

Destination Home:

**A TEN YEAR JOURNEY
TO END HOMELESSNESS
IN EVANSVILLE AND
VANDERBURGH
COUNTY**



DECEMBER 8, 2004

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Task Force to End Homelessness Members:

Patty Avery, Vanderburgh County Commissioners, Plan Editor
Peggy Bazaldua, Evansville Coalition for the Homeless, Inc., Secretary
Luzada Hayes, Evansville Coalition for the Homeless, Inc., Facilitator
Jerry Yezbick, Workforce Investment Board, Host for meetings
Janet Battram, Evansville Area Community of Churches
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Development
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Chanda Zirkelbach, formerly with United Way of Southwestern Indiana

Working Group Chairs

Jeff Amos, Workforce Investment Board
Tracy Bertram, United Way of Southwestern Indiana
Michelle Brutlag, formerly with Evansville Courier & Press
Domestic Violence Task Force
Paul Farmer, United Neighborhoods of Evansville
Gary Heck, Lieberman & Associates
Maelynn Hudson, Vectren Corporation
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INTRODUCTION

The Day I Became Homeless

By Jane Doe

I cannot easily describe the array of emotions that I went through on the day I became homeless. I guess the best way to start is to tell what happened to my children and me.

I was a single mother with two children, and was unable to work because I had no childcare or transportation. We were living with my older sister, and I had been paying her most of the \$198.00 a month that I received in Temporary Assistance to Needy Families.

One day she came and told me that she couldn't pay the rent and that we had received an eviction notice. We all had to be out by midnight. She and her boyfriend were moving in with his family, but my children and I would have to find somewhere else to go.

I was in a state of panic. Midnight, I had until midnight and it was 1:30 in the afternoon! I started calling family members, and with each phone call my heart broke a little more. No one had room or could help us.

I felt like a failure. How could I let my kids down like this?

I felt hurt. Why wouldn't anyone help us?

I felt scared. Would we end up on the streets?

I felt guilty. Maybe I could have tried harder...

I felt and thought all of these things but none of these thoughts could help me. My mom suggested I call a homeless shelter and I did. I called Ozanam Family Shelter and they said they had a room for me. That night I felt so alone. I was surrounded by strangers. My family loves me but they

couldn't help me. These strangers could, and they did.

The people at Ozanam told me about the Goodwill Family Center. It's a program that provides transitional housing for the homeless, and it's where I live now. We are happy here. I have a job. I have a G.E.D. and I am close to getting my driver's license.

I went through a lot to get where I am, but it was worth it. I want people to know that if they find themselves in this situation not to be ashamed. Take the opportunities that come your way to make your life better. Don't ever give up! Remember, it really could happen to anyone.



Jane Doe was lucky. Ozanam had a room that night and she was slowly able to put her life back together. Not everyone is so lucky. Many people like Jane don't get back on their feet quickly, or at all. Parents and children suffer long-term emotional and economic consequences from being homeless. Whether we recognize the impact or not, our community pays a price, too.

In September 1987, the City of Evansville prepared and submitted a Comprehensive Homeless Assistance Plan pursuant to the Stewart B. McKinney Homeless Assistance Act. That report stated that there was "almost unanimous agreement" among the agencies working with the homeless that the needs of the "about to be homeless" or "near homeless" were "far greater than the needs of the homeless." The problem, the report contends, was not a lack of housing, but "the lack of the economic resources to maintain housing."

(City of Evansville 1987, p. 1)

That same report concluded that there

existed a need for transitional and permanent housing for individuals with specialized problems including chronic mental illness, developmental disabilities, physical disabilities, and substance abuse. (p. 2)

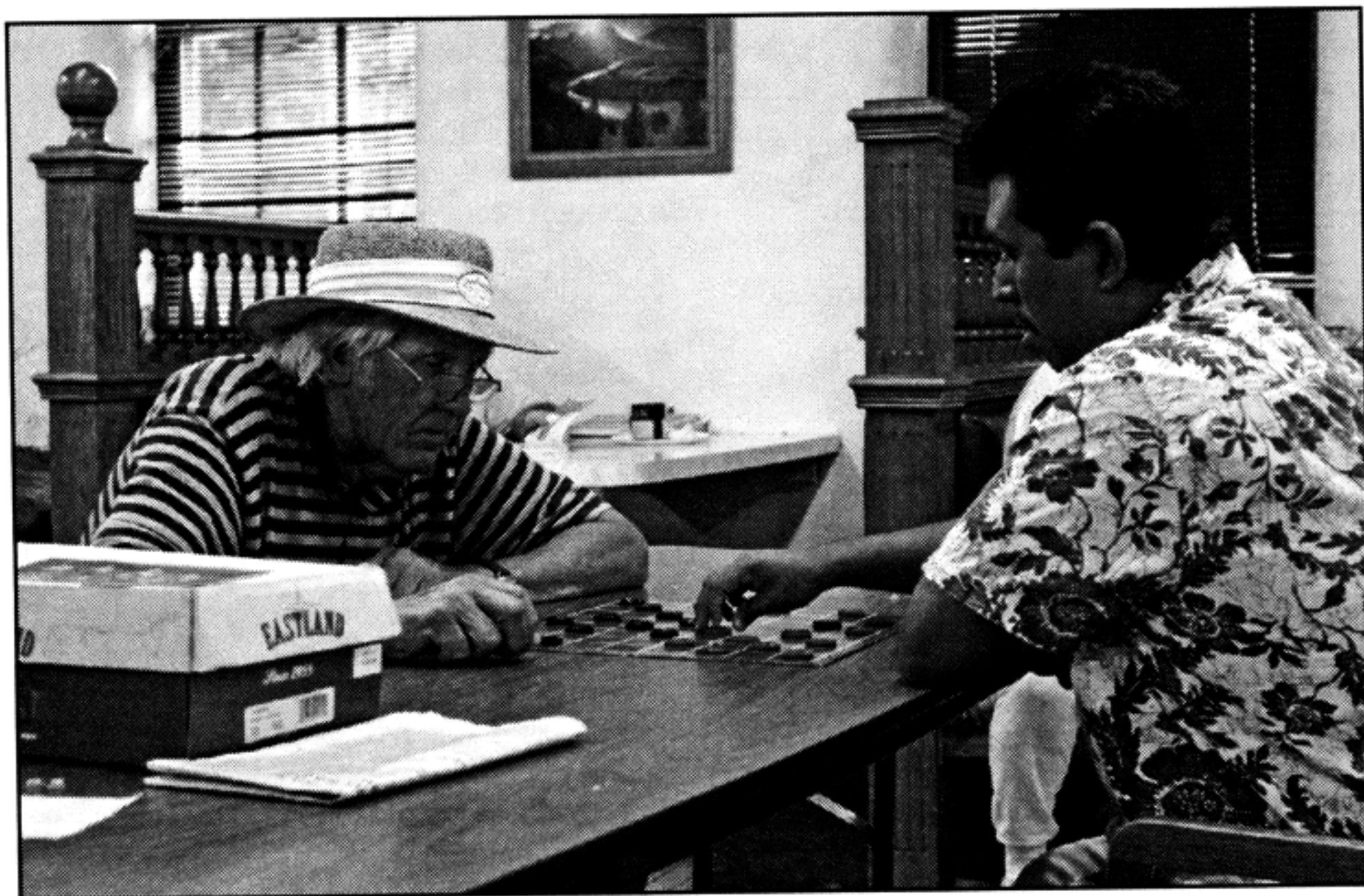
More than fifteen years later, the Task Force to End Homelessness in Evansville has identified many of the same factors that lead to homelessness and many of the same needs for housing, some of which are clearly illustrated in Jane Doe's story.

Evansville is widely recognized as a caring community, committed to helping all its citizens. We now have 18 specialized programs working to serve Evansville's currently homeless. But this report has been developed with another goal in mind. While we affirm the pressing need to provide emergency shelter, food, and medical care to individuals who are homeless, we were charged with the challenge of developing a strategy to end homelessness in our community. With that vision in mind, working groups were established to identify barriers

to permanent housing, the economic climate that leads to precarious housing, and planning models that prevent homelessness among certain populations.

We sought to identify community attitudes - and our own - regarding the homeless. Most of all, we continually challenged ourselves to not accept a future in which a given number of homeless in Evansville was to be accepted. We have dared to dream of Evansville in 2014 as a community with an economic and social infrastructure that empowers all its residents to make and keep their homes here.

We believe it can be done. As we continue to work together to shelter and care for individuals and families who face homelessness, we are committed to the development and implementation of models that have proven to bridge them into permanent housing and equip them with the skills and understanding they need to reach their destination of home.



Two men from the United Caring Shelter play checkers to pass the time.

Why End Homelessness?

The planning process to end homelessness has taken two years to complete and has utilized the energy, talent and resources of over 200 persons. Why would these individuals dare to believe that this goal is attainable?

The best answer is that we have to. We have reached what Ervin Laszlo calls "the tipping point," the "critical point of unsustainability," in regard to homeless service delivery in Evansville and Vanderburgh County.

"The tipping point comes to any complex physical, social, or political system when it reaches a critical point of unsustainability, as evidenced by vast changes occurring rapidly," (Laszlo, You Can Change the World: The Global Citizens' Handbook for Living on Planet Earth, 2003)

The statistics that indicate rates of homelessness and predetermining factors for homelessness have reached alarming levels.

- On average, on any given night there are 391 individuals residing in emergency shelter or transitional housing programs in Evansville. One third of these individuals (approximately 123) are children under the age of 18.
- In addition, there are an estimated 30 individuals living in places not meant for habitation (under bridges, in parks, etc.)
- Shelter utilization rates from spring 2002 to spring 2003 increased 18 %.
- The 2000 Census indicated that Vanderburgh County had the highest homeless percentage per capita of any Indiana county.
- Vanderburgh County also had the highest rate of single female head of households

of any Indiana county in the 2000 Census. Single headed households are one of the groups most at risk of homelessness.

- Vanderburgh County's percentage rate of poverty for 2000 was 11.2 % compared with the state level of 9.5 %. Among families with children under the age of five, the rate dramatically increases to 20.4 %.
- Average rates of filings of evictions in small claims court exceeded 3,100 annually for each of the last three years.
- The waiting list for the Section 8 program is up to two years, Project Based Section 8 is up to one and one-half years, and for public housing up to six months. The number of applicants on the waiting list for local Section 8 vouchers consistently runs over 1700, but there are just over 1900 vouchers available.
- According to the 2000 Census, 8,215 Vanderburgh County households are paying more than 30 % of their income on rent. This means that 37.6 % of our renters are paying rates that are higher than the percentage considered "affordable."
- 654 home mortgages were foreclosed in 2003, a 31 % increase over 2002. Rates for 2004 are expected to continue to increase.
- 2,705 bankruptcies were filed in 2003 in the ten-county Evansville Division.
- Requests for financial assistance in the first half of 2004 are estimated to be 16.5 % to 30 % higher than in 2003 by local providers.

Our existing homeless programs are currently operating at capacity. Families seeking shelter are turned away daily. Men's shelters often resort to offering mats on the floor when all their beds are filled. Waiting lists for transitional housing

programs exceed capacity rates for the next 10 years. The current demand for services consistently exceeds availability.

Unemployment is not always the problem. Many of our homeless are working but do not earn wages that support the necessary expenses of life. Housing cost increases have outpaced changes in the minimum wage. In 1992 a clean, well-maintained one-bedroom apartment could be rented for \$225.00. Today, that same apartment rents for \$340.00. This equates to a cost increase of 51 % over a twelve-year period. Incomes, particularly low wage and fixed incomes, have in no way kept pace with this rate of cost increase.

This report could simply advocate for more shelters. But in the last fifteen years we have taken that approach and while it has met immediate needs, it has done nothing to stop the growth of homelessness. Shelters are designed to provide crisis and emergency services, not to provide the permanent solutions needed to break the cycle of homelessness. Our "build it and they will come" philosophy has been more than successful. The more facilities and programs we create to meet the growing demand, the greater the demand has become.

The cost of operating at least 18 specialized programs is expensive and highly dependent upon private and governmental funds to continue operations. It is estimated that we invest over six million dollars per year to keep our current programs operating. And at this point we cannot afford not to operate these programs. The impact to the community would be increased numbers of street dwellers, increased use of emergency rooms, increased utilization of jail beds, increased use of state hospital beds, increased unemployment, increased Child Protection Referrals.... and the list goes on. However, continuing these programs is becoming increasingly difficult because of dwindling public and private funding sources.

The Task Force to End Homelessness has considered these facts, and has become convinced that we cannot continue to "manage" the issue of homelessness through crisis intervention. Delivery of services to the homeless in Evansville and Vanderburgh County has reached the point of un-sustainability, our "tipping point." This is why we have chosen a different approach, that of re-directing our resources and energies to end homelessness.

How the Plan Was Developed

Fortunately, we are not alone in our dilemma. The federal government, The Interagency Council on Homelessness, The US Conference of Mayors, Housing and Urban Development (HUD) and numerous other cities, states and regional entities are embracing the challenge to end homelessness.

Our own journey began when The National Alliance to End Homelessness' report, *A Plan, Not a Dream: How to End Homelessness in Ten Years*, was published in June 2000. In July 2002 the Evansville Coalition for the Homeless (ECHO) embraced the concept of this plan and dedicated staff time to the planning process.

On August 30, 2002, then-mayor Russell G. Lloyd and City Council Finance Chair Curt John held a press conference lending the city's support to the planning process. The City Council also allocated initial planning funds for 2002 and 2003. A Task Force of community leaders was formed in October 2002 to provide the oversight for the planning process. The Vanderburgh County Commissioners joined the effort from the beginning and added their support in early 2004 by providing staff time to write the plan.

The Task Force gathered information from a wide variety of sources to help determine the factors that contribute to homelessness.

To gather this information we:

- Conducted four focus groups of currently homeless persons and two focus groups of formerly homeless persons
- Organized nine working groups representing the areas of Special Needs & Disabilities, Domestic Violence, Youth, Veterans, Housing, Prevention, Discharge Planning, Community Awareness, and Raising Incomes to Livable Wages to research assigned topics, including best practice models, and make plan recommendations
- Analyzed existing data such as semi-annual point-in-time surveys of shelter usage, the 2000 ECHO Homeless Survey, and the 2002 Client-Based Needs Assessment
- Held a retreat for current homeless service providers
- Gathered new information by conducting a phone survey regarding the community's impressions of homelessness
- Developed a client profile from shelter intake information
- Attended one regional and four national conferences on ending homelessness
- Met with three local state representatives to promote the planning process at the state level
- Reviewed the plans of twenty other cities or entities
- Participated in monthly national leadership conference calls sponsored by the National Alliance to End Homelessness
- Met with planners from Indianapolis who have received national recognition for their "*Blueprint to End Homelessness*"
- Read over 100 reports and articles
- Recruited over 200 community volunteers

to participate in the planning process

- Made the Ten-Year Plan draft available for public comment

And we spent many hours talking and working through the issues specific to Evansville and Vanderburgh County to develop this document. The plan is composed of four basic concepts as promoted by the National Alliance to End Homelessness:

- Use of Data in Developing Local Outcomes to End Homelessness
- Closing the Front Door to Homelessness
- Opening the Back Door to Leave Homelessness
- Building the Infrastructure

Each section indicates the current gap, the actions required to fill the gap, the desired community outcome and the strategies needed to accomplish the outcome.

Much national attention is currently focused on ending chronic homelessness. This subpopulation is typically just 10% of the total homeless population but it consumes over 50% of resources dedicated to homeless issues. The chronically homeless in our community are typically single, unaccompanied adults with a disabling condition who have been continuously homeless for a year or more or have experienced four or more episodes of homelessness over the last three years.

The theory behind focusing on the chronically homeless subpopulation first is that stabilizing this group will free up more existing resources to provide services to the remaining 90% of the population. But our Task Force decided early in the planning process that we wanted a more comprehensive plan for our community. While many of the strategies in this plan are designed to meet the needs of this subpop-

ulation of the homeless, the Task Force felt that to simply plan for the smallest sub-population alone was not the best use of our planning resources. We were not willing to accept the concept that homelessness is a "normal way of life" for any member of our community.

A random survey of local residents conducted by this Task Force in September of 2003 indicated that over two-thirds of those interviewed felt that the development of a plan to end homelessness was important – and over 85% said they would either support or consider supporting it. These results encouraged us with the knowledge that a well-developed plan with a clear goal of ending homelessness in Evansville and Vanderburgh County would receive broad-based acceptance and support.

EXECUTIVE SUMMARY

Destination Home: A Ten Year Journey to End Homelessness in Evansville and Vanderburgh County is the result of a two-year collaborative effort involving over 200 individuals. This report looks to a future in which homelessness no longer has a place on our list of acceptable evils.

On any given night, nearly 400 individuals are housed in our emergency shelters and transitional housing programs. Over a third of them are under the age of 18.

Existing resources are stretched, and in spite of the fact that our community has 18 specialized programs and invests over \$6 million a year in homeless services, the number of homeless on our streets and in our shelters continues to grow.

This is a map, a starting point. We have developed the vision and have invested a great deal of time, talent and resources to make Evansville-Vanderburgh County the second community in the state of Indiana to develop such a plan. The Task Force knows that many changes will be needed along this ten-year journey. The final product will depend on the commitment and dedication of our community to make this vision a reality.

"Implementing the ten-year plan is like trying to fly an airplane while you are building it." Dan Shepley, Executive Director, Coalition for Homeless Intervention & Prevention, (CHIP) of Indianapolis, IN

The 2000 Census made the numbers clear: Vanderburgh County has the highest per-capita rate of homelessness in the state. We cannot wish these facts away. Homelessness in our community is a reality and ever-increasing numbers of our residents are experiencing this reality firsthand.

This ten-year plan establishes the parameters for ending homelessness in our community by addressing both the root causes and the effects of homelessness. Like many other communities across the nation, we have sought to identify core issues and develop strategies to address them.

"I think the 10 Year Plan demonstrates how much this community does have to offer, how much it cares, and how hard a group of devoted people are working to end homelessness. It's a very thoughtful, achievable plan."

- Mary "Sammie" Rutherford

If we are to develop effective means of addressing homelessness, we must first assess the factors that lead to homelessness in our community through the development of a comprehensive data-gathering and evaluation system.

We must then address the identified issues head-on and develop strategies that effectively *close the front door* to homelessness. We can do this by clearly identifying the individuals most at-risk for homelessness and developing services that address the gaps between personal income and expenses that result in the loss of housing.

For those who are already homeless, our task is to open the back door and establish them in permanent housing. This can be accomplished by changing our perspective on the delivery of services. Stable housing itself is often key to the success of the services that will equip people to build a secure future. Rather than allocate services only to those who are classified homeless, the creation of supportive housing units will allow individuals and families to continue to

receive the services they need while they have the security of living in their own apartment or house.

To accomplish this goal, we must *build the infrastructure* of our community in ways that recognize the key role of secure and affordable housing and the necessity of incomes that match the cost of living in Vanderburgh County, and facilitate access to existing services that both prevent and address homelessness.

The success of this plan also depends upon increasing public awareness of the solutions to homelessness and the ways we can all work together to build a community where 2014 finds each of us in secure and affordable housing.

STRATEGIES OF THE PLAN

Using Data to Develop Local Outcomes to End Homelessness

GAP:

Lack of aggregate information on the local homeless population.

GOAL:

Develop local data collection system to monitor outcomes established by the plan and develop new outcomes as needed throughout plan implementation.

OUTCOME:

All services will be planned and developed based on client need and accurate information.

STRATEGY 1:

Establish Evansville – Vanderburgh County Participation in the Hoosier Management Information System (HMIS)

The Department of Housing and Urban Development (HUD) has mandated that

communities which receive Supportive Housing Program funds implement a computerized tracking system for homeless clients by October 2004. The Indiana Coalition for Housing and Homeless Issues, (ICHHI) has worked at a state level to facilitate the process. Locally, a Policy and Planning Council for Homeless Services (PPCHS) Task Force has been working toward this goal for over two years. The local task force has elected to use the same system as ICHHI, which will provide the potential to generate data from across the state.

HMIS will facilitate information gathering that will, in turn, facilitate delivery and coordination of services. Most homeless clients receive services from more than one agency. As information is shared across agencies, providers will be able to address client needs more effectively because they will have access to the history of previous referrals and attempts to provide needed

services.

As clients consent to allowing their information to be shared among service providers they will no longer need to spend time filling out forms with each provider. Also, because their service history will be stored in the system, clients will no longer be required to recite their history each time they apply for additional services.

A pilot project is in place as of June 1, 2004 that includes:

- Albion Fellows Bacon Center
- Amethyst Addiction Services
- ECHO Community Health Care
 - Dental and Eye Care Voucher Program
- ECHO Housing Corporation
 - Lucas Place
- Evansville Coalition for the Homeless Outreach Team
- Goodwill Family Center
- Indiana Legal Services Life Skill and Legal Aid Program
- Outreach Ministries
- Ozanam Family Shelters
- Salvation Army Family Shelter
- United Caring Shelters
 - Transitional Housing Program
- YWCA – Transitional Recovery Program

Expanded community service provider participation in HMIS will be encouraged by providing them with information on the program's benefits to both their clients and to their own ability to serve their clients more effectively. Their entry into the HMIS system will be facilitated by demonstrating the effectiveness of the system and by pursuing grants that can eliminate cost barriers to participation.

The aggregate information generated

through HMIS will provide the community with real-time statistics on the incidence of homelessness, the types of services being utilized, and the potential gaps in our current continuum of care. This data will aid in effective planning and implementation of new services and redirecting resources.

STRATEGY 2:

Monitor Information That Will Provide an Effective Measure of the Ten-Year Plan's Outcomes.

Working in conjunction with the Ten Year Plan Commission, the Policy & Planning Council for Homeless Services (PPCHS) will establish base line measures by June 30, 2005 and monitor data collection quarterly thereafter. PPCHS will aggregate data and measure outcomes on an annual basis beginning in 2005.

Closing the Front Door to Homelessness - Prevention

GAP:

Lack of a comprehensive prevention system to serve clients efficiently before they become homeless.

GOAL:

Expand the range and availability of homeless prevention strategies, increase their immediate accessibility, and improve their long-term effectiveness.

OUTCOME:

Evansville, Indiana will have in place by the year 2014 a comprehensive wrap-around prevention services model that will keep at-risk people housed.

STRATEGY 1:

Develop a Homeless Prevention System to Identify and Assist People Most Likely to Become Homeless.

In order to direct assistance and

resources toward the prevention of homelessness, we must identify those most at risk for homelessness. But as the National Alliance to End Homelessness (NAEH) 1992 report on prevention points out, this is a challenging task. The report describes several factors that place individuals and families at increased risk of homelessness, and asserts that among the "very poor," those who must spend over 30% of their income on housing and those who are in temporary or unstable housing are most at risk of homelessness. (<http://www.endhomelessness.org/pub/prevention/prev3.htm>)

Among these "precariously housed, very poor people" the report identifies other factors that identify those at greatest risk. These include a history of previous homelessness or previous discharge from public or medical institutions that was not followed with successful integration into work, stable housing, or sobriety. If individuals have

been in foster care, are victims of domestic violence, or lack a support network of friends and family they are also considered at increased risk of homelessness.

Successful prevention efforts, according to the NAEH, will further affirmatively target single men, female-headed households with no experience of independent living, individuals with chronic mental illness or serious health problems, and people with substance or alcohol abuse who fall into the above categories.

The development of an assessment tool that assists local service providers in determining both risk and the types of assistance needed to prevent homelessness is the first step in improving local efforts at effectively targeting those most at risk. Once the tool is developed, the community of service providers will be made aware of the purpose and goals of the assessment tool. Partnership



Two men spend time getting to know each other at the United Caring Shelter.

agreements will be developed with service providers to utilize the assessment tool and provide training in its use and application.

STRATEGY 2:

Establish an Oversight Initiative that Develops and Coordinates Resources Required to Prevent Homelessness that Includes Rent and Mortgage Assistance, Legal Assistance and Other Supportive Services.

The first step in achieving this strategy is to identify where and how public and private funds are being used in local homeless prevention efforts. A survey of the 2004 operating budgets of local organizations for specific homeless programs showed just over \$175,000 was allocated for prevention services out of a total of over \$6,135,000. (Hayes, 2004)

In their 1992 report on the prevention of homelessness, the National Alliance to End Homelessness (NAEH) states:

Prevention holds hope as a sensible and cost effective way to stop the growth of homelessness. Given scarce public and private resources, the continual entry and re-entry of people into the homeless population makes it difficult to move beyond an emergency response to the problem. Were we to stop this flow, we could more effectively provide assistance to those who are currently homeless and begin to reduce the size of the homeless population. Only when this is done will the end of homelessness truly be in sight. (<http://www.endhomelessness.org/pub/prevention/prevention.htm>)

At present, CAPE and Outreach Ministries receive specific homeless prevention money through Emergency Shelter Grant (ESG) funds that provide financial assistance for rent arrearages in order to prevent eviction. In order to strategically allocate both financial and human capital investment in ending

homelessness, we must clearly identify the types of assistance that effectively close the front door to homelessness and determine whether our efforts reflect those priorities.

We do not want to overlook the role that other community agencies play in providing financial assistance to the low income of our community. These programs assist a variety of clients in need regardless of their housing status. These programs serve many potentially at-risk clients and episodes of homelessness may be prevented, but the intervention is not specifically categorized as homeless prevention.

The NAEH report goes on to state:

It is generally agreed that a truly successful prevention effort would address emergency intervention, stabilization for those most at risk, and, most broadly, the creation of an infrastructure of housing, income, and support services which would keep people from reaching the brink of homelessness. (1992)

Once the services that best serve Evansville's at-risk population are identified, community-wide, comprehensive services will be coordinated in order to reduce duplication of services and effectively meet as many needs as possible.

To help fund these efforts, we will seek to identify, secure, and mobilize appropriate federal, state, and local resources that are specifically suited for prevention services.

STRATEGY 3:

Develop a "Housing First" Program for 750 Households.

This program will be targeted to those assessed to be at the highest risk for homelessness and demonstrate the potential to benefit from this level of intervention. This program will include intensive case management and rental subsidy.

A "Housing First" approach recognizes that stable housing is itself key to the development of self-sufficiency. This approach encompasses crisis intervention and emergency services, needs assessment, permanent housing services and case management. While the term is most often applied to re-housing, its core elements are essential in the stabilization of individuals and families at risk for homelessness.

In the current context, a "Housing First" model serves to prevent homelessness. The model is further discussed in Strategy 1 of "Opening the Back Door to Leave Homelessness" as part of the infrastructure that bridges individuals and families out of homelessness and into housing.

Once our local agencies and service providers can effectively identify those at risk for homelessness and provide services that address the specific issues that put them at risk, a program that prioritizes stable housing can provide an infrastructure that allows these individuals and families to remain permanently housed. "Housing First" staff will seek to develop plans of action that link individuals with service providers according to the clients' strengths and resources.

This client-centered case management will be structured to continue as long as the assessment tool and individual self-sufficiency plan indicate a need for that level of support.

STRATEGY 4: Develop a Travelers' Aid Program

"Linda" and her family planned to move from a mountain state to Owensboro, but expenses along the way were higher than they'd anticipated. They didn't intend to end their journey here, but a combination of factors resulted in their homelessness in Evansville.

In a focus group for formerly homeless individuals held in September 2003, Linda said they found a place to camp in their van at Burdette Park. Her husband, fortunately, found work and they were eventually able to pull together enough money to move into an unfurnished "fixer-upper" with no running water. Over time, they have made it a home.

Linda said they were unaware of any services that could have assisted them during the period of time they stayed in the park.

Our research pointed to the fact that Linda and her family are not alone. Other travelers,

"To be involved with a project of this magnitude is quite a privilege. I sincerely believe we have a responsibility to assist those who are experiencing difficulty helping themselves. Who knows, I may need this help one day."

- Jackie Williams

for one reason or another, stop in Evansville and become part of our homeless population. In order to help close this door to homelessness, we need to establish tools that

will enable us to first identify the number of persons who become stranded in Evansville and whether they have an alternative desired destination with an accompanying support system in place. If they do, assistance can be provided to help them arrive there.

As part of that process, we will investigate program models and funding sources for a Travelers' Aid program and seek to locate appropriate service provider(s) who would be able to add this type of program to their existing services.

STRATEGY 5: Develop a Year-Round Utility Subsidy Program for the 30% Area Median

Income (AMI) Population.

Utility costs are often a part of the equation that results in homelessness. The current energy assistance program operates from November through mid-March, but the need is often year-round. In order to provide this type of assistance and close this door to homelessness we will locate an effective program model, identify potential funding sources, and secure a service provider to administer the program.

Vectren Energy Delivery, in cooperation with the Indiana office of Utility Consumer Counselor (OUCC), has received approval for a two-year pilot proposal called the Universal Service Fund (USF) from the Indiana Utility Regulatory Commission.

According to Vectren, "The USF will help make natural gas service more affordable to low-income customers by providing a reduced rate for residential gas service and by promoting energy efficiency and conservation." (Vectren Press Release 3/22/04) This program would provide year-round assistance for natural gas usage and would eventually replace the existing energy assistance available through the limited timeframe of November-March 15.

As this plan is enacted within our community, it will be monitored in terms of its effectiveness in preventing homelessness. Feedback can then be provided to Vectren regarding continued program support or changes necessary to strengthen the program's ability to prevent homelessness.

STRATEGY 6: Increase Access to Mainstream Resources by Improving Coordination of Federal, State and Local Programs.

Mainstream services are defined as government-funded programs designed to meet the needs of low-income people. Examples

include Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), supplements such as Food Stamps and WIC, Medicaid and other health service programs, including Veterans Health Assistance, Workforce Investment Act, and housing subsidy programs such as Section 8 and public housing (Schwab Foundation 2003).

The Charles and Helen Schwab Foundation 2003 report *Holes in the Safety Net: Mainstream Systems and Homelessness* states that "the most important but under-utilized source of income, housing, and services to people who are homeless or at-risk for homelessness are government-funded programs designed to meet the needs of low-income people." That report builds upon the conclusions in the National Alliance to End Homelessness *Ten Year Plan* that mainstream systems "have deferred to homeless assistance programs rather than joining forces with them, thereby evading the cost and responsibility of helping their most disadvantaged clients." (p. i)

The Schwab Foundation report goes on to explain that many of the conditions that arise from homelessness create barriers to that population's utilization of mainstream resources. Because homeless people often have no ability to store documents needed to prove eligibility, for example, they cannot apply for benefits that could help them retain housing.

In order to help those at risk for homelessness develop better access to mainstream resources, greater coordination is necessary among federal, state, local, and community service providers. We will seek to facilitate such a coordination of efforts by first educating these providers on the steps individuals face in ending chronic homelessness. We will encourage these mainstream resources to designate a "Homeless Liaison" within their organization

and will encourage their participation in PPCHS.

The Policy & Planning Council for Homeless Services will maintain regular contact with the Indiana Interagency on Homelessness and work with the Ten Year Commission to increase coordination efforts at local, state and federal levels.

STRATEGY 7:

Create a Community Discharge Plan to Prevent Release from a Publicly Funded Institution Resulting in Immediate Homelessness.

The Schwab report previously cited clearly states the case for such a plan:

"Failure to appropriately discharge persons leaving institutional care is a contributing cause of homelessness. Public systems may fail to prevent homelessness because they are not held responsible for doing so, and because they often do not have the resources and expertise. In some cases they have strong financial incentives to discharge people as quickly as possible."
(p. 5)

A planning team will be developed that is composed of representatives from all publicly funded institutions – jails, hospitals, nursing homes, prisons, state hospitals and governing bodies – with the goal of developing community accepted pre-release discharge standards that do not permit discharge to homeless shelters.

Individuals who have been released from correctional institutions into homelessness are of particular concern. The State of Indiana currently accepts assignment to a homeless shelter as an appropriate discharge plan. Newly released former inmates inevitably face additional obstacles to their successful re-integration into society when they attempt to secure new documents, access services, or seek employment without permanent housing.

"George" is an example of an individual who faces many of the barriers common to many coming out of prison. George shared his story in one of the focus groups for currently homeless persons and describes the extreme difficulty in "adjusting" to life outside the prison system. He is in his mid-sixties, reads at a fourth grade level and has limited job skills. He has had no success in locating employment. Without income, George will be forced to stay in a shelter.

As George told us, "I was in prison for twenty-two years – I can't adjust to the outside, I'm used to the inside, I'm between the worlds. People don't understand. It's like we're being punished for something we've already paid our time for."

Unfortunately, George is not unique. Nationwide, over 1600 state and federal inmates are released each day – a total of over 600,000 a year. (Travis and Lawrence "Beyond the Prison Gates," p. 1). In order for our ten-year plan to succeed, we must take into account the increasing numbers of people who enter homelessness from our correctional institutions. Partnerships with local organizations will be encouraged and grants and assistance from the Department of Corrections will be sought to create the support services needed for individuals to complete a transition into stable employment that leads to permanent housing and the ability to become full participants in society.

Hospitals, another key component of a successful community discharge plan, often find themselves in a race against the clock when they identify an individual whose release will result in homelessness. Because permanent housing cannot be secured quickly, patients are sometimes assigned to emergency shelters on discharge. It is not uncommon for the shelters to be asked to provide "a bed" to patients undergoing chemotherapy or dialysis, or

recovering from back or knee surgery. In these cases and many others, the patients require a level of care much higher than our emergency shelters are equipped to deliver.

According to the Vanderburgh County Sheriff's Office, the Vanderburgh County Community Corrections (VCCC) begins its exit process 60 days prior to participants' release from the program in order to facilitate participants' access to services and housing. Because admission to Section 8 subsidized housing is often denied due to individuals' prior offenses, release to permanent housing can be difficult. The VCCC revisits its participants' discharge plans again 30 days prior to release and attempts to resolve any housing problems before the release date. (Eric Williams, interview, 21 June 2004)

A successful community discharge plan will develop and/or coordinate supportive services within existing systems to begin working on discharge shortly after admission. In addition to these goals, the plan will lead to the development of guidelines for housing placement, employment assistance, initiating access to all appropriate entitlement programs, referrals to all needed treatment providers, and acquisition of all necessary documentation. These steps will help bridge individuals into both mainstream programs and community-based services that will facilitate their access to the shortest path to permanent housing and self-sufficiency.

Opening the Back Door to Leave Homelessness

GAP:

Homeless persons are experiencing extended length of stays in emergency shelter due to lack of safe and affordable housing or are obtaining inappropriate housing that increases their potential to re-enter homelessness.

GOAL:

Increase appropriate housing opportunities and services necessary to move clients out of shelters in a timely manner and help them establish long-term housing.

OUTCOME:

Any resident who ultimately loses housing will be able to re-establish appropriate housing within 14 days.

STRATEGY 1:

Develop a "Housing First" Program for Those in Emergency Shelter that Includes Rent Subsidy and Transitional Case Management for Up to 250 Households.

Those of us who own our homes or who are established in a rental property don't often think about the security that stable housing provides. We come home to the same place every night, our clothing and other possessions are secure, we have an address where we can receive correspondence, and our children can settle into the routines of school and neighborhood friendships.

A 2002 report by the Bi-Partisan Millennial Housing Commission echoes the importance of housing, especially for children. The report states that "decent, affordable, and stable housing promotes family stability and creates a positive environment for raising children." For those who lack stable housing, frequent moves disrupt not only children's lives, but the lives of anyone attempting to secure and maintain employment, obtain medical care, utilize social services, or pursue an education.
(www.mhc.gov/mhcreport.pdf)

A "Housing First" approach recognizes that if a move to permanent housing is accompanied by supportive services, individuals and families experience a more rapid and successful stabilization in their

lives. The National Alliance to End Homelessness states that a "Housing First" approach is based on two central concepts. The first is that re-housing, not emergency housing should be the central goal of any effort that addresses the needs of the homeless. The second is that a combination of housing assistance and ongoing case management services can effectively reduce time spent in emergency or temporary housing. (<http://www.endhomelessness.org/networks/housingfirst/>)

A "Housing First" model does not presume that transitional housing is

unnecessary. It seeks, rather, to "shift the paradigm of service provision to homeless people" by recognizing that stable housing itself is key to building the structures that enable individuals and families to build a solid foundation for success. The continuation of services that have been traditionally extended only to the currently homeless would result in shorter stays in transitional or emergency housing.

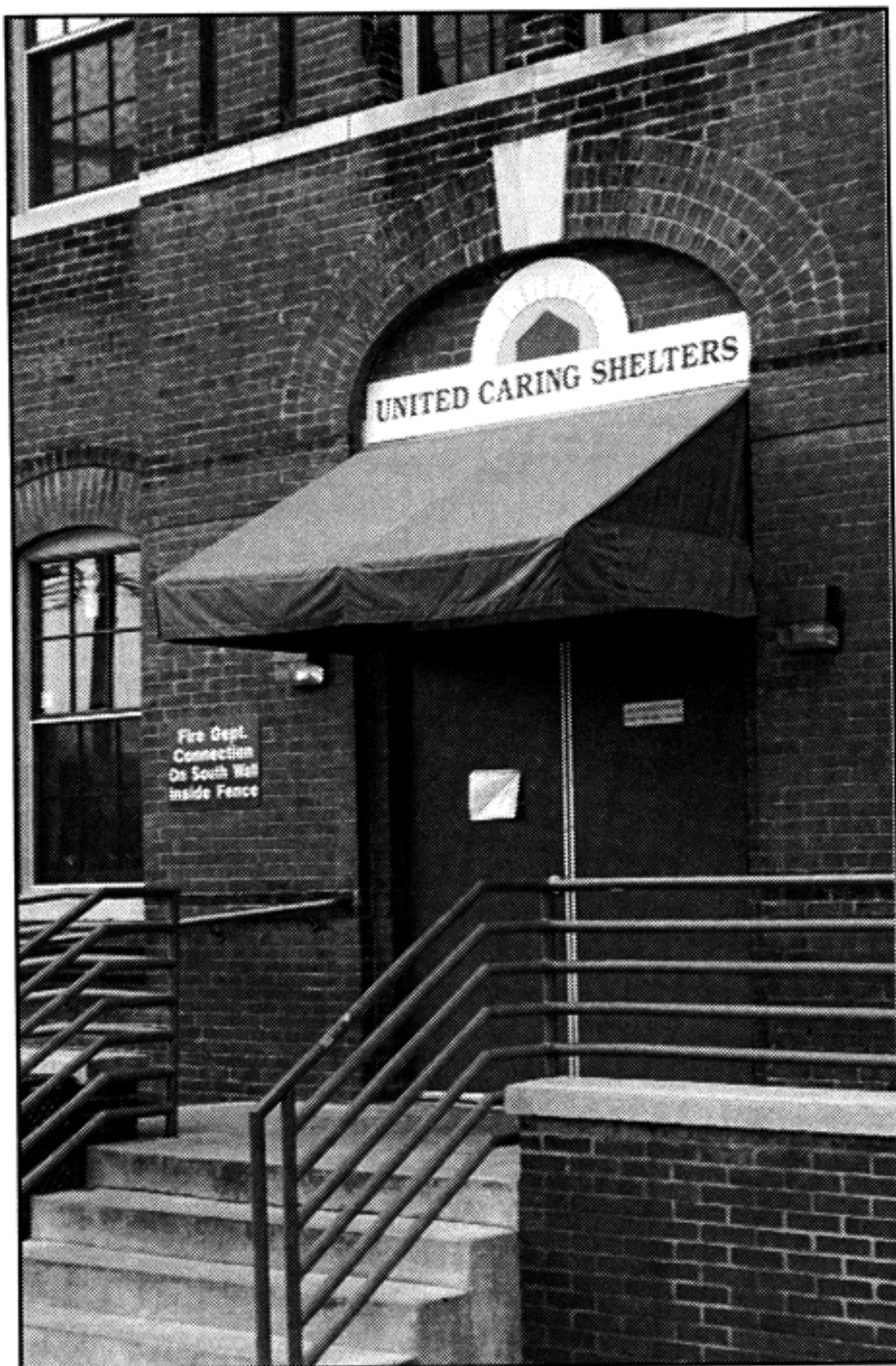
Local program guidelines and procedures will be established, and program sponsor(s) and potential landlord participation will be identified. Program sponsors will then offer training to emergency shelters on program eligibility and the referral process.

STRATEGY 2:

Develop an Active Mentoring Program Through Local Churches to Tie Formerly Homeless Persons Into the Community.

We recognize and applaud the immense contributions made by local communities of faith to providing services to Evansville's homeless population. Their supportive environment and ties to the greater community make area churches ideal partners in ending homelessness by actively mentoring formerly homeless individuals and families.

Churches can be an effective bridge into the community for the formerly homeless. The one-on-one encouragement and support church members can offer during the transition into permanent



United United Caring Shelter in Evansville.

housing can make a significant difference in achieving a successful transition. Churches can further assist in a transition to independence by using their links to community businesses and employers to help formerly homeless individuals secure work.

We propose to begin by investigating model programs. Once that research is complete, appropriate program sponsorship and community support for this effort will be established.

STRATEGY 3:

Develop an Assessment Center That Is Open 24 Hours a Day, Seven Days a Week.

Under our current system, anyone needing shelter must contact up to eight different facilities to locate a bed. The point-of-entry for the homeless person then becomes that individual shelter. The individual shelters and programs determine client assessment, referrals and services, and the consistency of information made available. The level of service provided differs from shelter to shelter.

One outcome of the successful implementation of the ten-year plan will be a reduced need for emergency shelters. At this point we will seek to establish a first-entry Assessment Center. The center will ultimately become the point-of-entry for those experiencing a loss of housing. The Center will provide temporary housing, diagnostic assessment and referral to permanent housing and any needed treatment services within 24 hours.

Because homeless individuals with disabilities and those experiencing the effects of substance use face unique challenges, the center would further bridge these clients into the support or case management services necessary to support them until they are able to function as productively and independently as possible. This service will pro-

vide stability, appropriate housing, assistance with basic human needs, and establish a support and advocacy system.

Build the Infrastructure

HOUSING GAP:

There is presently a lack of permanent housing affordable to the 30% Area Median Income (AMI) group.

GOAL:

Increase the permanent housing stock affordable to the 30% AMI group.

OUTCOME:

Evansville-Vanderburgh County will ensure that safe, affordable housing is available to all residents.

"Securing access to decent, affordable housing is fundamental to the American Dream. All Americans want to live in good-quality homes they can afford without sacrificing other basic needs. All Americans want to live in safe communities with ready access to job opportunities, good schools, and amenities. All parents want their children to grow up with positive role models and peer influences nearby. And the overwhelming majority of Americans want to purchase a home as a way to build wealth. Decent, affordable, and accessible housing fosters self-sufficiency, brings stability to families and new vitality to distressed communities, and supports overall economic growth. Very particularly, it improves life outcomes for children. In the process, it reduces a host of costly social and economic problems that place enormous strains on the nation's education, public health, social service, law enforcement, criminal justice, and welfare systems. Housing very much matters – to the individual, to the family, to the neighborhood, and to the nation." (Bi-Partisan Millennial Housing Commission, 2002)

The residents of Evansville and Vanderburgh County who earn 30% of AMI or less are no different. Many want to own a home, but their current income levels force them into rental situations. In addition to the barriers they face regarding home ownership, accessibility to safe, clean, affordable rental housing for this income group is becoming more limited.

According to the National Low Income Housing Coalition 2003 report, 33% of Vanderburgh County's total households were rental households.

(<http://www.nlihc.org>) In order for rent to be "affordable", the generally accepted standard is that it should cost a family less than one-third of its income.

The estimated annual Median Family Income in Vanderburgh County was \$55,400 in 2003. The federal standard for "extremely low income" is 30% of the AMI, an annual income of \$16,620 in Vanderburgh County. This means that a family earning 30% of Vanderburgh County's AMI should pay only \$416 a month in rent. Locally, fair market rent on a one-bedroom apartment is \$410; on a two-bedroom apartment, it's \$532.

According to the report, the hourly wage needed to pay for a two-bedroom apartment in Indiana is \$11. In Vanderburgh County, it is \$10.23. At minimum wage, an individual would have to work 79 hours a week to afford a two-bedroom apartment. To afford the fair-market rent on a one-bedroom apartment, an individual would have to work 61 hours a week at minimum wage.

A 2003 report by the Joint Center for Housing studies at Harvard University states that three of every ten US households have "housing affordability problems." 17.3 million households spend between 30 and 50% of their income on housing, and another 14.3 million households are spending more than 50%. (<http://www.jchs.harvard.edu/publications/markets/son2003.pdf>)

The report further asserts that construction of multi-family units that are affordable to the lowest income quintile has not kept pace with the loss of these units from the total housing stock. The report contends that affordability problems will only continue to increase because low rental revenues do not meet basic operating and upkeep costs. In addition to these difficulties, budgetary pressures on federal, state, and local governments threaten the security of existing rental assistance programs.

The national housing crisis continues to worsen. The 2004 Joint Center for Housing studies report states that:

"Fully half of lowest-income households spend at least 50 percent of their incomes on housing, crowding is on the increase, some 2.5-3.5 million people are homeless at some point in a given year, and nearly 2 million households still live in severely inadequate units."

(<http://www.jchs.harvard.edu/publications/markets/son2004.pdf>)

In order to end homelessness in Evansville and Vanderburgh County, it is imperative that we build an infrastructure of affordable housing that ensures that very low-income individuals and families can secure and maintain stable housing and begin to build equity.

STRATEGY 1:

Develop 500 units of Supportive Single Room Occupancy (SRO) Housing.

The Task Force to End Homelessness proposes the development of a project that addresses the needs of both the currently homeless and individuals with extremely low incomes. These 500 units would be divided equally between the two groups and would provide homeless individuals with easily accessible permanent housing. In order to

effectively address the needs identified in our research, the program must eventually specialize in serving a variety of sub-populations that includes, among others, veterans, ex-offenders, mentally ill, elderly, chemically dependent individuals, and those in need of convalescent care not eligible under any other support service.

The Corporation for Supportive Housing (CSH) explains that Supportive Housing works in breaking the cycle of homelessness for several reasons. It provides permanent housing, which in itself can provide the stability individuals and families need to build a personal infrastructure that supports work, education, and ongoing development. Supportive Housing recognizes the vital nature of permanent housing and speeds the transition from emergency housing to

permanent housing by ensuring that people receive the support services they need even after they are housed.

Furthermore, it is cost-effective. CSH cites a study by the University of Pennsylvania's Center for Mental Health Policy and Services Research that tracked the cost of nearly 5,000 mentally ill people in New York City. The study followed individuals through two years of homelessness and for two years after they were housed.

The researchers concluded that the cost of developing, operating, and providing services in supportive housing is nearly completely offset by the savings in public benefits in health services, shelter use, and incarceration. Even with the higher-than-average cost of housing in New York City,

Increase in affordable housing units

# of Units	Type of Housing	New or existing	Targeted Population
250	Single Room Occupancy (SRO)	New	Homeless - singles
250	Single Room Occupancy (SRO)	New	Extremely Low-income -singles
250	Housing First- rental Subsidy with case management	Existing rental housing	Homeless families
750	Housing First - Prevention rental Subsidy with intensive case management	Existing rental housing	Extremely low-income families/singles at extreme risk of becoming homeless
1,500	Rental Subsidy	Existing rental housing	Extremely low-income families/singles
1,000	Homeownership	Existing homes rehabilitated homes or new construction	Low-income families/singles

These specialized transitional housing centers can be developed through encouraging existing emergency shelter providers to adapt to a transitional housing model.

the average cost per housing unit was only \$995 per year more than the cost of leaving an individual homeless.
(<http://www.csh.org>)

We will seek to locate a sponsor for this proven program and locate developers willing to build supportive housing. The Task Force is further committed to assisting in site selection.

STRATEGY 2:

Develop a Program to Move 1000 Currently Low-Income Renters Into Homeownership Through Assessment, Training and Down-Payment Assistance.

In order to create vacancies for new tenants in existing subsidized housing, the Task Force to End Homelessness proposes the development of a program that identifies low-income renters who have developed a level of self-sufficiency that will enable them to move into home ownership. We propose to develop and implement an affordable housing plan in partnership with the City of Evansville and Vanderburgh County to fund the rehabilitation of existing homes and the construction of new homes.

We will expand outreach efforts to locate, encourage and assess potential homeowners and expand existing homeownership training programs that effectively prepare individuals and families for the responsibilities that accompany homeownership. We will further seek to identify funding opportunities that will build upon existing down-payment assistance programs.

STRATEGY 3:

Develop Incentives to Encourage Housing Development for the Extremely Low-Income (30% AMI).

Landlords justifiably seek a financial return on their investment in housing. In order to encourage landlords to take the step of

converting or building units for rental by extremely low-income individuals and families, we will promote the use of tax abatements for such development. We will further encourage area financial institutions to provide these projects with low interest loans.

STRATEGY 4:

Develop 1500 Additional Units of Rent-Subsidized Housing by Facilitating the Full Utilization of Existing Units and Construction of New Units Where Needed.

In order to end homelessness in Evansville and Vanderburgh County, there must exist a sufficient stock of housing that is affordable for those with extremely low incomes. The 2000 Census indicated that 10,899 households in Vanderburgh County reported annual incomes of \$14,999 or below. Based on local fair market rental rates and the 30% rule, this population will need some type of subsidy for rent to be affordable. An inventory of existing subsidized units, public housing, Section 8, and project based Section 8 indicate about 3,929 units are currently available.

According to the Evansville Housing Authority, approximately ten new applications are filed each day for Section 8 subsidized housing. There are currently just over 1900 vouchers available in our community, and the waiting list consistently contains the names of 1700 individuals and families. Clearly, there is a need for additional subsidized units.

Subsidies are recognized as an effective tool to reduce and prevent homelessness. A California research group analyzed two national data sets that confirmed the relationship between income inequality and an increase in homeless rates from 1986-1996. To further test their hypothesis, the researchers conducted four simulations in the largest metropolitan areas in California.

They found that:

"An effective universal voucher program would reduce homelessness by about one-fourth. They further found that a program to target subsidies to those landlords who provide housing in the lowest quartile of the housing quality distribution would largely be passed through to tenants, and that it would have important benefits in reducing homelessness." (Kathryn P. Nelson, Preventing Homelessness: Meeting the Challenge, Urban Institute transcript 2/05/2002)

To meet this goal, The Task Force to End Homelessness has established a ten-year goal of the development of 1500 additional rent subsidized units. This goal can be met in part through work with landlords to expand the stock of subsidized housing by earmarking currently vacant units for the program. In addition to the use of existing housing, construction of new units would be encouraged to reach the target number of 1500.

STRATEGY 5:

Develop Specialized Transitional Housing for Youth (18-23) and Victims of Domestic Violence.

Transitional Housing is traditionally designed to accommodate a smaller number of clients with increased support services and more privacy than an emergency shelter provides. The length of stay can extend up to two years. Support services include case management and skill development activities. As the name implies, clients best suited for transitional housing are those in some type of transition.

Traditionally, it was used to transition homeless individuals and families into permanent housing. However, we now know that some sub-populations of the homeless can be

better served through Housing First and Supportive Housing models. The Task Force to End Homelessness has identified two sub-populations that we believe can benefit from transitional housing.

"Scott," a participant in one of the focus groups for formerly homeless persons, stated, "Homelessness has changed from the hobo riding the rails or the county home. It's young people. I am not sure that a homeless shelter is a good place for them. It's like getting a degree in delinquency."

Young men and women often need specialized assistance in identifying their barriers to housing. As well, they often do not feel comfortable in shelters whose average population is much older. To successfully bridge homeless youth (ages 18 to 23) into permanent housing, specialized transitional housing will be developed where they are empowered to identify and address their educational, vocational, and social needs.

Domestic violence victims, who often have children, have unique transitional housing needs. The Evansville-Vanderburgh Domestic Violence and Sexual Assault Task Force has proposed that a successful transitional housing program will offer programs that help victims treat the issues raised by domestic violence. This type of support and training can empower domestic violence victims to build a life away from the abuser and to avoid potentially abusive relationships in the future. They further recommend that transitional housing for domestic violence victims include programs for the children who have been impacted by this type of violence. (Evansville-Vanderburgh Domestic Violence & Sexual Abuse Task Force, memo, 8/20/03)

Table 6

The Self-Sufficiency Standard for Evansville-Henderson, IN-KY MSA, 2002 Vanderburgh County

Monthly Costs	Adult 407	Adult infant 529	Adult preschooler 529	Adult infant preschooler 529	Adult schoolage teenager 529	Adult infant preschooler schoolage 660	2 Adults infant preschooler 529	2 Adults preschooler schoolage 529
Housing								
Child Care	0	326	391	716	293	1009	716	684
Food	178	261	270	351	442	472	504	554
Transportation	218	223	223	223	223	223	429	429
Health Care	82	179	179	188	211	202	224	230
Miscellaneous	88	152	159	201	170	257	240	243
Taxes	187	264	295	369	244	549	479	488
Earned Income								
Tax Credit (-)	0	-99	-77	-75	-188	0	0	0
Child Care Tax Credit (-)	0	-48	-46	-84	-46	-80	-80	-80
Child Tax Credit (-)	0	-50	-50	-100	-95	-150	-100	-100
Self								
Sufficiency Wage								
-Hourly	\$6.59	\$9.86	\$10.64	\$13.17	\$10.13	\$17.85	\$8.36	\$8.46
							per adult	per adult
- Monthly	\$1,160	\$1,736	\$1,872	\$2,317	\$1,783	\$3,142	\$2,943	\$2,976
-Annual	\$13,919	\$20,833	\$22,467	\$27,810	\$21,397	\$37,706	\$35,311	\$35,715
The Self-Sufficiency Standard for Indiana, 2002								Page 49

RAISING INCOMES

GAP:

There are a significant number of residents who do not have the skills or the opportunity to obtain and maintain living wage positions.

GOAL:

Increase opportunities for low-wage/low-skill workers to obtain the necessary skills and employment to earn a living wage.

OUTCOME:

Vanderburgh County residents will have improved access to community services, education and training leading to employment resulting in self-sufficiency.

STRATEGY 1:

Improve Coordination of Employment Services.

As previously identified in this report, the importance of improving access to main-

stream services for the homeless and those at high risk of becoming homeless cannot be over-stated. Evansville and Vanderburgh County have many resources in employment through local and state agencies such as Career Choices, Inc., WorkOne, Goodwill, the Workforce Investment Board, and others.

In order to better assist our clients in utilizing these types of services, we propose to expand and enhance the community service referral system through better communication and coordination. This would include developing a flow chart on the referral process and the current community services. We will then provide training to staff on maximizing the referral process, thus creating a safety net around individuals to ensure they are not "lost" in the process.

We will encourage community employment services to collaborate with homeless outreach programs to enhance service delivery to homeless and formerly homeless

individuals.

The previously discussed HMIS system can be a tremendous asset to this process by establishing an interface with the existing One-Stop employment and training management information system. This will enable homeless outreach organizations to improve the coordination and integration of housing, case management, and other services with employment services.

We will encourage the local Workforce Investment Board to increase linkages with homeless providers, including representation on the board.

STRATEGY 2: Establish Training and Employment Options.

In order for individuals and families to become self-sufficient and remain housed, they need to secure and maintain employment. We acknowledge that this is not an easy process. Many of our clients have limited job skills and patchy work histories. We recognize that they need to incrementally gain experience and build a solid history of work, enabling them to make the transition to self-sufficiency.

As well, the lack of housing in and of itself is a significant barrier to obtaining training or employment. Often, however, homeless individuals have other barriers to employment, such as substance abuse, illiteracy, etc. As they address and overcome these barriers, we propose that employment and training programs be introduced to them.

In order to establish effective training and employment options for our clients, it must first be determined how homeless individuals currently access the workforce development system. This information will enable service providers to recognize the facets of service that are working and to identify barriers to access for the homeless. With that information, we will determine how we can

improve access to local employment and training programs (i.e. non-traditional hours of service, going on-site to housing complexes, etc).

Recognizing that employable individuals have skills required by area employers, we will assess which area industries currently need workers in order to tailor training programs to community needs.

We further recommend that housing programs require individuals who are not yet self-sufficient and are entering or already reside in them to develop an Individual Employment Plan and/or Self-Sufficiency Plan. These plans can provide a blueprint for independence and long-term stability for the formerly homeless and those at risk for homelessness.

STRATEGY 3: Establish a Living Wage.

As long as wages are not commensurate with the level required to maintain safe and stable housing, the front door to homelessness is open. When housing costs exceed 30% of income, an individual or family runs the risk of their rent or house payment becoming untenable should any type of emergency occur. When housing costs pass 50% of income, families and individuals are precariously housed. As previously cited in this report, for a single parent with children to afford a two-bedroom apartment in Vanderburgh County he or she would have to earn nearly twice the established minimum wage.

In 2002, The Self Sufficiency Standard for Indiana study compared the costs of housing, child care, food, transportation, and other necessities across the state. Based on that information, the study developed a "self-sufficiency" wage for individuals and families. This study moves beyond outdated guidelines and establishes a level of income required for individuals and families with children of specific ages living in specific

areas of the state. Their calculations take into account, as well, tax benefits available for families with children.

The table above demonstrates their findings for Vanderburgh County. For example, the Self-Sufficiency wage for a two-parent Vanderburgh County family with an infant and a preschooler was \$35,311 a year (\$16.96 per hour). A single parent with a preschooler would need to earn \$22,467, or \$10.64 an hour to be self-sufficient.

In 1999, 7% of Indiana's workers were earning within one-dollar of minimum wage, an income far below that indicated for either secure housing or for self-sufficiency. (Bernstein, *The Impact of Minimum Wage*, 1999, Economic Policy Institute, p. 8.) The Indiana self-sufficiency study identifies the gap between the wages earned by low-income families and what they actually need to meet their basic needs as the pressing challenge at hand. Families, the report states, have three options: "reduce costs, raise incomes, or a combination of both." (The Self Sufficiency Standard for Indiana, 2002, p. 7.)

Our Task Force has already identified the need to increase the availability of subsidized housing. But more subsidies that make housing affordable at low wages are only the first step. The establishment of a minimum livable wage for the community that is adhered to by employers and agencies receiving public-funded contracts is a first step in creating an economy that empowers individuals and families to become truly self-sufficient.

According to the report *Poverty Despite Work in Indiana*, studies undertaken on the effects of the 1996 and 1997 increases in the minimum wage refuted the common argument that the increase would lead to

the loss of minimum wage jobs.

In their 1999 report *The Impact of the Minimum Wage: Policy lifts wages, maintains floor on low-wage labor market*, Jared Bernstein and John Schmitt contend that the small negative employment effects of a minimum wage increase diminish over time. They further clarify that minimum wage

increases are effective in reducing poverty because households in the bottom 40% of income distribution will show 63% of the gains of a one-dollar increase in the

minimum wage. (<http://www.epinet.org>)

The report also demonstrates that of the 8.4 million Americans who would benefit from a one-dollar increase in the minimum wage, 2.7 million are parents who care for 4.7 million children. Given the self-sufficiency statistics cited earlier, the fact that 63% of these low-income working parents had family incomes below \$25,000 in 1999 is significant. According to *Poverty Despite Work in Indiana*, each 25-cent increase in the minimum wage results in an annual pay increase of \$480 after taxes. Thus, a one-dollar increase in the minimum wage would result in over a \$1900 increase in after-tax wages for these families, placing them far closer to the income level required for self-sufficiency.

A recent Economic Policy Institute publication entitled *Employment and the Minimum Wage: Evidence from Recent State Labor Market Trends* cites U.S. Department of Labor statistics that 12 states and the District of Columbia now require minimum wages above the federal level. These wages range from \$5.50 in Illinois to \$7.16 in the state of Washington. Jeff Chapman's analysis claims that employers "may actually cause higher turnover and incur higher costs to recruit, train, and supervise their workers" by paying lower wages.

"Lack of a home has a devastating effect on my clients. The homeless are some of our most vulnerable citizens, especially the children."

- Steve Culley

(Chapman, 2004, p. 13.)

In addition to the establishment of a local living wage, we also encourage economic development efforts to bring high-wage jobs to the community. Jobs of this nature will allow new entrants into the system to fill positions created by the upward movement of existing employees.

STRATEGY 4:

Address the Employment Needs of Offenders, Youth and the Currently "Unemployable."

The Community Discharge Plan referred to earlier in this report should address not only housing needs, but the means to maintain permanent housing – steady employment. We propose to coordinate employment with the Community Discharge Plan by seeking alternative funding sources for offender programs that establish a "lower bar" for employment success. This does not imply that we support lower standards for employees once they are hired and trained. We will work to create a climate in which employers who offer individuals an opportunity to succeed receive adequate funding and support for their efforts.

We recognize that the set of skills required to obtain and keep a job extend beyond vocational skills. To help close the front door to homelessness for at-risk youth, we support the development of on-site independent living programs at area youth homes. These programs will equip young individuals with the daily living skills and attitudes they will need to remain employed and develop ongoing job skills.

According to the Vanderburgh County Sheriff's Office, the Vanderburgh County Community Corrections (VCCC) program currently maintains a listing of employers that is updated weekly. While over 75% of their participants come into the program unemployed, only 10 % of those who can

hold down jobs leave without employment. (e-mail, Williams, 21 June 2004)

The VCCC utilizes the resources of Goodwill Industries and WorkOne in job training and employment services. In addition to job training programs, the program offers a series of classes in life skills, self-esteem, grooming, and other facets of instruction individuals need in order to secure and maintain employment.

The Task Force to End Homelessness learned of a new approach to establishing employment history of ex-offenders, youth and the unemployable, known as "Transitional Jobs." We will investigate this program further for effectiveness and compatibility with existing services in Evansville and Vanderburgh County, with an eye toward possible development of a similar program.

SERVICES

GAP:

A variety of services are available to the homeless but they are not always quickly accessible or coordinated in a way that maximizes resources and service delivery.

GOAL:

Maximize resources and access to services through coordination of existing services and providers. Develop and deliver new services where gaps exist.

OUTCOME:

Those in need of services will be able to identify, access and receive services to resolve their needs quickly.

Homeless individuals – and families – all have unique needs and will each have a unique path to secure housing. As our working groups met, they identified services that can assist in either preventing homelessness or in shortening the amount of time spent in emergency housing.

STRATEGY 1:
Improve/Develop Transportation
Options for Low-Income Individuals.

One barrier to securing and maintaining employment or building the personal infrastructure individuals need is a lack of reliable transportation. The Task Force to End Homelessness believes that the establishment of a transportation system that delivers at-risk or homeless clients to jobs, treatment, and specialized services in a timely manner will help close a door to homelessness.

Individuals who are seeking employment often do not have the bus fare they need for the application and interview process. Once they secure a job, cash flow is often limited in the first weeks and months of employment. Consequently, we recommend the development of funding to provide bus transportation to individuals during their job search and the first 90 days of employment.

The Veterans' Working Group identified the lack of affordable and accessible trans-

portation as a major barrier to employment. In response to this identified need, this group has already established a successful bicycle-recycling program that makes used bikes available to veterans who need transportation. Similar programs that would provide bikes for low-income individuals and those who have left the prison system could help ensure that they have at least one means of transportation.

The Special Needs and Disabilities Work Group also identified the lack of adequate transportation available to deliver clients to treatment, special services, jobs and other necessary life opportunities and needs in a timely manner. Use of the current mass transit system creates increased struggles for those with disabilities.

The need for improved transportation options for the low-income and disabled of our community has been identified by various groups within the community. This plan supports these activities and advocates for the coordination of these efforts to improve existing services and develop innovative



ECHO Outreach Team member Kim Childers meets with a client during her weekly visit to the Salvation Army Family Center.

options to fill the gaps.

STRATEGY 2:

Increase Existing Individual Development Account (IDA) Program.

An Individual Development Account program matches an individual's deposit to a savings account for down payment assistance, business ventures, or educational purposes. Locally, this program is administered by the Community Action Program of Evansville (CAPE). This program is extremely valuable, and we propose collaboration with CAPE to seek ways to increase funding and accommodate more individuals in the program. This will enable individuals and families to build assets, increase worth, and move into home ownership.

STRATEGY 3:

Develop a Jail Diversion Program to Provide Monitored Emergency Accommodations for Intoxicated Persons.

Currently, law enforcement officials have little choice but to arrest homeless individuals who are intoxicated. This adds to the problem of overcrowding in our jail and complicates efforts to secure housing for the individual.

We propose the creation of a specialized facility for individuals in this situation and would begin by first identifying a shelter willing to incorporate this service into existing accommodations. In addition to a location, we propose to identify substance abuse professionals interested in assisting with this service.

Staff in the facility would receive specialized training to recognize medical complications during the detoxification process. Clients who require medical assistance would be referred to local hospitals that work in partnership with the facility. Clients who want to seek additional treatment fol-

lowing detoxification would be referred to local providers for on-going treatment.

STRATEGY 4:

Develop Improved Access to Information About Sources of Assistance.

The Task Force to End Homelessness supports local participation in the "Indiana 211 Partnership Initiative" through United Way of Southwestern Indiana. This system will enable service providers and individuals to have 24-hour access to information on homeless and housing services.

We further recommend that outreach services to homeless individuals and families publicize information on their emphases and efforts more widely. As area residents, churches, and service organizations become better informed about available services, they can help link those requiring assistance to the appropriate provider. Spanish translation of information regarding sources of assistance should be considered a vital component of this effort.

STRATEGY 5:

Improve Access and Coordination of Services for Specialized Populations.

Many specialized services already exist that serve specific populations.

Homeless youth are a special concern. The Task Force proposes to investigate homeless youth issues by convening a meeting of all community stakeholders to increase awareness of existing services and develop ways to improve coordination of service. We also propose to assist in developing/monitoring youth programs included within this plan.

We propose, as well, to publicize the National Run-Away Switchboard by acquiring information stickers about the service and working to place them in public pay

SURVEY RESULTS

In your opinion, does Evansville have a homeless problem?

- 72.7% of the people surveyed believed that Evansville does have a homeless problem
- 14.8% did not believe homelessness is a problem in Evansville
- 12.5% weren't sure

How many homeless people do you think there are in Evansville?

- 64.2% believed there are less than 300
- Over half of the people surveyed vastly underestimated the total number of homeless people in Evansville

Compared to other communities that are about the same size of Evansville, would you say that the number of homeless people in Evansville is smaller, about the same or greater?

- 32.4% of those surveyed believed our numbers are smaller than other communities
- 57.4% believed our numbers are about the same
- 10.1% believed our numbers are higher.

Do you think homelessness is a result of circumstances beyond human control or a result of irresponsible choices?

- 56.8% believed homelessness is a result of circumstances beyond human control
- 43.2% believed homelessness is a result of irresponsible choices

Do you believe that housing is a right or a privilege?

- 46.2% of respondents believed housing is a right
- 53.8% of respondents believed housing is a privilege to be earned

Do you personally know someone who is or has been homeless?

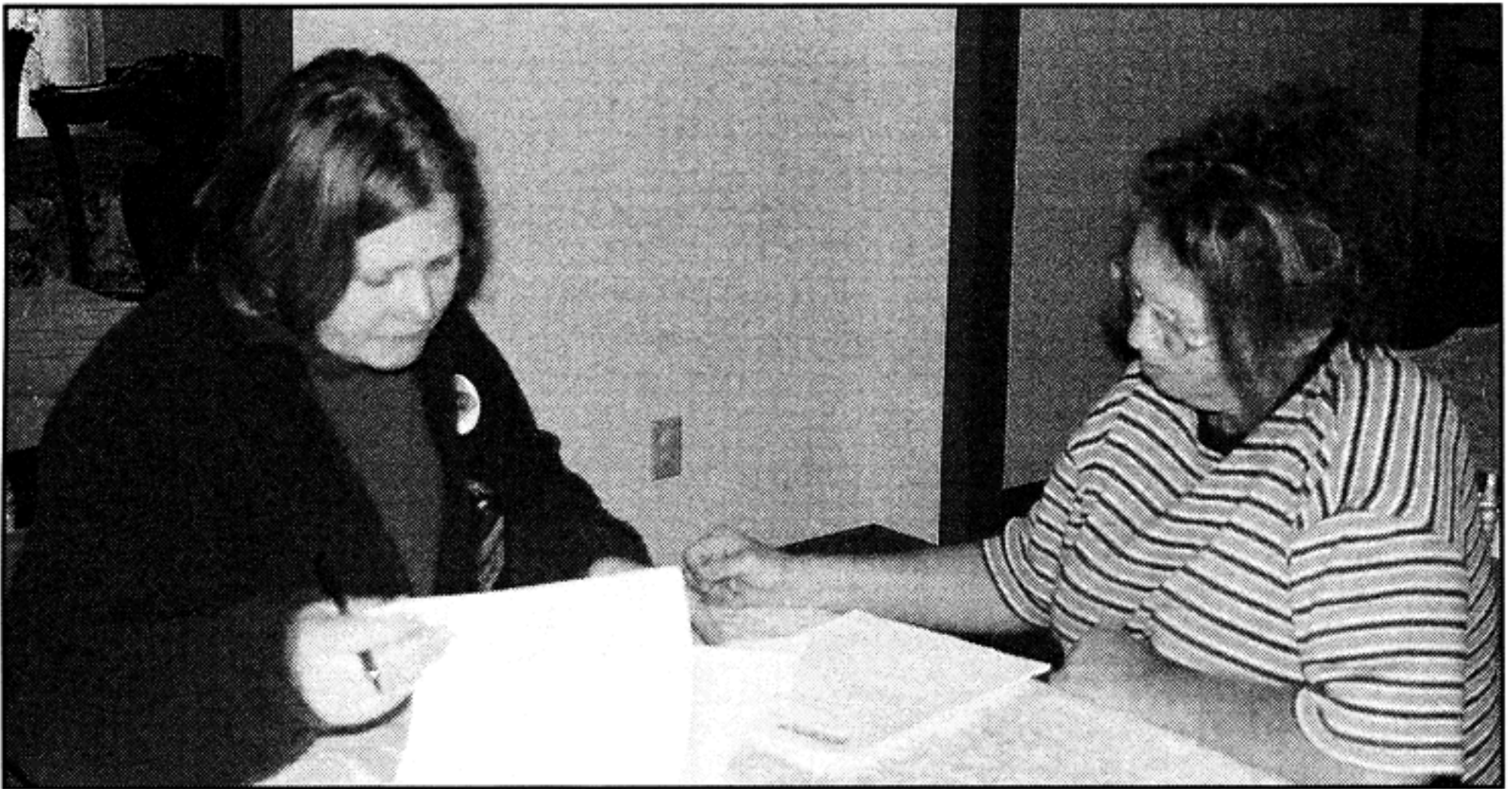
- 36% of respondents replied YES

Have you ever provided assistance for someone who was homeless or otherwise would have been homeless without assistance?

- 32% of respondents had personally provided housing
- 58.4% of respondents had provided some type of assistance

Evansville is developing a plan to eliminate homelessness in this community within the next 10 years. Do you consider this work to be important?

- 67% of respondents believed this work to be very or extremely important
- 25% of respondents believed this work to be somewhat important



Susan Steinkamp, a member of the ECHO Outreach Team, assists a client with paperwork at the House of Bread and Peace Shelter.

phones, public transportation, youth serving agencies, and other community bulletin board settings.

While veterans have many services available to them, homeless vets face a number of barriers in accessing them. Increased coordination of services for homeless veterans will greatly assist these men and women.

As a result of the planning process for this report, The Veteran Homeless Network Group began meeting quarterly in November 2003. Their meeting locations rotate among the group members' agencies, and the group is already improving service coordination as they become better acquainted with the services each agency offers. The group is also seeking to encourage all community agencies to recognize veterans as a unique group and requesting that they collect data that will enable them to better identify service gaps that are specific to homeless veterans.

The Special Needs and Disabilities Work Group also recommended increased efforts to better coordinate existing services with client needs. Of particular concern was the

need to accommodate for the basic needs of persons with physical disabilities and to connect those with mental disabilities to appropriate treatment sites quickly. This group advocated for the use of an information system to track clients and referrals, increased case management services to adequately attend to the special needs of these persons and increased awareness of disability issues among service providers.

In order to more effectively address the unique risks for homelessness faced by individuals with special needs, programs that build community acceptance and understanding of persons with special needs will also be encouraged.

STRATEGY 6: Strengthen Domestic Violence Prevention Services.

Many homeless women and children have lost their housing due to domestic violence (DV). We will encourage our existing DV agencies to work more closely with services to the homeless to ensure that victims, children, abusers and staff are better educated on domestic violence issues. We further rec-

commend that specialized advocates be made available to assist domestic violence victims whether they are in shelters, public housing or transitional housing.

We recognize the expertise of domestic violence service providers and will work with them to offer support groups for clients' domestic violence issues, whether they are victims, children, or abusers. We support anger management and DV education for shelter residents and housing programs to increase clients' awareness of the issues that make them vulnerable to abusive relationships. Because substance abuse often plays a role in domestic violence, we also recommend that substance abuse education and services be included in this educational effort. The outcome of this training will be reduced episodes of homelessness as a result of domestic violence.

STRATEGY 7:
Provide Training for Community Service Providers.

The Task Force has identified several areas of training that can better equip the staff members of community service providers to work toward ending homelessness.

As earlier discussed, full use of the Hoosier Management Information System (HMIS) will improve the delivery of service to our clients and our own ability to assess gaps in the services we provide. We propose to assist in training the staff of participating agencies to use HMIS.

The Task Force proposes the establishment of a certification program for shelter staff. A curriculum for staff that work with homeless persons and a training cycle in which the program can be offered to shelters and transitional housing providers will be developed. A certificate will then be developed that recognizes completion of the training as a preference for employment within the homeless-serving community.

We recognize the importance of all types of diversity and cross-cultural training for service providers, and propose to facilitate on-going training of all shelter staff regarding how to work with individuals with disabilities and special needs. In order to better serve our rapidly-growing Hispanic population, we further recognize that Spanish-language and Hispanic culture training are increasingly necessary for staff in area shelters and programs. We recommend, as well, the promotion of training on the culture of poverty as an additional diversity classification to all entities serving low-income individuals. Consequently, we will pursue making *The Bridges Out of Poverty* program available to the entire community.

Because the Task Force to End Homelessness supports a strength-based approach to work with homeless clients, we will promote this model of service delivery and will offer tools to agencies that wish to familiarize themselves with this approach. A Strength-Based model builds on clients' strengths rather than attempting to "fix" their perceived deficits.

PUBLIC AWARENESS

GAP:

There are misconceptions about the prevalence, causes and necessary measures to end homelessness.

GOAL:

To increase the dissemination of accurate information about homelessness within our community and engage the public in productive activities to end homelessness.

OUTCOME:

The community is accurately informed and has ended homelessness in Evansville and Vanderburgh County.

STRATEGY 1:

Dispel the Misconceptions

About Homelessness.

In order for the Task Force to understand community perceptions of homelessness, our Public Awareness working group conducted a survey of randomly selected Evansville and Vanderburgh County residents in September 2003. The survey was conducted in conjunction with University of Southern Indiana social work students.

While nearly 73% of those surveyed believed that Evansville has a problem with homelessness, over half of the respondents vastly underestimated the total number of homeless people in Evansville. Over a third personally knew someone who had experienced homelessness, yet nearly 90% believed that the incidence of homelessness is the same or smaller than in other cities of similar size.

The first myth that must be dispelled is the inaccurate perception many people have regarding the number of homeless individuals and families in Evansville. While we average almost 400 on any given night, nearly two-thirds of those surveyed believe there are less than 300 homeless people in our community.

We will publicize the results of this survey in order to help area residents recognize and acknowledge their own perceptions – and misperceptions – regarding homelessness in Evansville.

We will seek to utilize existing educational curricula on homelessness with local schools and community organizations in order to help young people and other community members more fully understand the realities of homelessness, the factors that lead to a loss of housing, and the ways homelessness impacts all of us.

STRATEGY 2: Promote Destination Home: A Ten Year Journey to End Homelessness.

This plan has been developed over two

years with the assistance of over 200 individuals. We will promote the vision, goals, and strategies that make up the plan to community service agencies, communities of faith, mainstream providers, and the public at large.

We will develop a "Housing Matters" campaign that promotes safe and affordable housing as the alternative to homelessness.

STRATEGY 3:
Discourage Community Support of Panhandling.

We are a community that responds to need. Direct cash donations to panhandlers, however, do not effectively address the needs of homeless individuals and can, in fact, help perpetuate homelessness. To address this problem, we propose the development of resource cards and/or tokens that area residents can give individuals instead of cash.

The Task Force to End Homelessness proposes the promotion of donations to community service agencies that assist the homeless population by regularly communicating with the public regarding their work.

STRATEGY 4:
Develop Awareness of the Special Needs Population.

In order to more effectively address the unique risks for homelessness faced by individuals with special needs, programs that build community acceptance and understanding of persons with special needs will be encouraged.

FUNDING TO ACHIEVE OUR GOALS

It is clear that ending homelessness will take money. Studies show, however, that providing the types of services that prevent homelessness and speed relocation into permanent housing cost nearly the same

amount as providing shelter beds and other social services to the homeless. When you add in the loss of human capital and potential to the cost of homelessness - the price individuals, families, and children pay when they lose the infrastructure permanent housing provides - it becomes clearer than ever that working to end homelessness is a good investment for all of us.

Therefore, as the blueprint is implemented, some of the funding currently invested in emergency services can be shifted to support other services such as prevention and access to permanent housing. Some of our current funding is targeted to specific populations, such as domestic violence or to specific interventions such as medical care. These funding streams will remain a key component in providing needed services to prevent the re-occurrence of homelessness and increase stability.

Grants are a vital source of funding for services to the homeless, those at risk for homelessness, and to the formerly homeless. The Task Force to End Homelessness recommends the creation of a pool of grant writers to coordinate proposals that reflect the priorities of the ten-year plan. This step will greatly assist service providers as they prepare grants and alleviate some of the work they currently invest in grant writing.

The investment of "sweat equity" from the various agencies and service providers to assist in the logistics of plan implementation will be encouraged. Service providers may find it possible to utilize this strategy to create training opportunities for their clients.

We encourage the Ten Year Commission to bring in recognized experts to train local agencies in fund-raising and will seek creative means of financing our efforts through entrepreneurship, collaboration, and cooperation among agencies. A "Funders' Council" to generate alternative ideas for funding sources may prove a valuable resource for community organizations as we all work

together to end homelessness.

The Task Force further recommends that the assistance of our legislative delegation be sought in the establishment of a designated source of revenue such as an "End Homelessness" license plate. Proceeds from plate sales or other designated revenue will help support Hoosier cities who have prepared ten-year plans to end homelessness.

On a wider level, the Task Force proposes the use of tax incentives to encourage the construction and designation of new affordable housing and supported single room occupancy programs.

Private donations to agencies whose efforts reflect the priorities of the ten-year plan will be encouraged throughout our public awareness campaign. Existing homeless service providers will be encouraged to re-program existing funding as plan goals are attained.

ACCOUNTABILITY AND MONITORING OF THE TEN YEAR PLAN

The Task Force has sought to identify the factors that lead to and perpetuate homelessness in Evansville and has proposed steps we can take to address them. But the changes we seek will not happen on their own – and we recognize that as our community takes steps on this path we may all discover options we had not considered.

We recommend, therefore, that a commission be established jointly by Evansville and Vanderburgh County to oversee and facilitate the implementation of the ten-year plan. This body would be charged with the responsibility of making recommendations to the city and county on funding priorities for homeless services. It would also advise the city and county on the progress of the plan,

"Homelessness is not just a word. It is about a way of life for an increasing number of individuals in our city. It has become a label for the growing population of individuals and families, who find themselves without a home or a room they can call their own. As this plan proposes, the 'band-aid approach' will not end the problem. We need to look at the causes of homelessness and make changes at that level. Like dealing with a life threatening illness we need to be aggressive and united in our efforts to deal with the causes of homelessness. If I were in the situation of being homeless, I hope there would be someone out there to reach out and help me get back on my own feet."

- Sister Mary Ann Woodward, DC

barriers to its implementation, and on successful accomplishment of its goals.

Co-chaired by the mayor and the county commissioners, we envision a panel comprised of representatives appointed from the following bodies, interest groups, or entities:

- Evansville City Council
- Vanderburgh County Council
- Policy and Planning Council for Homeless Services
- Department of Family and Children
- Evansville-Vanderburgh School Corp
- WORKONE
- The formerly homeless
- Private landlords
- Evansville Housing Authority
- Credit Counselors
- Mental Health – Southwestern Indiana Mental Health Center
- Department of Metropolitan Development
- Vocational Rehabilitation
- Human Relations

We recommend that the Evansville Coalition for the Homeless facilitate implementation of the plan, and request assistance from city and county departments and PPCHS to help in information gathering. We further recommend that subcommittees of the oversight group be developed to focus on specific issues raised in the ten year plan, such as housing, prevention, discharge planning, etc. Subcommittees would report their findings and recommendations

to the oversight body twice a year.

FEDERAL, STATE AND LOCAL POLICY RECOMMENDATIONS

Not since the late 1980s has the issue of homelessness been more talked about than it is today. But we know that ending homelessness will take more than simply having a plan. Much of our local success will depend on the commitment and the actions of policy makers.

The Task Force believes that housing policy must become a priority for all levels of government. At the federal level, continued financial support of the existing Section 8 voucher program is essential. Current efforts to reduce and eventually transfer this program to a state block grant will greatly hamper any plans to end homelessness. The federal government must become more involved in preserving and increasing the stock of permanent affordable housing for those with extremely low incomes. Public housing has undergone major changes over the last twenty years based on reactions to extreme situations. As a result, these policy changes have excluded many of the very people the program was designed to assist.

There is much encouragement to create public-private partnerships but no real leadership or resources have been provided to promote this effort. State and local resources are not sufficient to build the ade-

quate housing infrastructure needed to accomplish the goals of this plan. Federal responsibility for creating and maintaining housing for the extremely low-income persons of our communities must be retained. Ending homelessness will not be possible without significant federal investment in housing.

This report's recommendation to invest in permanent housing is based on the clear need for such housing and on the importance of such plans in obtaining funding from HUD. For the last four years, HUD has encouraged communities to spend at least 30% of the McKinney-Vento homeless assistance funds on permanent housing, and incentives of up to \$750,000 for new permanent housing projects have been offered. Of the \$1.1 billion dollars awarded nationally in 2003, almost half was awarded for permanent housing projects.

This prioritization has caused applications without permanent housing projects to receive a lower overall score. Because we lacked a permanent housing project, the Evansville-Vanderburgh County 2003 application for \$1,050,888 did not achieve the cut-off score. As a result, our community only received \$204,620, a loss of \$846,267.

A new focus on preventing homelessness must also be high on the national agenda. HUD is proposing changes to the McKinney-Vento homeless assistance program to allow for a limited percent of funds to be used for homeless prevention. The agency also intends, however, to cap the funding allowed for services and to reduce this percentage over time. HUD wants to target funds to housing and wants supportive services to be absorbed into other federal department budgets, such as Health and Human Service, Veterans Administration, Department of Labor, etc. Given this intention, it is imperative that these mainstream resources be held accountable for the housing status of their clients, and that program performance measures include housing

stability. Without these provisions, funding of services to homeless individuals will be reduced.

There is currently a lack of homeless prevention funding. Existing HUD programs require that clients already be "homeless" before services can be provided. Individuals and families in need of assistance must not only meet the definition of "homeless" to receive services, they continue to be labeled as "homeless" while receiving ongoing services.

In many cases, the provision of services while a family still has "a roof" over their heads is much more cost effective than waiting until they have lost their housing, their belongings, their dignity and move into their car or an emergency shelter.

Yet the definition of "homeless" differs among federal departments. The Department of Education and Health and Human Services define "homeless" more inclusively than HUD does. Consequently, a family may receive services from the local school corporation but be unable to receive HUD assisted housing because of the difference in definition. Simple inconsistency in defining homelessness should not be a barrier to obtaining needed resources.

Support services provide the foundation necessary to maintain stability and break the cycle of homelessness once housing is established. Therefore, coordination of mainstream support services must come from the federal and state levels. Policy makers must ensure that programs are designed to meet client needs and allow for flexibility in accessing services. Related programs and policy goals should be focused on ending homelessness. Policy makers should provide communities with the tools, resources and flexibility needed to coordinate existing programs, create new programs and restructure existing systems in order to end homelessness.

We recognize the importance of the State Interagency Council for Homelessness' plan to end chronic homelessness. We encourage the state to take leadership in the area of homelessness and develop a comprehensive plan that addresses the full spectrum of homelessness. The State Interagency Council for Homelessness should be recognized as an effective resource in developing the State plan, provide technical assistance for local communities and be utilized to make effective changes in state programs. Designated funding needs to be established to help fund homeless prevention, housing, supportive services, and efforts to raise incomes to a livable wage.

Housing for extremely low-income individuals and families needs to become a priority for the State. Stable housing provides the foundation for all other aspects of life: educational opportunities, vocational skill development, sense of belonging and community, employment achievement, entrepreneurial success, and increased financial worth. Housing does matter and until we provide for the needs of our most vulnerable citizens and equip them with the real means to improve their wealth, the State of Indiana will never reach its full potential.

At a local level, the recommendations of the ten-year plan need to be considered when developing local budgets and allocating existing revenues. Additionally, both homeless prevention and housing initiatives for the extremely low-income need to be added to our lobbying agenda. The goal of ending homelessness must become a part of the Master Plan for the city and county. We ask that the city and county consider any potential implications for the extremely low-income, at-risk, and homeless populations when they adopt major decisions regarding projects and economic development. The city and county must also support the development of a community discharge plan that prevents discharge into homeless-

ness and establishes a support system to prevent recidivism. In order to end homelessness in Evansville and Vanderburgh County, the ten-year plan requires support from the mayor, the county commissioners, and the city and county councils

CONCLUSION

What will Evansville and Vanderburgh County homeless services look like in 2014?

With the structures identified by this Ten Year Plan in place in 2014, we believe stories like Jane Doe's will have a different outcome. Jane's risk of homelessness will be identified early, and that knowledge will result in her placement in permanent housing with supportive case management services to help her gain the skills necessary for self-sufficiency.

Jane and her two children will not have endured the emotional and social impact of losing their housing. Jane felt like a failure the day she became homeless, but she is now taking advantage of the opportunities for growth provided by her life in transitional housing.

It has been a long process, though. She has spent two months in an emergency shelter and another year in transitional housing. In 2014, Jane and her family will be moved into permanent housing more quickly. She will be empowered to rebuild her life and create a bright future for her children from the security of housing she can afford and maintain.

The Task Force has committed itself to the bold task of designing a map that takes Jane and all of our community to Destination Home. The map points to preventing homelessness through raising incomes, through better access to training and temporary assistance, and through quality, affordable housing. We have researched and sought input regarding the best practices models to effectively and

quickly open the back door of homelessness to a future in permanent, supportive housing.

It can be done. And our hope is that as we work together and apply the strategies presented in the Ten Year Plan, Evansville and Vanderburgh County in 2014 will be a community with an economic and social infrastructure that empowers all its residents to arrive at their destination of home.

PRIORITY ORDER TIMELINE

1st Month 2004: Create Commission

- 2005: Education: State/Federal Legislators
Training: "Bridges out of Poverty"
Dispel misconceptions about homelessness
Develop a marketing strategy
Promote "Plan to End Homelessness in Ten Years"
Discourage community support of panhandling
Develop rating scale for prevention
Increase coordination of service
Increase access to sources of assistance
Increase participation in HMIS
Develop financial resources
Monitor HMIS data to measure plan's outcome
Begin development of a certification program for shelter staff
- 2006: Begin identifying resources/renters for prevention and homeownership
Convene Community Discharge Planning Group
Begin developing Housing First program for those at risk of homelessness
Train service providers on the Rating Scale and the use of the Prevention System
Promote the incorporation of the Strength Based Model into services
Develop program to move 1000 low income renters into home ownership
- 2007: Provide ongoing training of shelter staff regarding how to work with persons with disabilities
Encourage faith-based involvement in supporting families
Begin development of a jail diversion program
Begin development of Single Room Occupancy (SRO) Housing
Develop incentives / housing
Improve coordination on training and employment options
Improve transportation options
Increase Individual Development Account program

(PRIORITY ORDER TIMELINE continued)

- 2008: Develop subsidy for an additional 1500 additional units of subsidized housing
Develop Housing First strategy for those currently in shelters
Promote Living Wage
Develop employment options for youth, offenders and unemployed
- 2009: Establish Travelers Aid
Develop transitional housing for youth and domestic violence victims
Strengthen domestic violence prevention services
- 2010: Develop a year-round utility assistance program if not in place
Transition emergency shelter system to an assessment point of entry
Develop community awareness of the special needs population
- 2011-2014: Continue developing the strategies already begun and adjust the plan as needed
- 2015: Celebrate

HOW YOU CAN HELP END HOMELESSNESS

ORGANIZATIONAL PARTICIPATION

- Sponsor a project outlined in this plan. There may be a strategy that you, your church or other community organization can develop. The value in having a plan is that it breaks the enormous issue of homelessness down into smaller puzzle pieces. You may hold the missing piece that completes our community strategy
- Contact the "Destination Home" Coordinator (see below) to see if your organization can partner with an existing agency serving the homeless
- Contact the "Destination Home" Coordinator (see below) to see if your organization can adapt services to better meet the needs of the homeless
- Report possible funding sources for "Destination Home" Projects as you become aware of them
- Use the concepts for ending homelessness in your organizational planning

ADVOCACY

- Submit an endorsement letter of support
- Become more informed about the issues and solutions of homelessness
- Sign-up for monthly e-mail updates on the "Destination Home" progress (see below)
- Join the "Destination Home" Speaker's Bureau
- Civic groups: Arrange for "Destination Home" speakers to address your members
- Contact your local, state and federal officials to promote funding of necessary supportive services to end homelessness
- Voice your concerns about the plight of the disenfranchised of our community through public forums, letters to the editor, civic groups, church groups, etc.

CONTRIBUTIONS

- In-Kind – All existing homeless serving agencies welcome contributions of in-kind items such as personal care items and food. Additionally, other household supplies, such as linens, office supplies and paper products, are regularly needed
- Financial contributions are needed to fund existing programs and to create new programs
- Time & talent: A variety of skills and talents will be needed to accomplish the strategies outlined within this plan. Perhaps you can serve on a committee, help develop programs, provide marketing or promotional assistance, raise money, or volunteer time to serve food, mentor or provide transportation to appointments. Regardless of your skill level, there will be ways you can help "Destination Home" become a reality

The Evansville Coalition for the Homeless
Coordinator for "Destination Home" resources

You may contact us at:

(812) 428-3246, (812) 428-3253 FAX
luzhayes@echo-homeless.org or
1100 Lincoln Avenue, Evansville, IN 47714
Destination Home: A Ten Year Journey

Destination Home: A Ten Year Journey to End Homelessness in Evansville and Vanderburgh County

ORGANIZATIONAL ENDORSEMENT OF SUPPORT

Destination Home: A Ten Year Journey to End Homelessness in Evansville and Vanderburgh County is a comprehensive, community-developed concept that challenges the previously accepted idea that homelessness will always exist in our community. As long as we continue to do what we've always done, we will continue to get the same results.

But if we continue to work together to shelter and care for individuals and families who face homelessness and commit to the development and implementation of models that have been proven to bridge them into permanent housing and equip them with the skills and understanding to build stable lives in Evansville and Vanderburgh County, we will eliminate homelessness as we know it today.

By signing this endorsement, we are committing to the spirit and philosophy of *Destination Home: A Ten Year Journey to End Homelessness in Evansville and Vanderburgh County*. My organization will support efforts to prevent homelessness and the development of permanent solutions to the many factors that lead to homelessness.

We understand that this plan is only the starting point, and that the path to ending homelessness will be complicated and challenging. We will be tempted to give up and revert to our "old ways". But we commit to making the vision of ending homelessness in our community a reality.

Signed this _____ day of the month of _____, 2004.

By: _____
Signature Title

Representing: _____
Name of group or organization

Please submit completed forms to:

**Evansville Coalition for the Homeless
1100 Lincoln Avenue
Evansville, IN 47714**

Destination Home: A Ten Year Journey to End Homelessness in Evansville and Vanderburgh County

INDIVIDUAL ENDORSEMENT OF SUPPORT

Destination Home: A Ten Year Journey to End Homelessness in Evansville and Vanderburgh County is a comprehensive, community-developed concept that challenges the previously accepted idea that homelessness will always exist in our community. As long as we continue to do what we've always done, we will continue to get the same results.

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Signed this _____ day of the month of _____, 2004.

By: _____
Signature Title

Please submit completed forms to:

**Evansville Coalition for the Homeless
1100 Lincoln Avenue
Evansville, IN 47714**

PARTICIPANTS

Regina Akin
James Akin
Timothy Alford
Christy Alvey
Rebecca Anderson
Sarah Armstrong
Patty Avery
Mojgan Bailey
Jennifer Battram
Peggy Bazaldua
Tom Beasley
Sally Becker
Bill Bennett
Matt Bertram
Tracy Bertram
Christy Blake
Peggy Braun
Jonna Brenner
Michelle Brutlag
Joanna Burch
Wilfred Bussing III
Kathy Cain
Valarie Calhoun
Vera Campbell
Susie Carney
Sue Carson
Karen Carter
Nakia Chambers
Janie Chappell
Kim Childers
Tom Coe
Lottie Cook
Melinda Counter
Steve Culley
Judy Dockery
Floyd Edwards
Trina Embry
Janet Engalgau
Ann Ennis
Catherine Fanello
Paul Farmer
Bob Fichtinger
Sally Finley
Major Jonathon Fjellman
Kathryn Flanagan
Bob Flynn
Debbie Folz
Paul Fraser
Eric Freeman
Roberta Fugate
Barbara Gaisser
Susan Gay
Laura George
Linda Gilbert
Holly Gillespe
Doug Goepfner
Shannon Gollner
Rebecca Gootee
Heidi Graber
Gretchen Graber
Margie Grissom
Sharon Hafer
Mary Hart
Mary Pat Hatley
Diana Haver
VaShira Hawkins
Dan Hayden
Luzada Hayes
Gary Heck
Jim Heck
Robert Heidorn
Allan Henson
Donna Hille
Tom Horstman
Kristi Howard
Phil Hoy
Maelynn Hudson
Leanne Hudson
Pat Hughes
Cassey Hughes
Jennifer Hunt
Dennie Hutchinson
Lynn Imes
Glenda Jaccard
Mary Jenkins
Donna Jones-Thornton
Stephanie Kaho
Doug Karl
Joe Kendall
Rebecca Kiesel
Rosemary Knight
Nicole Krupp
Simon Leon
Richard Livesay
Lila Lykins
Pam Majors
Mathew Malek
Lisa Mason
Arin Mathies
Louise McCallister
Gayle McGillem
Geneview McGuire
Carol Meece
Steve Melcher
Whitney Merritt
Carolyn Millender
Jill Miller
Judy Mills
Laura Moll
Paulette Moore
Torita Moore
Dennis Moran
Richard Mourdock
Linda Myisch
Ralph Nichols
Dorothy Niekamp
Natasha Nix
Laura Novak
Abby O'Brian
Fred Oduyoye
Michael Osborne
David Parker
Melissa Patterson-
Wright
Rick Paul
Carol Persley
Carrie Pfister
Jim Pfister
Iris Phillips
Neely Pierce
Lu Porter
Mary Purcell
Andrew Putney
Connie Ralph
Martha Raske
Patty Reed
Linda Riddle
Cheryl Rietman
Judy Rueger
Ashley Russell
Mary Rutherford
Susan Scarafia
Ryan Scheidler
Tony Schmitt
Garvin Senn
Shelly Smith
Trina Spillman
Susan Steinkamp
Angie Stephens
Lori Stephens
Royce Sutton
Krissy Toms
Dixie Toms
Melinda Tooley-Sams
Robert Tornatta
Lori Turner
Wanda Turner
Janice Wade
Cindy Waho
Bill Wallace
Lea Wasson
Debbie Waters
Darrell Watkins
Jack Weber
Faith Weekly
Jackie Williams
Eric Williams
Sandy Wischer
Sarah Wolf
Marissa Wyer-Hubert
Jerry Yezbick
Chanda Zirkelbach
Bill
Bruce
Carolyn
Cathy
Colin
David
Debbie
Diana
Donna
Fredrick
Hember
Jane
Jennifer
John
Kevin
Linda
Kevin
Lisa
Loretta
Mark
Martha
Martin
Mary
Michael
Misty
Patti
Randy
Riley
Rollie
Shauntay
Susan
Terry
Theresa
Thomas
Tiffany
Wanda

GLOSSARY

211 – A program of Indiana 211 Partnership Inc. that seeks to create a statewide telephone-based information and referral system in Indiana through use of the "211" dialing code. This allows Hoosiers in need of human services to receive quick referrals to those services and data is collected to assist communities in assessing needs and allocating resources.

Affordable Housing (HUD) – Housing costs, including utilities and rent or mortgage expenses, are no more than 30% of the adjusted gross household income.

At-Risk of Homelessness – On the edge of becoming homeless, often because of extremely low incomes and having to pay a large percent (typically 50 percent or more) of the adjusted gross household income for housing expenses.

Case Management – Services focused on identifying goals, developing action plans and coordinating resources to assist clients in attaining greater self-sufficiency.

Continuum of Care – A comprehensive system for delivery of services to the homeless. HUD recommends a community's continuum of care include outreach and identification, emergency shelter, transitional housing, permanent housing and accompanying services.

Chronic Homeless Person (HUD) – An unaccompanied homeless individual with a disabling condition (see definition of "disabling condition" below) who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

Community Development Block Grant (CDBG) - A federal block grant program administered by HUD and provided to local communities to support community development through acquisition, construction, rehabilitation and operation of public facilities and housing.

Dilapidated Housing – A housing unit that does not provide safe and adequate shelter, and in its present condition endangers the health, safety and well-being of the occupants. Such a housing unit shall have one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. Such defects may involve original construction, or they may result from continued neglect or lack of repair or from serious damage to the structure.

Disability – A physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, speaking, walking, seeing, hearing, or learning.

Disabling Condition (HUD) – A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

Discharge Planning – Activities designed to facilitate and coordinate the release and after-care needs of individuals from any publicly funded institutions or systems of care following any length of stay to prevent homelessness.

(GLOSSARY CONTINUED)

Domestic Violence – Physical, emotional or verbal abuse resulting in bodily injury, assault, or the infliction of fear of imminent harm among family or household members.

Domestic Violence Task Force – A local group of concerned individuals, professional and paraprofessionals, committed to prevention and breaking the cycle of domestic violence and sexual assault in our community through education. The official title of this group is the Evansville-Vanderburgh County Domestic Violence and Sexual Assault Task Force.

Emergency Shelter – A facility designed to provide over night accommodations for a short period of time, usually up to 30 days.

Evansville Coalition for the Homeless (ECHO) – Served as the lead agency in the development of the Ten Year Plan to End Homelessness. ECHO obtained funding and provided essential staff support to facilitate and coordinate the project.

Evansville Housing Authority (EHA) – The local public entity that owns and operates 1,050 units of public housing and administers the housing choice program (Section 8).

Extremely Low Income – Households earning 30% or below of the median area income.

Fair Market Rent (FMR) – The amount determined by HUD per state, county, or urban area that determines the maximum allowable rent for HUD-funded housing programs.

Focus Group – A carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment.

Foster Care – 24 hour care to children who cannot remain in their own homes due to the risk of abuse or neglect, or due to behaviors that may result in danger to self or others.

Homeless Management Information System (HMIS) – A coordinated computerized system utilized to compile demographic data and track homeless clients through the service delivery system. HUD mandates all communities to implement an HMIS system by 2004 to be eligible to continue to receive HUD funding for homeless services.

Homeless Person (per HUD) – Governs Emergency Shelter Grant, Supportive Housing Program, Shelter Plus Care, and Single Room Occupancy Section 8 Program funds
A person sleeping in a place not meant for human habitation, in an emergency shelter; or transitional housing for homeless persons who originally came from the street or an emergency shelter or being released from an institutional situation having resided in the institution for more than 30 days and having no fixed permanent residence to which they can return. If being released from an institution and having stayed less than 30 days, they must have been homeless before entering the institution to be considered homeless upon release.
Please note: A person who has received an eviction notice and does not possess the resources to obtain permanent housing qualifies as homeless under these programs. 'Resources' include income, savings, and family and friends who may provide them with housing even temporarily.

(GLOSSARY CONTINUED)

Per Health Resource Safety Administration – a part of the US Department of Health and Human Services- Program Assistance (Health Care for the Homeless Grantees through HRSA and the Bureau of Primary Health Care): Letter 99-12 dated 3/1/99, a homeless individual is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g. shelters) that provides temporary living accommodations, and an individual who is a resident of transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangements is critical to the definition of homelessness.

Homeless Prevention – Assistance, financial or educational, to prevent the loss of housing.

Homeless Youth – One who is under age 18 who meets the definition of homeless person. Per the Department of Education: (Governs Subtitle B - Education for Homeless Children and Youth funds - McKinney-Vento funds used by EVSC)

The term homeless "children and youths" —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence and includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Household – An entity that includes all the people who occupy a housing unit.

Housing First – An approach designed to place homeless persons into permanent housing from emergency situations and providing transitional support (case management and housing assistance) for at least one year to stabilize the housing placement.

(GLOSSARY CONTINUED)

Housing Subsidy – Funds typically paid from federal or other sources to help make a housing unit affordable to a low-income household. The subsidy is the difference in the amount of the rent that is affordable to the tenant and the actual rent amount.

HUD – The U.S. Department of Housing and Urban Development, a federal agency responsible for administering a variety of government-subsidized housing and related programs.

Institutions – Any of the following: Jails, Prisons, Hospitals, State-Operated Facilities, and Long Term Care facilities.

Intensive Case Management – Long term, time intensive services to assist in goal identifying and development of action steps leading to self-sufficiency through resource coordination.

Jail-Diversion Program – Locally, we see this program diverting the initial placement of intoxicated individuals from jail to a safe place. Trained staff would monitor medical status and make referrals to other community treatment programs as indicated and/or desired by the individual. This type of program could be expanded to include those currently in jail who would benefit more from a community treatment placement and also include those with mental illness, if the need is demonstrated.

Mainstream Services – Government-funded programs designed to meet the needs of low-income people. Examples include Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), supplements such as Food Stamps and WIC, Medicaid and other health service programs, including Veterans Health Assistance, Workforce Investment Act, and housing subsidy programs such as Section 8 and public housing. (Charles and Helen Schwab Foundation, 2003, p. 2.)

Policy and Planning Council for Homeless Services (PPCHS) – The local group that makes policy and plans activity for services to the homeless via the Supportive Housing Program grant through HUD's Continuum of Care. PPCHS serves Evansville and ten counties in Southwest Indiana.

Project Based Section 8 – A federally funded housing program developed in the 1980s to increase the supply of units affordable to low income households. Developers were given low interest loans for housing development in exchange for setting aside a determined amount of units to be rented at household adjusted income affordable rates. The time frame for this arrangement was typically 20 years. With the exception of 170 units, all of these units have now exhausted their 20-year contract period. Approximately 293 units of low-income housing have been lost over the last 5 years because of the owner or HUD opting out of their contract.

Public Housing – A federally funded housing program for low-income households administered by HUD and operated locally by EHA. Public housing units are owned and operated by the Housing Authority. The amount of rent paid by the tenant is determined by the affordability of the adjusted household income.

Section 8 or Housing Choice Program – A federal program operated by HUD and administered locally by EHA. This is a subsidized housing program that makes housing affordable for the low-income. The subsidy is paid to the landlord of the client's choosing and is the differ-

(GLOSSARY CONTINUED)

ence in the amount determined affordable for the client and the amount of the rent.

Service Enriched Housing – Integrating services into existing rental housing for the low-income population to preserve existing housing options and increase successful housing placements.

Supportive Housing Program (SHP) – A competitive grant program that specifically funds homeless programs identified as permanent housing, transitional housing or supportive services. This funding is monitored locally by PPCHS and ranges just over \$1 million per year.

Strength Based Model – A theory of service delivery that focuses on the individual strengths instead of weaknesses.

Substandard Housing (HUD) – A unit which is either dilapidated or does not have one of the following plumbing facilities: Hot and cold water inside the unit, usable flush toilet inside the structure for the exclusive use of the occupants of the unit, usable bathtub or shower inside the structure for the exclusive use of the occupants of the unit.

Supportive Housing – Permanent, subsidized housing that has on-site supportive services and flexible management that assists the tenant in overcoming barriers that previously led to homelessness.

Systems of Care – Foster Care or other youth facilities.

Task Force to End Homelessness – A diverse group of community representatives that met from October 2002 to December 2004. They monitored the planning process, assuring all stakeholders were included, kept the planning process moving forward, and compiled the plan from all data and recommendations received.

Transitional Housing – Living units that provide temporary housing support, up to two years, and provide case management and skill development and training determined necessary to eliminate barriers to self-sufficiency and independent housing.

Working Groups – Specially organized groups that looked at specific issues of homelessness. Nine working groups provided information for the Blueprint. The groups were asked to determine what data was available, what data they needed and how best to gather it, explore best practice models, determine a community outcome for their area of expertise, identify strategies for preventing homelessness among their sub-population or how best to provide assistance, identify indicators to measure effectiveness of their strategies, and set benchmarks for achievement.

Worst Case Housing Needs – Those who rent and do not receive a housing subsidy, have incomes below 50% of local median area income and pay 50% or more of income toward housing OR lives in a severely substandard unit.

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SERVICE DELIVERY TO THE HOMELESS IN EVANSVILLE

Policy & Planning Council for Homeless Services – PPCHS

Meets the first Friday of every month at noon at the YWCA Parlor located at 118 Vine Street. This diverse group is composed of representatives from homeless service programs, social service agencies, local government and other persons interested in homelessness. This group oversees the continuum of care funds that come to the community from HUD. Facilitator: Mary Jenkins, DMD 436-7810

OUTREACH SERVICES:

- Evansville Coalition for the Homeless Outreach Team
 - SWIMHC Homeless Outreach Team
 - VET Center Homeless Liaison
- ECHO Community Health Care Homeless Health Team/Dental & Eye Care Voucher program
- Indiana Legal Services Life Skill Coordination & Legal Assistance

DAY SHELTER:

United Caring Shelter – (3) meals, shower and laundry facilities, mail and phone

EMERGENCY SHELTERS:

House of Bread & Peace (Women w/wo children)
YWCA (Non-Domestic Violence - limited space & 3 day stay for single women w/wo children)
Ozanam Family Shelters (Single women/Families)
Salvation Army Family Center (Single women/Families)
Pigeon Trustee Dorthea McGregor Shelter (Families)
CAPE Family Shelter (Families)
Hannah House (Pregnant women over 21)
Rescue Mission (Single men)
United Caring Shelter (UCS) (Single men)

DOMESTIC VIOLENCE SHELTERS:

YWCA
Albion Fellows Bacon Center

TRANSITIONAL HOUSING:

- Lucas Place (Family)
- Goodwill Family Center (Family)
- United Caring Apartments (Single Men)
- YWCA (Single women & Single women in recovery)

PERMANENT HOUSING:

Utilization of current housing stock

The goal of the Continuum of Care is movement of homeless persons into permanent housing and self- sufficiency.

- Projects funded with HUD Continuum of Care Supportive Housing Program (SHP) funds.

AFFORDABLE HOUSING INVENTORY – EVANSVILLE & VANDERBURGH COUNTY

SUBSIDIZED HOUSING

Public Housing:	Total units	1,054		
	Developments	490 Units	Senior Housing	446
	Scattered Sites	118 Units		
		<u>608 Units</u>		

Current waiting list up to 3-6 months

Housing Choice Vouchers Total 1,906 vouchers (1/27/04)
Current waiting list up to 2 years

Section 236 Project Based certificates: 969
Family Units 599 Units Designated Senior 370
Current waiting list 9 months to 1 year

(All of these units with the exception of 170 units of designated senior housing have exhausted the original contract period with HUD. Contracts are currently maintained on a year-to-year basis. Either party, the owner or HUD, could cancel or "opt out" of the contract with proper notification at renewal time.

Total family units available: 3,113 Total Senior designated 816

AFFORDABLE HOUSING

(Low-Moderate income based but structured at 40%-80% median income affordability)

Family units: 595 Designated Elderly Housing 147 Units

“When will we ever learn that there are no hopeless situations, only people who have grown hopeless about them?”

What appears as an unsolvable problem to us is actually a rather exhilarating challenge.

People who inspire others are those who see invisible bridges at the end of dead-end streets.”
- Chuck Swindoll

It is the hope of the Task Force to End Homelessness that we have inspired you to see the bridges that we believe are not only possible but vital to the stability of this community. We also hope we have inspired you to learn more about the solutions to homelessness that are within the grasp of this community. And with that knowledge we hope you will take action to build on the foundation of this plan. We understand that this plan is only the starting point, and that our journey to ending homelessness will be complicated and challenging. We will be tempted to revert to our "old ways". But we commit to making the vision of ending homelessness in our community a reality. We hope you will join us.