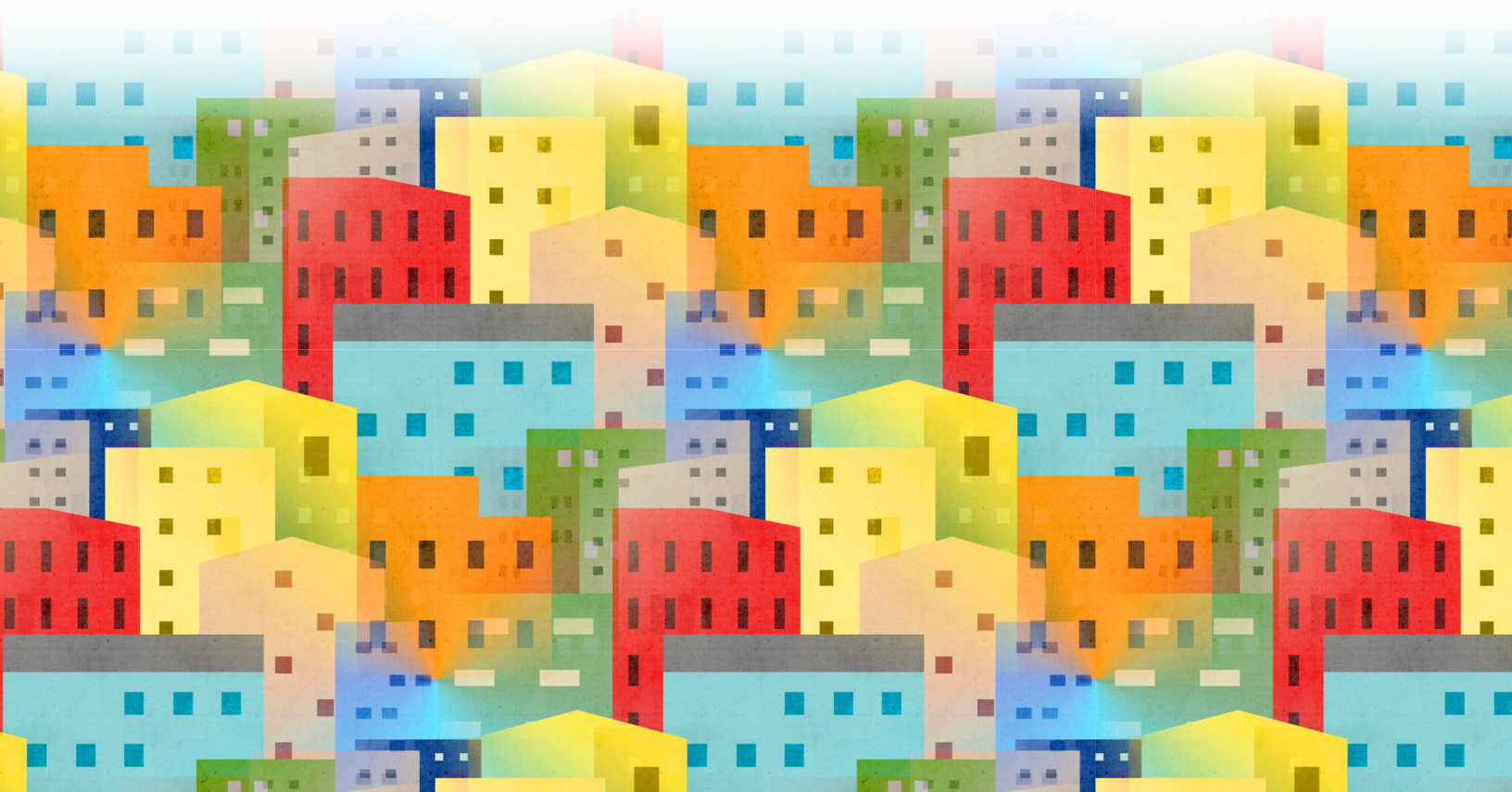




Fort Wayne's Community Plan to Prevent and End Homelessness



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

MARCH 2023

ACKNOWLEDGEMENTS

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

EXECUTIVE SUMMARY

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

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

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

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

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



Joshua Gale, Executive Director
Just Neighbors Interfaith Homeless Network



Mayor Tom Henry
City of Fort Wayne

FORT WAYNE BY THE NUMBERS

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

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

VISION, MISSION, GUIDING PRINCIPLES

Strategic Plan Vision Statement

To prevent and eradicate homelessness in Fort Wayne.

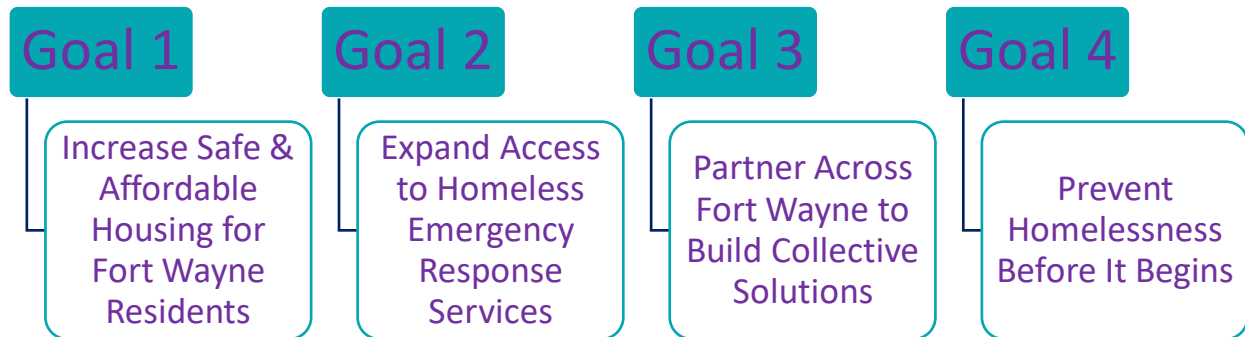
Strategic Plan Mission Statement

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

Strategic Plan Guiding Principles



STRATEGIC PLAN GOALS



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

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

Goal 2: Expand Access to Homeless Emergency Response Services

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

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

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

Goal 3: Partner Across Fort Wayne to Build Collective Solutions

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

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

Goal 4: Prevent Homelessness Before It Begins

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

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

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INTRODUCTION

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

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

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

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

Why a Strategic Plan

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

A well-developed strategic plan

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

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

About the Strategic Plan

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

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

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

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

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

STRATEGIC PLANNING PROCESS

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

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

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

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

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

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

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

U.S. Census Bureau:

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

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

Activities that occurred during the strategic planning process included:



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

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



3-4 community presentations, including:

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



Meetings and Convenings:

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



Community surveys:

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



Focus Groups:

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



Stakeholder Interviews:

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

HOMELESSNESS IN FORT WAYNE

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

Point-in-Time Count Data:

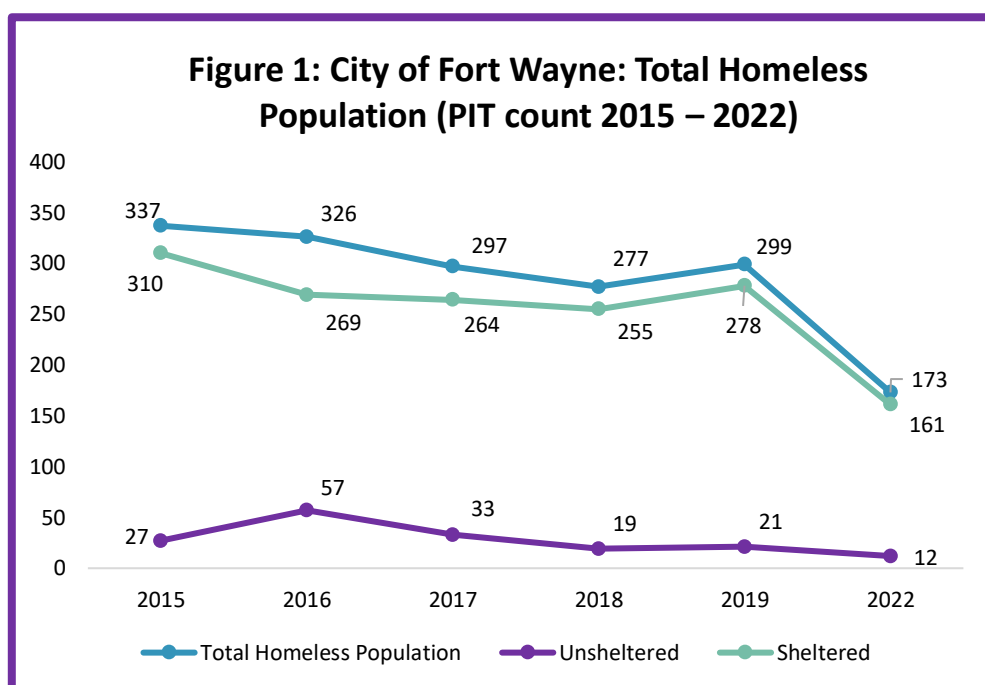
Region 3 of the Indiana BOS CoC includes Allen County. The City of Fort Wayne is located in Allen County. The CoC reports data for Region 3 and each County. Allen County comprises between 84% and 93% of Region 3's homeless population (with an average between 2015 and 2020 of 86%). U.S. Census Bureau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

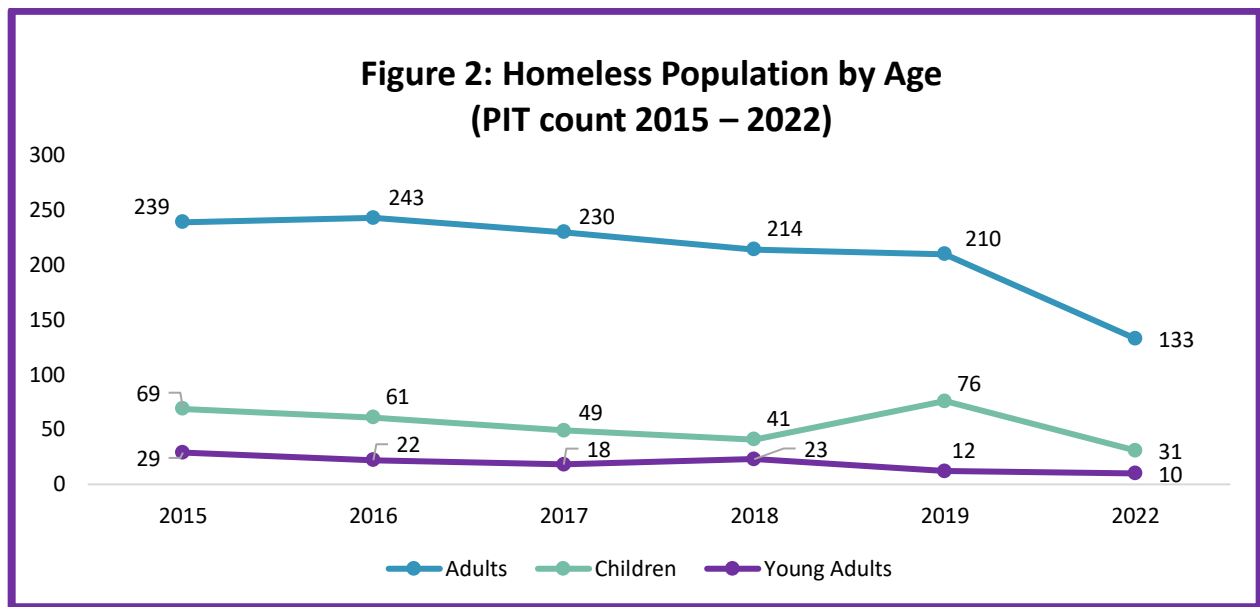
Based on extrapolations from the CoC's Region 3 and Allen County data, the most recent Fort Wayne PIT count (2022) identified 173 people experiencing homelessness in the City (68% of the people counted in Allen County). Of those, 161 (93%) were living in shelters, while the other 7% (12 people) were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

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

Age

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





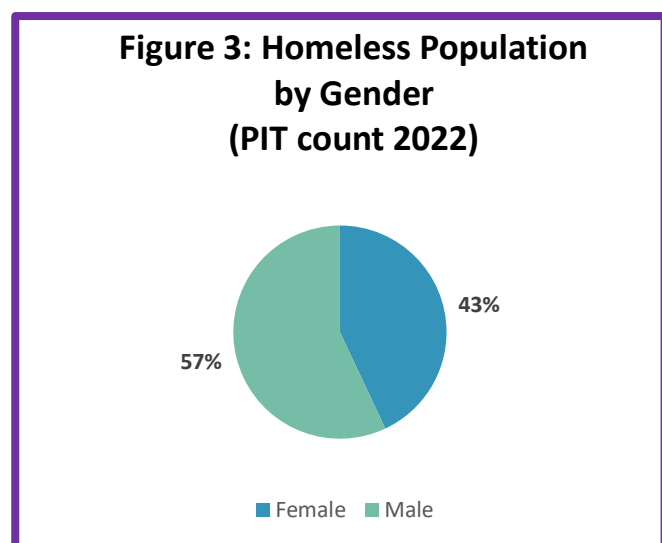
In the 2022 PIT Count, 31 children under 18 years experienced homelessness. An additional number of young adults (10 people aged between 18 and 24) experienced homelessness: almost one in four people experiencing sheltered homelessness in the City of Fort Wayne in 2022 was either a child or young adult.

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

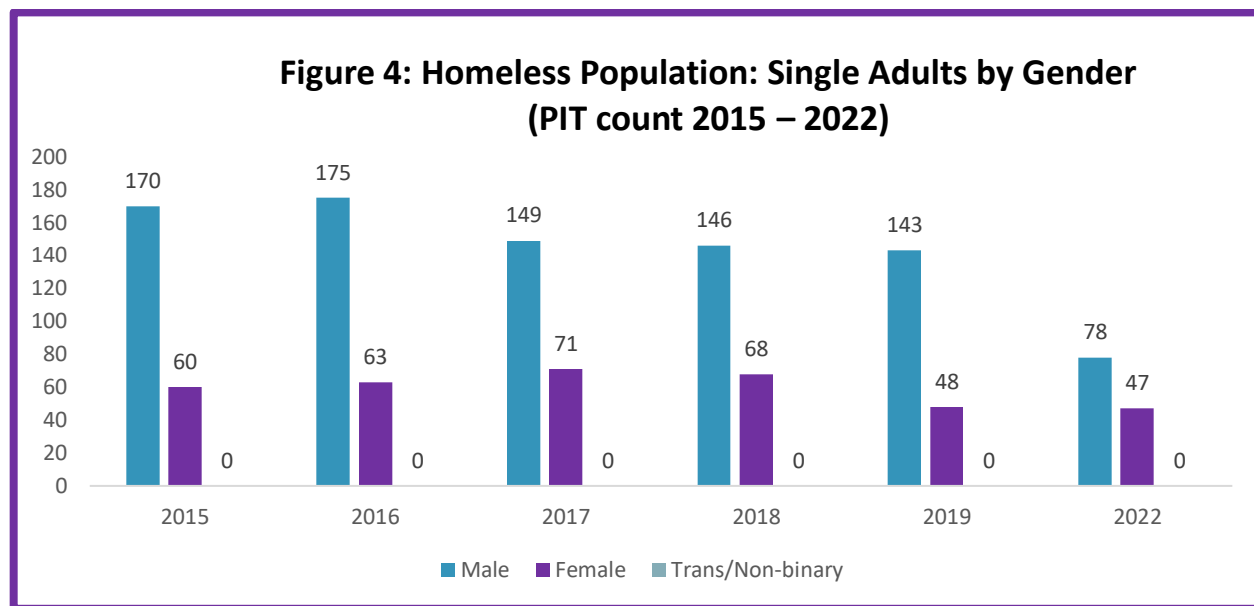
Gender

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

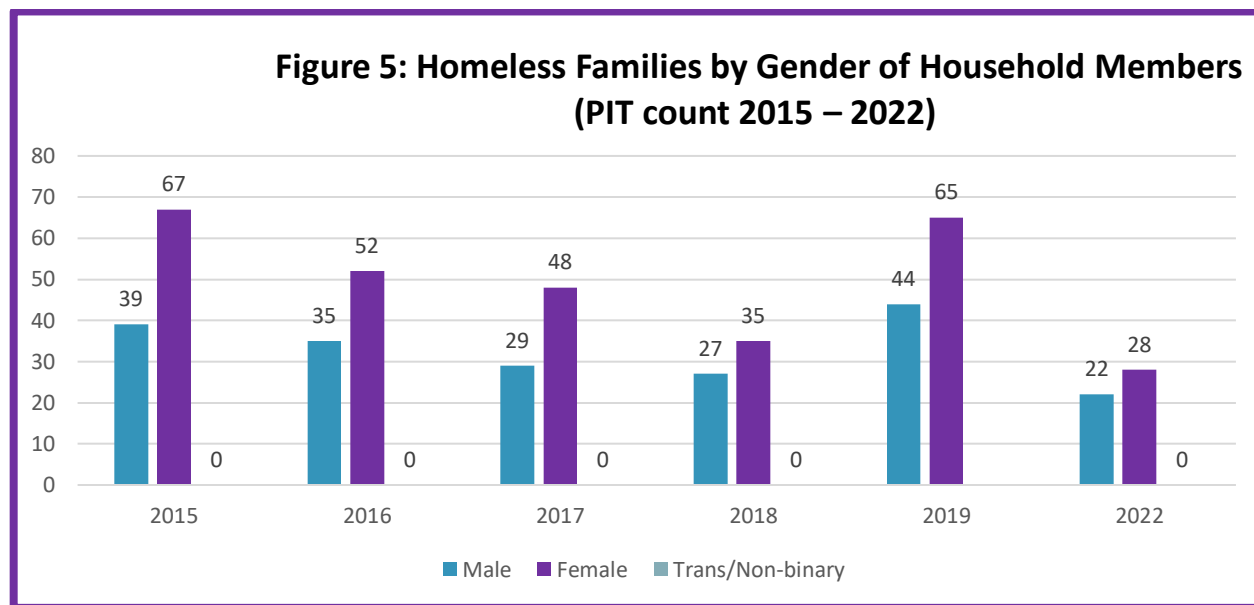
The majority of adults without children (single adults and couples) experiencing homelessness



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



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

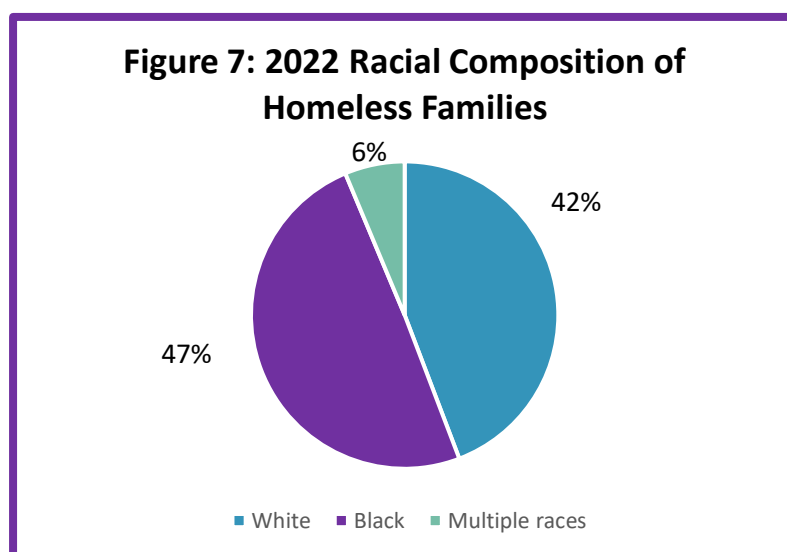
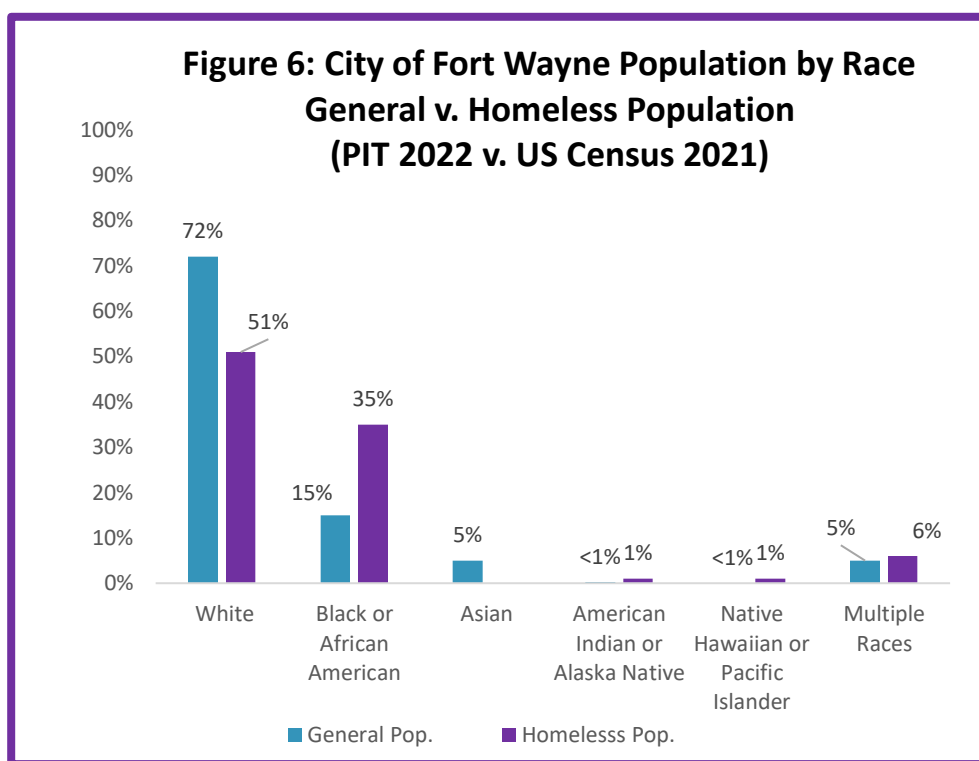


Race

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

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

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

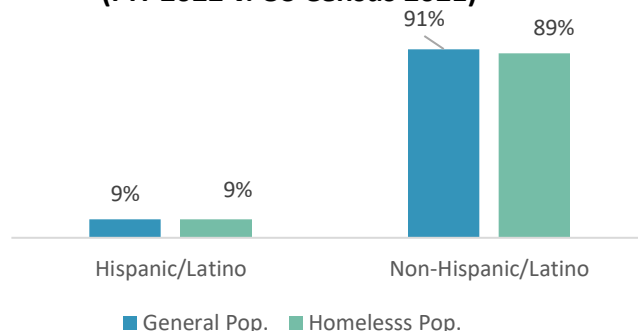


Ethnicity

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

Figure 8: City of Fort Wayne Population by Ethnicity

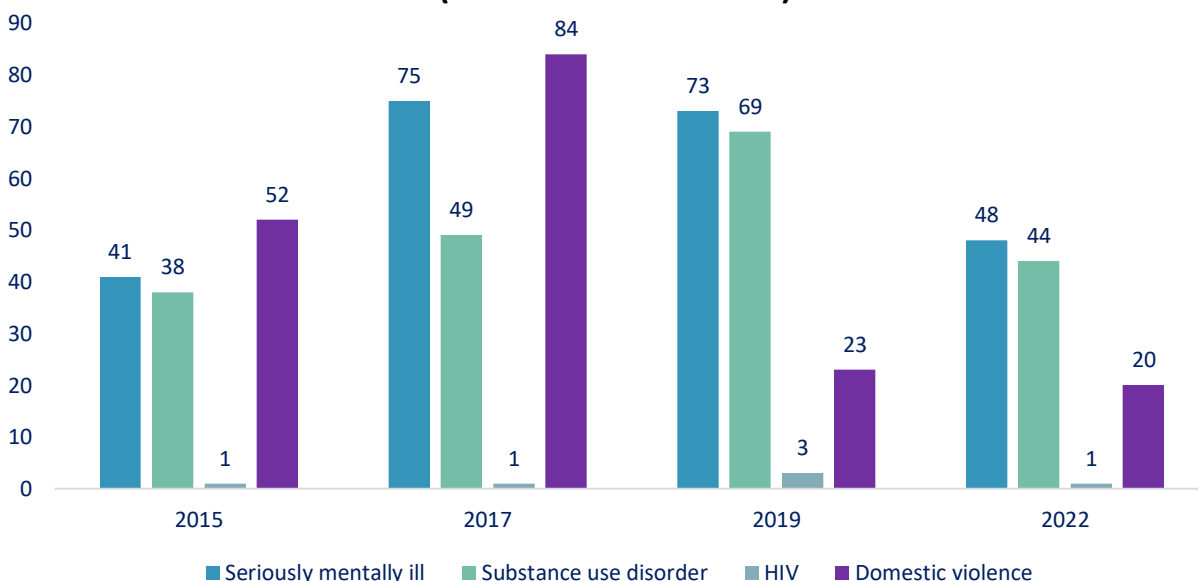
**General v. Homeless Population
(PIT 2022 v. US Census 2021)**



Disability

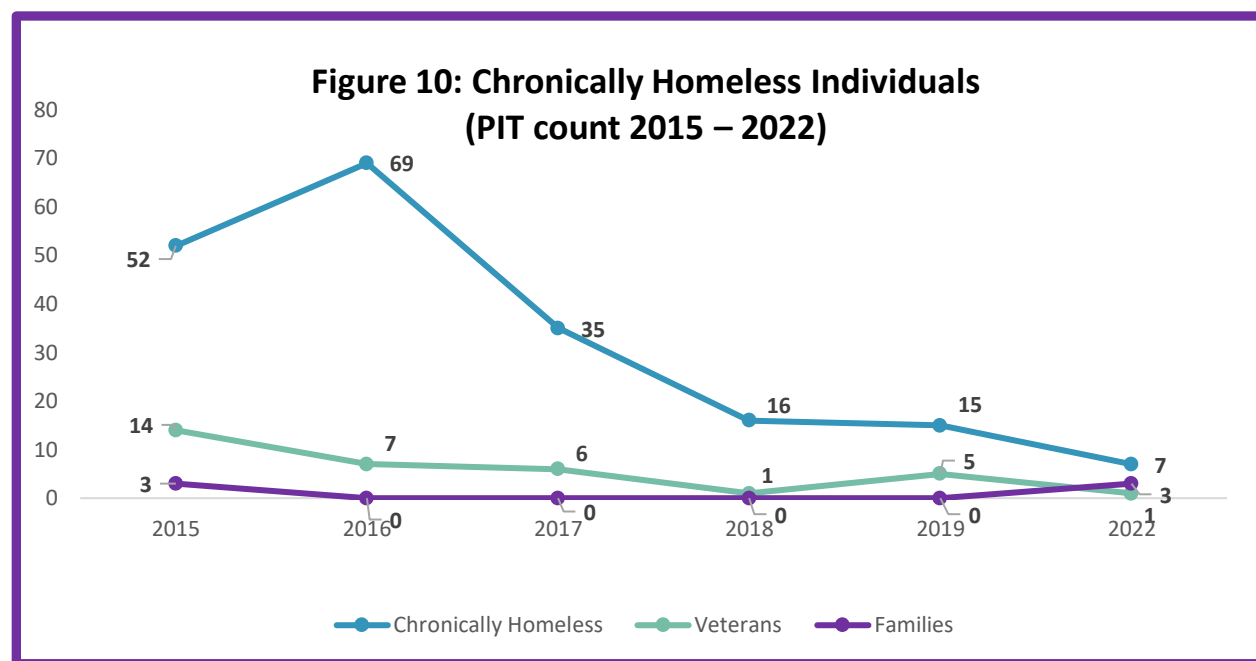
During the 2022 PIT count, 28% of Fort Wayne homeless residents who received services reported having a severe mental illness (SMI), while 25% reported experiencing a substance use disorder (SUD). It is likely that due to underreporting, the number of people with SMU or SUDs is higher. Underreporting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

**Figure 9: Additional Populations Experiencing Homelessness
(PIT count 2015 - 2022)**



Chronic Homelessness

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

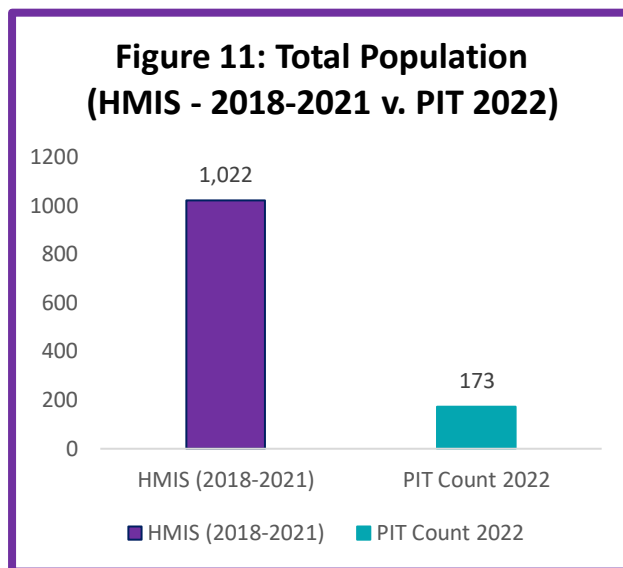


Homeless Management Information System (HMIS) Data:

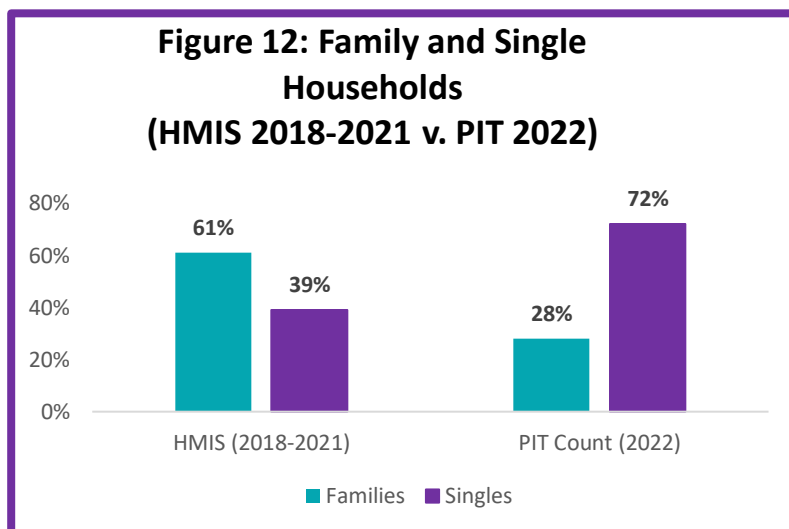
In addition to the Point-in-time (PIT) count, data are available from the Homeless Management Information System (HMIS). What makes HMIS data different from PIT is that HMIS collects client-level data over time (not just one point in time) and contains data on the provision of housing and services to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

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

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

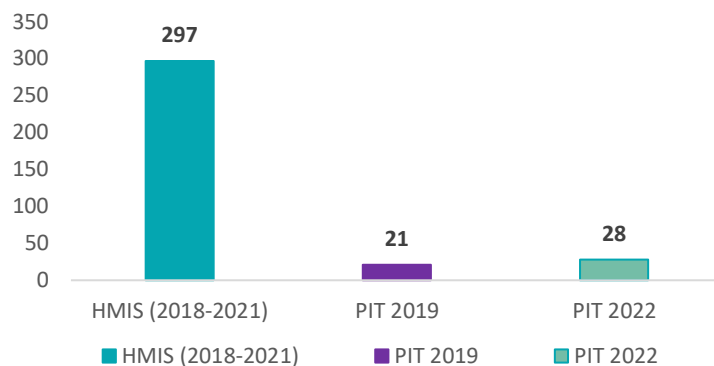


Of the total 2,787 people in the HMIS system, 61% percent were part of a family (at least one adult and one child), while 39% were households without children (individuals or adult couples). In contrast, for the PIT count, 28% of individuals were part of a family (at least one adult and one child) and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



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

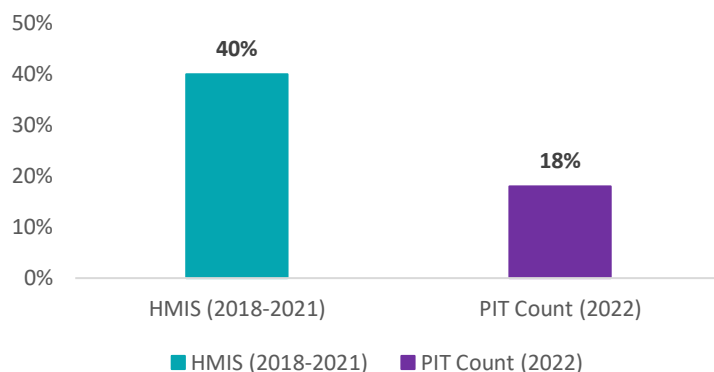
Figure 13: Individuals Living Unsheltered (HMIS 2018-2021 v. PIT 2022)



Age

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

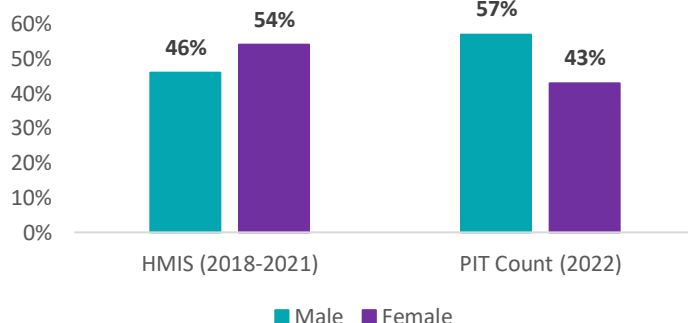
Figure 14: Children Experiencing Homelessness (HMIS 2018-2021 v. PIT 2022)



Gender

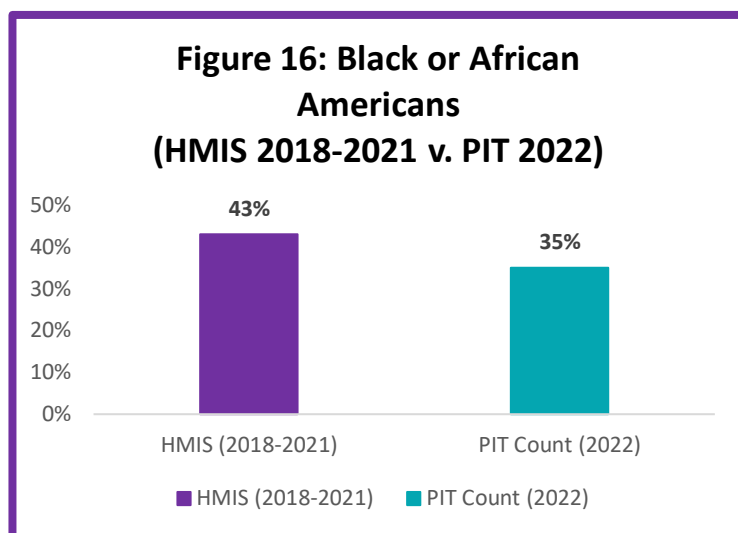
A similar disparity between data collected during the 2022 PIT count and data in HMIS between 2018 and 2021 is apparent for gender data. While the PIT count indicated that most people experiencing homelessness were male-identified (57% or 99 out of 173 individuals), HMIS data shows the opposite: from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

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



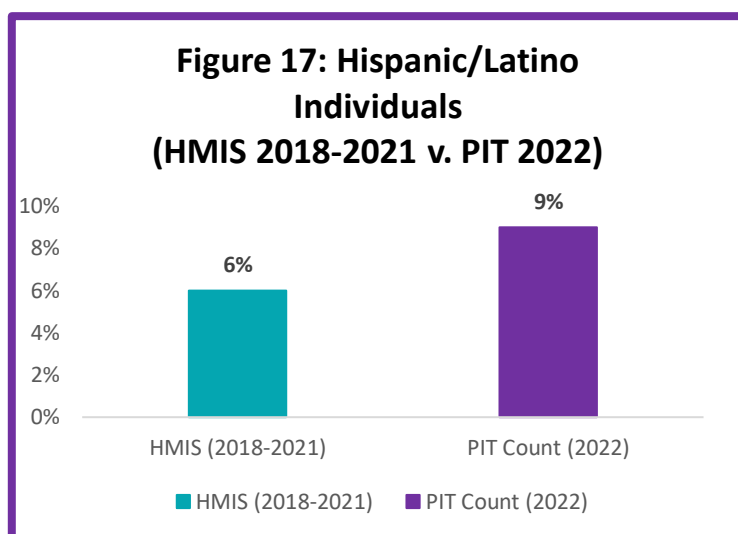
Race

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



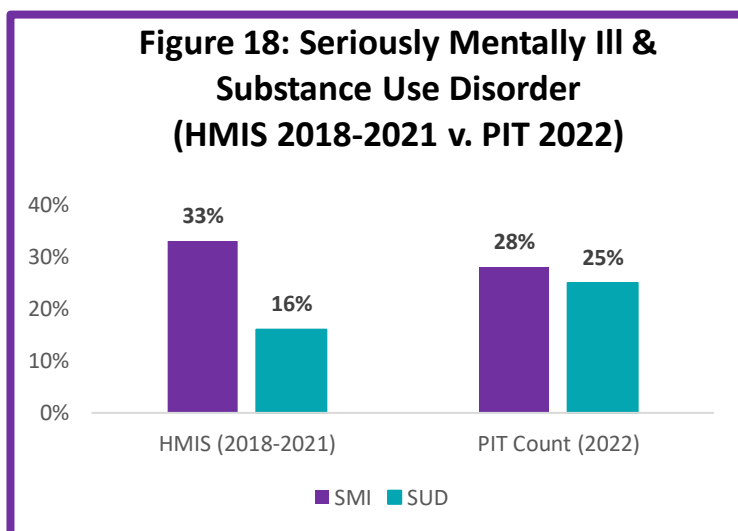
Ethnicity

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



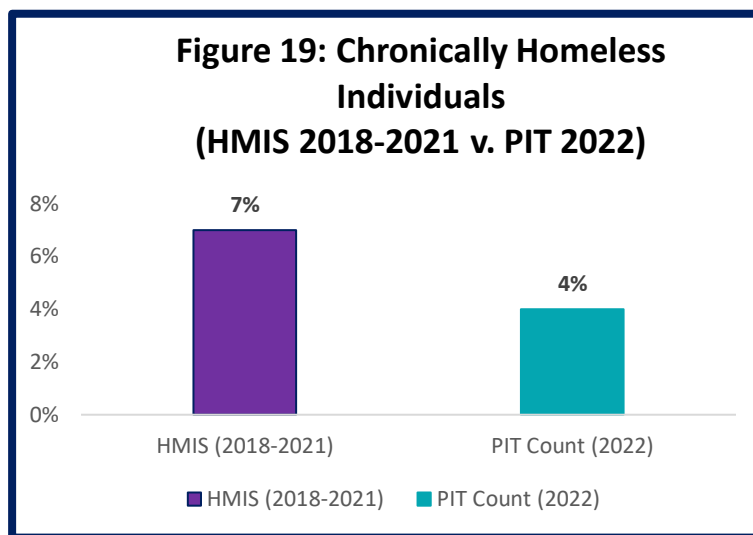
Disability

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



Chronic Homelessness

Among residents who accessed homeless services between August 2018 and July 2021, 7%, or 205 persons, were identified as chronically homeless. While the percentage of residents accessing homeless services who were identified as chronically homeless has been fairly stable since 2018, the number of residents experiencing chronic homelessness has increased with 125 individuals experiencing homelessness during the 18 months between August 2018 thru January 2020, compared to 141 individuals during the more recent 18-month period (February 2020 thru July 2021). HMIS data and 2022 PIT count data tell a slightly different story. The 2022 PIT count identified only 7 people (4%) as chronically homeless, while HMIS during the three-year period identified 7% of the population as chronically homeless. (Figure 19)



Additional Data from HMIS

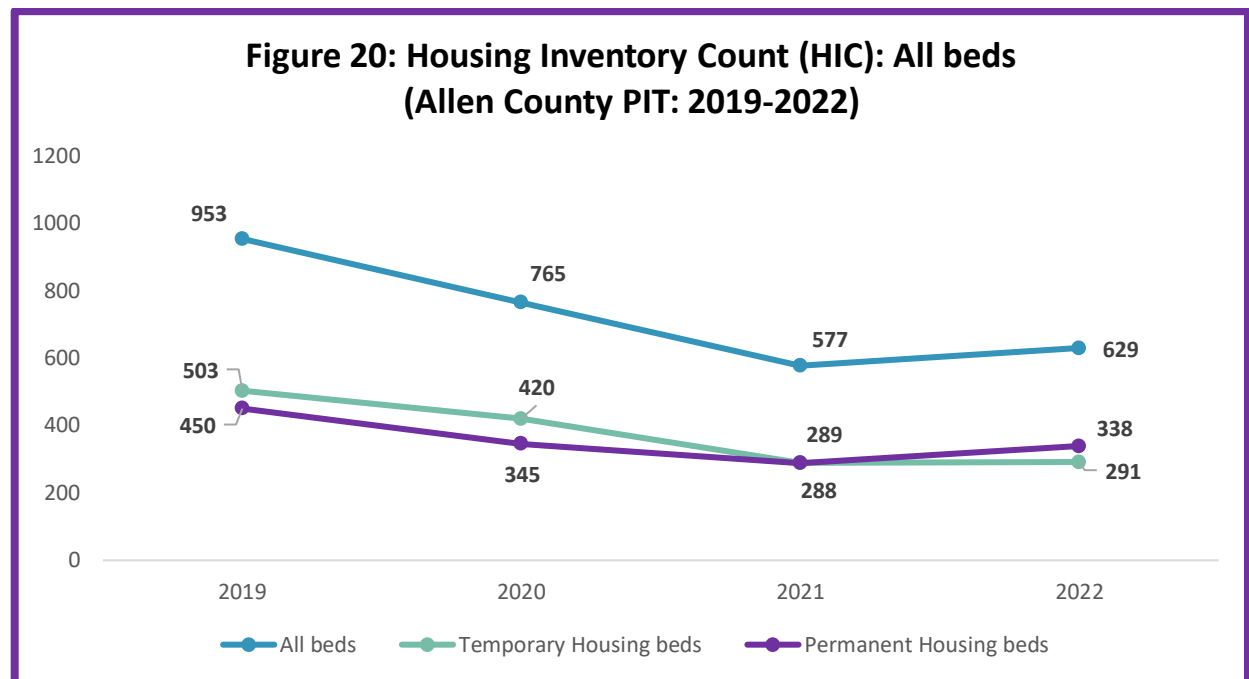
As shared earlier, HMIS collects more than demographic information about people experiencing homelessness in Fort Wayne. For example, one in five of people interacting with the homeless system of care between August 2018 and July 2021 identified as survivors of domestic violence. Other data from HMIS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

Table 1: HMIS Data (2018-2021)

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

Housing Inventory Count (HIC)

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



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

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

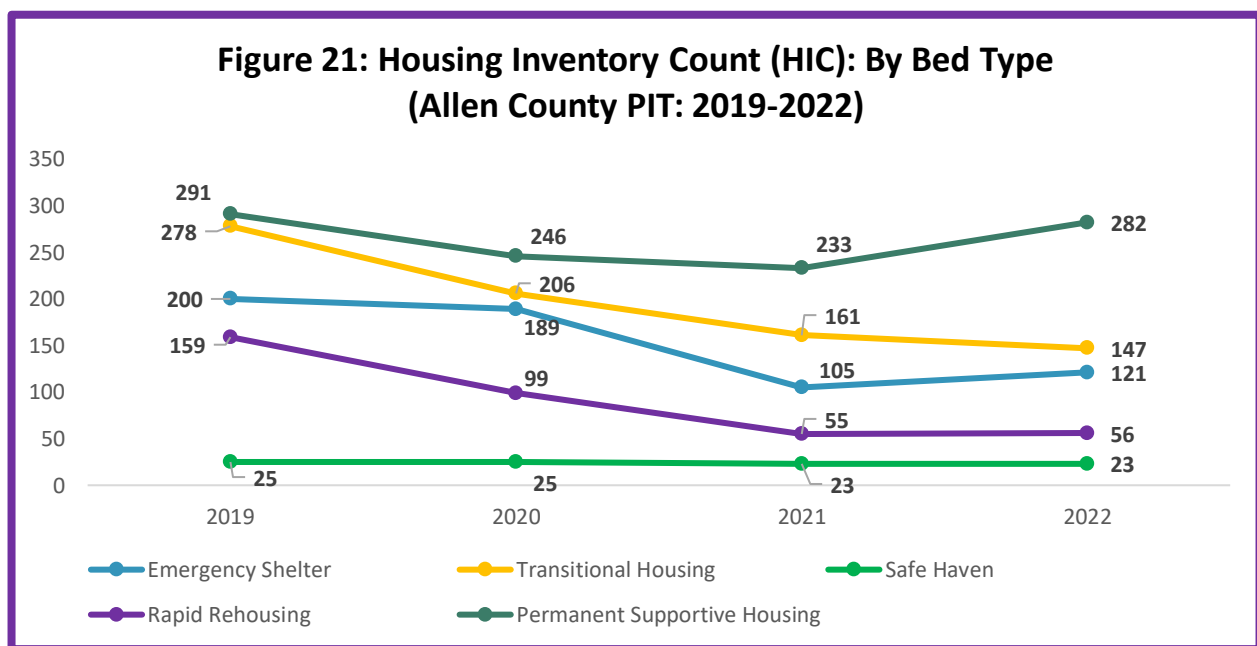
Emergency Shelter is any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for people experiencing homelessness in general or for specific populations. Shelter may include year-round emergency shelters, winter and warming shelters, navigation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

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

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

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

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



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

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

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

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

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

CAUSES OF HOMELESSNESS

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

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

Income and Wages

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

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

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

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

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

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

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

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

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

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

Housing Costs

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

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

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

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

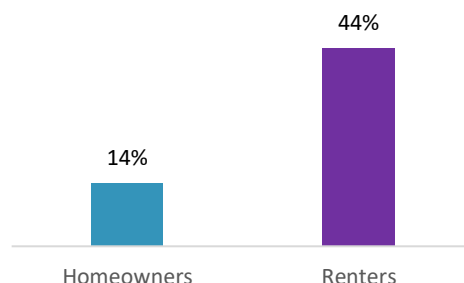
¹¹ [Fort Wayne Indiana rent prices, June 2022](#), Zumper. [Fort Wayne Rental Market Trends](#), Rent Café: // All access June 27, 2022.

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

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

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

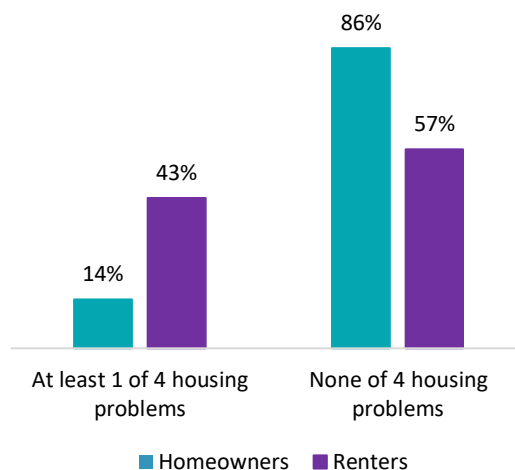
Figure 22: Percent of Households Cost-Burdened (CHAS 2014-2018)



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

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

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



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

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

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

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

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

Safe and Affordable Housing

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

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

Special Populations at Greater Risk of Homelessness

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

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

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

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

²² Vulnerable Populations Study.

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

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

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

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

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

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

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

Systemic Inequities in Housing, Income, Education, and Services

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

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

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

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

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

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

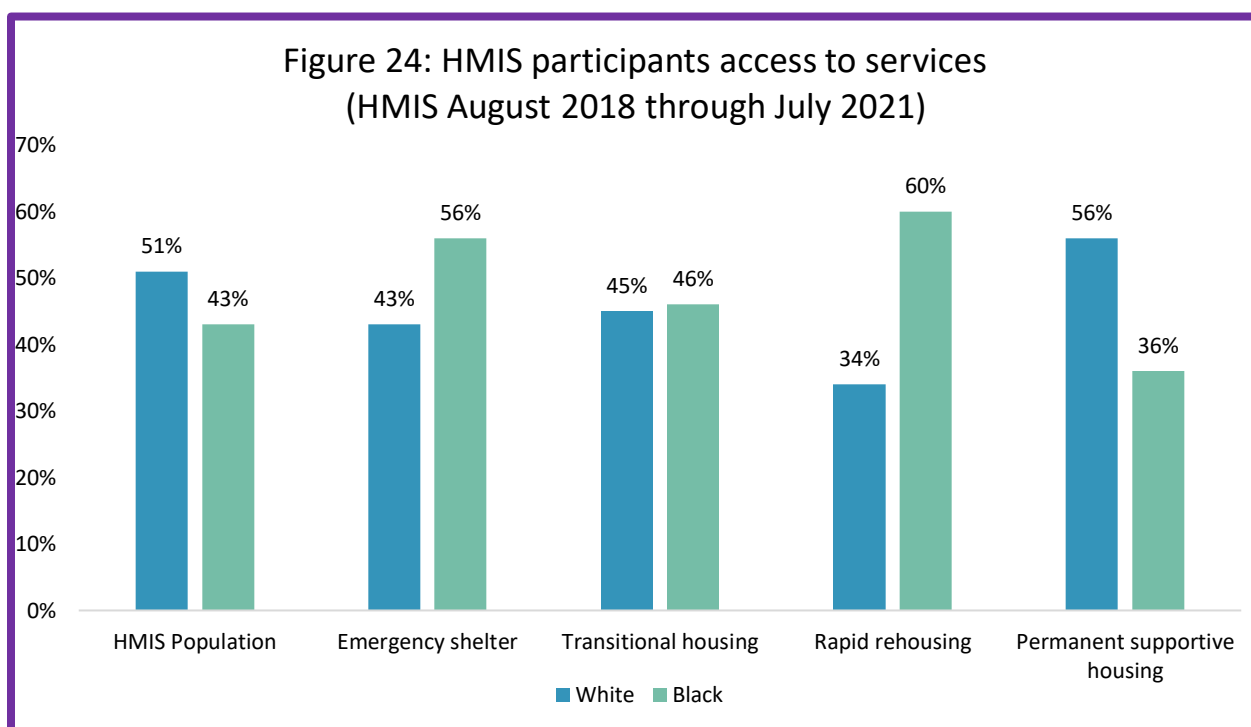
³² *Id.*

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

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

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

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



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

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

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

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

³³ City of Fort Wayne, quadrants of the City.

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

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

³⁶ Id.

³⁷ Id.

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

CURRENT SYSTEM OF CARE

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

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

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

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

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

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

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

⁴⁰ [City of Fort Wayne](#).

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

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

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

Temporary Housing

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

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

Emergency Shelter

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

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

Region 3 also offers additional shelters in other neighboring counties.

Transitional Housing

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

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

Permanent Housing

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

Permanent Supportive Housing (PSH)

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

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

Rapid Rehousing Housing (RRH)

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

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

Supportive Services

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

Homeless-specific services

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

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

Prevention Services

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

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

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

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

Mainstream services including health, mental health, and employment services

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

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

Strengths of Fort Wayne's Homeless System of Care

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

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

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

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

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

CHALLENGES AND NEEDS

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

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

A. Expand deeply affordable and accessible permanent housing

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

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

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

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

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

G. Improve Coordination and Communication to Prevent Homelessness

A. Expand Deeply Affordable and Accessible Housing

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

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

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

— HOME-ARP Survey respondent —

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

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

— Interviewee —

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

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

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

— HOME-ARP Survey respondent —

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

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

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

— HOME-ARP Survey respondent —

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

B. Build Relationships with Private Market Landlords

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

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

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

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

— Lived Experience Focus Group Member —

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

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

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

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

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

— Lived Experience Focus Group Member —

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

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

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

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

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

— Survey Respondent —

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

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

— Survey Respondent —

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

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

— Survey Respondent —

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

— HOME-ARP Survey Respondent —

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

D. Dedicated Shelter and Services for Special Populations

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

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

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

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

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

— Stakeholder Interview —

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

— HOME-ARP Survey Respondent —

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

— HOME-ARP Survey Respondent —

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

— HOME-ARP Survey Respondent —

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

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

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

— Stakeholder Interview —

E. Increase Supportive Services

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

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

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

— Lived Experience Focus Group Participant —

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

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

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

Mental Health and Substance Use Disorder Services

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

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

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

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

— Interviewee —

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

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

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

— Survey Respondent —

Case Management

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

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

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

— Interviewee —

Housing-focused Case Management

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

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

Citywide Coordinated Street and Encampment Outreach Services

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

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

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

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

— Interviewee —

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

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

— Interviewee —

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

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

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

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

F. Transportation to Employment, Services, and Shelter

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

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

— Interviewee —

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

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

— Interviewee —

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

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

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

— Interviewee —

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

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

G. Improve Coordination and Communication to Prevent Homelessness

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

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

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

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

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

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

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

ROADMAP: GOALS, STRATEGIES, AND ACTION STEPS

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

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

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

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

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



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

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

ACTION STEPS:

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

Strategy 1.2: Protect and Expand Affordable Housing through Local Policy

ACTION STEPS:

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

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

ACTION STEPS:

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

1.3.c	<p>Create client portfolios to address barriers that make it difficult for tenants to obtain affordable housing. Portfolios can include letters of support from people who know the client, information about the client’s background and the steps they have taken to improve their housing stability.</p> <ul style="list-style-type: none"> i. Help people with criminal record expungement, credit repair, and eviction expungement). ii. Provide opportunities for potential tenants to meet landlords one-on-one to create personal connections. iii. Use reasonable accommodation and other fair housing laws to help landlords understand the needs of the clients and open housing opportunities (create funding resources to assist with reasonable accommodation requests)
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Strategy 1.4: Create Flexible Resources to Expedite a Household’s Ability to Attain Permanent Housing

ACTION STEPS:

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

Goal 1 Sample Metrics

Short-Term 6 months to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
<p>Metric 1.1: FWHA has adopted a “Moving on” policy that prioritizes Housing Choice Vouchers for people transitioning from PSH (PSH) no later than December 31, 2023.</p> <p>Metric 1.2: A landlord engagement campaign is providing support to landlords who rent to people transitioning from homelessness to permanent housing.</p>	<p>Metric 1.3: A Flexible Housing Fund is in place and distributing resources to eligible households.</p>	<p>Metric 1.4: At least 50 new PSH units exist throughout the City by March 2028.</p>

Goal 2: Expand Access to Homeless Emergency Response Services

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

ACTION STEPS:

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

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

ACTION STEPS:

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

Strategy 2.3: Expand Services to Support Exits from Homelessness

ACTION STEPS:

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

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

Strategy 2.4: Expand Services for Subpopulations with Special Needs

ACTION STEPS:

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

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

Goal 2 Sample Metrics

Short-Term 6 months to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
<p>Metric 2.1: Plans are developed to transition existing shelters to low-barrier, housing focused shelters.</p>	<p>Metric 2.2: A multi-disciplinary outreach program is regularly providing services and support to unsheltered individuals.</p> <p>Metric 2.3: At least one non-congregate shelter for youth is in place and offering shelter and services.</p> <p>Metric 2.4: A comprehensive strategy has been developed and at least 2 steps have been taken to improve transportation access for people experiencing homelessness no later than July 2024.</p>	<p>Metric 2.5: At least two shelters in the community have transitioned from high-barrier shelters to low-barrier, housing-focused shelters.</p> <p>Metric 2.6: A comprehensive peer support program is in place with a large percentage of paid outreach staff and navigators comprised of people with lived experience of homelessness.</p> <p>Metric 2.7: A safe parking pilot is in place for individuals and families no later than Fall 2025.</p>

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

Strategy 3.1: Deepen Public Understanding of Homelessness and Its Solutions

ACTION STEPS:

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

Strategy 3.2: Strengthen the Homeless System Response Infrastructure

ACTION STEPS:

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

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

ACTION STEPS:

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

Strategy 3.4: Improve Communication, Coordination, and Collective Action

ACTION STEPS:

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

Goal 3 Sample Metrics

Short-Term 6 months to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
<p>Metric 3.1: A year-round communication strategy to educate the public about homelessness has been created and is in place no later than July 31, 2023.</p> <p>Metric 3.2: A countywide implementation body has been selected and has produced an annual work plan for calendar year 2023 no later than July 31, 2023.</p> <p>Metric 3.3: Accessible outreach materials have been written, reviewed, and circulated widely that provide information about resources, agencies, and organizations that provide services and support to people at risk of or experiencing homelessness no later than July 31, 2023.</p>	<p>Metric 3.4: The process for creating a Lived Experience Advisory Board has commenced and the Advisory Board has a position on the Planning Council no later than March 31, 2024.</p> <p>Metric 3.5: Planning Council members regularly present periodic updates at jurisdictional meetings through the region, no later than January 31, 2024.</p>	<p>Metric 3.6: The Planning Council website has a public-facing dashboard that provides visualization of progress toward the 4 stated goals.</p> <p>Metric 3.7: Disparities in the homeless system of care have been identified and evaluated and new data indicates that the disparities have lessened or been fully eliminated.</p>

Goal 4: Prevent Homelessness Before It Begins

Strategy 4.1: Increase Prevention and Diversion Services in Fort Wayne

ACTION STEPS:

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

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

ACTION STEPS:

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

Goal 4 Sample Metrics:

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

APPENDIX A: GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

⁴⁵ Id.

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

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

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

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

Homeless is defined by HUD in four categories:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX B: STAKEHOLDER ENGAGEMENT

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

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

Steering Committee Members:

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

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

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

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

APPENDIX C: FIRST YEAR IMPLEMENTATION PLAN

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

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

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

Goal 2: Expand Access to Homeless Emergency Response Services

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

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

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

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

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

Goal 4: Prevent Homelessness Before It Begins

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