of partners who come together to work to support people experiencing homelessness or at risk of homelessness.

Housing and Urban Development (HUD), U.S. Department of, is the federal agency responsible for national policy and programs that address housing needs, improve and develop communities, and enforce fair housing laws.

Housing Choice Vouchers (HCVs), formerly known as the Section 8 program, are long-term rental subsidies funded by HUD and administered by Public Housing Authorities that can be used to help pay for rent.

Housing First is a well-accepted, national, evidenced-based best practice that eliminates barriers to housing, ensuring individuals and families can exit homelessness as quickly as possible. Housing First is an approach to quickly and successfully connect households experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered on a voluntary basis to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.⁴⁶

Housing-focused shelter (also sometimes called “navigation centers”) help people connect long-term solutions to homelessness and address the barriers that keep them from becoming housed. The goal is to help people exit homelessness as rapidly as possible. Once housed, people can work on the underlying challenges that undermine their stability. Housing-Focused Shelters typically offer: admissions policies that screen-in (not screen out) households, and welcome pets, partners, and possessions; minimal rules and restrictions that focus on safety (e.g., no weapons) and ability for people to come and go, with 24-hour operations; client-centered services tailored to support a household’s ability to exit homelessness (e.g., job training, benefits enrollment); physical layout and aesthetics that include community spaces, outdoor spaces for pets, storage for possessions, mixed-gender dormitories that allow partners to request beds next to one another, and other design elements that promote a welcoming environment; staff with cultural competencies who treat residents with respect and dignity and caseloads that are kept small enough for staff to spend adequate time with each client; and co-location of benefits eligibility workers, health care, Department of Public Health, and other services. Partnerships with programs such as meals-on-wheels can assist with providing food.

Housing Inventory Count (HIC) is conducted annually to collect information about how many units of housing in the region are active and reserved for people experiencing homelessness. This includes Emergency Shelter, Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing. To be

⁴⁶ *What Housing First Really Means*, National Alliance to End Homelessness (NAEH).

included in the HIC count, the units must be reserved for people experiencing homelessness. In addition, to be included on the HIC, any Rapid Re-Housing units must have been actively in use by a particular client on the night of the count – subsidies that are available but are not currently being used to pay rental assistance on a particular apartment are not included in the count.

Inclusionary Housing Programs are designed to counteract economic and racial segregation by requiring developers to create affordable housing units or contribute to the development of affordable housing.

Landlord incentive programs provide education and incentives to landlords to make it more likely they will rent to people experiencing homelessness. They can provide funding to support risk mitigation (compensating landlords if tenants harm their premises) and financial incentives that make landlords more likely to rent to people transitioning out of homelessness. Most programs include an education component and address racial inequities in voucher acceptance and access to housing.

Local preference is a housing policy that ensures affordable housing units developed in the city would be first made available to local residents and/or workers (to the extent permitted by law) in order to help address displacement and increase the availability of affordable housing.

Low-barrier shelters are emergency shelters that have removed most requirements/obstacles for entry into the program so that households are more likely go indoors to connect to services rather than stay on the street. For example, unhoused residents are allowed to bring their pets and possessions, to live with their partners, and do not have to exit the shelter each morning. They are not expected to abstain from using alcohol or other drugs, so long as they do not engage in these activities in common areas of the shelter and are respectful of other residents and staff.

McKinney-Vento Act is a federal statute that has a more expansive definition of homelessness than the HUD definition. The Act requires schools to track students experiencing homelessness. For public education programs up through high school, homelessness includes people experiencing homelessness under the HUD definition, but also includes youth who are couch surfing or doubled-up (e.g., with multiple families sharing the same space).

Motivational Interviewing is a client-centered, evidence-based approach used by direct service providers working with people experiencing homelessness. It allows individuals to direct their own path toward the change they seek, rather than trying to convince them of what they need to do. The provider builds trust, listens, and then acts as a guide to help the client to identify their own personal next steps.

Navigation Centers are housing-focused facilities that provide shelter and comprehensive onsite services to support participants to exit homelessness permanently. *See “Housing-focused shelter,” above, for more details.*

Non-congregate shelters provide overnight sleeping accommodations with individual quarters, such as hotels, motels, and dormitories.

People with lived experience is a term used to refer to people who have lived through the experience of homelessness and have first-hand knowledge of what it feels like to live unsheltered and/or to move through the homeless system of care.

Point-in-Time (PIT) count is a biennial process required of CoCs by HUD to count the number of people experiencing homelessness on a single night in January. The PIT count provides a snapshot of data available on the size and characteristics of the homeless population in a CoC over time.

Permanent Supportive Housing (PSH) provides long-term housing with intensive supportive services to persons with disabilities. These programs typically target people with extensive experiences of homelessness and multiple vulnerabilities and needs who would not be able to retain housing without significant support.

Prevention is a strategy intended to target people who are at imminent risk of homelessness (whereas diversion usually targets people as they are initially trying to gain entry into shelter).

Rapid Rehousing (RRH) provides rental housing subsidies and tailored supportive services for up to 24-months, with the goal of helping people to transition during that time period to more permanent housing.

Shared housing is a living arrangement between two unrelated people who choose to live together to take advantage of the mutual benefits it offers. Families, students, young adults, seniors, and Veterans have been using this arrangement for generations. It is now recognized as a viable option for people exiting homelessness.

Street outreach involves multi-disciplinary teams who work on the streets or in encampments to engage with people experiencing homelessness who may be disconnected or alienated from services and supports that are offered at an agency.

Supportive services include assistance applying for benefits, mental health and substance use services, outpatient health services, information and referral services, child care, education, life skills training, employment assistance and job training, housing search and counseling services, legal services, outreach services, transportation, food assistance, risk assessment and safety planning (particularly for individuals and families experiencing domestic violence), and case management services such as counseling, finding and coordinating services, and monitoring and evaluating progress in a program.

Transitional Housing (TH) provides temporary housing accommodations and supportive services. While many households benefit most from direct connections to permanent housing programs such as RRH or PSH (which are often more cost-effective over the long term), transitional housing can also be an effective support in the intermediary. In particular, certain subpopulations, such as people fleeing domestic violence and transitional age youth, can meaningfully benefit from a transitional housing environment.

Trauma-informed care is a practice that focuses on understanding and compassion, especially in response to trauma. The practice utilizes tools that empower people to work toward stability. It recognizes a wide range of trauma that can impact people experiencing homelessness; physical, psychological, social, and emotional trauma. It emphasizes the safety of both clients and providers.

U.S. Census Bureau conducts a demographic survey that measures income, poverty, education, health insurance coverage, housing quality, crime victimization, computer usage, and many other subjects. The U.S. Census data helps to understand the overall composition and conditions in each community.

APPENDIX B: STAKEHOLDER ENGAGEMENT

Everyone Home: Fort Wayne’s Community Plan to Prevent and End Homelessness was drafted by Homebase and was guided and developed by organizations that participate in the City of Fort Wayne’s Local Planning Council and Indiana Balance of State CoC (the Continuum of Care), as well as many other service providers and partners that engaged in meetings, focus groups, and surveys.

The City of Fort Wayne would like to thank the members of the Homelessness Strategic Plan Steering Committee for their partnership and guidance throughout the process of developing this Strategic Plan. Special thanks to the many nonprofit service providers; faith-based organizations, health care providers, and other stakeholders; City and County staff; individual community members and the individuals experiencing homelessness or with recent experience for sharing their invaluable stories, expertise, and insight. The plan would not exist without the effort and commitment of all of you.

Steering Committee Members:

- Bridge of Grace Compassionate Ministries Center
- Brightpoint
- City of Fort Wayne Community Development Office of Housing & Neighborhood Services
- Common Ground Outreach
- Fort Wayne Housing Authority
- Just Neighbors Interfaith Homeless Network
- Parkview Health
- United Way of Allen County
- VA Northern Indiana Health Care | Veterans Affairs
- Wayne Township Trustee Office
- YMCA of Greater Fort Wayne
- YWCA of Northeast Indiana

The Following is a list of organizations that were consulted and provided their invaluable stories, expertise, and insight:

- Arts United of Greater Fort Wayne
- Associated Churches of Fort Wayne & Allen County
- AWS Foundation
- The Blessed Portion Ministries
- Bowen Center
- HealthVisions Midwest of Fort Wayne
- Heartland Communities
- Intentional Minds Investment Inc.
- HealthVisions Midwest of Fort Wayne
- Heartland Communities
- Petra Solutions
- Saint Joseph Community Health Foundation
- SCAN
- Specialized Alternatives for Families & Youth-SAFY
- Strategic Plan Steering Committee

- Bridge of Grace Compassionate Ministries
- Brightpoint
- Catholic charities Fort Wayne-South Bend
- Center for Non-Violence
- City of Fort Wayne Planning Council
- C.H.A.N.G.E. Nonprofit
- Community Foundation of Greater Fort Wayne
- CONNECT Allen County
- Eskenazi Health
- First Steps
- Friends Fellowship Church
- Fort Wayne Community Schools Adult Education
- Fort Wayne Housing Authority
- Fort Wayne Pet Food Pantry
- Graceful Beginnings LLC
- Intentional Minds Investment Inc.
- Just Neighbors Interfaith Homeless Network
- The League
- Lutheran Social Services
- Metropolitan Human Relations Commission
- The Mindcap Center
- The Mom of an Addict, Inc.
- Mount Calvary Lutheran Church
- New Mercies Ministries
- PBHI Park Center
- People experiencing homelessness (Adults from households of families served by CoC Providers)
- Petra Solutions
- Positive Resources
- The Rescue Mission
- Resiliency Foundation
- Street EATS team
- Street Reach for the Homeless
- Survivors of domestic violence experiencing homelessness
- Three Wishes
- University of St. Francis
- Veterans Administration (VA)
- VA Northern Indiana Health Care System
- Vincent Village
- Wellspring Interfaith
- Whittington Homes and Services
- Williams Woodlands Park Neighborhood Association and Packard Area Planning Alliance
- YMCA of Greater Fort Wayne
- YWCA of Northeast Indiana

APPENDIX C: FIRST YEAR IMPLEMENTATION PLAN

Goal 1: Increase Safe and Affordable Housing for All Fort Wayne Residents

Activity	Steps	Lead partners	Partners and contributors	Funding Source	Progress
<i>Strategy 1.2: Protect and Expand Affordable Housing through Local Policy</i>	1.2.c: Develop “Moving On” policies within the Public Housing Authority that prioritize Housing Choice Vouchers for people in permanent supportive housing (PSH) to provide an affordable housing option and short-term services and resources that support program participants during and shortly after their transition to a greater level of independence. The Moving On program helps to keep limited supportive housing available for households who need intensive services.				.
<i>Strategy 1.3: Increase Access to Housing through a Coordinated Landlord Engagement Campaign</i>	1.3.a: Establish a city-wide collective landlord engagement strategy that includes a landlord mitigation and/or incentive fund and year-round staffing support to help providers educate the public, recruit landlords, and engage in outreach to property managers and landlords with collective, consistent messaging.				
	1.3.c: Create client portfolios to address barriers that make it difficult for tenants to obtain affordable housing. Portfolios can include letters of support from people who know the client, information about the client’s background and the steps they have taken to improve their housing stability.				

Activity	Steps	Lead partners	Partners and contributors	Funding Source	Progress
Strategy 1.4: Create Flexible Resources to Expedite a Household's Ability to Attain Permanent Housing	1.4.a: Assess resources to potentially develop a Flexible Housing Fund to provide assistance with moving costs, address the limitations of housing subsidies to respond to rapidly rising housing costs, and focus on financial barriers that can prevent people from successfully exiting homelessness.				

Goal 2: Expand Access to Homeless Emergency Response Services

Activity	Steps	Lead partners	Partners and contributors	Funding Source	Progress
<i>Strategy 2.1: Expand Access to Safe, Low-barrier Temporary Housing Options Citywide</i>	2.1.a: Establish permanent year-round, low-barrier housing-focused shelter with citywide coverage and adequate capacity that uses evidence-based practices to support households exiting homelessness, minimizes barriers to prevent people from participating, and is open around the clock to provide resources, services, and connections to housing.				
	2.1.b: Increase low-barrier crisis shelter options for special populations.				
	2.1.c: Create safe parking zones/sites for households experiencing vehicular homelessness where they can park safely and connect to additional services, including medical help, housing navigation, public benefits, employment, hygiene needs, etc.				
<i>Strategy 2.2: Develop Coordinated Citywide Street and Encampment Outreach</i>	2.2.a: Establish a mobile multi-disciplinary outreach program to support health and wellness and provide connections to benefits and other resources to exit homelessness				

Activity	Steps	Lead partners	Partners and contributors	Funding Source	Progress
Strategy 2.3: <i>Expand Services to Support Exits from Homelessness</i>	2.3.d: Provide additional support to participants who exit shelters to permanent housing through proactive case management and best practice strategies, such as motivational interviewing, trauma-informed care, and housing-focused case management and planning.				
	2.3.e: Strengthen partnerships and coordination with mainstream agencies such as legal aid, credit repair services, public benefits staff, e.g., Medicaid (the Healthy Indiana Plan (HIP) and Hoosier Healthwise), SSI/SSDI, workforce development, etc.				
Strategy 2.4: <i>Expand Services for Subpopulations with Special Needs</i>	2.4.b: Expand support services for people with a history of criminal legal system involvement , including housing location, record expungement, and credit repair.				
	2.4.c: Strengthen the system of care targeting youth and young adults to ensure culturally competent service delivery and engagement.				
	2.4.d: Evaluate, track, and implement training and program modifications to address disparities in system access and service provision for special subpopulations, including for people of color, non-English speakers, and persons identifying as LGBTQ+.				

Goal 3: Partner Across the City of Fort Wayne to Build Collective Solutions

Activity	Steps	Lead partners	Partners and contributors	Funding Source	Progress
<i>Strategy 3.1: Deepen Public Understanding of Homelessness and Its Solutions</i>	3.1.a: Roll out the Strategic Plan , using a process to support communitywide engagement and alignment around a single roadmap for next steps in addressing homelessness in the City.				
	3.1.b: Establish a year-round communication strategy to educate the public about homelessness and the local homelessness response, addressing common myths and celebrating progress in strategic plan implementation. Highlight programs and services, data-driven best practices, opportunities for community members to get involved, and examples of impact and success.				
	3.1.d: Consult and partner on an ongoing basis with local faith-based organizations to leverage their strengths in building community, providing essential services, and coordinating volunteers and resources.				
<i>Strategy 3.2: Strengthen the Homeless System</i>	3.2.a: Develop a year-round structure for citywide strategic plan implementation and reporting process that includes a citywide implementation body (committee/task force) to lead the development of a communication strategy, coordinate the implementation process and monitor the progress of the strategies.				

Activity	Steps	Lead partners	Partners and contributors	Funding Source	Progress
Response Infrastructure	3.2.b: Develop an annual work plan with prioritized action steps to guide strategic plan implementation along with identifying key stakeholders to guide each step. Establish stakeholder committees, as needed, and a process for regular updates to the countywide implementation body. Provide regular updates on progress made on goals, strategies, and metrics to the Planning Council and refine action steps as needed.				
	3.2.c: Establish roles and responsibilities and fund a staff position to support community wide implementation of strategies , including coordination of various implementation bodies, the outreach campaign, and execution of various initiatives and action steps.				
Strategy 3.3: Provide Information and Engagement Opportunities to People with Lived Expertise	3.3.a: Establish Lived Experience positions, comprised of people currently experiencing homelessness or with recent lived expertise who can help guide and inform the implementation of strategies, policymaking, and allocations processes within the CoC.				
	3.3.d: Develop resource materials and educational information about the variety of organizations and services in the community that can be available online, through social media, and accessible at places where people experiencing or at risk of homelessness can learn.				
Strategy 3.4: Improve Communication, Coordination, and Collective Action	3.4.b: Create a Planning Council website with a publicly-facing dashboard that shows progress toward identified goals (i.e., services offered, people assisted, or people placed into housing) and information regarding success stories, challenges, key policy decisions, funding allocations, available resources, housing opportunities, etc.				

Goal 4: Prevent Homelessness Before It Begins

Activity	Steps	Lead partners	Partners and contributors	Funding Source	Progress
<i>Strategy 4.1: Increase Prevention and Diversion Services in Fort Wayne</i>	4.1.b: Create and implement coordinated, system-wide prevention and diversion screening and problem-solving protocols to help people at high risk of homelessness remain housed.				
	4.1.c: Develop an ongoing education and training program about prevention and diversion				
	4.1.d: Identify and allocate flexible funding and other resources for prevention and diversion and eviction prevention and designate agencies to disburse those funds to eligible clients.				
	4.1.e: Identify subpopulations in need of prevention services and align resources accordingly.				
<i>Strategy 4.2: Improve Coordination to Ensure Individuals Are Not Discharged into Homelessness</i>	4.2.a: Coordinate discharge planning with the criminal legal system, (including juvenile legal system), child welfare (including foster care), and health care systems				

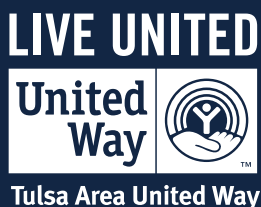


STRATEGIC PLAN 2020-2024

*Making Homelessness
Rare, Brief, and Non-Recurring*



CITY OF
Tulsa
A New Kind of Energy.



Tulsa Area United Way



COMMUNITY
SERVICE
COUNCIL

Improving Oklahomans' Lives Through
Research, Planning & Action



zarrows.org

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AWH4T.ORG

For many years, Tulsans have offered their ideas, hopes, concerns and strategies for making homelessness rare, brief and non-recurring for the members of our community. From their ideas and passion came the decision to embark on a year-long strategic planning process in 2019. The process engaged hundreds of stakeholders in forums across Tulsa, including a community-wide kick-off event with more than 300 participants, committee meetings, online surveys, and focus groups. Conversations included feedback from experts who confront homelessness on the front lines daily, as well as individuals with lived experience of homelessness. This valuable information came from youth, chronically homeless individuals, women who have experienced domestic violence, people living outside, and people with serious mental illness. From all of these stakeholders came a plan that is a true reflection of the community's priorities and offers a clear path toward a healthier, safer and more livable Tulsa.

The strategies outlined in this plan emphasize not only housing people currently experiencing homelessness in Tulsa, but also proactively preventing future homelessness among Tulsa's citizens. The strategies also reflect nationally recognized evidence-based practices and innovative thinking at the local level. The work will be significant and will require collaboration across sectors, but the passion of Tulsans and their commitment to the well-being of all members of our community can—and will—make positive change.

Thank you to all who have contributed so far and for your continued commitment to this cause. For others who are still looking to get involved, please contact A Way Home for Tulsa so we can help you find your place in this community effort.

We are excited to keep hearing your ideas—and get to work.

- A Way Home for Tulsa Partner Agencies

VISION

Improve the quality of life for all people living in Tulsa by creating a community where homelessness—if it occurs—is rare, brief, and non-recurring.



The current state of HOMELESSNESS in Tulsa

On the night of January 24, 2019, an estimated 1,188 homeless individuals—including children—were experiencing homelessness in Tulsa. Of these, 892 (75%) were living in emergency shelters or other crisis housing, and 296 (25%) were living outside. Please see data page for more information.



34%
chronically
homeless



11%
veterans



45%
reported
mental illness



33%
reported
physical disability



20%
employed



14%
foster care involvement



27%
reported substance abuse

Between June 2018 and May 2019, Tulsa's homeless systems of care saw an average of 85 new veteran or chronically homeless individuals per month. During this same period, an average of 60 veteran or chronically homeless individuals left the systems of care—for a net average increase of 25 veteran or chronically homeless individuals entering the systems of care each month.

From 2016 to 2019, the total number of individuals experiencing sheltered homelessness during the annual one night count (that is, people staying at emergency shelters, safe havens or in transitional housing) decreased by an average of 2% year-over-year. By contrast, the total number of individuals experiencing unsheltered homelessness (living outside in parks, in cars, and on the streets) saw a significant increase every year—averaging 15% growth each year.



25 veterans and chronically
homeless individuals enter
the system each month



Unsheltered homelessness
up 15% each year

If we keep doing the same thing we have been doing, we will see over 2,000 people living in Tulsa's streets and parks on a given night by 2029.

Annual One Night Count Trend Estimate using 2016-2019 Point-in-Time Count Data to Establish Rate of Change

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	Average Change 2015-2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Total People Living in Emergency Shelters or Other Crisis Housing	-2%	829	816	803	790	777	764	752	740	727	716
Total People Living Outside	15%	341	419	515	632	777	954	1,172	1,439	1,768	2,172
Total People Experiencing Homelessness	-	1,170	1,235	1,318	1,422	1,554	1,718	1,924	2,179	2,495	2,888

To respond, Tulsa must decrease the number of people becoming homeless, and significantly increase the housing resources available to people who are homeless. ***Only permanent housing solutions end homelessness.***

Estimated Demand, Supply, and Gap of Units in Tulsa from 2020 to 2029

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	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Demand (Number of People Experiencing Homeless)	1,170	1,235	1,318	1,422	1,554	1,718	1,924	2,179	2,495	2,888
Supply (Number of Units Available)	1,457	1,457	1,457	1,457	1,457	1,457	1,457	1,457	1,457	1,457
Gap of Units	+287	+222	+139	+35	-97	-261	-467	-722	-1,038	-1,431

This plan calls for actions to reduce homelessness inflow, expedite housing placement, and increase access to housing for people who are homeless. With the right mix of energy and intentionality, Tulsa and its leaders can reduce the housing gap and make homelessness rare, brief and non-recurring.





GOAL 1

Stop Homelessness Before It Begins

A | *Reduce unnecessary evictions and support those who are or might be evicted to avoid homelessness.*



POLICY CHANGE

Improve policies and processes related to eviction court.

Eviction Court: Increase resources for eviction court (e.g. judges' docket times) to allow for more consideration of individual eviction cases.



PROCESS CHANGE

Identify and challenge landlords with excessively high numbers of evictions.

Consequences. Enforce consequences for landlords and their legal representatives that violate laws and professional standards.

High Numbers of Evictions. Identify and expose property owners and landlords with a disproportionate number of evictions or egregious eviction practices, such as charging exorbitant fees and using serial evictions as a revenue source.

Provide information, tools, and legal support to people who are, or are at risk of, being evicted.

Courthouse support. Establish a well-advertised, highly visible office or location at the courthouse to provide legal assistance for tenants.

Utility Records. Use utility bill records to identify households at risk of eviction and relay targeted eviction prevention resources.

Public Information. Create and distribute materials to the public about tenant rights, options and available resources.

Centralized Coordination. Leveraging Community Service Council's All Doors Open and Community Service Council's 211 Eastern Oklahoma, develop a robust, centralized entity to function as a conduit for eviction prevention information and resource coordination.

Support for Expungement. Provide expungement support for people with criminal records or prior evictions.

Provide support to landlords to prevent evictions.

Partnership. Enhance partnership with Tulsa Apartment Association and other like entities to inform landlords of resources available to prevent eviction proceedings, such as tenant mediation services, financial services, or other supportive resources.

Landlord Incentives. Incentivize landlords and landlord attorneys to partner in eviction prevention strategies.



RESOURCES

Improve and expand eviction prevention funding resources.

Flexible Funding. Increase the availability of flexible funding resources available to tenants and/or landlords to prevent evictions.

“After an eviction, it was impossible to find another place.”

—Tulsa Experiencing Homelessness



Tulsa's High Eviction Rate

In 2016, Tulsa had the **11th highest eviction rate** in the country.

**11th
highest**

Tulsa landlords file more than **1,200 evictions/month**.

While landlords have lawyers, the tenants do not, and often do not show up to court to contest their evictions.

This unequal process leads to few wins by tenants; .07% of cases in the Tulsa County District Court were ruled in favor of the tenant in the past decade.

B | *Improve discharge policies and supports to reduce the number of individuals that exit institutions and systems of care and end up in homelessness.*



POLICY CHANGE

Change discharge policies to ensure safe exit from institutions and systems of care, including corrections, health care and foster care.

Jail Discharge. Partner with David L. Moss Criminal Justice Center to reduce the number of discharges that occur at night and provide for safe discharge.

DOC Discharge. Collaborate with agencies working with the Department of Corrections administration to adjust policies and processes that support effective transitions at discharge.

Health Care Discharge. Share information with health care providers to ensure connections to necessary resources at discharge from hospitals or other health care institutions.

Foster Care Discharge. Support youth exiting foster care to access employment and housing resources after they age out.



PROCESS CHANGE

Create processes to improve service connections before and after discharge from corrections, foster care, and health care systems.

Connect Before Exit. Create opportunities for individuals leaving a system of care to connect to community resources while still in the institution or in custody.

Mentorship. Strengthen mentorship and peer support programs and networks, including the faith-based community.



RESOURCES

Extend resource availability for a longer period of time after discharge, including housing, employment support, and community connections.

Transition Resources. Extend service periods after discharge from foster care and corrections systems of care for resources such as housing search support, case management, job training, substance abuse and mental health treatment, home-based services, family supports, mentorship programs, or community connections to effectively support transition and recovery.

Continuous Case Management. Provide enhanced case management starting prior to release and continuing for at least six months after release, as needed, for persons leaving foster care and corrections systems of care, rapid rehousing, safe haven beds, shared housing, bridge housing, and host home models.

Housing for Transitions. To respond to individualized needs, expand availability and variety of short-term housing models for transition period between institutional custody and independence, such as medical respite beds, targeted crisis beds with specialized services, rapid rehousing, safe haven beds, shared housing, bridge housing, and host home models.

“I feel like I left a hurricane and got thrown into a tornado.”

— Homeless Youth in Tulsa



GOAL 2

Transform the Homeless System of Care to be More Effective, Equitable, and Person-Centered

A | *Understand the need, allocate resources, and support implementation at the system level.*



POLICY CHANGE

Create Outcome and Service Standards for homeless programs.

Standards. Leveraging Data Quality Committee evaluation and ongoing practices, create system-wide Outcome and Service Standards (with variations for each program type and homeless subpopulation, as needed) and evaluate quarterly. Standards must include expectations regarding client satisfaction, inclusivity (e.g., people of color, LGBTQ, mental health status), actions for assertively addressing racial discrimination and systemic racism, performance expectations, efficiency, and fidelity to evidence-based or innovative practices.

Analyze the system annually to identify gaps, inequities, and inefficiencies to create annual funding and action priorities.

System Analysis. Annually, undertake a system analysis by collecting broad, cross-sector input and reviewing community needs and system resources (including housing, transportation, and services). Identify gaps in services provided or populations served (e.g., sex offenders, justice-involved, women, young adults, couples, people with pets, people with mobility impairments, people with severe mental illness), inequity in populations served (e.g., analyzed by race or LGBTQ status), duplications or inefficient practices, or other opportunities. Then, ascertain annual priorities for use of funding and community action.



PROCESS CHANGE

Direct resources to effective and/or innovative programs.

Direct Resources. After initial transition period and in alignment with annual system analysis priorities, funders will partner with providers to allocate federal, state, city, county, and private resources to programs that are complying with community Outcome and Service Standards or are implementing innovative programs.

Provide training, technical assistance, and resources to providers and community partners.

Training. Provide training and consultation for agencies including agency leadership, frontline staff, volunteers, and community partners to support implementation of best and innovative practices and strengthen cultural competency. Training must recognize the frontline staff challenges and support practical program improvements.

Technical Assistance. Provide technical assistance and resources to support providers in auditing and amending program practices to eliminate barriers to accessing and using homeless programs and resources. Build provider capacity to implement programs that better meet community needs.

Lower barriers to access the homeless system of care.

Coordinated Entry System. Audit and amend Coordinated Entry System procedures to better align with Housing First principles.

Program Policies. Reduce barriers to entry throughout the system by amending program-level policies (e.g., related to pets, possessions, or prior suspension) or developing resources to support program access.

Shelter Alternatives. Informed by annual system analysis, develop shelter alternatives, including diversion and prevention programs, increased housing navigation supports, and crisis housing for persons banned from shelters.



RESOURCES

As determined by the annual system analysis, increase needed resources.

Resources. Informed by the annual system analysis, expand or scale resources for homeless programs that are effective and needed, which may include case management availability, employment programs, education, services for certain vulnerable populations, health care services, transportation or mentorship programs, among others.

B | *Provide services to reduce barriers to housing.*



POLICY CHANGE

Support Medicaid expansion and other policies to reduce homelessness in Oklahoma.

Medicaid. Advocate and support efforts to expand Medicaid in Oklahoma in order to provide health insurance and health care access for more people who are homeless and at risk of homelessness.

Policy to Prevent and Reduce Homelessness. Support efforts to increase the minimum wage and other policies that will result in prevention and reduction of homelessness.



PROCESS CHANGE

Co-locate services to reduce barriers to access.

Benefits Applications. Partner with additional government and benefits agencies to increase access to income and other benefits by: doing more on-site application events, accepting applications at homeless agencies or other community locations, or accepting applications that are submitted electronically. Ensure opportunities are available to all people experiencing, or who have recently experienced, homelessness.

Access to Physical and Mental Health Care. Ensure all people experiencing homelessness can access health care, including by considering expanded availability of mobile physical health teams, adding physical and mental health care providers to existing teams, providing opportunities for virtual appointments, or other strategies to provide preventative care and shorten benefits documentation processes.

Substance Abuse Treatment. Utilize staff from Oklahoma State University or other providers to provide on-site substance abuse treatment support at homeless agencies and housing or workforce development programs.

Medical Legal Partnerships. Build Medical Legal Partnerships between legal, medical and mental health providers to address barriers to housing and stability.

Improve access to employment and education resources.

Employment and Education. Increase access to mainstream and other resources to support access to employment, including job training and education programs, for persons at risk of or experiencing homelessness.

Provide trauma-informed care.

Trauma Response. Adopt best practice practices across the systems of care to identify and respond to trauma.

Coordinate services across systems of care.

Provider Coordination. Improve coordination among providers across systems of care to improve outcomes for individuals at risk of or experiencing homelessness.

Inter-System Coordination. Establish processes to communicate with neighboring systems of care, including medical facilities and law enforcement, about program capacity and resources to support successful transitions and respond to trauma.



RESOURCES

Increase case management to support access to housing.

Case Management. To support housing access and retention, increase case management availability across the systems of care for people at risk of homelessness, for people not yet in housing, and for people recently housed.

Peer Specialist and Volunteer Support for Case Management. Develop peer specialist and volunteer models to support case management expansion. Both peer specialists and volunteers will be trained to accompany and support persons experiencing homelessness (e.g. attending appointments) allowing case managers to prioritize their time for more professional tasks.

Expand access to transportation to and from court, services, education and employment.

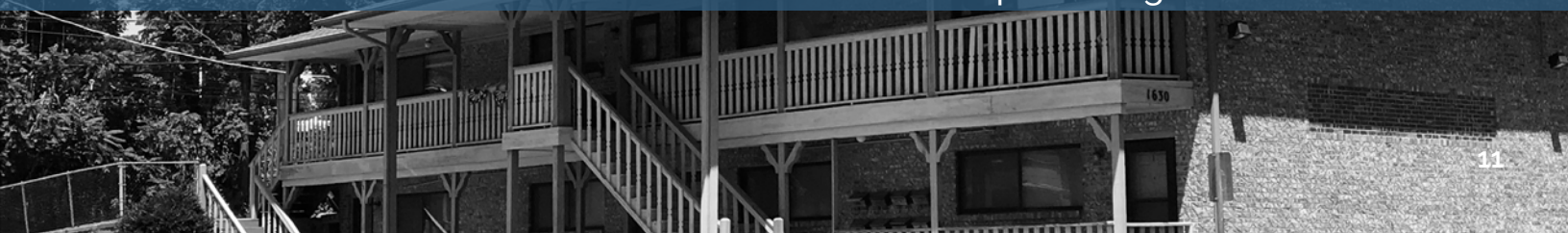
Public Transportation. Increase access to public transportation by asking the City of Tulsa to subsidize or eliminate the cost of bus passes for social service agencies.

Transportation as a Service. Rather than putting the onus on individuals experiencing homelessness, create an expectation for provider agencies to bring social services to clients, co-locate, or provide transportation for clients they serve.

Alternative Transportation Options. Expand ridesharing services and other alternative transportation options, such as access to bicycles and bicycle maintenance, to improve transportation options for people experiencing homelessness.

“I need a job to get housing, but I need housing to get a job.”

— Tulsan Experiencing Homelessness





GOAL 3

Increase Access to Housing

A | *Revise policies to prioritize affordable housing.*



POLICY CHANGE

Change local policies to produce quality, affordable housing and preserve existing housing stock.

Development Policy. Review Tulsa area housing development policies and requirements to identify gaps and weaknesses and create strategies for pro-affordable housing changes.

Reduce policy-level barriers to housing.

Barriers. Reduce policies that create barriers to housing for individuals who have interacted with the justice system, including individuals with sexual offenses, or who have prior evictions or poor credit history.

Implement a five-year affordable housing plan.

Affordable Housing Plan. Implement a five-year affordable housing plan focused on need, development, retention, and anti-displacement strategies for extremely low-income, low-income, and moderate-income Tulsans.



PROCESS CHANGE

Build partnerships to implement new housing creation strategies.

Affordable Housing Advisory Board. Participate in the City of Tulsa Affordable Housing Advisory Board to strategically pursue and utilize affordable housing solutions such as project-based vouchers, Opportunity Zone resources, low-income tax credits, and vacant and abandoned properties to create housing for people who interact with the homeless systems of care.

Fair Market Rent in Tulsa

In the Tulsa HUD* Metro Fair Market Rent (FMR) Area, the FMR for a two-bedroom apartment was **\$865** in 2019. A household must earn **\$33,680** annually in order to afford this level of rent and utilities without paying more than 30% of income on housing. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into an hourly Housing Wage of **\$16.19/hour**, which is **more than double** than the Oklahoma minimum wage of **\$7.25/hour**.

* U.S. Department of Housing and Urban Development

B | *Connect tenants to units.*



PROCESS CHANGE

Create systems and tools to support households at risk of or experiencing homelessness to find and access housing.

Inventory. Develop and maintain a centralized inventory of available units.

Housing Search. Support households not connected to services with their affordable housing searches and application submission.

Skill-Building Services. Develop a community-wide program to improve financial management, credit repair, and household management skills for persons exiting or at risk of homelessness.

Household Items. To reduce barriers to exiting homelessness, coordinate availability of necessary household items (e.g. linens, cleaning supplies, furniture) at move-in so households can easily access them.

Engage and support landlords and housing providers to increase housing availability.

Landlord Engagement. Implement a comprehensive landlord engagement, recruitment, retention and education strategy that will help alleviate risk for households with sub-optimal history (i.e., eviction history, criminal history, poor credit score, no utilities in their name, etc.) through risk-mitigation funds and access to service providers.

THA Partnership. Partner with Tulsa Housing Authority to identify an increased number of apartment complexes that will accept housing vouchers and persons with criminal backgrounds, records of eviction, or other housing barriers.

Support tenants who have stabilized in homeless housing to transition to other housing options, increasing service and unit availability for people who are currently homeless.

Move On. To open permanent supportive housing units for persons exiting homelessness, build additional Move On strategies to transition permanent supportive housing residents who no longer need intensive services to move or transition to subsidized housing (e.g., Oklahoma Housing Finance Agency, Tulsa Housing Authority).

“If you want to live somewhere safe, it’s expensive.”

—Tulsa Mom Experiencing Homelessness



RESOURCES

Increase availability of permanent housing for people who are experiencing, or at risk of, homelessness.

Permanent Housing. Increase availability of permanent housing for people who are homeless or at risk of homelessness.

Create a flexible fund(s) to reduce barriers to housing.

Flexible Fund. Create flexible funds to offset financial barriers to obtaining housing (e.g., security deposit, application fees, furniture, movers, etc.), which could be structured as micro-lending or as a revolving loan fund to create an ongoing resource and overcome cultural barriers to seeking assistance.



GOAL 4

Partner Across Tulsa to Build Solutions and Access Resources

A | *Increase community support.*



PROCESS CHANGE

Increase community support for people exiting homelessness through partnerships with employers, faith-based organizations, businesses, volunteers, formerly homeless individuals, and other community members.

Employers. Identify Employer Champions that currently hire and work with at-risk individuals to partner with to identify and engage additional employers in this effort.

Employee Support. Educate employers about how to identify and support employees in a housing crisis to ensure long-term stability.

Peer Support. Connect people who have experienced homelessness and are now housed and employed with individuals who are currently homeless to offer peer mentoring through one-on-one relationships or group gatherings.

Schools. Collaborate with area schools to share resources and provide support for students at risk of or experiencing homelessness.

Sharing Information. Provide community members, including faith-based organizations and businesses, with information about how this community is responding to homelessness.

Advocacy. Advocate for federal and state changes to reduce barriers to housing for people who are experiencing, or at risk of, homelessness.

Opportunities to Give. Coordinate community donations of time, money or other resources to end homelessness in Tulsa.

Identify leadership to support plan implementation.

Leadership Council. Identify and maintain a diverse group of community leaders who participate in a leadership council to guide and support plan implementation.

Coordinator. Identify a plan coordinator to support partners, manage processes, and track progress to ensure plan is fully implemented.

We need faith-based organizations and governmental organizations to get more involved in the solutions instead of just donating funds.”

—Tulsa Experiencing Homelessness

B | *Increase state and federal support.*



PROCESS CHANGE

Improve data collection and sharing across the systems of care serving people experiencing homelessness.

Data Sharing. Work to implement shared data systems to better understand and respond to homelessness in Tulsa.

Tracking Progress. Report, at least quarterly, about plan w to support plan implementation, and adjust strategies as needed.



RESOURCES

Increase inflow of federal, state and local resources for ending and preventing homelessness.

Increase Federal Funding. Take steps to improve Tulsa's competitiveness for federal funding that supports responses to homelessness.

Local Funding. Increase city funding dedicated to responding to homelessness, which may include housing trust funds or land banks.

Low Federal Funding

Tulsa receives significantly less federal funding than CoCs of similar size. In 2017, compared to the average award of \$8,050,545 across 10 similarly-sized CoCs, Tulsa received **\$2,589,093**.





IMPLEMENTATION: GOAL 1

Stop Homelessness Before It Begins



HIGH PRIORITY STRATEGIES

Eviction Court. Increase resources (e.g. judges' docket times) for eviction court to allow for more consideration of individual eviction cases.

Courthouse support. Establish a well-advertised, highly visible office or location at the courthouse to provide legal assistance for tenants.

Public Information. Create and distribute public information materials about tenant rights, options, and available resources.



ACTIONS FOR YEAR ONE

- 1) Add 2 attorneys and 1 paralegal (full-time equivalent) to be in court every day.
- 2) Work with court for improvements like increased docket times.
- 3) Work with court on dedicating space in new building.
- 4) Develop strategies in the cross-functional team meeting about lowering eviction rate in Tulsa related to other Goals 1 strategies (e.g. creating public information materials, hosting expungement expos).
- 5) Share information and tools as part of Business Resource Guide outreach.
- 6) Enhance coordination between Legal Aid Services of Oklahoma and Restore Hope Ministries related to availability of flexible funding resources available to tenants and/or landlords.
- 7) Create corrections and health care inter-system task forces for information-sharing and making adjustments to current policies, processes, and communication strategies.
- 8) Provide training and information sharing opportunities for corrections, health care, or foster care staff, which may include training regarding completion of housing or benefits application materials.



RESPONSIBLE PARTIES

- Cross-functional team meeting to lower eviction rate in Tulsa
- Becky Gligo, Housing Policy Director
- Michael Figgins, Legal Aid Services of Oklahoma
- Lead Agency



INTERNAL METRICS

- Decline in number of overall evictions in county year over year
- Number of successful mediation/interventions prior to court year over year
- Number of landlords interacting with the Abode Initiative
- Point-in-time count data related to evictions, corrections, health care, and foster care
- Frequent User System Engagement (FUSE) data

IMPLEMENTATION: GOAL 2

Transform the Homeless System of Care to be More Effective, Equitable, and Person-Centered



HIGH PRIORITY STRATEGIES

Create Outcome and Services Standards. Building from current Data Quality Committee evaluation and other ongoing practices and resources, create system-wide Outcome and Service Standards (with variations for each program type and homeless subpopulation) and evaluate quarterly. Standards must include expectations regarding:

- Client satisfaction (e.g., felt respected, felt safe, supported success);
- Inclusivity in access and service (e.g., people of color, LGBTQ, mental health status);
- Actions for assertively addressing racial discrimination and systemic racism;
- Performance expectations;
- Efficiency;
- Fidelity to evidence-based or innovative practices.

System Analysis. Every year for this five year plan, undertake a system analysis by collecting broad, cross sector input and reviewing community needs and system resources (including housing, transportation, and services) to identify gaps in services provided or populations served (e.g., sex offenders, justice-involved, women, young adults, couples, people with pets, people with mobility needs, people with severe mental illness), inequity in populations served (e.g., analyzed by race or LGBTQ status), duplications or inefficient practices, or other opportunities and creating annual priorities for use of funding and community action.



MEDIUM PRIORITY STRATEGIES WITH SIGNIFICANT FOCUS & ACTION

Training. Provide training and consultation for agencies, for agency leadership, front line staff, volunteers, and community partners to support best and innovative practices and support cultural competency. Training must be informed about the on-the-ground reality and support practical program improvements.

Technical Assistance. Provide technical assistance and resources to support providers in auditing and amending program practices to eliminate barriers to accessing and using homeless programs and resources and to build provider capacity to implement programs to meet community needs.

Coordinated Entry System. Audit and amend coordinated entry system procedures to better align with Housing First principles.



ACTIONS FOR YEAR ONE

- 1)** Create Outcomes Standards with Data Quality Management Committee and Service Standards with Housing Stability Committee (already underway). Implement and monitor Outcome and Service Standards in 2020. Begin discussing alignment process and Standards with funders which will ramp up in Years 2-3.
- 2)** Create a process/tool for annual system analysis to use annually to measure equity, efficiency and effectiveness.
- 3)** To support agencies and providers, identify core components of training needs, informed by system analysis. Develop and provide training and TA content and provide at least 12 training



events (which may include: large group, blended, one-on-one, online/recorded with knowledge checks) and online onboarding training for all provider staff. Training and TA may include focus on the following topics:

- Support to programs to amend program policies and practices to complete common assessment on all relevant clients to identify housing intervention needed;
- Criminal background policies;
- Diversion/ problem-solving practices and making use of current resources;
- Increasing access to income;
- Trauma-informed care;
- Service coordination (including through Unite Us);
- Transportation resources;
- Other trainings that support effective, equitable and person-centered services.

4) Audit and amend current Coordinated Entry system to align with U.S. Department of Housing and Urban Development (HUD) standards, especially changes in procedures that reduce length of time on the list and improve system performance measures. These include:

- Audit documentation collected for various programs;
- Revise timeline related to documentation;
- Complete more common assessments;
- Include progressive engagement in coordinated entry system procedures;
- Add benefits applications to Coordination Center process;
- Build out diversion program, including by identifying case management resources and quick, flexible funding source and leveraging All Doors Open app (or other e-resource) to share information and resources with Coordination Center and outreach teams with goal of using same system for diversion techniques and By-Name List access;
- Pilot a dedicated housing-focused case manager to work with people prioritized at top of By Name List (building on Frequent User System Engagement (FUSE) work);
- Add St Francis to Unite Us.

5) Pilot efforts to host on-site services and benefits access opportunities to increase service access and income.



RESPONSIBLE PARTIES

- Housing Stability Committee
- Data Quality Management Committee
- Lead Agency
- Coordinated Entry Coordinator



INTERNAL METRICS

- System Analysis Outcomes, year over year *(including related to equity)*
- Improvements in System Performance Measures (Homeless Management Information System)
- Reduce length of time homeless
- Reduce returns to homelessness
- Reduce number of people homeless
- Reduce first time homelessness
- Increase income for people in Continuum of Care (CoC) funded projects
- Successful placement and retention in Permanent Housing
- Equitable Access to Service and Outcomes (Unite Us)
- Number of agencies that meet Service and Outcome Standards *(including standards related to equitable and person-centered practices)*

IMPLEMENTATION: GOAL 3

Increase Access to Housing



HIGH PRIORITY STRATEGIES

Policy Review. Review Tulsa area housing development and preservation policies to identify gaps/weakness and identify strategies for pro-affordable housing changes.

Affordable Housing Plan. Implement a five-year affordable housing plan focused on need, development, retention, and anti-displacement strategies for extremely low-income, low income and moderate-income Tulsans.

Affordable Housing Advisory Council. Participate in City of Tulsa Affordable Housing Advisory Board to strategically pursue and utilize affordable housing tools such as project-based vouchers, Opportunity Zone resources, vacant and abandoned properties for housing for people who interact with the homeless system of care.

Engage and support landlords and housing providers in increasing housing availability.



ACTIONS FOR YEAR ONE

- 1) Review and develop housing development and preservation policies and strategies as part of Affordable Housing Advisory Council development of City of Tulsa Affordable Housing Strategic Plan (already underway).
- 2) Implement "Ban the Box" Initiatives to reduce barriers for Tulsans who have interacted with justice department.
- 3) Complete Downtown Tulsa Housing Study.
- 4) Expand Affordable Housing Advisory Council membership to include individuals with lived experience.
- 5) Develop centralized unit inventory.
- 6) Plan landlord recruitment event.
- 7) Develop cohort of formerly homeless persons to be part of landlord recruitment strategy.
- 8) Identify units that will accept housing vouchers and persons with varied backgrounds.
- 9) Develop additional Move On strategies.
- 10) Convert Altamont Apartments from Safe Haven to permanent supportive housing



RESPONSIBLE PARTIES

- Affordable Housing Advisory Council
- Becky Gligo, City of Tulsa Housing Policy Director
- Lead Agency



INTERNAL METRICS

- Number of units facing affordability expiration that maintain affordable status
- Decline in code violations and health department reports for affordable housing units year over year
- Utilization of affordable housing stock in Tulsa
- Project based voucher utilization
- Number of affordable units created
- Decrease in point in time count
- Increase in number of rehoused individuals
- Decrease in time between homelessness and permanent housing solution
- Increase in number of units Permanent Supportive Housing available annually (i.e. turnover)

IMPLEMENTATION: GOAL 4

Partner Across Tulsa to Build Solutions and Access Resources



HIGH PRIORITY STRATEGIES

Sharing Information. Provide community members, including faith-based organizations and businesses, with information about how this community is responding to homelessness.

Opportunities to Give. Coordinate and support capacity building to support community donations of time, money, or other resources to end homelessness in Tulsa.

Leadership Committee. Maintain a diverse group of community leaders who participate in a leadership committee to guide and support plan implementation.

Coordinator. Identify a plan coordinator to support partners, manage processes, and track progress, ensuring plan is fully implemented.

Data Sharing. Work to create ways to share information across systems of care, whether through shared data systems or data warehousing, to better understand and respond to homelessness in Tulsa.

Tracking Progress. Report, at least quarterly, about plan progress to support plan implementation, and make adjustments in strategies as needed.

Increase Federal Funding. Take steps to improve Tulsa's competitiveness for federal funding that supports responses to homelessness.



ACTIONS FOR YEAR ONE

1) Community Support

- Continue Business Resource Guide distribution downtown and in greater Tulsa area and work with Tulsa Regional Chamber and Tulsa Area United Way. Leverage Guide outreach to identify potential employer partners.
- With schools, host Resource Fair for Unaccompanied Minors/Precariously Housed Youth (already underway).
- With people with lived experience (e.g. Participant Advisory Group), create opportunities for peer support, including potentially hosting quarterly events.

2) Share Information and Understand Progress

- Define and measure success, and develop tools, benchmarks, and externally facing metrics (already underway). Develop report structure to report plan progress.
- Communicate plan progress to community, including potentially by using a dashboard and/or "Fly the W" type strategy.
- Create position/resource to support data analysis and sharing across systems of care, including technical role as well as leading effort to build partnership.

3) Advocacy

- Monitor opportunities at state and federal level for advocacy opportunities that moves plan goals forward, audit current state and federal legislation creating barriers to plan progress, and prioritize action, including focusing on Medicaid expansion.

4) Opportunities to Give

- Identify specific donation requests as part of launch/plan build up (e.g., funds for certain types of services).
- Identity volunteer opportunities and how to communicate them, create web-based volunteer coordination tool, and develop training for volunteer roles.

5) Plan Leadership

- Create leadership group to guide plan implementation (already underway).
- Create lead agency to support and track plan implementation (already underway).

6) Increase Funding

- Increase competitiveness for Federal applications for funding to support housing, shelter and services across system of care (including though increased effort with CoC application in Fall 2019 and YHDP in Summer 2019) and identifying and pursuing opportunities to fill resource gaps in system of care (already underway).
- Advocate for change in use of city resources, including CDBG, for homeless housing, shelter, and services.

**RESPONSIBLE PARTIES**

- Lead Agency
- Becky Gligo, City of Tulsa Housing Policy Director
- Participant Advisory Group and Youth Action Board
- Data Quality Monitoring Committee

**INTERNAL METRICS**

- Improvements in System Performance Measures (HMIS)
- Decrease in point-in-time count and number served annually as recorded in HMIS
- System Analysis Outcomes, year over year (System Analysis)
- Number of people or entities donating resources
- Amount of resources locally dedicated to homelessness
- Contributions to Affordable Housing Trust Fund
- Increase in HUD CoC and other federal grant award for Tulsa





MEASURING *Success*

BY 2025, HOMELESSNESS WILL BE RARE.



- The total annual Point-in-Time count of people experiencing homelessness will decrease at least **40%** (at least 475 less people experiencing homelessness).
- The annual Point-in-Time count of people experiencing unsheltered homelessness will decrease from 25% of the count to **less than 5%** of the total count (less than 50 people living unsheltered).
- The total number of chronically homeless people, homeless veterans, and homeless youth will functionally be **zero**.
- Tulsa will create **850** safe affordable housing opportunities for people who are homeless or at imminent risk of homelessness.

HOMELESSNESS WILL BE BRIEF.



- The number of days that chronically homeless people who are prioritized for housing wait for placement will decrease from 171 days to **30** days.
- The average length of time of homelessness across the system of care will decrease from 64 days to **30** days.

HOMELESSNESS WILL BE NON-RECURRING.



- Tulsa's eviction rate will decrease from 7.77% to the national average. (In 2019, **2.34%**.)
- The percentage rate of returns to homelessness within two years across the system of care will decrease from 23% to **15%**.
- The percentage of people who are successfully placed in permanent housing from emergency shelter or other short-term housing will increase from 13% to **40%**.
- The percentage of formerly homeless persons in permanent housing who retain or exit to other permanent housing will maintain at **95%** or above.



ACKNOWLEDGEMENTS

This strategic plan was developed with the guidance and support of the following individuals and agencies. Additionally, many more community partners came together, putting in over 2,000 hours of committee work, community meetings and strategy sessions to lay the groundwork for the critical initiative. A list of these partners can be found on our website.

STRATEGIC PLANNING ADVISORY COUNCIL

- **Mack Haltom**, Tulsa Day Center
- **Greer Fites**, Family & Children's Services
- **Greg Shinn**, Mental Health Association Oklahoma
- **Jeff Hall**, Tulsa Housing Authority
- **Karen Keith**, Tulsa County Commissioner
- **Amy Brown**, City of Tulsa
- **Becky Gligo**, City of Tulsa
- **Bill Major**, Zarrow Family Foundations
- **Melanie Stewart-Goldman**, U.S. Department of Veterans Affairs
- **Lucky Lamons**, Ascension St. John
- **Brent Sadler**, Tulsa Area United Way
- **Ann Domin**, INCOG
- **Brian Paschal**, Foundation for Tulsa Schools
- **Dan Eslicker**, D&L Oil Tools
- **Jason Beaman**, Oklahoma State University
- **Karen Pennington**, Tulsa Community WorkAdvance
- **Emily Hutton**, Tulsa Public Schools
- **Reggie Ivey**, Tulsa County Health Department
- **Brian Kurtz**, Downtown Coordinating Council
- **Jill Young**, Family & Children's Services
- **Nancy Curry**, Zarrow Family Foundations
- **Rhene Ritter**, Community Service Council
- **Stephanie Horten**, Criminal Justice Collaborative
- **Beth Svetlic**, Youth Services of Tulsa
- **Grace Burke**, Morton Comprehensive Health Services
- **Tania Pryce**, Youth Services of Tulsa

A WAY HOME FOR TULSA AGENCIES

- 12 & 12
- City Lights Foundation
- City of Tulsa
- Community Service Council
- Counseling and Recovery Services of Oklahoma
- DaySpring Villa
- U.S. Department of Veterans Affairs
- Domestic Violence Intervention Services
- Family & Children's Services
- Family Promise of Tulsa County
- INCOG
- Iron Gate
- John 3:16 Mission
- Legal Aid Services of OK
- Mental Health Assoc. Oklahoma
- Morton Comprehensive Health Services
- National Resource Center for Youth Services
- Oklahoma Department of Human Services
- Oklahoma Department of Mental Health & Substance Abuse Services
- Participant Advisory Group
- Restore Hope Ministries
- Surayya Ann Foundation
- The Salvation Army Tulsa
- Tulsa Area United Way
- Tulsa CARES
- Tulsa County Social Services
- Tulsa Day Center
- Tulsa Housing Authority
- Tulsa Police Department
- Volunteers of America
- Workforce Tulsa
- Youth Action Board
- Youth Services of Tulsa
- Youth Villages
- Zarrow Family Foundations



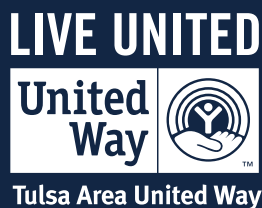
STRATEGIC PLAN 2020-2025

Thank you to the leaders and partners who were vital to the development and implementation of this plan. Together with our whole community, we can help make homelessness rare, brief and non-recurring in Tulsa.

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Tulsa
A New Kind of Energy.



COMMUNITY
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Improving Oklahomans' Lives Through
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