CoC Membership Convening September 12, 2023

Coalition for Homelessness Intervention and Prevention in partnership with the Indianapolis Continuum of Care







WELCOME, GROUNDING, SETTING THE SPACE





AGENDA

- Why are we here today?
- Who's here today?
- What are we uniting around?
 - CoC goal to reduce Black homelessness by 35% by 2025
- How are we advancing this work?
 - Key Tactics
- Who is engaging/ needs to be engaged
 - Implementation workgroups
 - People most impacted and closest to the problems
- When/where is this work happening?



Shared Membership Agreements



Member Organizations of the CoC agree to:

Align with the vision of the CoC and the belief in housing as a human right.
Center equity as a guiding force to dismantle racial, ethnic, and social disparities across the homeless response system.
Apply a racial equity and social justice lens to policy, funding and program development and sharing decision-making power with people with lived experience, particularly Black people who are significantly overrepresented in the homelessness system.
Advance the annual system goals, priorities, and activities set forth by the Blueprint Council
Actively participate in workgroups to support collaboration, coordination, policies, and practices that result in more effective, equitable, and efficient housing and services.
Participate in bi-annual or quarterly CoC convenings to support open and transparent communication around progress, challenges, and performance.
Participate in nominating and electing seats to the Blueprint Council for service provider and lived experience representatives.
Participate in utilizing the Homeless Management Information System (HMIS) and adhering to data quality standards (or comparable system with data sharing agreements)
Serve as a champion of the collective work and the solutions.
Actively engage in the exchange of ideas, information, and perspectives to foster trusting and mutually reinforcing relationships.
Commit to continued learning, improvement, and growth through participation in training, webinars, and technical assistance opportunities to advance best practices toward achieving the CoC goal.
Abide by the governing principles and practices set forth under the CoC Governance Charter



2023 CoC Membership



2023 Indianapolis Continuum of Care (CoC) Membership

On June 27th, 2023 the Blueprint Council announced an 18-month goal to reduce Black homelessness by 35% by January 2025. This goal effectively eliminates racial disparities in homelessness. Organizations and individuals were asked to sign on confirming their commitment to this goal and reaffirming their membership status within the Indianapolis Continuum of Care. The list below is inclusive of organizations that have signed on and individual Blueprint Council Members. (Note: A more detailed list of specific individuals for CoC membership is available and will be used to determine CoC convening invitations, voting eligibility, and workgroup engagement.)

The following organizations and individual advocates have signed as CoC Member organizations:

Adult & Child

BWI

CHIP

Coburn Place

Department of Metropolitan Development (DMD), City of Indianapolis

Damien Center

Family Promise of Greater Indianapolis

Gennesaret Free Clinics

Greater Indianapolis Multi-Faith Alliance (GIMA)

Holy Family Shelter (Catholic Charities)

Horizon House

Homeless Initiative Program (HIP)

HVAF

Indianapolis Foundation

Indianapolis Housing Agency

Indy Crime Intervention Taskforce

InteCare

Lutheran Child & Family Services

Marion County Public Health Department

Mayor Joe Hogsett

Partners in Housing

Purpose of Life

Salvation Army

Sandra Eskenazi Mental Health Center

Stopover Inc.

Trinity Haven

Veterans Administration

Wheeler Mission

The following Blueprint Council members have signed on as individuals:

David Greene Kay Wiles Rusty Carr Wahid Ahmed

Jeff Bennett

Ray Lay

Imani Sankofa

Anthony Dumas

Marcia Lewis

Roxy Lawrence

CHIP | 1014 Prospect St, Indianapolis, IN 46203 | info@chipindy.org | indycoc.org







What are we uniting around: CoC Goal



To Reduce Black Homelessness by 35% by January 2025.

To Reduce Black Homelessness by 35% for the following sub-populations:

- 1) Chronically homeless
- 2) Families
- 3) Veterans
- 4) Youth (18-24)



Theory of Change

Result Statement	Root Cause Analysis	Strategies
(What population-level condition are we trying to address?)	(Why does this condition exist?)	(What are we going to do to address the factors?)
	Barriers/drivers of population-level conditions	Programs, training, alignment, changes to policy/practices
We are working to eliminate racial disparities in the homeless response	Racism Discrimination Classism	Increase access to resources/homeless interventions (Hub)
system (diversion to permanent housing)	VI SPDAT What else?	Change the way we understand and assess vulnerability (CES)
		Strengthen housing stability (Services)



Theory of Change Statement

- If we understand where Black people show up in the homeless system, how they experience homelessness, how services are being accessed, and what barriers specifically impact Black people, we will be able to address the structural inequities in the homeless response system that are perpetuating inequities.
- If we can change the practices and tools that are disproportionately impacting Black people experiencing homelessness, we can eliminate racial disparities in the homeless response system.
- To achieve this, we must do the following:
 - We must engage those who are most impacted
 - We must dig into the data and ask the questions (with an open mind)
 - · We must be willing to let go of the answers we think are right
- The long-term outcome is not affected by a single strategy but ALL the strategies working together.





How do we advance this theory

Tactics

Create an equitable Coordinated Entry process

Implement a post-Covid housing command center (i.e. HomeNow) that coordinates core housing functions and teams

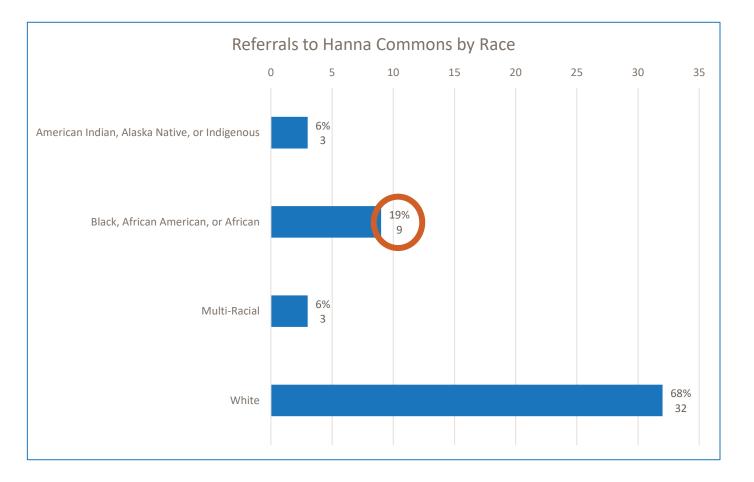
Strengthen supportive services, specifically housing case management.



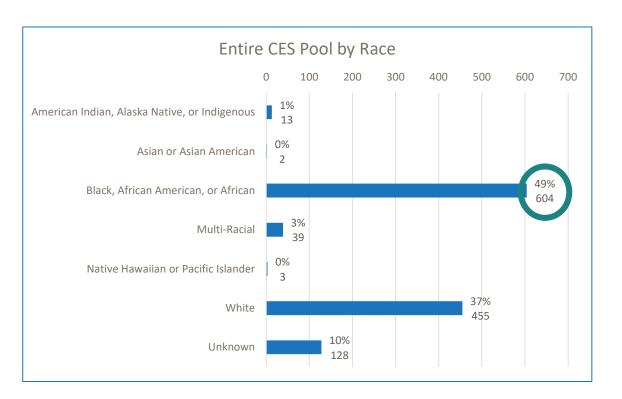


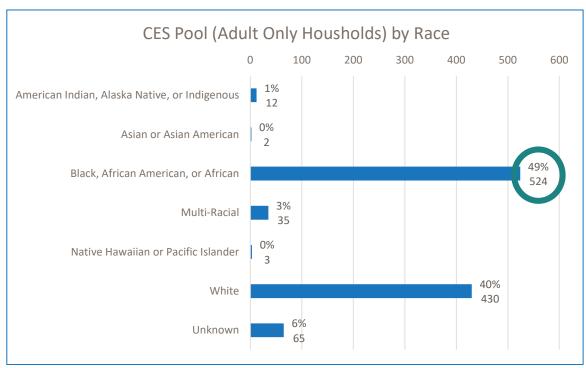


Hanna Commons

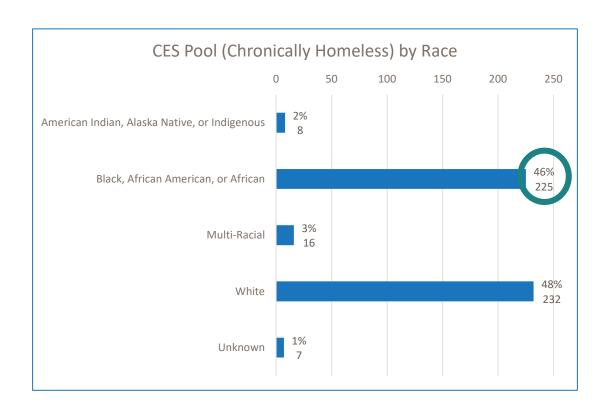


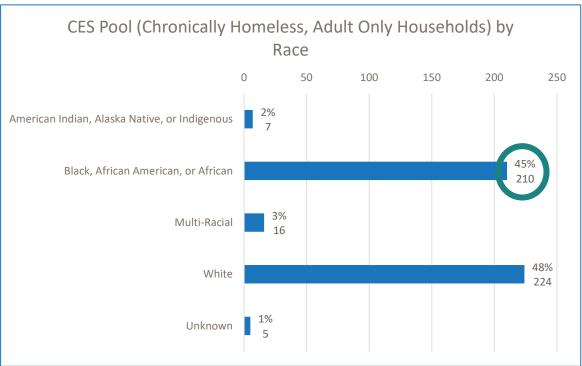




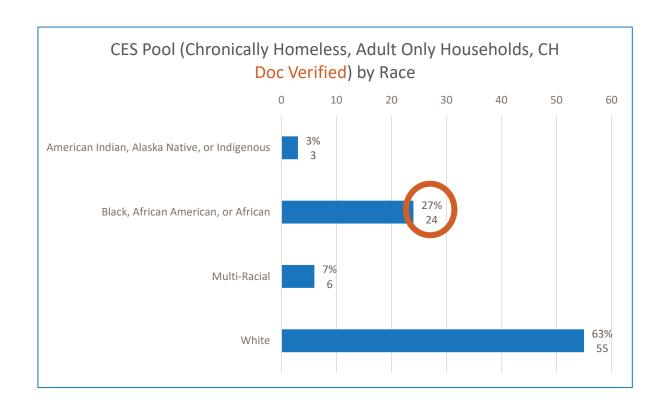


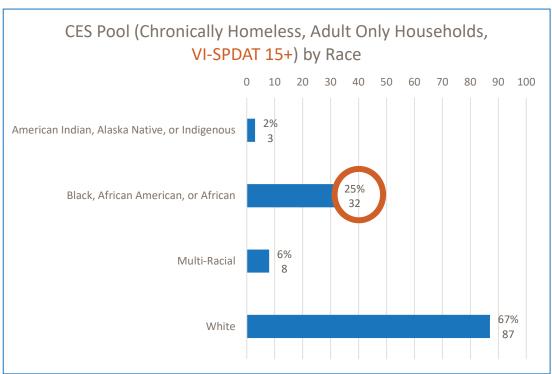
CES Pool-By Race



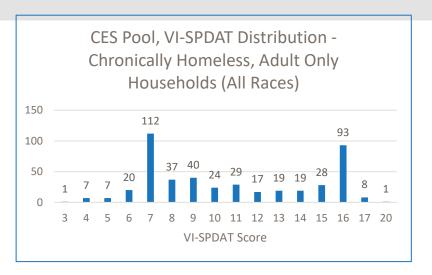


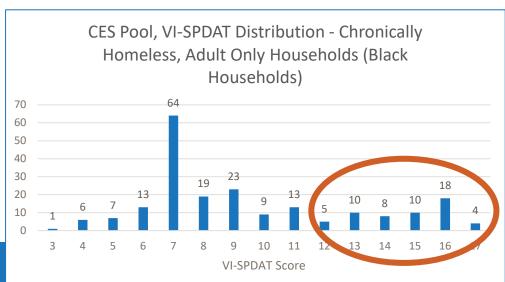
CES Pool-By Race

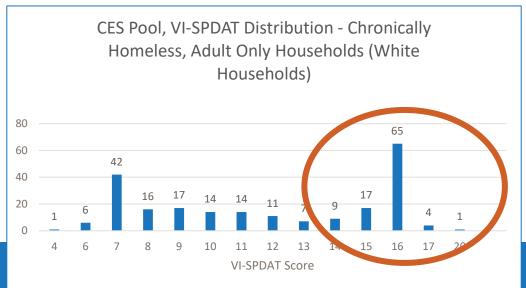




CES Pool-By Race

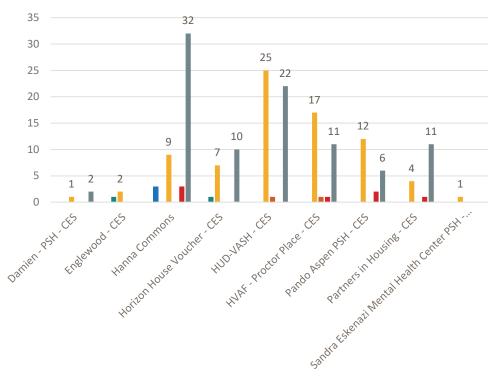


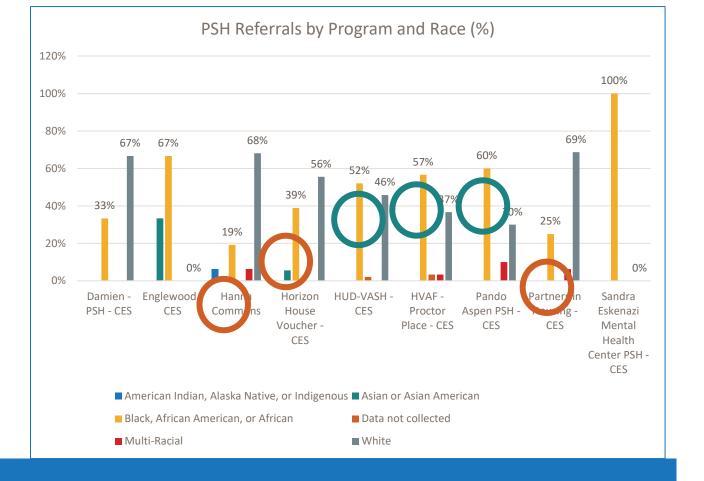




CES Pool-Racial Demographics

PSH Referrals by Program and Race (#)





PSH Referrals



MOVING FROM GOAL TO IMPLEMENTATION



Governance and Implementation Structure

Bi- Implementation Blueprint Biweekly, **Lead Team** monthly Council W9am

Weekly Coordinated Entry Workgroup 11:00a Bi-• Housing Hub Planning weekly, Workgroup T 2:00 p **TBD** Workgroup M 11 • Veteran BNL workgroup (literally homeless group am, W and case conferencing) 2pm Bi-• YYA BNL workgroup (System weekly, Navigation workgroup) Th 11:00a **TBD** Weekly, • Chronic BNL Workgroup 10:00a *BNL = By Name List

Implementation Ingrastructure

Implementation Lead Team



The Team

Danielle Bagg Wireman (Facilitator) (CHIP) — Housing Hub

Sara Nowlin (CHIP) – CES Refinement

Niki Wattson (HH)/Lindsay Leonhard (HIP) - Chronic

Kelsey Stringham-Marquis (Outreach) — Youth/Young Adults

Gaps- Family Lead, Veteran Lead, Supportive Services Lead

The Work (Action Plan)

Oversight of full CoC Goal strategy

Directly reporting to BPC on progress, limitations, and action plans

Metrics

Metrics from each workgroup (still being teased out)

Challenges/Asks

Need to fill gaps in tactical team leads

2 PLE 0% Black





Reporting Progress

What are the four things that need to be communicated:

- (1) Where is the work happening and who is involved (list of working groups, agencies represented, racial demographics, lived experience engagement)
- (2) What are the activities happening to advance the tactic?
- (3) What metrics are being used to assess progress? What's the timeline? (What data is being looked at? How often? What's it informing?)
- (4) What have been the challenges? What is the ask to the BPC?



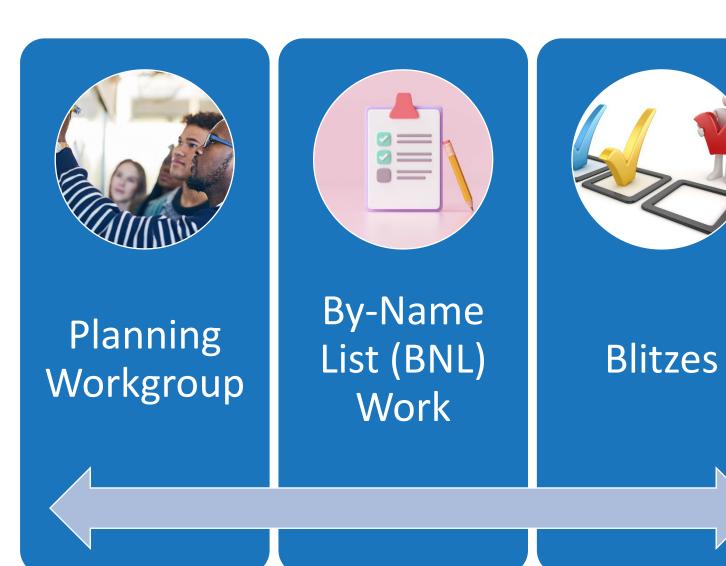


HOUSING HUB MODEL

What is it? What's it solving for? Who's involved?



Housing Hub





Implementation Ingrastructure

Housing Hub Workgroup



The Team

Danielle Bagg Wireman (Lead) (CHIP) **Antoinett Watford** (RDOOR) **Breya Birdsong** (RDOOR) **Brian Paul (A&C)** Felix Okhifo (HH) **Danny Park** (HVAF) Jennifer Feutz (HIP) Kelsie Stringham-Marquis (Outreach) **Lindsay Leonhard (HIP)** Melissa Bell (HIP) Natalie Roberts (DMD) **Nicholas Hunot (RDOOR)** Niki Wattson (HH) Sara Nowlin (CHIP) **Sharvonne Williams**

The Work (Action Plan)

BNL Deep Dive Session (completed 8/8)

Downtown Blitzes (4) scheduled August-Sept to target Wheeler and downtown individuals to ensure access to CES and assess overall needs (HH outreach, HIP outreach/Navigation, IMPD Flex, A&C Outreach)

Workgroup to determine schedule, activities, and location for launch of hub in September meetings

Metrics

Wheeler Data – who has been in shelter more than 60 days (42 people total, 50% in CES)

BNL Data

Challenges/Asks



4 20% Black

Tanisha Body (RDOOR)

Tina Oatts (Coburn)

(CHIP)









Technical edits



Services and locations the housing hub should include



Things to figure out

Housing Hub Planning – BNL Deep Dive Session

25 participants10 organizations

7 PLE

28% BIPOC





Veterans

- Literally homeless workgroup (Mondays)
- Veteran Case Conferencing (Wednesdays)



Adults Youth/Young

System Navigation Workgroup (bi-weekly, Thursdays)



Chronic Homelessness

• Chronic BNL Workgroups (Mondays)



• TBD

By-Name List Workgroups



Housing Hub Roadshow

"Blitzes"

- 8/30 Wheeler Men's
- 9/6 Wheeler Men's
- 9/13 Old City Hall
- 9/20 Old City Hall
- 9/27 Georgia Street
- 10/11 Wheeler Women's
- 10/18 Garfield Park
- 10/25 Wheeler Men's (evening)

CES Assessments Documentation Support

Rapid Exit Services

Veteran Services

Navigation Services



8/30 - Wheeler Men's

9/6 - Wheeler Men's



Housing Hub Roadshow

"Blitzes"

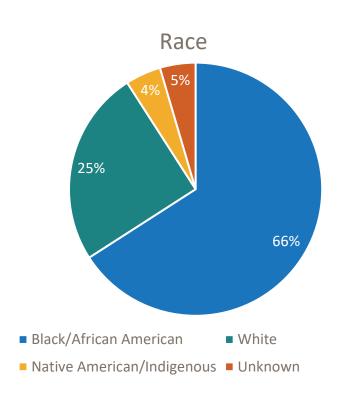
45 people seen

Immediately diverted 2 individuals

12 people were 55+

4 Veterans

15 individuals experiencing chronic homelessness







Identified needs:

Housing Hub Roadshow

"Blitzes"

Address usage

Health Insurance

SNAP/Mainstream
Benefits

Future locations with 20+ people





COORDINATED ENTRY REFINEMENT

ASSESSMENT AND PRIORITIZATION



Implementation Ingrastructure

Coordinated Entry Workgroup



The Team

Sara Nowlin (Lead) (CHIP) **Lindsay Leonhard (HIP) Kelsie Stringham-Marquis** (Outreach) Daniel Higgs (PIH) **Stephany Bedolla (HH) Pastor David Green** (Purpose of Life) Imani Sankofa (BPC) Ray Lay (SMI Enterprises) Marvin Wade (Wheeler) **April Vail** (HVAF) Patrick Monahan (IUPUI) Teresa Greenwood (HH) **Erin Van Meter** (HVAF) Michelle Shelburne (HVAF) Josiah Harrison-Benjamin (Damien Center) Adam Kirkoff - HIP

Jennifer Mitchell (Coburn)

The Work (Action Plan)

Assessment Tool creation and launch – Kick off with TAC 8/23, tentative pilot of new tool by end of 2023

Metrics

VI-SPDAT Analysis
Racial Equity
Dashboard

Referral data analysis

Exit data analysis

Challenges/Asks

Continued BPC participation in workgroup

Need continued expansion and growth of housing resources within CES to meet the need (1200+ households are awaiting housing within CES at any given moment)

7 29% BIPOC





INTERIM PRIORITIZATION SYSTEM CONTEXT

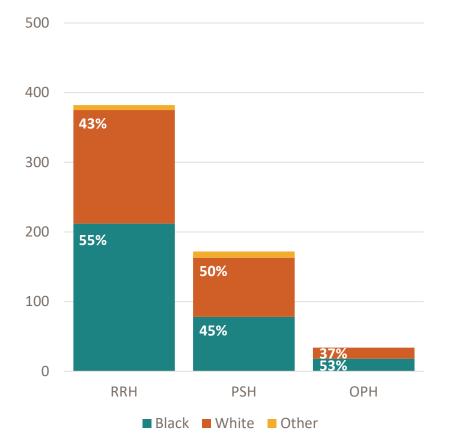
- The VI-SPDAT and its history a tool that has produced racially inequitable results
- Locally, we have been working on developing a new tool
 - Joined by the Technical Assistance Collaborative (TAC) in mid-August
- Blueprint Council decision: we should utilize an interim tool to advance racially equitable outcomes, particularly for PSH, while we are working on developing a more permanent one



RACIAL BREAKDOWN OF PLACEMENT TYPE

PSH placements are more likely to go to White households, RRH more likely to go to Black households

Placements by program and race, 2022







Tier #1		There is no hierarchy within a tier	
1A	Age Risk - over 75	Pre-Existing Condition or No Medical Record Risk	Race & Ethnicity Disparate Impact Risk
Tier #2			
2A	Age Risk - over 75	Pre-Existing Condition or No Medical Record Risk	
2B	Age Risk - over 75	Race & Ethnicity Disparate Impact Risk	
Tier#3			
3A	Age Risk - between 65-74	Pre-Existing Condition or No Medical Record Risk	Race & Ethnicity Disparate Impact Risk
3B	Currently Pregnant Risk	Pre-Existing Condition or No Medical Record Risk	Race & Ethnicity Disparate Impact Risk
Tier #4			
4A	Pre-Existing Condition or No Medical Record Risk	Race & Ethnicity Disparate Impact Risk	
4B	Pre-Existing Condition or No Medical Record Risk	Age Risk - between 65-74	
4C	Pre-Existing Condition or No Medical Record Risk	Currently Pregnant Risk	
Tier #5			
5A	Age Risk - between 65-74	Race & Ethnicity Disparate Impact Risk	
5B	Currently Pregnant Risk	Race & Ethnicity Disparate Impact Risk	
Tier#6			
6A	Age Risk - over 75		
Tier#7			
7A	Age Risk - between 65-74		
	Currently Pregnant Risk		
	Pre-Existing Condition or No Medical Record Risk		
70	Race & Ethnicity Disparate Impact Risk		
Tier#8	The second secon		
	CEA Interim Prioritization		



A Continuous Quality Improvement Journey

- This isn't the final prioritization schema. This is what we will use until we develop a new tool, so that while we're doing this, our community has more racially equitable housing placements, in line with the Blueprint Council's goal to reduce Black homelessness by 35% by 2025.
- This hasn't been implemented yet but will be soon. More details will be coming in case conferencing, along with updated training and a CoC-wide memo.





SUPPORTIVE SERVICES



Implementation Ingrastructure

Supportive Services Workgroup

	The Team TBD	The Work (Action Plan) Identifying a case management lead and creating framework for launching a case management institute – conversations happening with CICF and CSH	Metrics TBD	Challenges/Asks TBD
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What are you curious about as you embrace this goal?



Where are the places you're engaging in inquiry and analysis?



How are you aligning with this goal within your teams/ organizations?



How do we hold each other accountable and stay focused on our shared agenda?

Discussion/ Questions



Next Steps



Continuous Quality Improvement Training



Workgroup engagement



Identifying facilitative leads for open workgroups



Digging deeper into data to inform 3rd tacticsupportive services





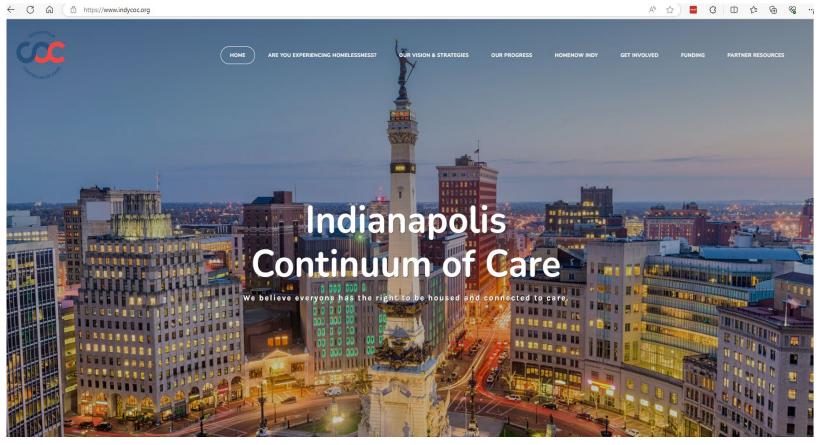
I DID THEN WHAT I KNEW HOW TO DO. NOW THAT I KNOW BETTER, I DO BETTER.

- MAYA ANGELOU





Resources



Check out our website - www.indycoc.org

Visit us on social media: 🕴 🧿



