

# Assessing Community Progress on the Blueprint to End Homelessness

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## *Executive Summary*

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## INTRODUCTION

In 2002, the Indianapolis Housing Task Force published the Blueprint to End Homelessness, an ambitious 10-year strategy to end homelessness in Indianapolis by 2012. The Blueprint called for regular reports and evaluation of progress toward the Blueprint's goals. The Coalition for Homelessness Intervention and Prevention (CHIP), charged with moving the Blueprint forward, has completed its own annual Community Progress Reports for 2009, 2010, and 2011.

This report does not seek to replicate or evaluate these or any of the many previous reports CHIP has facilitated. We take what is presented in the previous reports as accurate and eminently useful. The annual Community Progress Reports, in particular, already serve as good evaluations of progress toward the Blueprint goals.

Instead, this report seeks to identify issues not yet covered, areas where data have not been collected, areas where data collection could be improved, or areas where existing data have not yet been analyzed for the purpose of assessing Blueprint goals. We have gathered and analyzed new qualitative and quantitative data from CHIP, stakeholders, the homeless, and other sources to provide additional measures of progress toward achieving the various goals stipulated in the Blueprint and to establish new measures for future assessment.

Besides qualitative interviews with samples of stakeholders and homeless, we collected census data on affordable housing for Marion County, the U.S., and four other comparison counties. We conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis of CHIP's annual Community Progress Reports. CHIP also provided nine years' worth of client data from the Homeless Management Information Systems (HMIS). Finally, we collected progress reports from other jurisdictions implementing ten-year/community plans and looked at those.

The overarching goal of the Blueprint has not been achieved. Homelessness has not been eliminated and will not be eliminated by the 2012 date established in the Blueprint. Progress has been and continues to be made in many areas, though. It is hoped this report will help the community as it moves forward with creating a new strategic plan.

## COMMUNITY STAKEHOLDERS' VIEWS

Structured interviews were conducted with 23 community and organizational leaders in the public and private sector who serve the needs of the homeless population in Indianapolis as service providers, funders, and housing specialists. The interviews lasted an average of 75 to 90 minutes.

Nearly all of the persons (and the organizations they represent) interviewed for this study have been involved with homeless intervention and prevention in Indianapolis throughout the time period of the Blueprint and in many cases throughout their entire careers prior to its existence. This community of stakeholders, therefore, represents significant social capital and a valuable leadership asset of knowledge and experience from which CHIP and the community has and will continue to benefit as it looks forward to the future. The findings presented here are based on stakeholders' impressions and perceptions.

- **Previous history with the Blueprint (for example, involvement in the planning process).** The majority, although not all, of the stakeholders and/or organizations interviewed had been involved in the planning process.
- **Familiarity with the Blueprint and its goals or initiatives.** Although most of the stakeholders interviewed had participated in the Blueprint planning process, knowledge of its goals was mixed.
- **Organization's involvement with and/or implementation of any part of the Blueprint.** The large majority of community stakeholders report being involved in some way with implementing aspects of the Blueprint, although this involvement varies widely depending on the nature of the organization and whether addressing the needs of the homeless population (or some subset thereof) is a primary or secondary focus of its mission.

While some stakeholders see themselves as involved with what could be construed as Blueprint goals, a few providers express doubt about whether their efforts originated or continue in the present because of it.

Even in such cases, however, stakeholders recognize the value of the Blueprint as a framework for their efforts. In line with this recognition of the value of the Blueprint is the related theme that the Blueprint and CHIP's leadership has provided a framework of coordination, communication and efficiency.

- **Effectiveness of Blueprint strategies in reducing the number of homeless persons on any given day.** Few if any stakeholders believe that Indianapolis, over the past decade, has been able to substantially reduce, let alone eliminate, homelessness.
- **Barriers that remain to reducing homelessness in Indianapolis.** The most-cited barrier to reducing homelessness among stakeholders is the lack of funding for supportive services to keep people housed. The second most frequently cited barrier is the lack of affordable and/or safe housing for low-income people, along with the absence of decent-wage-paying jobs for many persons.
- **Effectiveness of Blueprint strategies in adding new units of affordable and supportive housing in our community.** The clear message voiced by the overwhelming number of stakeholders interviewed here (and a constant theme throughout the interviews) is that affordable housing must be linked with supportive services and that both of these—especially supportive services—remain elusive goals in Indianapolis.
- **Effectiveness of Blueprint strategies in preventing people from becoming homeless.** The consensus among those interviewed is that prevention was not a major emphasis of the Blueprint, and in the early days CHIP's focus was (perhaps rightly so) on the chronically homeless. Most believe that while there has been a recent focus on prevention, the community overall has not dealt effectively—as it should—with this issue.
- **Effectiveness of Blueprint strategies in improving both access to and the coordination of housing and services.** The consensus appears to be that case management and coordination, while far from perfect today and certainly not a standardized or centralized “system,” have improved significantly over the past decade, especially as a result of the closer working relationships most agencies have fostered with one another.

More than a few respondents credit the Blueprint and CHIP for helping foster these new, positive working relationships many agencies feel with each other; some stakeholders do not believe the Blueprint was responsible for this.

Stakeholders believe that referral services have greatly improved over the past decade, citing especially the emergency phone line “211,” which appears to have developed outside of the Blueprint framework, and the booklet compiled by CHIP (“Handbook of Help”) as important new tools for referral.

Most stakeholders believe homeless community outreach has improved over the past decade, but there is a more mixed view about street outreach. A few would like to see greater coordination by a central body, especially because there are new and sometimes inexperienced players in the mix of street outreach.

Most of those interviewed would like to see an Engagement Center, but some are concerned that more recent plans for downsizing the original concept may be counter-productive. Several believe that a system of coordination between the Marion County Courts, IMPD, and providers (COT) has adequately dealt with this issue. The universally expressed view among providers and community leaders is that both transportation and childcare remain critical but seriously unmet needs across the board for many homeless persons and families.

Stakeholders’ views were mixed on the issue of how well non-English-speaking homeless clients are being served in the city. Some felt there had been significant progress, and this is probably the case for several agencies that now have bilingual staff. Others were more pessimistic in their assessments.

#### ■ **Overall effectiveness of Blueprint strategies in coordinating services for special populations.**

- **Family Stability, Children and Youth.** The focus on and support for homeless families is relatively recent and is critical to this under-served population.

First, the problem has been exacerbated, certainly, by the recent economic recession. Second, youth of 16 to 22 years of age represent another critical and unmet need in terms of housing and employment. Third, many of the needs of homeless mothers and children in housing, food, and education are unmet.

Finally, many Hispanic families remain under the community radar screen, and while their numbers have grown tremendously over recent years, the

community (for complicated reasons in part resulting from this population’s reluctance to seek formal assistance) has barely begun to recognize, let alone address, their needs.

- **Domestic Violence Victims.** The good news among stakeholders is that domestic violence is an area that Indianapolis has addressed fairly well; the bad news is that the demand for such services is growing, especially as a result of the economic downturn. This also appears to be true among the young and for Hispanics, where services are especially problematic.
- **Veterans.** Although the demand for homeless veterans’ services remains high, and is likely to grow in coming years, the provider community for veterans has been fairly substantial and effective in the city. The HVAF was cited as effective.

- **Overall effectiveness of CHIP’s role over the past decade as lead entity in implementing and monitoring Blueprint goals, strategies, and initiatives.** One community stakeholder succinctly summarized the main theme in overall responses to this question: “I think CHIP has strengths and I think they have challenges.”

Nearly every respondent had positive things to say about CHIP’s role and performance overall, with a near-unanimous opinion that the city of Indianapolis is much better off in meeting the needs of the homeless with the role CHIP has played over the past decade.

Specific areas of strength mentioned include CHIP’s role in bringing together the various stakeholders and facilitating communication through meetings and information provided to service providers and the community.

As one stakeholder says, CHIP “represents the collective face of homelessness.” And Indy Homeless Connect is mentioned by many stakeholders as a very successful and significant achievement by CHIP. Research also is mentioned as a key area of strength of CHIP.

In reviewing the suggestions for improvement below, it is worth noting that the large majority of stakeholders do not hold CHIP accountable for many of the problems with unmet Blueprint goals, including challenges surrounding its role as lead entity. There is a widespread acknowledgment among stakeholders, for example, about the difficulty presented by several internal leader-

ship changes CHIP experienced over the past decade. Many strike a very positive note regarding the current staff and leaders. This extends to CHIP's leadership potential as well as its personal interfacing with the network of stakeholders.

And while many acknowledge the lofty ideal of “ending homelessness,” no one believes this to be a realistic or viable possibility that can be achieved. In addition, some specific targets identified, such as in the area of affordable or supportive housing, simply were not attainable without massive funding and private/public support.

In that sense, many believe the Blueprint was subject to failure at the outset. Many stakeholders express the view that CHIP should expand and enhance its role as a facilitator and coordinator for providers, funders, and city leaders. Several cite the need for a central, unified voice and advocate for the entire network of homeless providers and stakeholders and would like to see CHIP more strongly embrace and carry out its public (some-time political) and private roles as the lead advocate of homelessness intervention and prevention in the city. This includes CHIP playing a major role in seeking funding for the homeless network.

Many cite a lack of clear focus on Blueprint goals over recent years.

Several respondents express concerns about the need for more basic research and especially more sharing of assessment results and research information with the community in meetings and forums and on the website.

A common, perhaps underlying concern is that because CHIP is not a direct service provider, it can seem to overlook or fail to appreciate and utilize the practical experience of community providers and developers—especially in the process of planning and developing programs. Related to this is the frequently cited suggestion that CHIP develop a more collaborative and less “top-down” approach in working with the stakeholder community. A strong collaborative relationship is rooted in trust, reciprocity, transparency, and open communication.

## ■ Recommendations.

- Develop and manage a community process for designing a new plan for dealing with homelessness

intervention and prevention that (1) is open, inclusive, transparent and collaborative, making use of and utilizing stakeholders' experience and expertise and (2) given universal agreement on the six goals identified in this study, focuses on specific strategies and targets. Such a plan should not cover more than a three year period.

- Consider establishing and hosting annual or biannual community forums for refreshing community's awareness of the new homeless plan and its goals-targets as well as progress in meeting such goals. While most of those interviewed were at one time familiar with the Blueprint goals and strategies, that awareness appears to have decreased considerably over the years. Several also expressed the desire for more on-going assessment, research and progress updates.
- Any new plan should emphasize the critical role of and need for funding of supportive services at all points in the Continuum of Care, including those who receive housing. Even many who acquire housing require extensive supportive services over a long period of time, a fact cited both by service providers and housing specialists. Yet funding over the past five years for supportive services has been decreasing and poses a serious threat to the community's ability to counter homelessness.
- Any new plan should also emphasize that increasing affordable housing may best be achieved by focusing on rehabilitation and renovation of existing physical structures in the city and not new construction.
- Prevention must become a more integrated and important part of the overall plan to deal with homelessness in the city, especially in light of the recent economic recession and the “new” homeless population: better educated persons and families who have never been homeless before and for whom loss of job may have been the biggest factor in their trajectory into homelessness.
- Mental illness and drug/addiction continue to be critical problems especially in dealing with the chronically homeless and attention must be devoted to this issue in any new plan. Special populations, especially families, homeless youth and others must

be given greater emphasis and recognition in any new plan.

- CHIP would do well to consider embracing and expanding its private and public advocacy role for the homeless network of providers of services and housing in Indianapolis. Focusing on securing funding for the network CHIP represents and creating more community awareness and focus on homeless, especially as we may be moving into a mood of “homelessness fatigue,” is critical.

CHIP may be cautiously optimistic about its future and its role as the “public face of homelessness” in the city of Indianapolis, whatever the final determination regarding the success and failures of the Blueprint. CHIP enjoys much good will from the community of stakeholders based on a recognition of the vital role CHIP plays as the facilitator and point organization for homeless issues in the city as well as for its current leadership. But CHIP should consider the following steps to ensure it is able to capitalize on its strengths and opportunity:

- Develop a strategic organizational plan for itself with a mission and goals apart from the Blueprint or whatever plan will replace it.
- Enhance and strengthen its research and assessment role and support for and communication about research on homeless issues in Indianapolis.
- Strive for a collaborative, open, inclusive, transparent style of leadership in relation to the community of service and housing providers in the community, actively seeking their guidance and experience on any number of operational and strategic issues relating to programs, grants and initiatives.

## HOMELESS PERSONS’ VIEWS

Homeless clients from the Indianapolis area were interviewed for their experience with homelessness and their perceptions of homeless support services in the city. Structured interviews were carried out with 28 homeless or previously homeless clients at four locations (Wheeler Mission, Horizon House, Dayspring Center, and Homeless Initiative Program).

This nonrandom sample was composed of 16 females and 12 males between the ages of 21 and 63. There were five Caucasian, 21 African American, and two Hispanic participants interviewed, with educations ranging from having no high school diploma or equivalent to several persons with college degrees. Some lived or were housed

by themselves, some with their children, and a few with a spouse. There were six veterans. Eight individuals were currently housed, while 20 considered themselves to be without a home. Of those who were currently housed, only two individuals reported any of their income going toward housing (both said 30 percent).

The majority of respondents reported being homeless only once in their lives (15), while a few (8) said two or three times, and even fewer (5) reported more than three times. When initially asked, some respondents actually reported never being homeless in their lives. When prompted to explain, they all said a variation of “I’ve always had somewhere to stay.”

However, by the definition of homelessness, as defined by the federal government, all of these individuals had in fact been or were still homeless. Taking the lack of knowledge of this definition among the respondents into account, there was likely to have been significant under-reporting of stints of homelessness.

Half of the sample cited job loss as either the primary reason or one of the primary reasons for their homelessness. Twenty-two percent mentioned alcohol and/or drug abuse, and 11 percent mentioned domestic violence. Nearly 40 percent of respondents named “other” reasons for their homelessness such as “paying for a divorce” and “lack of family support.” Also, while 71 percent reported some sort of medical condition, only one individual felt that his condition was among the reasons for his homelessness.

In the past five years, at least one third of respondents reported that they had fallen behind in rent or mortgage, had been evicted, had utilities shut off, or went without medications, medical care, dental care, food, or clothing when needed. Finally, the respondents reported staying in many and various locations within the past five years.

■ **Barriers to reducing homelessness.** Most interviewees spoke of barriers that related to employment, housing, access, and relevance of information and personal motivation issues.

- **Employment.** Interviewees commented that the job-training programs offered by many organizations are helpful and adequate in number. The resources for getting a job are out there; the problem is that the job market remains very competitive and jobs are very few and far between for those without a college

education. Some individuals suggested that businesses should come to homeless shelters to interview and hire workers.

- **Access and Relevance of Information.** Some individuals said that information they received from providers often was outdated. Others said providers would not always provide them with direct answers when it came to questions of employment and housing. A few said that the service providers' rules and regulations were barriers themselves and made it difficult to move forward.
- **Personal Motivation Issues.** Almost half of the individuals mentioned individuals' decision-making processes and lack of motivation to improve their situation. Many of the interviewees believed that there is adequate help available, but it comes down to whether or not the individual accepts that help.
- **Childcare.** Most of the respondents either had grown children or were not living with their children, but those who did have small children expressed that childcare is a serious issue. They said it was difficult to find providers who would take care of children after regular school hours, which would allow the individuals to maintain employment.
- **Transportation.** Interviewees expressed complaints about the bus system. The bus does not travel to enough places and to areas north, such as Carmel, where there may be employment opportunities, and the bus system was perceived as unreliable and lacking adequate buses. A bus pass is too expensive if you do not already have a job.
- **Supportive and Transitional Housing.** Over half the individuals mentioned that they had never been exposed to organizations that dealt with supportive housing. Most did not know what exactly supportive housing entailed. Those who had heard of it complained that there were long waiting lists and that a certain minimum income was required in order to obtain the housing.
- **Rental Subsidies.** Only two or three individuals had knowledge of a program that provided rental subsidies. Those who had knowledge of such a program specifically pointed out the Trustees Office as a place that offered rental subsidies. They felt that there were far too many rules and regulations in place to acquire such a subsidy.
- **Leaving Institutions.** Two individuals spoke highly of their experience with PACE OAR and Courtroom 12 and would highly recommend it to others. Other individuals were not as pleased with their experience and spoke about the lack of help and the many regulations associated with re-entering society after a felony.
- **Up-to-date, helpful information and referral services.** Feedback also was very positive regarding the system of referrals. Individuals commented that the informal homeless network was itself very strong as to where to go for certain things (e.g., clothing, food, shelter). A few mentioned the resource "booklet" that CHIP had put together and how beneficial that has been also. They mentioned that shelters were more than willing to refer them to places if a specific service or program could not be offered.
- **Temporary shelters or "engagement center."** Only four individuals spoke on this subject. Two individuals mentioned prison as being the only "engagement center" for those who are publicly intoxicated, and the other two said few places will take someone in when intoxicated and that this occurs only during the winter.
- **Employment.** Individuals listed many places where job training and assistance with finding employment was readily available. Popular responses included Horizon House, Goodwill, Work One, John Boner Center, Vocational Rehab, Holy Family, Wheeler, Training Inc., and Forest Manor. The general consensus among the interviewees is that these programs were plentiful and also extremely helpful. Not one interviewee was disappointed by the lack of services for finding employment.
- **Mental Illness and Chronic Addictions.** A majority of individuals had no thoughts on where to go for help if one had such conditions as these. A few individuals commented on the severity of drug addiction and mental illness, and they said these populations are hard to identify or help because they are either isolated or go unnoticed. They did feel as though these conditions are bigger issues than organizations make them out to be.
- **Homeless Shelters and Day Service Centers.** Day-spring, Holy Family, Horizon House, Salvation Army, and Wheeler were listed as the primary shelters and day service centers interviewees used. Individuals tended to answer with "good" or "fine" and nothing further. Only one or two individuals commented on things they would

like to see done differently. Generally speaking, though, the interviewees felt that the number of homeless day shelters is adequate.

- **Legal Services.** Almost every individual had heard of or had experience with legal services offered to the homeless. Most interviewees said that day shelters such as Horizon House or Wheeler would bring in a public defender for free legal aid once or twice a month. Individuals also said that Indy Connect was a great resource to talk to attorneys.
- **Support for Families.** Those persons who were living with children and/or a spouse said that there were a number of places that could assist families: Dayspring, Wheeler Mission, the Care Center for Women, Julian Center, Queen of Peace, and Horizon House. Individuals said these places were good referral networks for things such as how to acquire housing, childcare, and food and clothing. One individual commented on how she wished there were more wrap-around services once families had acquired housing.
- **Homeless Veterans.** The homeless veterans who were interviewed all listed the VA as being the primary source of help for services such as medications and housing. Everyone was very pleased with their experience at VA and suggested no changes to the way they operated.
- **Recommendations.**
  - As indicated, 50 percent of interviewees cite a recent job loss as their primary reason for becoming homeless. While the job training programs are adequate and plentiful in number, we suggest an increased focus on locating and acquiring more jobs for homeless individuals.
  - Regarding transportation, we suggest that CHIP become a stronger advocate for better public transit in the city of Indianapolis as well as attempt to locate funding to provide bus passes for those that cannot afford them.
  - We recommend an increase in services available to those who are mentally ill. Several interviewees mentioned that a screening process upon entry into a homeless shelter would be effective in determining those individuals that need extra assistance in overcoming their situation.

- To some extent this sample would seem to suggest some anecdotal basis for recognizing the new, changing “face of homelessness:” not merely more families but more educated persons with more stable housing and job experiences in their past.

## CENSUS ESTIMATES FOR AFFORDABLE HOUSING UNITS

The Blueprint set a 10-year goal for the creation of 12,500 units of affordable housing. Specifically, it called for “making 1,700 additional rental units affordable over the next five years to people with extremely low incomes” (p. 3). This section briefly considers how data from the U.S. Census might be used to supplement the data provided by the Community Progress Reports. We collected affordable housing data for a six-year period (2004–09) from the U.S. Census Bureau’s American Community Survey Data. Information was collected for Marion County in addition to the nation as a whole and four other nearby counties for comparison: Hamilton (Cincinnati), OH; Franklin (Columbus), OH; Cook (Chicago), IL; and Jefferson (Louisville), KY.

- According to the ACS data, Marion County has seen a slight drop in the raw number of affordable rental units between 2004 and 2009. In 2004, Marion County had 70,881 units with gross rent of less than 30 percent of household income. By 2008 the number had dropped to 64,668 affordable units, rising to 69,696 in 2009.
- Of interest is the steeper decline in the percentage of affordable rental units relative to the total number of units from 2004 to 2009. Though the raw number of affordable rental units rose from a dip of 64,668 in 2008 to 69,696 in 2009, the actual percentage of affordable rental units dropped slightly from 48 to 47 percent. This divergence is the result of a large rise in the number of occupied rental units from 135,680 in 2008 to 149,170 in 2009, including more expensive rentals, which is arguably good news for Marion County. The trends are consistent with the comparison counties, where all four saw a slight decrease in the percentage of affordable units from 2008 to 2009.
- As stated in CHIP’s 2011 Community Progress Report, Indianapolis has some distance to go before it will achieve the Blueprint’s stated goal of creating 12,500 units of affordable housing. In fact, the Census data suggest there might have been a slight drop in the number of affordable rental units since 2004. On the other hand, ACS numbers are simply estimates based

on relatively small samples. CHIP's sources, cited in the 2011 Community Progress Report do document the creation of new affordable housing units and, perhaps more importantly, several hundred new units of permanent supportive housing.

- Future Community Progress Reports might benefit from including both Census counts and locally produced counts for a potentially more balanced estimate of affordable housing availability. The census accounts for the loss of affordable housing units and provides a broad overview of housing market indicators; however, the numbers are estimates based on relatively small samples. Local sources of housing data provide excellent data on very recent housing types as well as accurate counts, and do not rely on estimates; however, they may lack the broader housing trends and measures of affordable housing that have gone "offline" and become unavailable.

## HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) DATA

Homeless Management Information Systems is an electronic data collection system that stores longitudinal personal-level information about persons who access the homeless services system in a Continuum of Care (CoC). CHIP administers the web-based data collection system on behalf of the Indianapolis Continuum of Care using the software Client-Track.net. The data collection process captures system-wide information about the characteristics and service needs of individuals experiencing homelessness.

We assessed the quality of the data, characteristics of the clientele recorded in HMIS, and the housing circumstances of those clients. The final HMIS data set with which we were provided contains a total of 48,407 cases, covering the entry dates from 2002 to 2010. There are a number of important caveats that must be kept in mind when reading the results. Importantly, these data do not represent the population of homeless or homeless programs/services in Indianapolis, nor are they a representative sample. Several factors preclude this.

Many programs do not provide information to CHIP for HMIS. The data we have represent only the clients of those organizations that contribute information to HMIS. The second and more important caveat involves changes in the types and number of participating service providers reporting data to HMIS coupled with changes in reporting guidelines and practices, which undermine the attempt to track real

trends among the homeless in Indianapolis. Any identified changes or trends reported here are subject to this lack of reliability and cannot be interpreted as anything more than a suggestion for future research when the reliability issues are resolved.

- **Data Problems.** Problems with the data, such as missing or incorrectly entered data, were identified. Some of the originally anticipated analyses could not be conducted as a result of these problems. Data collection has improved markedly since the database's inception in 2002. Later dates have fewer missing cases and fewer obvious errors. In recent years, CHIP has initiated a number of quality-improvement initiatives that have improved reporting practices and data validity.
- **Client Demographics.** Overall, 57 percent of the HMIS clients were male, though by 2010 they comprised only 52 percent of the HMIS clients. Fifty-nine percent of the clients were African American, and 37 percent White. The mean age in 2010 was 30 years.
- **Client Barriers.** Eighty-two percent of the clients presented at least one of the eight "Barriers" recorded in the HMIS. Thirty-nine percent had two or more barriers. The most common were mental health and alcohol and drug abuse. Twenty-five percent of women reported domestic violence. There seems to have been a recent increase in clients presenting mental health and chronic health barriers, but it is not clear if any of the changes identified reflect real changes in clients or in reporting practices.
- **Housing Circumstances.** Analysis of recent clients' changes in residential circumstances held some promising findings. In 2009–10, for example, 16 percent of clients coming from emergency shelters and 12 percent of clients coming from places not suitable for habitation moved on to unsubsidized rentals. Other positive changes were identified, but all the positive findings are moderated by the high rates of unknown exit destinations recorded in the database and questions regarding the dataset's reliability.
- **Recommendations.**
  - Though the data have had some reliability problems, particularly in the earlier years, the recent improvements in data quality and increases in program participation raise our hopes for future possibilities for

the HMIS database. There is great potential for the HMIS to be “used to inform community planning, improve coordination of services, support advocacy efforts, and enhance funding requests,” but at this time that potential has not been achieved. It is hoped this analysis can provide a possible model for future research to follow, which could allow for more effective tracking of changes in clients and their outcomes and eventually of policy effectiveness.

- Increased incentives to support and encourage service providers to help maintain the HMIS data base might be helpful. CHIP currently provides comprehensive training, which seems very useful and is no doubt responsible for the improved reliability and validity in recent years. The service providers are the ones who ultimately make or break the data system, and perhaps measures could be taken to encourage them to feel more invested in it.
- Continued regular auditing of the data, income data in particular, can continue to improve the data. Random sampling of cases for review could be an efficient means of auditing validity.

## BLUEPRINT OUTCOME INDICATORS AND DATA SOURCES

The Blueprint lists many goals throughout the text. Of interest here is the Blueprint’s Table 4 on page 38, which explicitly prioritizes three overarching goals, nine indicators of progress toward those goals, and 15 possible data sources for measuring progress. This section is concerned with whether and how the data listed in the Blueprint’s Table 4 have been collected, and, if not, then how can they be feasibly collected in the future.

- **Reduce the number of people homeless on any given day.** Data on this outcome have been collected with some regularity. The Indiana University Public Policy Institute (PPI) works with CHIP, service providers, and IMPD to conduct annual one-night point-in-time counts of the homeless in Marion County. The 2011 count counted the highest number of homeless people in three years.
- **Reduce the number of people entering shelters who report recent release from prison.** These data are collected though ClientTrack (HMIS), but concerns with the reliability of the data discussed in the HMIS section preclude any conclusions on whether there has been an

increase or decrease in this count. The annual point in time counts did provide a count of “homeless persons recently released from prison or other institution” (143 from prison in 2009), but the 2011 report does not provide a count on that subpopulation. Instead it provides a count for persons with a felony conviction.

- **Reduce the number of families turned away from shelter.** These data are not currently collected and face a couple methodological obstacles. ClientTrack could possibly be used to collect this information in the future.
- **Reduce the number of teens leaving foster care who become homeless.** ClientTrack could be used to collect this information in the future.
- **Assess the number of people served.** For this indicator, the Blueprint lists the Out of Reach Report as the data source. CHIP does not, however, use this report to conduct assessments of the number of individuals served.
- **Assess the number of units made affordable.** CHIP and the City of Indianapolis have collected these data and prepared annual reports, which include the Unmet Needs/Gaps Reports since the inception of the Blueprint. From 2002 to 2004 the “Gaps Analysis inventory” also was referred to in reporting as “unmet needs” inventory.

The 2011 Community Progress Report cites data from the City of Indianapolis Department of Metropolitan Development to report “that 1,479 new units of affordable housing were created.” Our analysis of census estimates suggests loss of affordable rental units in Indianapolis between 2004 and 2009, though the analysis does not include data for 2010 or 2011.

It is recommended that CHIP consider integrating census data with data from the City of Indianapolis Department of Metropolitan Development when assessing the number of affordable units in the city.

- **Increase the number of TANF recipients linked to housing assistance.** For measuring progress on this indicator, the Blueprint lists reports from the Family and Social Services Administration. To date, CHIP has not utilized such reports for the purposes of assessing the number of Temporary Assistance for Needy Families (TANF) recipients to housing assistance. HMIS does record some data on clients receiving TANF, which could be used to measure this outcome.

- **Reduce the number of arrests of chronically homeless individuals for vagrancy or public intoxication.** The Blueprint lists three data sources for this outcome measure. The first, prison rosters, is unhelpful, since people do not go to prison for vagrancy or public intoxication. Likely, the Task Force meant admittance to Marion County Jail. Regardless, the data never have been collected for purposes of assessing progress on the Blueprint. The jail does record information on self-reported homelessness among arrestees in the Jail Management System (JMS), but staff are not confident in the validity of the information, since it is based on what a suspect tells the arresting officer when asked about his or her residence.

Currently, IMPD does not collect information on public intoxication for homeless people separately. One suggestion for the future could be to add a “homeless” checkbox to arrest reports for police to check if the arrestee is homeless, but this record would suffer from the same validity concerns raised by that of the jail. The Arrestee Processing Center also is looking into the feasibility of collecting data for homeless arrestees.

The third outcome measure listed, utilization of a sober-up station, is not yet applicable, since there is no such station. CHIP is working with the Health

and Hospital Corporation and Midtown Mental Health Center to establish an “Engagement Center” on property immediately adjacent to Horizon House.

- **Reduce the number of hospitalizations of chronically homeless persons.** To date, there has not been tracking of homeless patients admitted into emergency rooms. The staff at Wishard has tried some approaches and report progress on the task, but at this time there are no hard, clean data on how many homeless patients have been seen at Wishard—either in emergency or admitted to an inpatient service.
- **Recommendation.** Importantly, the goals and indicators listed in the Blueprint’s Table 4 represent only some of the many goals proposed in the document. CHIP’s Community Progress Reports focus on other goals and indicators. As the next strategic plan is developed, stakeholders should produce a clear list of goals, indicators, and data sources that 1) represent the new plan’s priorities, 2) can in fact be feasibly measured at regular intervals, and 3) will be integrated into the annual Community progress Reports. This should include a clear articulation of the measurement and data gathering practices. It should also include short- and long-term benchmarks for accountability.

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The Community Research Center at the University of Indianapolis serves as an educational facility in research and evaluation design for university students; supports the need of community-based organizations for well-designed data collection, storage, analysis, and interpretation; and provides a setting and organizational structure to support and coordinate university faculty and student research.