



Indiana Housing & Community Development Authority

**Healthy Homes and Weatherization
Cooperation Demonstration Program
Work Plan**



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EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY

State of Indiana
Lieutenant Governor
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Work Plan for Healthy Homes Weatherization Cooperation Demonstration Grant Projects

I. Background

Abstract:

IHCDA will implement the Healthy Homes and Weatherization Cooperation Demonstration Grant Program as a pilot program in Marion County, Indiana which encompasses the city of Indianapolis. IHCDA is currently a HUD Healthy Homes Production (HHP) Grant recipient and also the administrator for the DOE Weatherization Assistance Program (WAP) for the State of Indiana. Marion County includes 109 census tracts, of which 49% are considered disadvantaged per the Justice40 Initiative. IHCDA will be partnering with WAP-subgrantee Community Action of Greater Indianapolis (CAGI) in the implementation of the HHWCD pilot program. HHWCD will establish and evaluate a system of coordination between the existing HHP and WAP programs in order to demonstrate best-practice approaches in eliminating barriers and ensuring cooperation as the two programs strive to serve similar populations. Specifically, the HHWCD will seek to coordinate the expenditure of HHP, HHWCD and WAP funds to address healthy homes hazards and energy efficiency in low-income households in Marion County in order to maximize benefits to each household while minimizing disruptions to the families occupying the units. The use of HHWCD funds will also seek to determine what impact, if any, the remediation of these hazards may have on occupants with physician-diagnosed cases of asthma. As IHCDA administers both HHP and WAP, IHCDA is primed to coordinate activities between the two programs and to work alongside several critical partners including Community Action of Greater Indianapolis (CAGI), who is the sub-grantee of IHCDA’s WAP program in Marion County, the Indiana Community Action Agency, who oversees all WAP training, and the Indiana Department of Health (IDOH), who will be the primary source of referrals for households in which there is a person or persons who have asthma triggers and respiratory irritants.

Table 1: Demographic and Other Data for Target Area

Target Area Data- Marion County	Target Area Results
# of Disadvantaged Communities Census	109
# of Census Tracts in Target Area	223
Justification of Need %	49%

Data Sources, including Website Addresses for Table 1

Target Area Data	https://hud.maps.arcgis.com/apps/webappviewer/index.html?id=4655926fe98946b2990c11f066a7096f
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Table 2: Housing Data

Target Area Data	Target Area Results	Comparison Data	Comparison Data Results	Justification of Need Percentage
# Housing Units-Renter-occupied	169,686	Total Housing Units	439,231	43%
# Housing Units-Owner-occupied	225,031	Total Housing Units	439,231	57%
Avg # of Interventions 2020-2021 ¹	0	Total # of Interventions	338	N/A
# of Weatherized Applications Processed 2020-2021	110	# of Units Weatherized 2020-2021	2461	N/A
# of Households on Waiting List	195			
Avg # of Units Assessed	110			
Avg # of Units Deferred Annually due to Health and Safety	34	Average Units Deferred	37	N/A
Avg # of Units Deferred Annually due to Structural Issues	16			
# of Housing with Moderate Inadequacy	13,700 ²	Total # of Housing with Inadequacy	N/A ³	%
# of Housing with Severe Inadequacy	9,400 ⁴	Total # of Housing with Inadequacy	N/A	%

Data Sources, including Website Addresses for Table 2

# of Housing Units	https://data.census.gov/table?t=Housing+Units:Year+Structure+Built&g=0500000US18097
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¹ While the HHP program has not enrolled households, IHCDA's CDBG Owner Occupied Repair program completed 338 units between 2020 and 2021. Please note that those units were part of the State's CDBG Program and thus the City of Indianapolis, as an Entitlement Community was not eligible for State CDBG funding.

² American Housing Survey Data for Indianapolis is only available for 2011. That was before the definition changes – we are using “Moderate physical problems” as the best estimate for “# of Housing with Moderate Inadequacy”

³ There is no data for Indiana listed for American Housing Survey (AHS)

⁴ American Housing Survey Data for Indianapolis is only available for 2011. That was before the definition changes – we are using “Severe physical problems” as the best estimate for “# of Housing with Severe Inadequacy”

# Owner-occupied Housing Units	https://data.census.gov/table?t=Housing+Units:Year+Structure+Built&g=0500000US18097
# Renter-occupied Housing Units	https://data.census.gov/table?t=Housing+Units:Year+Structure+Built&g=0500000US18097
Avg # of Interventions	IDIS report – PR 23 – PY 2020 and 2021 (see <i>Additional Materials</i> , pgs. 4-7)
# of Weatherized Applications Processed	CAGI internal data and IWAP database
# of Households on Waiting List	CAGI internal data and IWAP database
Avg # of Units Assessed	CAGI internal data and IWAP database
Avg # of Units Deferred	CAGI internal data and IWAP database
# of Housing with Inadequacy	https://www.census.gov/programs-surveys/ahs/data/interactive/ahstablecreator.html?s_areas=26900&s_year=2011&s_tablename=TABLE5&s_bygroup1=1&s_bygroup2=1&s_filtergroup1=1&s_filtergroup2=1

Table 3: Health and Other Factors Demonstrating Need

Target Area Data	Target Area Results	Comparison Data	Comparison Data Results
Asthma Prevalence in Children	10.4%	Asthma Prevalence in Children	6.0%
Asthma Prevalence in Adults	10.6%	Asthma Prevalence in Adults	9.7%
Emergency Department use for Asthma in 2019	7,777	Emergency Department use for Asthma in 2019	24,815
Hospital Admissions for Asthma in 2019	1,321	Hospital Admissions for Asthma in 2019	2,393
% Enrolled in Medicaid or CHIP	18.0%	% Enrolled in Medicaid or CHIP	25.1%
Energy Burden	8.2%	Energy Burden	15.3%
# Families receiving Assistance	16.0%	# Families receiving Assistance	11.0%

Data Sources, including Website Addresses for Table 3

Asthma Prevalence in Children in Target Area	https://www.cdc.gov/asthma/national-surveillance-data/asthma-prevalence-state-classification.htm
Asthma Prevalence in Adults in Target Area	https://www.cdc.gov/asthma/national-surveillance-data/asthma-prevalence-state-classification.htm
Asthma Prevalence in State	https://www.in.gov/health/cdpc/respiratory-health/asthma/

Emergency Department use for Asthma in Target Area	https://www.in.gov/health/cdpc/files/2015-County-ED-and-Hosp-aa-Rates.pdf
Hospital Admissions for Asthma in Target Area	https://www.in.gov/health/cdpc/files/2015-County-ED-and-Hosp-aa-Rates.pdf
Emergency Department use for Asthma in Indiana	https://www.in.gov/health/cdpc/files/2021_GeneralAsthma_FactSheet.pdf
Hospital Admissions for Asthma in Indiana	https://www.in.gov/health/cdpc/files/2021_GeneralAsthma_FactSheet.pdf
% Enrolled in Medicaid or CHIP	https://data.census.gov/table?q=medicaid+and+chip+enrollment+in+Marion+County,+Indiana&tid=ACSDT1Y2021.B992707
Energy Burden	https://www.energy.gov/eere/slsc/maps/lead-tool
# Families receiving Assistance	https://data.census.gov/table?q=families+receiving+wic+in+Indiana&g=0500000US18097&tid=ACSDT1Y2021.B19123

II. Goals and Objectives

A. Project Goals

- IHCDA will oversee completion of HHP and WAP interventions in 15 units without use of HHW funds.
- IHCDA will oversee completion of HHP and WAP interventions in 15 units with an occupant who has physician-diagnosed asthma.
- IHCDA will oversee completion of HHP and WAP interventions in 15 units with no case of physician-diagnosed asthma.
- IHCDA will oversee completion of Healthy Homes Assessments and Energy Audits in 75 total units. IHCDA will oversee completion of HHP and WAP interventions in 68 total units.
- IHCDA will participate with HUD for 3rd party evaluation of asthma outcomes relative to HHP/WAP interventions.
- IHCDA will demonstrate a replicable best-practice communication process between programs to streamline service delivery.

B. Project Plan

IHCDA will coordinate activities between HHP and WAP to enroll income-eligible households to receive benefits from both programs in a streamlined and efficient process. Staff will work alongside several critical partners including CAGI, INCAA and the IDOH. IHCDA will work with CAGI's Weatherization team to track households recommended for the deferral list, specifically deferrals related to Healthy Homes hazards. This will allow program staff to offer enrollment in this Pilot Program. HHP funds would provide radon testing, radon mitigation when applicable, lead testing (for pre-1978 housing) and lead hazard control for units. The HHWCD grant would then be used to directly target identified hazards specific to asthma – including, though not limited to mold, moisture intrusion and pest infestation. Other repairs could also be addressed that may have caused the unit to be deemed unfit for the weatherization. By pairing the HHP and HHWCD for the deferred units, all potential health hazards may be able to be addressed and allow a holistic approach toward addressing those hazards and the risks they cause. There are numerous health benefits to

providing weatherization measures to housing units. The ability to successfully pair the three funding streams will create an opportunity for IHCDA and CAGI to successfully address numerous health hazards. This would allow for the incorporation of remediation and/or energy-saving activities within a unit that may not otherwise be possible if the unit received only one program or the other.

III. Tasks

A. Key Personnel:

All key personnel for the Healthy Homes and Weatherization Cooperation Demonstration (HHWCD) were existing employees of IHCDA or were hired prior to Quarter 1 of the HHWCD Period of Performance. These staff consist of:

- **Samantha Spergel**, the Director of Real Estate Strategic Initiatives and Engagement, who is currently the Program Director of IHCDA's LHR and Division Director of IHCDA's Healthy Homes Resource Program. She will oversee the federal reporting and financial management of the grant, as well as oversee policy development and the evaluation of the program and oversee the evaluation contract.
- **Greg Glassley** is IHCDA's Director of Energy and Utility Programs. His department oversees both the Low-income Household Energy Assistance Program (LIHEAP) and Weatherization. He will manage data collection, oversee the training contract, and provide management of the Weatherization program.
- **Katherine Hoffman** is the HHWCD Program Manager and will spend 80% of her time on this grant; the other 20% will be providing support to the Weatherization team to track program deferrals. The PM will directly oversee the sub-recipient contract and assist with overseeing the evaluation of the grant. This position will bridge the two departments and programs to best streamline and evaluate the effectiveness of the HHCWD program.
- **David Strickland**, the Program Accounting Manager, will be responsible for ELOCCs draws.
- **Dave Pugh**, who is currently Program Manager of IHCDA's Lead Hazard Reduction Grant (LHR), spends a minimum of 25% of his time on the Healthy Homes, with the responsibility for contract administration, approvals of all scope of work, policy development, federal reporting and supervision of field monitoring. He also works with IHCDA's Director of Compliance to oversee supervision of field monitoring and to coordinate with the Division of Compliance to monitor the recruitment of Section 3 workers for training and hire.
- **Taria Edwards** is the Program Manager (PM) of IHCDA's HHP. Taria has the day-to-day responsibility for project operations including application intake, coordination of the Environmental Review

B. Timeline and Benchmarks

The period of performance (POP) for this grant award begins February 15, 2024, and will conclude on February 15, 2027. The Healthy Homes and Weatherization Cooperation Demonstration, in conjunction with HUD, has established Benchmarks for Performance to allow for ongoing, transparency in program performance throughout this POP.

Table 4. HHWCD Program Benchmarks

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
HH+WAP, no HHWCD	0	0	0	2	3	5	9	9	12	14	14	15	15
HH+WAP+HHWCD	0	0	0	2	3	5	9	9	12	14	14	15	15
HH/WAP/HHWCD, NO asthma	0	0	0	2	3	5	9	9	12	14	14	15	15
HH/WAP/HHWCD, asthma	0	0	0	2	3	5	9	9	12	14	14	15	15
Total # units assessed	0	1	4	11	19	26	38	49	60	71	71	75	75
Total # units complete	0	0	1	3	7	17	27	37	48	58	65	68	68
Community Outreach	5	10	15	20	25	30	35	40	48	52	59	65	65
Education	350	450	550	700	850	1000	1150	1250	1350	1450	1500	-	-
Skills Training	0	0	0	1	0	0	2	0	0	3	0	-	-

C. Environmental Review:

IHCDA’s Director of Real Estate Strategic Initiatives (SIE) and the Environmental Review Manager, Meagan Heber, oversee the completion of the Tier 1 Environment Review. IHCDA has existing access to HEROs and works closely with its HUD Environmental Review Officer for the HHP and LHR grants. The HHP Program Manager/Healthy Homes Analyst and/or HHWCD Program Manager will review and conduct the Tier II Environmental Review and Section 106 Review in coordination with IHCDA’s Environmental Review Manager. IHCDA also has a third-party under contract to conduct Tier 1, Tier 2 and other Environmental Reviews, and Section 106 reviews for other HUD grants administered by IHCDA, including HOME, the Community Development Block Grant (CDBG), CDBG-DR and NHTF. IHCDA may utilize the third-party contractor to assist or provide guidance on the Tier 2.

D. Outreach/Education:

IHCDA fully recognizes the importance of ensuring effective marketing of this program to the intended recipients within Marion County. In addition to utilizing the existing waiting list of potential HHP applicants, the weatherization deferral list and IDOH referrals, IHCDA will also ensure ongoing community outreach efforts to ensure that constituents are aware of the availability of the HHWCD. This will include attending local resource fairs and partnering with local referral agencies, neighborhood centers, Child Services agencies, and Head Start Programs. These outreach efforts will consist of virtual and in-person presentations to agency staff as well as attendance at neighborhood meetings and resource fairs where potential applicants may be in attendance. Each presentation will include program specifics, as well as general education on the topic of Healthy Home principles.

E. Recruiting households:

IHCDA has identified several pathways to recruit households: through the existing Weatherization Network pipeline, through direct applications to HHP, and through

recruitment done by health partners specifically focusing on households with asthma that is not well-controlled. The current process of recruitment for weatherization utilizes the Energy Assistance Program application; individuals who are seeking assistance and apply are asked if they would also like to apply for weatherization - this provides a stream of applications for weatherization. For Marion County, John Boner Neighbor Centers (JBNC) is the local service provider with whom IHCDA partners to implement the Energy Assistance Program. Additionally, JBNC is also the lead agency for the Indy East Promise Zone. This established relationship will benefit recruitment directly from the Promise Zone.

- As the HHP grantee, IHCDA is continually collecting pre-applications from interested households across the State and adding those households to the HHP waitlist. IHCDA will use this waitlist and enrollment list to identify the 15 units that will not utilize the HHWCD funding. IHCDA may also rely upon the Weatherization deferral list for additional units in Marion County. Based on the data as outlined in Factor 2 Table 2, IHCDA and CAGI should have a strong pipeline of deferred households to enroll.
- IHCDA will work directly with IDOH to obtain referrals as noted in Factor 1. This will allow IHCDA to directly recruit households that have an occupant with asthma that is not well controlled. IHCDA will also be utilizing the IDOH Asthma Checklist with HHP enrolled households as part of their enrollment. While the submission of the Asthma Checklist is voluntary, IHCDA can then work on triaging those units to the HHWCD program.

F. Unit Enrollment:

Once a household has submitted the pre-application, the household will be placed on the program waiting list. Once selected from that list during periodic enrollments, IHCDA's HHP PM or HHW PM will collect the necessary income documentation (using the HUD Part 5 definition, as those income limits are currently higher than the WAP income limits). Families will be sent an Income Verification Packet to complete and return with all supporting documentation in order to allow IHCDA to determine if the household is income-eligible. Eligibility definitions require that owner-occupants meet 80% of AMI and renters meet 50% of AMI; note that the WAP uses 200% of AMI and is the less stringent of the two program income requirements. Households who do not qualify for any reason will be notified by mail of the denial and their ability to appeal that decision. All appeals will be handled pursuant to existing HHP grievance policy. Households who meet all qualifications for participation will be considered "enrolled;" this will trigger the initiation of the Tier II review and scheduling of all applicable assessments for the unit (e.g. – Healthy Homes Assessment, LI/RA, Radon testing, Energy Audit).

G. Unit Assessments:

Upon unit enrollment, the HHP Program Manager (PM) and CAGI WAP manager will be notified. The HHWCD or HHP PM will schedule Radon testing for all enrolled homes and a LI/RA, if required. CAGI will conduct both the Healthy Homes Assessment and the Energy Audit if the Audit has not already occurred. CAGI will be responsible for identifying all hazards and developing both the Healthy Homes and Weatherization scopes of work.

IHCDA's HHWCD PM will then review the reports and scope of work to ensure all hazards identified in the assessment have been included. The PM will specifically look at methods identified to ensure low emission materials are incorporated into the bid-package. The CAGI WAP Manager and HHWCD PM will collaborate during regular bi-weekly or monthly meetings to review all enrolled homes and develop a comprehensive scope of work and detailed plan to best braid all applicable funding for each unit. While a standardized list of interventions typically covered under each program will be developed, each unit will be reviewed on a case-by-case basis to ensure the most effective use of all funding streams.

H. Structural Interventions:

IHCDA will bid out for qualified contractors to conduct Radon Testing, Radon Mitigation, Lead Inspection/Risk Assessment/Lead Clearance, Lead Hazard Control Intervention, and Healthy Home Interventions. CAGI will utilize their existing crews and/or contractors to perform any weatherization work required in each unit. Request for Qualifications for radon testing, and Requests for Proposals for Lead Abatement and General Renovation, Repair and Painting contractors, Radon Testing and LI/RA Clearance have been released for the HHP grant. IHCDA will be utilizing the existing HHP contractors to perform the necessary Healthy Homes work; each unit contract will specify which funding source will be utilized for each intervention. HHP will be the funding source for radon testing, radon mitigation, LI/RA, Lead Clearance, and Lead Hazard Control. WAP will be the funding source for Energy Audits, QCI, and Weatherization Measures. HHCWD will be the funding source for other Healthy Homes Hazards, Healthy Home Assessments and Scope of Work Development, and final inspections on those interventions.

I. Evaluating the impact of home interventions:

IHCDA will work with HUD in conducting an evaluation of the program. IHCDA's data system upgrade should provide useful information for this evaluation and since HHP and WAP are coordinating through the current HHP grant, there would be comparison data of HHP and WAP work completed with and without HHWCD. IHCDA will also be tracking the costs of HHP and WAP funds per unit. For IHCDA's previous LHRD grant, IHCDA also developed an occupant survey to directly ask about the quality of the repair and the satisfaction of the work. IHCDA will reorient that survey to more effectively evaluate (qualitatively) the improved quality of life. IHCDA plans to hire an organization or firm to evaluate the program. IHCDA will work with HUD to determine the evaluation parameters and to further determine what supplemental information and data is necessary to fully evaluate the impact of the home interventions. For example, if HUD's evaluation plan consists of primarily quantitative data the evaluators hired by IHCDA may investigate qualitative data to help tell the story of this coordinated effort. It will be important for the evaluator to look at both the coordinated effort and the regular HHP and WAP operations in comparison.

J. Referrals for other needs:

CAGI is a Community Action Agency with services beyond the scope of weatherization. They provide short-term assistance and long-term support in the following areas: Rental Assistance, Car Repair and other transportation assistance, Food and Nutrition Assistance, Job Readiness, Clothing Assistance, and/or Housing Navigation. They also provide linkage

and referrals that can assist recruited households meeting needs they have that are not covered in this program and not offered by CAGI. Additionally, should there be need, IDOH can make additional referrals beyond the asthma initiative and the supports that are provided directly through this collaboration. IDOH has many health initiatives and other programs beyond their Environmental Health Divisions, as indicated on their website, that could benefit households receiving services. An example of referrals that could be made is the MOMS Helpline Referral, this referral can be completed as a self-referral or by providers who are looking to connect clients to resources. This referral is specific to families with young children or pregnant women and includes a referral to three specific programs and then ask if there are additional needs of: Housing, Childcare, Home Visiting, Parenting Education, Transportation, Financial Assistance, Health Care Provider, Behavioral Needs, and/or Developmental Needs.

K. Changes from Original Plan:

IHCDA initially proposed a total unit completion goal of 60 units within Marion County and included a provision within the budget to allow for capacity-building training for local contractors. At the request of HUD negotiation officials regarding budget changes, this total unit goal was adjusted to reflect a total of 75 units assessed and 68 units with completed interventions. IHCDA acknowledges that similar programs have seen higher than expected costs for remediation work and notes that unit production totals may need to be adjusted during the period of performance to reflect those changes, should it become necessary.

IV. Reporting and Deliverables

A. Quarterly Project Reports:

IHCDA will complete Quarterly Project Reports within thirty days of the close of each quarter to report progress made toward program objectives. This will include a summary of all outreach efforts as well as updates regarding the numbers of units completed, both with and without use of HHWCD funds and those with cases of physician-diagnosed asthma. IHCDA will further report regarding any barriers or obstacles encountered during the previous quarter, as well as any actions taken or attempted to eliminate or mitigate these barriers. IHCDA will also report on any specific successes or achievements during the previous quarter that are not captured within the other program metrics.

B. Outreach Materials/Factsheets:

IHCDA will plan to utilize existing materials/factsheets for both the Healthy Homes Production Grant (HHP) and the Weatherization Assistance Program (WAP) for outreach purposes. These existing documents can be found on the [IHCDA Healthy Homes Resource Program webpage](#). If HHWCD-specific materials are developed during the course of the Program Administration, those materials will be submitted to the Government Technical Representative (GTR) for approval prior to distribution.

C. Final Report:

A Final Report will be prepared and submitted with appropriate supporting material following the close of the Period of Performance for this grant award.

V. Appendices

A. Program Contact Information:

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B. Supporting Material: