

**Assessing Community Progress on the
*Blueprint to End Homelessness***

Submitted to:

Coalition for Homelessness Intervention and Prevention (CHIP)

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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: SUMMARY OF FINDINGS

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, community centers, funders, and housing specialists. The interviews were audio recorded and lasted an average of 75-90 minutes with a range of about 50 minutes to over two hours in some cases. The interviews focused on the community's progress toward fulfilling the six major goals identified in the Blueprint, and respondents were encouraged to fully and candidly share their views and experience relating to their efforts in reducing homelessness in Indianapolis over the past decade.

To ensure a wide and representative sample of stakeholders would be interviewed, the selection of specific organizational respondents for interviews was determined through a sampling procedure based on approximately 18 sub-categories of types of stakeholder groups with about 50 total stakeholder organizations identified. A sampling frame based on both factors was utilized to determine the number of interviews (22) and the specific organizations to contact for interviews. To assure this target number would be reached, it was decided to aim for 24 interviews. Initial contact was made via both a telephone call and an email that shared information about the nature of the study and some parameters for the interviews. If needed, a second or third phone call was made to set up a date and time for the interviews; all but one were conducted in the offices of the organization. Only one organization specifically declined to participate in this study; two other organizations either could not be reached (phone calls were made and voice mails left but with no response) or interviews could not be arranged due to respondents' travel or other responsibilities. Three additional substitutes next on the list within the same or closest stakeholder category were eventually included and then contacted for interviews.

This part of the report summarizes the viewpoints and assessments of twenty-three 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 specialists¹. By and large, 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, indeed, in many cases throughout their entire careers prior to the existence of CHIP. 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.

I. Findings: Responses to Interview Questions

(1) Do you or your organization have any history with the Blueprint, for example, were you involved in any way in the planning process for the Blueprint?

- The majority although not all stakeholders and/or organizations interviewed had been involved in the planning process. One or two organizations appear not to have been

¹ More detailed responses are provided in Appendix B below.

invited to participate in the planning process, but this appears to be an exception to the general rule of inclusion of most stakeholders and providers at all levels (funders, government, emergency shelters, community centers, housing developers).

- Views and impressions of those who participated in the planning process are generally favorable and very positive in many cases. Stakeholders and providers who participated in the Blueprint planning process express overall high satisfaction with what they perceive was a good, open planning process rooted in the inclusion of multiple organizations and a slow, deliberative process involving many meetings and opportunities for stakeholder input.
 - A small number of respondents expressed some concerns about the planning process but there was no single reason cited for their dissatisfaction.
 - A few persons saw the lengthy planning process and the large number of meetings as a burden, and one or two remarked that the process became bogged down in too many issues, meetings, and participants:
 - Even this potential criticism of the planning process, however, was counterbalanced by one or two others who, acknowledging the many sessions and long process, thought this to be a virtue.
 - Another concern expressed by a few organizations had to do with an overreliance on external, national experts who they saw as having too much influence in the substance and direction of the planning and the focus.
 - And a few organizations, while acknowledging some positive aspects of the planning process, appear to have had their overall enthusiasm about it diminished by what they regarded at the time as a neglect of their expertise and experience in the planning process.

(2) How familiar are you with the Blueprint and its goals or initiatives? Describe/Explain.

- Although most of the stakeholders interviewed had participated in the Blueprint planning process, responses to the question of a knowledge of its goals were mixed.
 - Many persons were familiar with the Blueprint and also had a working, detailed knowledge of the plan. At the other end of the spectrum, although an overall minority, several (about 1/6) possess little or no knowledge of the Blueprint.
 - Among those who do have knowledge of the Blueprint, about 4 in 10 have become less attentive to it in recent years. Thus, while at the time of the Blueprint's release in the early part of the decade, many stakeholders state they were very knowledgeable about its contents, this appears to have become less the case in recent years.

- A few organizations state that CHIP has done a very good job of keeping everyone informed and up to date on Blueprint progress.
- Several organizations in their responses to this or the first question or both, expressed a concern about the Blueprint's reliance upon the Housing First model and its lack of adequate emphasis upon support services.

(3) To what extent have you or your organization used or integrated or been involved with the implementation of any part of the Blueprint in your organization? Describe/Explain.

- 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:

(4) In your estimation, how effective have Blueprint strategies been in reducing the number of homeless persons on any given day? Explain and be specific.

- Few if any stakeholders believe Indianapolis over the past decade has been able to substantially reduce, let alone eliminate, homelessness.
 - All respondents report more clients and issues in recent years that indicate homelessness has been going up substantially.
 - A widespread skepticism exists among stakeholders about the validity of recent street counts and reports over the years that may have suggested homelessness is down.
- While there is fundamental agreement among stakeholders that homeless numbers are up and not down, very few stakeholders hold the Blueprint responsible for this upturn in homelessness.
 - The majority of those interviewed cite several external factors beyond community control including especially the recent downturn in the economy as the major factor for continued homelessness.

(5) In your estimation, what barriers remain to reducing homelessness in Indianapolis? Explain and be specific.

- The most cited barrier to reducing homelessness among stakeholders is the lack of funding for supportive services to keep people housed.
 - This theme is clearly evident among a wide range of respondents from across all types of organizations, not just service providers.
 - A few providers linked the lack of funding for supportive services with a lack of affordable housing.
- 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.
 - Yet, no one interviewed believe that the creation of more affordable housing requires new construction; on the contrary, stakeholders strongly believe that unlike other cities, like Chicago or New York, there are already plenty of existing physical structures in Indianapolis that could be rehabilitated and converted to affordable housing.
 - However, funding as well as the number of organizations focused on such a task is seen as inadequate.
- A few stakeholders cite the Blueprint and current planning process itself as a barrier, either because of its almost exclusive focus on the Housing First approach—a one size fits all approach—or due to its lack of an adequate provision of resources and funding.
- Finally, a few stakeholders express concerns about changing bureaucratic requirements for qualifying homeless persons and families and uncertainty about the impact of the HEARTH ACT, including new definitions of homelessness, a change in funding formulas and new bureaucracy.

(6) A total of six goals and/or strategies were identified in the Blueprint. Which of the following are you most familiar with?

- **Addition of new affordable and supportive housing in our community**
 - **Strengthening efforts to preventing people from becoming homeless**
 - **Improving access to and coordination of housing and services**
 - **Enhancing services in specific areas of need**
 - **Coordinating services for special populations**
 - **Implementation and monitoring of the Blueprint**
- A majority of stakeholders were familiar with at least one of the goals, and one or two with all of them, but a significant minority of respondents was not familiar with any of the goals until these were provided in the form of a list that was shared with them.

- “Affordable and supportive housing” was the single most cited goal, followed by “prevention efforts.” A few persons mentioned “coordination and access to services;” and about the same number cited “enhancing services in specific areas of need and for special populations.”

(7) Overall and in general, how effective do you believe Blueprint strategies have been in adding new units of affordable and supportive housing in our community? Please comment on any of the following specific areas that may apply: Affordable housing? Supportive housing? Please provide specific examples and overall assessment. To what extent if any has your agency been involved with this area of the Blueprint?

- Nearly all stakeholders responded with careful and detailed responses to this question, reflecting a keen knowledge of and experience with this issue. The clear and incontrovertible point made by the overwhelming number of stakeholders interviewed here, as previously, is that affordable housing must be linked with supportive services and that both of these—especially supportive services—remains an elusive goal.
 - Opinions are mixed, however, on the reasons for this state of affairs. Some fault the Blueprint for a lack of emphasis on this connection and a lack of funding prioritized on supportive services; others believe HUD’s changing funding formula is to blame; one or two think the city, community or Continuum of Care planning process is at fault.
- The large majority of those interviewed expressed the view that there is plenty of physical housing available in Indianapolis but that funds and, perhaps, developers are lacking to rehabilitate such units into affordable housing.
 - Even so, the consensus is that the key to additional affordable housing is the inclusion of supportive services to ensure individuals can maintain the activity necessary to remain housed.

(8) Overall and in general, how effective do you believe Blueprint strategies have been in preventing people from becoming homeless in our community? Please be specific.

- The consensus among those interviewed is that prevention was not a major emphasis of the Blueprint and although there has been a recent focus on this with funding through the federal stimulus Homeless Prevention and Rapid Rehousing Program (HPRP) due to the economic downturn, the community overall has not dealt effectively—as it should—with this issue.

(9) Overall and in general, how effective do you think Blueprint strategies have been in improving both access to and the coordination of housing and services?

- Stakeholders’ responses to this question are organized around several topics: care management and coordination; referral services; outreach and street outreach;

transportation and childcare; and the non-English speaking population. Overall community leaders and providers shared careful views and detailed comments on each of the topics, especially the topic of case management.

- The consensus appears to be that case management and coordination, while far from perfect today and certainly not a standardized or centralized “system,” has improved significantly over the past decade especially due to the closer working relationship most agencies have fostered with another.
 - More than a few respondents credit the Blueprint and CHIP for helping foster this new, positive working relationship many agencies feel with and toward each other; some stakeholders do not believe the Blueprint was responsible for this.
 - Agencies often stressed the critical lack of resources for clients, however, and the fact case management can only have limited success without adequate levels of funding.
- 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.
 - Many agencies feel that Homeless Initiative Program (HIP) and to a lesser extent other agencies such as Horizon House have adequately responded to this need and that HIP especially has been under-recognized and/or under-resourced for meeting this need.
 - 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. A few believe that a system of coordination between the Marion County Courts, IMPD, and providers has adequately dealt with this issue.
- The universally expressed view among providers and community leaders is that both transportation and childcare remains a critical but seriously unmet need 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 like 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.

(10) Overall and in general, how effective do you believe Blueprint strategies have been in enhancing services in specific areas of need?

- Mental Health and Addiction: The primary concerns voiced about meeting the needs of the homeless who suffer mental illness and addiction is the lack of funding overall, especially the lack of funding and treatment centers for addiction.
 - While meeting mental health needs seems a little better, some still believe that more funding and providers are needed to reduce long waiting periods and an over-reliance on less expensive treatment with medication as opposed to counseling services.
 - Few if any providers would credit the Blueprint with any of the progress in meeting this goal.
- Employment: Nearly everyone who touched on this topic indicated that this is one of the most difficult challenges facing their work with the homeless due to the large investment of resources necessary for success. Several interviewees also pointed to external factors beyond their control such as the recent downturn in the economy.
- Emergency Shelters: The near unanimous consensus among stakeholders is that Indianapolis overall enjoys a strong emergency shelter network that does a very good job of providing for emergency needs in this area.
 - There are some ways in which this network could be improved, however. Concerns were expressed about whether the needs of special populations are met; for example, more resources for follow-up services after emergency shelter, families, youth and children, immigrants, and gay/lesbian/transgender persons.

(11) Overall and in general, how effective do you believe Blueprint strategies have been in coordinating services for special populations?

- Family Stability, Children and Youth: Several themes emerge from stakeholders' comments.
 - The focus on and support for homeless families is relatively recent and represents a critical but under-served population; the problem has been exacerbated, certainly by the recent economic recession.
 - Youth aged 16-22 is another critical and unmet need in terms of housing and employment.
 - Many of the needs of homeless mothers and children from housing, food and education are unmet. Our inability to adequately recognize, assess and respond to their needs is shameful.

- Many Hispanic families remain under the community radar screen, and while their numbers have grown tremendously over recent years, the community has barely recognized let alone begun to 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 (given the large numbers of military persons and families), the provider community for veterans has been fairly substantial and effective in the city.

(12) As you know, CHIP was designated as the lead entity for this project. Overall and in general, how effective do you believe CHIP has been in implementing and monitoring these Blueprint goals, strategies and initiatives? Please explain fully.

- 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 existence of and role CHIP has played over the past decade than it would have been otherwise.
 - Specific areas of strength mentioned include CHIP's role in bringing together the different stakeholders and facilitating communication through meetings and information provided to service providers and the community.
 - As one stakeholder mentions below, CHIP "represents the collective face of homelessness." Indy Homeless Connect is mentioned by many stakeholders as a very successful and significant achievement by 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 acknowledgement among stakeholders, for example, about the difficulty presented by several internal leadership changes CHIP experienced over the past decade, and many cite 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. Interviewees also recognize and cite the economic downturn over the past few years as a major complication beyond the ability of the Blueprint, CHIP or indeed the local community to control and be able to plan and respond to adequately. 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, were simply not attainable without massive funding and private/public support. In that sense, many believe the Blueprint was subject to failure at the outset.

- Stakeholders recognize that CHIP also has its challenges, and they offer several suggestions for improvement.
 - There is widespread acknowledgement of the difficulty presented by several internal leadership changes over the past decade and many cite a positive note regarding the current staff and leaders.
 - Many express the view that CHIP should expand and enhance its role as a facilitator and coordinator for providers, funders and city leaders. Many stakeholders 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 this role.
 - Instead of seeking or competing for funding for itself, stakeholders would like to see CHIP actively pursue funding for the entire homeless provider community.
 - Several respondents express concerns about the need for more basic research and more sharing of assessment results and research information with the community in meetings and on the website.
 - Many cite a lack of clear focus on Blueprint goals over recent years. A common theme is that CHIP staff lacks firsthand experience common to many providers yet acts as though it knows better (it devalues or does not appreciate the practical experience possessed by many practitioners.)
 - Finally, many providers are unclear about CHIP’s role, mission and its goals. Related to this is view that CHIP should become more collaborative and less directive in its relations with the stakeholder community.

(16; 13-15 skipped due to lack of responses) What recommendations would you make for setting goals and priorities for completing and/or maintaining the goals of the Blueprint after the end of the Blueprint period (January 2013 and forward)?

- By and large stakeholders expressed unanimous and continued support for and retention of all six current Blueprint goals. But stakeholders want to see a stronger collaborative process for assessing and developing new, fresh strategies for the next community plan as well as a greater coordination and involvement of all players in this process of refining strategies and goals.

- A shorter time frame was mentioned for development of the next community plan as well as for more specific and identifiable targets to be achieved.
- Many stakeholders here as elsewhere in their interviews expressed concern about the on-going serious need for more funding for supportive services as something that should be included in this context.

II. Recommendations

1. 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.

2. 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. This suggests the need for developing a series of regular, community-wide forums for stakeholders and the public that refreshes everyone's knowledge of the goals and reports on the community's progress for any new plan that is designed. An annual forum could also become a basis for showcasing specific organizational efforts and successes and strengthen connections and collaboration within the network.

3. 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 drastically and poses a serious threat to the community's ability to counter homelessness.

4. 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. Unlike other cities such as Chicago or New York, buildings already exist that could be converted but the funding and perhaps adequate developers do not exist.

5. 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.

6. 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.

7. Special populations, especially families, homeless youth and others must be given greater emphasis and recognition in any new plan.

8. 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.

9. 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:

(1) Develop a strategic organizational plan for itself with a mission and goals apart from the Blueprint or whatever plan will replace it.

(2) Enhance and strengthen its research and assessment role and support for and communication about research on homeless issues in Indianapolis.

(3) 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 CLIENTS' VIEWS: A SUMMARY OVERVIEW

In this portion of the study, homeless and formerly homeless clients from the Indianapolis area were interviewed for their experience with homelessness and their perceptions of homeless support services in the city². This qualitative data was obtained from structured interviews with 28 homeless clients. These individuals were interviewed in four locations (Wheeler Mission, Horizon House, Dayspring Center, and Homeless Initiative Program) on four separate occasions by two research assistants. The interviewees at Wheeler Mission and HIP were chosen by the providers and were interviewed by appointment, whereas the interviewees at Horizon House and Dayspring were interviewed on a first come first serve basis. The interviews were conducted in private settings including 3 conference rooms and a cafeteria. All interviews were digitally recorded and lasted anywhere from 10 minutes to 45 minutes. Participants were asked a series of closed and open ended questions that focused on their homeless experiences in Indianapolis. All interviewees were offered a bus pass or food certificate as compensation for their time.

I. Homeless Client Demographics

With 16 females and 12 males interviewed between the ages of 21 and 63, the sample seemed to relatively split. There were five Caucasian, 21 African American, and two Hispanic participants interviewed with educations ranging from having no high school diploma or equivalent to having finished college. Many of the individuals interviewed lived or were housed by themselves (57 percent), while 9 individuals lived with their children, one lived with their spouse, and two lived with their spouse and children. Additionally, there were the six veterans included in the sample (five honorably discharged).

Among the sample, eight individuals had a current residence, while 20 considered themselves to be without a home. However, six of those who considered themselves to have home were interviewed at HIP, an organization known for its housing placement. Of those who were currently housed, only two individuals reported any of their income going towards housing (both said 30 percent). Even taking this into consideration, two individuals were “not at all” concerned that they might someday be without a home. Furthermore, only one person out of the eight housed individuals reported being recently in danger of losing their home (due to personal and medical problems) even considering that six of these individuals have no income.

The majority of respondents reported being homeless only once in their lives (54 percent) while a few said two to three times (29 percent), and even fewer reported more than three times (five individuals). Something worth noting is that, 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.

² More detailed responses are provided in Appendix C below.

Exactly half of the sample cited job loss as either the primary reason or one of the primary reasons for their homelessness. Additionally 22 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 most people (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, 32-57 percent 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. The most common occurrence reported was being unable to purchase needed food at 57 percent of respondents. The least common occurrence at 32 percent was going without needed clothing.

Finally, the respondents reported staying in many various locations within the past five years. The most common, however, was a personal rented apartment at 50 percent and emergency shelters at 71 percent.

Table 1: Homeless Participant Demographics

Gender		Times of being homeless	
Male	57%	Once	54%
Female	43%	2-3 times	29%
		4-5 times	4%
Race/Ethnicity		6-8 times	11%
White	18%	Too many to count	4%
Hispanic	7%		
Black	75%	Monthly income	
		No income	61%
Age		\$1-150	0%
21-30	7%	\$151-300	7%
31-40	25%	\$301-500	0%
41-50	36%	\$501-750	4%
51-60	25%	\$751-1050	11%
61-70	7%	\$1051-1250	11%
		\$1251-1500	4%
		\$1501-1750	4%
Education			
Did not graduate from high school	14%		
High School graduate or equivalent	47%		
Some college or post high school	25%		
College graduate	14%		

II. Homeless Responses to Interview Questions

(1) Is childcare now a serious issue for you and your family?

For a majority of interviewees, who did not have responsibility for young children, childcare was not an issue. Most of the population we spoke with either had grown children or were not living with their children.

For those who did have small children (under the age of 10), they 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.

(2) Is transportation now a serious problem for you and your family?

For most, transportation remains a serious issue. Interviewees expressed two specific problems with regards to the bus system. One is its inadequacy and unreliability and second is the difficult process in obtaining bus passes if one can't afford them.

Inadequacy and Unreliability

With regards to the first issue, individuals felt that the bus didn't travel to enough places, specifically those areas up north like Carmel, where there may be employment opportunities. They also mentioned that bus system doesn't run as frequently as it should and it is very unreliable when it comes to following the bus schedule. The implication of this is that it makes it difficult to use when trying to go to a job interview for example.

Bus Passes

Interviewees mentioned that the easiest way to obtain bus passes is if you have already secured employment or if one needs to go to a doctor's appointment. If you don't fall under one of these two areas, it remains very difficult for the homeless to obtain bus passes from service providers. This, as many mentioned, makes it difficult to get to job interviews if one can't afford the bus.

(3) What do you see as the major barriers to overcoming homelessness in Indianapolis? How could homelessness be reduced?

This question received a wide array of responses. That said, most interviewees spoke of barriers that related to employment, housing, access and relevance of information and personal motivation issues.

Employment

Those who believe employment is an issue spoke in very specific terms as to what that means. Interviewees commented that the job training programs offered by many organizations are helpful and adequate in number. The resources to 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.

Housing

Those that spoke of employment being an issue also commented on the barriers associated with housing. They pointed out that it is difficult to acquire housing without being gainfully employed. While it was not a common response, two individuals noted that it was easier to acquire housing if you were either a veteran or had a previous mental health illness or chronic addiction, implying that it is very difficult for the general population of homeless to acquire housing.

Access and Relevance of Information

Lack of access and relevance of information was also a popular response among interviewees as being a barrier. Some individuals said that information they received from providers was often outdated. Also, some individuals felt providers would not provide them with straight answers when it came to questions of employment and housing. Three or four individuals mentioned that the rules and regulations were barriers themselves and that this made the process of climbing out of homelessness all the more difficult.

Personal Motivation Issues

A final issue, that almost half of the individuals mentioned, centered on the individual's decision making process and lack of motivation to improve his or her 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. One individual suggested that an increase in outreach may be beneficial in targeting this population but many believe that it comes down to a certain level of individual comfort. Some also suggested that these "lazy" individuals get in the way and heavily contribute to the negative stereotype of the homeless population.

(4) Thinking of your own case of being homeless or at high risk of becoming homeless, what services or programs may have or did help you overcome that situation?

Answers to this question tended to focus on the shelter in which the individual was currently being interviewed or staying at, but responses to this question mentioned an entire array of programs and services that are described in more detail throughout the remainder of the interview. Very few individuals elaborated on the nature of the programs or services they used but simply mentioned the different places or programs. Feedback from interviewees showed that there are an adequate number of services and programs in the city of Indianapolis.

(5) Have you had any need for, experience with or received information about supportive or assisted-living housing in our community?

HIP was the only organization that was mentioned in regard to acquiring supportive housing. Over half the individuals mentioned that they had never been exposed to organizations that dealt with supportive housing. Most didn't even know what exactly supportive housing entailed.

Those that had heard of it mentioned that there were long waiting lists attached and a certain minimum income was required in order to obtain the housing.

(6) Have you ever had a need for or any experience with or received information about affordable housing in our community?

All but four individuals said that they had a need for or experience with affordable housing. As was mentioned earlier, many individuals felt that there were many barriers to acquiring housing. Almost everyone said that employment was required to be considered and many felt discouraged because of this.

(7) Have you ever had a need for or any experience with or received information about a neighborhood based homeless prevention program that provided rental subsidies and other services to people especially vulnerable to becoming homeless?

Only two or three individuals had knowledge of a program that provided rental subsidies. None had direct involvement but a few mentioned the rules and regulations associated with acquiring such a subsidy. Those that had knowledge of such a program specifically pointed out the Trustees Office as a place that offered rental subsidies. They also cautioned that there were far too many rules and regulations in place to acquire such a subsidy.

(8) Have you had a need for, experience with or received information about programs or agencies giving support for people at risk of homelessness leaving the criminal justice system, treatment institutions and the foster care system?

Most responses from this question dealt specifically with the population of people leaving the criminal justice system. No individuals were able to speak about support for those leaving the foster care system. Specifically, 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 with regards to the lack of help they received as well as the many regulations associated with reentering society after a felony.

(9) Have you ever had a need for, experience with or received information about the following?

Care Management

Feedback from interviewees was very positive regarding the current state of care management. Many individuals alluded to the fact that there are more than enough resources out there, but it comes down to an individual's initiative in helping themselves. A few mentioned the resource "booklet" that CHIP had put together and how beneficial that has also been. Individuals also spoke of the benefit of being placed with a case manager right away at an organization like Horizon House.

Up-to-date, Helpful Information and Referral Services

Feedback was also very positive regarding the system of referrals. Individuals commented that the network between the homeless was very strong as to where to go for certain things (e.g. clothing, food, shelter). They also mentioned that shelters were more than willing to refer you to places if they could not offer a specific service or program. Responses to this question very fairly general and individuals tended more to comment on the different places they had been referred to rather than the actual quality of the referral system as a whole.

Homeless Outreach

Very few individuals commented on homeless outreach in the area. Those that did have knowledge of homeless outreach spoke about the Winter Contingency Program, where providers collaborate to create extra bed space on extreme winter nights, and thought that had been very successful in the past. Once again it was difficult to get individuals to elaborate past such responses as "I've heard good things," or "homeless outreach is good." No individual that was interviewed had direct involvement with the winter contingency; they only heard of it through word of mouth.

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 you in when intoxicated and this only occurs during the winter.

Subsidized Childcare and/or Transportation

Very few individuals spoke about subsidized childcare or transportation. Those who spoke about subsidized transportation mentioned various agencies (Boner Center, HIP, Horizon House, Wheeler, and Salvation Army) as places they could go to get bus passes for doctor's appointments, job interviews, etc. Only two women at Dayspring mentioned anything about subsidized childcare and both of them spoke of the inconvenient process of acquiring such childcare.

Information and Access to Services for Non-English Speakers

Not one individual had experience with or knowledge about services for those who do not speak English.

(10) Have you ever had a need for, experience with or received information about any of the following services?

Employment

Individuals listed many places where job training and help finding employment was readily available. Popular responses included Horizon House, Goodwill, WorkOne, 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.

Classes and services they mentioned ranged from, setting up voicemail, creating a résumé, leadership training, GED programs, acquiring business attire, job hunting, computer classes, etc.

Individuals also mentioned that even though these organizations provided adequate training, going out and getting a job is the responsibility of the individual.

Mental Illness and Chronic Addictions

Responses were mixed when it came to asking about available services for mental health and chronic addiction patients. A majority of individuals had no thoughts on where to go for help if one had a condition such 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.

On the other end of the spectrum several individuals commented on the success and worthwhile nature of the Hebron Program at Wheeler Mission. Each individual that was aware of it made a note that it was the most comprehensive program in the area.

Homeless Shelters and Day Service Centers

Dayspring, Holy Family, Horizon House, Salvation Army, and Wheeler were listed as the primary shelter and day service centers interviewees used. Responses from this question regarding the quality of service were generally indifferent. 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.

One particular interviewee understands that you can't stay forever but suggests that 60-90 days is a more reasonable time for a person to get themselves together. Generally speaking though, the interviewees felt that the number of homeless day shelters is adequate.

Educational Services to Help Homeless Children and Youths

Few individuals spoke about this service. Those that did implied that there should be more after school programs for youth available. The only organization that was referenced in response to this question was Schools on Wheels. Those who spoke about School on Wheels felt as though it was a worthwhile and helpful program.

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 the Indy Connect was a great resource to talk to attorneys.

(11) Have you ever had a need for, experience with or received information about programs or agencies that provide services for special populations of homeless?

Support for Families

Only half of the individuals spoke about available services for families because they were either single or no longer living with their children. Those that were living with children and/or a spouse said that there were a number of places that could assist families. Popular responses included Dayspring, Wheeler Mission, Wheeler Center for Women and Children, Julian Center, and Queen of Peace. Individuals said that these places acted as good referral networks for things such as how to acquire housing, childcare, and food and clothing. One individual also commented on how she wished there were more wrap around services once families acquired housing.

Homeless Veterans

Out of the few homeless veterans that were interviewed, all of them listed 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. Even non-veterans commented on the accessibility of services available to veterans, particularly the ease at which they can acquire housing.

Survivors of Domestic Violence

Very few individuals had direct involvement with organizations that offer services for survivors of domestic violence. Of those that did, Julian Center and Salvation Army were spoken very highly of. Even those with no direct involvement had knowledge of these two organizations as being lead entities in helping survivors of domestic violence.

Special Needs of Young People Living on Their Own

No comments were made about places that individuals could visit if they were living on their own. A few individuals alluded to the possibility that churches may help out in this area but no specific organizations were mentioned and no elaborations were made.

III. Recommendations

We offer the following recommendations:

1. 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 job placement and job developers to support individuals in locating and acquiring jobs.
2. 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.
3. 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.
4. 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.
5. These findings provide evidence suggesting that more extensive and systematic research with a larger and more representative sample of the homeless population could be worthwhile. Such further research could provide more information about the homeless population’s housing history including the experience of doubling up; learn more about the educational background (many persons in this group had some college), job training and job experience; and assess the needs of different special populations of the homeless. Such information could enable CHIP to assess where services and organizations are working well and where there are gaps in the Continuum of Care and the community’s ability to address homeless persons and families’ needs.

**STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS
(SWOT) ANALYSIS
OF
CHIP's 2009-2011 COMMUNITY PROGRESS REPORTS**

As discussed in the introduction, CHIP's recent annual *Community Progress Reports* already serve as very good updates on progress toward achievement of the Blueprint goals. The aim of current study has not been to replicate or audit these reports but rather to identify and analyze new sources of data to supplement existing research and reports on the Blueprint. This brief section does, however, review the *Community Progress Reports* through a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis, a strategic planning tool, which can be useful for effective planning and decision-making at multiple levels within an institution, organization, or business.

The objective of this SWOT analysis is to identify some of the important internal Strengths and Weaknesses, and external Opportunities and Threats for CHIP as it relates to the community progress reports and their service as the lead entity designated by the Indianapolis Housing Task Force, for the *Blueprint to End Homelessness*. This SWOT analysis as a small part of the complete research report can hopefully help CHIP and other stakeholders review challenges, priorities, and initiatives in order to make important decisions for the new strategic plan.

SWOT Analysis

SWOT analysis identifies the strengths and weaknesses of the internal environment of the organization, and also opportunities and threats in the external environment of the organization. This tool is helpful in detailing important information in order to make decisions on the allocation of resourcesⁱ.

In the 1960s, at the Stanford Research Institute, research conducted primarily by Robert Stewart and Albert Humphrey, led to the creation and eventual development of the SWOT analysis tool. The research was funded by many Fortune 500 companies to address the issue of wasteful, expensive strategic planning and to identify a better method.

As a planning tool, the SWOT analysis now includes widespread application as the first step in a planning process not only for businesses, but also social agencies and universities among other organizations. The SWOT Analysis may be of use in the promotion of new services or programs, analyzing the utility of new plans, or other cases that require a decisionⁱⁱ.

SWOT Analysis of CHIP's 2009-2011 Community Progress Reports

Strengths: Attributes of the CHIP *Community Progress Reports* that will likely have a positive effect on the achievement of the *Blueprint to End Homelessness*.

- Consistent annual report format from 2009-2011 allows for quick review and referencing of specific information for comparison and analysis by the general public, but also for stakeholders now and in the future.
- Continual updates on previously reported goals provide a consistent measure of progress and a basic framework of conditions, accomplishments, and information for future reference.
- Specific point-in-time count data on individuals experiencing homelessness gives important information and estimated figures to stakeholders.
- Articulation of goals, Blueprint initiatives converted to achievements, and citation of specific organizations with detailed record of services as related to contributions to the *Blueprint to End Homelessness* provides basis for comparison, adjustment, and creation of current and future plans, programs and initiatives.
- Information about programs and initiatives among different agencies outlines the range of available services and their redundancies (see Appendix B: Stakeholders Interviews).
- Articulation of CHIP role in advocacy, especially for collaboration among agencies and in continuum of care, gives stakeholders better understanding of their individual organizations role in the Blueprint and how it connects to the ultimate goal of ending homelessness in Indianapolis (see Appendix B: Stakeholders Interviews)
- The document promotes a collaborative and supportive approach for stakeholders while decreasing sense of competitiveness (see Appendix B: Stakeholders Interviews)

Weaknesses: Attributes of the CHIP *Community Progress Reports* that likely will have a negative effect on achievement of the Blueprint.

- Limited information about the historical involvement of the City of Indianapolis in current and previous strategic planning and support limits knowledge of political and governmental investment past to present, that is important to stakeholders (see Appendix B: Stakeholders Interviews).
- Limited call to action for stakeholders and current city leaders, such as Mayor's Office, misses opportunity to generate such activity (see Appendix B: Stakeholders Interviews.)
- Limited notes on involvement of stakeholders in the initial planning process, decreases historical understanding of the origins and development of the Blueprint (see Appendix B: Stakeholders Interviews).
- Limited analysis and explanation of some discontinued initiatives or programs, such as with The Funders' Council, inhibit the ability of the community and important stakeholders to better understand best approaches now and in the future.
- Limited explanation and analysis of historical and current financial support, such as development of funding sources and key resources for grants, especially as it pertains to the role of CHIP and other stakeholders in increasing such support, limits opportunity to promote efforts to enhance funding.

- Limited analysis of data and explanation of data collection methods, especially to address questions about accuracy and inadequacies, creates confusion and frustration among stakeholders (see Appendix B: Stakeholders Interviews)
- Insufficient historical data, definition, or context on homelessness especially in Indianapolis or similar Midwestern cities in the United States limits an opportunity for better understanding and comparison among stakeholders and the general public.
- Limited explanation on agencies, programs, and initiatives focused on homeless children, decreases emphasis and understanding of current support for an under-served population (see Appendix B: Stakeholders Interviews)

Opportunities: Conditions external to the CHIP and the community progress reports that likely will have a positive effect on achievement of the *Blueprint to End Homelessness*.

- Results from research and evaluation of *Blueprint to End Homelessness* Goals and Strategies, such as with the accompanying report, might help with recommendations for best approaches and methods that can be undertaken in the future and definitively outlined in the new strategic plan for 2013.
- Research and analysis of the “Chip in at the Box” Campaign could provide insight for improvement and potentially the creation of avenues for much needed additional financial support (see 2011 *Community Progress Report*: 15).
- The review of final results from the 2010 *Evaluation of Community Awareness* will ideally provide useful insight into how to increase public awareness, involvement, and financial support (see 2011 *Community Progress Report*: 21).
- Regularization of data collection and recording methods among agencies would provide more consistent, easily accessed information to be included in CHIP community progress report and other research and evaluations for future reference.
- Additional governmental or general grant fund allocation would lend itself to CHIP and all other stakeholders without adequate resources.
- Continued integrated support from IMPD, such as with the IMPD Partnership, will be critical as it has lent itself to important goals such as the annual homeless count (see 2011 *Community Progress Report*, p. 11).
- Stakeholder desire to see increased financial support development, regularization of data collection, and more consistent communication regarding CHIP initiatives and goals, gives clear path for significant increase in efforts directed at creating and enhancing programs and initiatives to support such endeavors (see Appendix B: Stakeholders Interviews).
- Desire among stakeholders to see CHIP create more clearly defined and identifiable targets, provides opportunity for taking more significant role in leadership for the *Blueprint* (see Appendix B: Stakeholders Interviews).

Threats: Conditions external to the CHIP and the community progress reports that likely will have a negative effect on achievement of the *Blueprint to End Homelessness*.

- Stakeholder concern and questions about efficacy of Housing First Model will continue to be detrimental to achievement of Blueprint (see Appendix B: Stakeholders Interviews)
- Increases in joblessness will continue to inhibit achievement of the *Blueprint to End Homelessness* (see Appendix B: Stakeholders Interviews).
- Limited or no increases in affordable housing or funding to create such housing will continue to be problematic and preventative of success, especially considering Housing First Model (see Appendix B: Stakeholders Interviews).
- Limited involvement by City of Indianapolis & Mayor's Office could further decrease awareness among general public, potential donors, and other stakeholders.
- Further or continued economic decline could continue to increase those who are homeless or on the brink of homelessness and further weaken ability of stakeholders to address the level of need (see Appendix B: Stakeholders Interviews).
- Stagnated or decreased community awareness could limit volunteerism, gift contribution, and general support for agencies and stakeholders.
- Reductions in programs or service providers for the homeless, especially those on the prevention side of initiatives, will inhibit achievement of Blueprint goals.
- Reductions in private donations to agencies could decrease ability to provide critical programs and services necessary to support homelessness intervention and prevention.
- An inadequate new strategic plan to be developed for 2013 and beyond could significantly decrease ability of stakeholders to work together for achievement of *Blueprint to End Homelessness* (see 2011 *Community Progress Report*: 22).

AFFORDABLE HOUSING DATA FROM U.S. CENSUS

The Blueprint set a ten-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). In assessing Indianapolis’ progress toward this goal, the 2011 CHIP *Community Progress Report* states:

As of 2007, the City of Indianapolis Department of Metropolitan Development reported that 1,479 new units of affordable housing were created. During that same period, another 440 new units of affordable, permanent supportive housing were created, indicating that our community met the Blueprint’s five-year goal for the creation of 1,700 new units of ‘affordable’ housing. The 2010 inventory indicates that there are currently 3,422 units of affordable housing in the city. With only two years remaining in the Blueprint period, Indianapolis is not on track to meet the 10-year goal for affordable housing (4-5).

This section briefly considers how U.S. Census data might be used to supplement the data provided by the *Community Progress Reports*. We collected affordable housing data for a six-year period (2004-2009) from the U.S. Census Bureau’s American Community Survey (ACS)ⁱⁱⁱ. To calculate estimates of housing unit counts, the ACS utilizes “building permits, estimates of non-permitted construction, mobile home shipments, and estimates of housing unit loss to update housing unit change since the last decennial census” (*Methodology for State and County Total Housing Unit Estimates, 2009*)^{iv}. Information was collected for Marion County in addition to four other nearby counties for comparison: Hamilton (Cincinnati), OH, Franklin (Columbus), OH, Cook (Chicago), IL, and Jefferson (Louisville), KY. Data for the nation as a whole were also included.

The final data set included the following variables: Homeowner vacancy rate, Renter vacancy rate, # Owner Occupied Units, # Renter Occupied Units, Median value owner occupied units, # Housing units with a mortgage, Median selected monthly owner costs, Median gross rent, # Units gross rent less than 20% of household income, # units gross rent 20-30% of household income, Median income, Mean income, Unemployment rate, Percentage of families whose income is below the poverty level, Percentage of people whose income is below the poverty level.

The ACS computes a measure of the Gross Rent as a Percentage of Household Income, or GRAPI. It provides the number of rental units where the GRAPI is: a) less than 15 percent of household income, b) 15-19.9 percent, c) 20-24.9 percent, d) 25-29.9 percent, e) 30-34.9 percent, and f) 35 percent of household income or higher. To compute the number of affordable rental units (i.e., GRAPI is less than 30 percent of household income), we added the counts for the first four groups together.

Transforming the raw counts into percentages proved a bit trickier. ACS provides the percentages, but starting in 2008, it changed its own computations to exclude units where GRAPI cannot be computed. Prior to this, their computations did include units where GRAPI could not be computed, as they just used the total number of Occupied Units Paying Rent^v. Thus, their

percentages for 2008 and 2009 are more valid measures than from prior years, which is good, but the change in methods makes it difficult to compare prior years with the new computations.

For example, in 2007 Marion County had 136,268 renter-occupied units. According to the ACS, there were 69,560 units with GRAPI less than 30 percent of household income, so the percentage of affordable rental units is 51 percent (69,560/136,268). In 2008, however, there were 135,680 occupied rental units and 64,668 affordable rental units, or 47.6 percent (64,668/135,680). But the ACS changed computations and divided by 133,794 rental units, which is the total number excluding units where GRAPI could not be computed, resulting in a rate of 48.3 percent affordable rental units. By decreasing the denominator, the percentage of affordable housing is artificially raised relative to prior years. It is not a huge difference, but one that must be corrected for.

To stay consistent and be able to compare prior years with 2008 and 2009, we went back and recomputed the affordable unit rates for 2008 and 2009 to follow the original formula, using all rental units without excluding any. Thus, we have slightly decreased the validity of our 2008/2009 percentages but increased their reliability (the raw number counts are not changed).

According to the ACS data, Marion County has seen a slight drop in the raw number of affordable rental units between 2004 and 2009 (see Figure 1.a below). In 2004, Marion County had 70,881 units with GRAPI less than 30 percent of household income. In 2009, the number was 69,696, a drop from 2004, but an increase from the 2008 low count of 64,668 affordable rental units.

Of interest is the steeper decline in the *percentage* of affordable rental units relative to the total number of units from 2004 to 2009. The overall 2004-2009 trend for affordable rental units as a percentage of all rental units follows the same pattern as the raw numbers of affordable rental units, until 2008-09 when the raw number of affordable units increased but affordable units as a percentage of all units percentage continued to decrease (compare Figure 1 with Figure 2). Though the raw number of affordable rental units rose from a low of 64,668 in 2008 to 69,696 in 2009, affordable rental units as a percentage of all rental units continued to drop slightly from 48 to 47 percent. This divergence is the result of a large increase in the overall number of occupied rental units from 135,680 in 2008 to 149,170 in 2009, which is arguably good news for Marion County. The median gross rent also rose from \$668/month in 2007 to \$697 in 2008, an increase of four percent, which helps explain the steeper drop from 51 percent of rentals with GRAPI less than 30 percent in 2007 to 48 percent in 2008. 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, but the U.S. overall remained steady at 47 percent 2007-2009 (see Figure 2 below). In fact the county trends were so similar, they are not included in Figure 2 because they crowded around each other so much it became hard to see each one individually.

Importantly, the zigzag lines do not seem to indicate any particular long term trend in increases or decreases in affordable housing units. Also, despite the rather steep looking changes depicted in Figure 2, the range is actually quite limited with a peak of 51 percent and a low of 47 percent in 2006.

The rental vacancy rate could be important in so far as it both affects rent price (price should go up as vacancy rates go down) and represents untapped housing opportunities. In 2009, the vacancy rate was 10 percent, a decrease from 13 in 2004 and a peak of 14 percent in 2006 (see Figure 3 below). With such limited data, it is not possible to draw generalizations, but rental vacancy rates might predict affordable rental rates, according to a cursory review of Figures 2 and 3. The national rental vacancy rate remained unchanged at approximately 8 percent every year.

Figure 1 Number of Rental Units with GRAPI Below 30% of Income, Marion County

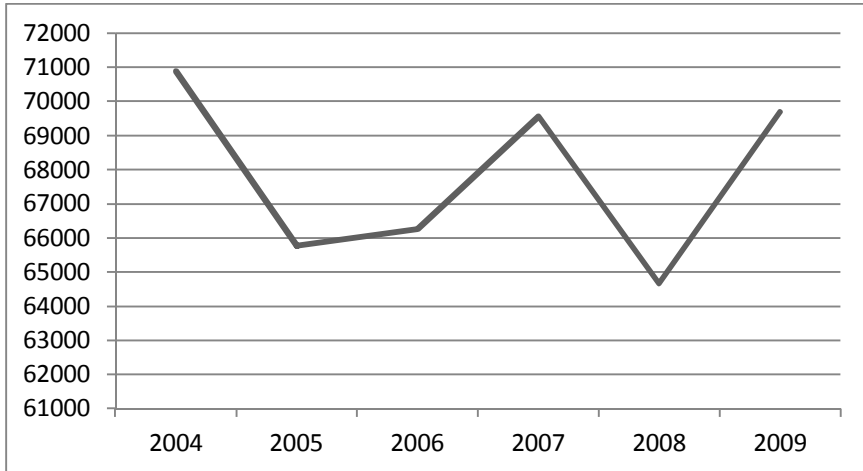


Figure 2 Percentage of Rental Units with GRAPI Below 30% of Income

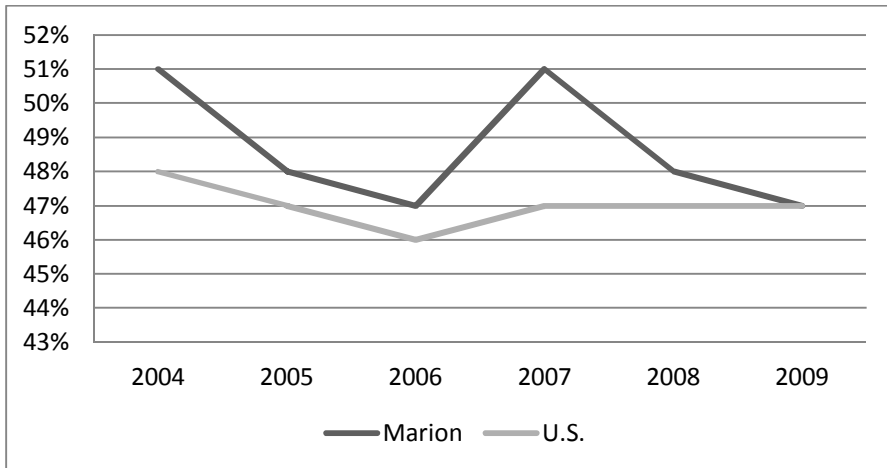
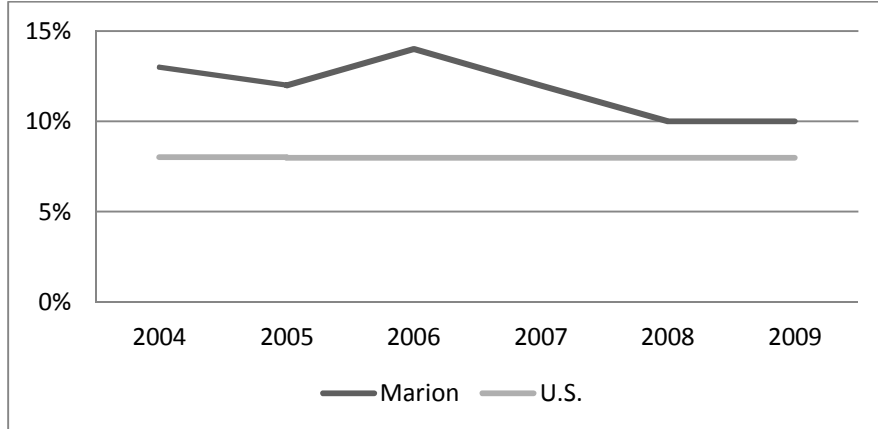


Figure 3 Rental Vacancy Rates



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.

Recommendation

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 ACS 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, accurate counts, and do not rely on estimates, however, they may lack the broader housing trends and measures of affordable housing that has gone “offline” and become unavailable, which the census can better track.

HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) DATA

Homeless Management Information Systems (HMIS) 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). HUD implemented HMIS as part of its “Strategy for Homeless Data Collection, Analysis and Reporting,” which was a response to a Congressional directive to collect data on homelessness. According to HUD, “HMIS implementation presents communities with an opportunity to re-examine how homeless services are provided in their community, and to make informed decisions, and develop appropriate action steps.”^{vi}

“CHIP administers this web-based data collection system on behalf of the Indianapolis Continuum of Care using the software ClientTrack.NET. The data collection process captures system-wide information about the characteristics and service needs of individuals experiencing homelessness. The data is used to inform community planning, improve coordination of services, support advocacy efforts, and enhance funding requests.”^{vii} As such, analysis of these data could prove useful for tracking changes in clientele and services over time, tracking client outcomes, assessing improvement in services and outcomes, and eventually measuring the effects of policy in addition to the purposes stated above.

In this report, we assess 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.^{viii}

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. For one, many programs do not provide information to CHIP for the HMIS database. The data we have represent only the clients of those organizations that contribute information to HMIS. The second and more important caveat involves changes over the years in the types and number of participating service providers reporting data to HMIS coupled with changes in reporting guidelines and practices, which undermine any attempt to track real trends among the homeless in Indianapolis.^{ix} 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.

The number of participating organizations and the number of cases included have changed over the nine-year period covered here (see Table 2 below). As mentioned above, the changes in client and program characteristics over time are likely to be the result of changes in the number and types of participating organizations as much or more than actual changes in the homeless population. The increase in cases provides the most obvious example of this. In 2002, 1,680 cases were entered into HMIS by 24 participating programs. In 2010, over 9,300 cases were entered by 51 programs. This increase in cases was not caused by a more than 500 percent increase in homelessness, but rather an increase in participating agencies submitting information through HMIS.

The big jump in number of clients from 2004 to 2005 seems to have resulted from new Homeless Initiative Program (HIP) cases from 392 (14% of all cases) to 2,606 (43% of all cases). For the entire nine-year period, two organizations are responsible for over 60% of all cases in database: HIP (28.5%) and Horizon House (33.2%). Thus, we cannot confidently draw conclusions about possible changes in programs or clients over the nine-year time period, since we do not know what changes are the result of new reporting agencies (not to mention overall changes in reporting practices and policies) and what are the result of actual changes.

Table 2 Number of cases per year

	Cases	Programs
2002	1,680	24
2003	2,930	31
2004	2,899	36
2005	6,041	46
2006	6,724	47
2007	6,650	42
2008	5,447	39
2009	6,681	45
2010	9,355	51

One final caveat involves the many errors we identified in the HMIS database, particularly in the early years of implementation. Some of the errors were discussed in the mid-term progress report, and others are discussed below with the analyses. We tried to identify and delete as much of the error as we could, but undoubtedly some error remains that we could not identify. Because of all of these caveats, we have been unexpectedly limited in the analyses we could run and the conclusions we can draw from the current data. It might be best to view this report as a template for a baseline by which future assessments can be measured and compared.

HMIS Client Demographics

The 48,407 cases included in the data base represent 35,909 unique client identification numbers. In other words, 35,909 individuals account for 48,407 cases. That is because almost half of the clients have more than one enrollment. Table 3 below provides the breakdown of HMIS enrollments. Twenty-three percent had two entries, and 20 percent had three or more.

Table 3 HMIS Entries

Number of HMIS Entries	Frequency	
1	27,736	57%
2	11,030	23
3	5,076	11
4	2,260	5
5	1,170	2
6-13	1,135	2
Total	48,407	100

For the tables below, we use all 48,407 cases (when information is available), presented for 2002-2009 and 2010 separately, in order to provide both current data and the broader historical HMIS data,^x assuming we can even draw conclusions about historical comparisons. Table 4 below provides some basic demographic information on the clients in the HMIS case management system. Any differences between the 2002/09 and 2010 groups could be the result of changes in reporting practices and agencies contributing to HMIS. Table 4 does suggest a recent significant increase in children as a proportion of the homeless, which is consistent with findings from the annual Indianapolis homeless point-in-time counts conducted by IUPUI's Center for Health Policy and the stakeholder interviews. The big change, however, is just as likely the result of changes in reporting practices.

Table 4 Demographics

	2002-09 (n=39,052)	2010 (n=9,355)
<i>Gender</i>		
Male	58%	52%
Female	42	48
Age, Mean (Median)	36 (39)	30 (31)
<i>Age Groups</i>		
1-17	10%	29%
18-35	34	29
36-50	42	28
Over 50	15	14
<i>Race</i>		
Black/African American	58%	63%
White/Caucasian	38	33
American Indian	1	1
Asian or Pacific Islander	<1	<1
Don't Know ³	3	2
<i>Ethnicity</i>		
Hispanic	3%	4%
NonHispanic	97	95
Veteran	11%	8%

The HMIS records information on eight “Barriers” incoming clients present that could pose difficulties. Tables 5.a and 5.b provide the frequencies. Only 19,590 cases (40%) recorded whether or not a barrier existed for the client. The presence or absence of barriers was recorded for 19,590 cases. Of those cases reporting, 18 percent reported no barrier (HMIS recorded an increase in clients reporting at least one barrier between the 2002/09 and 2010 groups, suggesting more recent clients might present more barriers). Almost half had only one, and over a third had two or more.

³ Sixty-seven percent of those who did not know their race reported Hispanic ethnicity (similarly, 52 percent of Hispanics claimed “Don't Know” for their race). This raises a significant question regarding the utility of current reporting practices, as more than half of Hispanics did not know what race to report when not provided with Hispanic as an option.

Mental health, alcohol, and drug abuse represented the most common barriers. Overall, eleven percent of clients reported domestic violence (only 4 percent in 2010). Ninety-five percent of clients reporting domestic violence were females, and almost 25 percent of women reported domestic violence as a barrier. Likely, domestic violence is significantly under-reported, since the Violence Against Women Act of 1994 prohibits domestic violence shelters from reporting, though other shelters do report it for HUD (as a result of a change in reporting practices implemented in March, 2010, there will likely be an increase in domestic violence in future HMIS reports).

There are other gender differences in barriers, too. Men were more likely than women to present an alcohol problem (41percent vs. 25 percent, respectively) but not significantly more likely to present drug abuse (35 percent vs. 33 percent, respectively). Women were somewhat more likely than men to present a mental health barrier (44 percent vs. 36 percent, respectively).

Table 5.a Barriers (n=19,590)⁴

	2002-09 (n=16,458)	2010 (n=3,132)
Alcohol	35%	32%
Drugs	35	31
Mental Health	37	49
Domestic Violence	12	4
Physical Disability	11	15
Developmental Disability	2	4
HIV/AIDS	3	2
Chronic Health	<1	5

Table 5.b Number of Barriers

	2002-09	2010
0	19%	11%
1	42	52
2	26	25
3	11	11
4-7	2	2

Income

15,658 cases included client income information at entry, presumably measuring monthly income. Twelve percent of those entry income amounts were \$1. This was a code used earlier to indicate that the client received assistance but the amount was unknown (most of the cases with the \$1 amount listed food stamps as the income source). More than 99% of the \$1 income cases happened on or before 2007. Those cases were deleted since they were unknown amounts. It turned out there were so many other validity issues with income in the earlier years that we initially gave up on earlier income information, and analyzed only 2008-10 income information. Even after this, entry income remained problematic. Some sums were clearly wrong, such as \$139,279 for one case, while others were most likely annual sums instead of the monthly sums that were supposed to be recorded, such as \$22,496. The problem was that as the amounts went down from \$22,000, there grew a very wide zone of values where it was not clear when the amounts were monthly or annual or simply mistakes. Working with the income data proved quite tenuous. A reported income amount of \$5,000, for example, would be an annual salary of \$60,000 (unlikely) or it might be an annual income mistakenly entered as monthly income,

⁴ 2011 records now include “Felony Conviction” as a barrier. Also, while technically not a “barrier” per se, domestic violence is included in this table.

which we do not know for sure, making this very difficult to address. This was with the post 2007 data, which were vastly better than the earlier data.

At this point and after many examinations and manipulations of the data, we are not confident enough in the income data to present it in this report and strongly recommend measures be taken to standardize how that information is entered and to validate it through regular audits. One recommendation is to provide a check box for the intake staff to indicate whether they are entering data for monthly, annual, or weekly sums. There should also be some auditing system set in place in which someone from CHIP on a regular schedule randomly selects an established percentage of cases to review the entered data and follow up with questions and reminders of proper data reporting procedures if necessary. If homelessness is indeed primarily an issue of affordable housing, it would seem that accurate measurement of client income and how it changes during and after programming would represent a vital (if not fundamental) measure for assessing progress on the Blueprint.

Client Housing

In this section we examine clients’ residences before and after entering a housing program that collected HMIS data on them. This could, assuming valid and reliable data collection, serve several purposes. It can provide an idea of what clients’ residential circumstances were prior to entering a housing program, which is useful information in terms of policy and predicting needs. Perhaps more important, it allows us to investigate whether their housing circumstances improved after leaving a housing program, which can serve as an excellent measure of intervention success for accountability purposes. For example, if a client’s prior residence was an abandoned vehicle then her exit destination is a rental unit, that resident has clearly improved her housing circumstances. Conversely, going from a rental to an abandoned building would represent deterioration in circumstances.

Table 6 below provides data on clients’ prior residences for 2002-09 and 2010 separately. The data suggest a slight shift in prior residence for recent clients, though some of that difference could just as easily be the result of having better data with fewer missing cases.

Table 6 Prior Residence

	2002-09	2010
Emergency shelter, including motel paid with shelter voucher	34%	40
Staying with family member	15	13
Place not meant for habitation (vehicle, abandoned building)	13	15
Rental by Client, no ongoing housing subsidy	8	12
Jail, prison, juvenile detention facility	2	1
Substance abuse facility/detox	2	1
Staying with friend	1	6
Other	15	4
Missing, don’t know, refused	10	7

Likewise, a higher proportion of more recent clients might have shorter tenures at their prior residences, as shown in Table 7 below. On the other hand, the drop from 46 percent unknown to 16 percent could also account for the changes.

Table 7 Prior Residence Length of Stay

	2002-09	2010
One week or less	15%	24%
One week to one month	9	18
One to three months	10	16
3months to 1 year	9	14
One year or longer	11	12
Don't know	46	16

HMIS contained exit reasons for 34,291 (71%) of the 48,407 cases. Of that group, almost two-thirds listed “Unknown/Disappeared” as the exit reason (see Table 8 below). Further analysis shows that data collection on this variable has improved considerably over the years. Only 48 percent of cases after 2006 list Unknown/Disappeared as the Exit Reason.

Table 8 Exit Reason

	2002-09	2010
Unknown/Disappeared	68%	11%
Completed program	11	38
Left for Housing before Completion	6	14
Max-time Allowed	1	4
Needs could not be Met by Program	1	3
Non-Compliance with Program	7	16
Disagreement with Rules/Person	1	9
Criminal Action/Property Destruction	<1	1
Non-Pay of Occupancy	<1	1
Death ^{xi}	<1	<1
Other	3	2

HMIS contained exit destinations for 37,359 (77%) of the 48,407 cases. Of that group, 75 percent listed “Don't Know” as the exit destination (see Table 9 below). It was originally hoped that analyses could be performed to map whether or not clients' exit destinations reflected an improved outcome over their prior or current residence. Unfortunately, a 75 percent rate of unknown exit destinations makes an attempt at any such analysis tenuous at best. Information on exit destination has not improved as strongly as exit reason over the years. More than 60 percent of cases dated after 2006 list Don't Know.^{xii}

Table 9 Exit Destinations

	2002-09	2010
Don't Know	80%	26%
Rental by Client, no ongoing housing subsidy	8	30
Staying with family, temporary tenure	3	9
Staying with friends, temporary tenure	1	3
Emergency shelter, including motel paid with shelter voucher	2	8
Transitional housing for homeless persons	1	3
Permanent supportive housing	1	3
Rental by client, with subsidy	1	8
Other	3	7

Changes in Housing Circumstances

In order to assess whether clients exited their current program to improved, worse, or similar circumstances from their former residences prior to entering the program, we looked at exit destinations for individuals coming from the four most common prior residences: emergency shelters, places not meant for habitation, rentals with no subsidy, and family. We did so for the 2009 and 2010 clients combined and dropped earlier cases due to the exceptionally high rate of unknown exit destinations for the earlier years.

Problems with high rates of unknown exit destinations still pose a problem for drawing conclusions, but the preliminary findings might be promising (see tables 10.a-d below).

Of the known exit destinations, there does seem to be an improvement in many clients' circumstances after entering the system. For those whose prior residence was an emergency shelter, 22 percent exited to a rental (16 percent with no subsidy and 6 percent with a subsidy). Another four percent moved to permanent supportive housing, and five percent went to an emergency shelter. Unfortunately, the exit destination is unknown for 58 percent of the emergency shelter group, tempering the more promising findings.

As mentioned above, 15 percent of the HMIS clients in 2010 reported coming from a place not meant for habitation (such as a car or abandoned building). For 2009-10, fifteen percent of those coming from a place not meant for habitation exited to rentals (12 percent were unsubsidized and 3 percent were subsidized), representing a substantial improvement in circumstances. Eight percent moved in with family and four percent with friends. Almost two percent of the group died (included in the "other" category), a statistic which underlines the harsh circumstances from which they came and the magnitude of improvement for those who went on to rentals and other better residences. Again, a high rate of unknown outcomes and the other reliability concerns must temper any enthusiasm for the highlighted successes, but it is promising.

Almost two-thirds of those coming from an unsubsidized rental returned to one. Another nine percent went to stay with family or friends, and six percent moved into a subsidized rental. Twenty percent of those staying with family moved into an unsubsidized rental, 19 percent moved in with family and eight percent went to an emergency shelter or hotel with subsidy.

Tables 10.a Prior Residence: Emergency Shelter

Exit Destination	2009-10
Don't Know	58%
Rental by Client, no ongoing housing subsidy	16
Staying with family	3
Staying with friends	3
Emergency shelter, including motel paid with shelter voucher	5
Transitional housing for homeless persons	2
Permanent supportive housing	4
Rental by client, with subsidy	6
Other	3

Table 10.b Prior Residence: Place not meant for habitation

Exit Destination	2009-10
Don't Know	54%
Rental by Client, no ongoing housing subsidy	12
Staying with family	8
Staying with friends	4
Emergency shelter, including motel paid with shelter voucher	3
Transitional housing for homeless persons	2
Permanent supportive housing	4
Rental by client, with subsidy	3
Other	7

Table 10.c Prior Residence: Rental, no subsidy

Exit Destination	2009-10
Don't Know	17%
Rental by Client, no ongoing housing subsidy	63
Staying with family	7
Staying with friends	2
Emergency shelter, including motel paid with shelter voucher	1
Transitional housing for homeless persons	1
Permanent supportive housing	<1
Rental by client, with subsidy	6
Other	3

Table 10.d Prior Residence: Staying with family

Exit Destination	2009-10
Don't Know	32%
Rental by Client, no ongoing housing subsidy	20
Staying with family	19
Staying with friends	4
Emergency shelter, including motel paid with shelter voucher	8
Transitional housing for homeless persons	6
Permanent supportive housing	1
Rental by client, with subsidy	7
Other	3

HMIS has seen increases in participating organizations since it was implemented in 2002. More importantly, the reliability of the data has gotten progressively better over the years^{xiii}. The improvement seems to be the product of quality improvement initiatives initiated by CHIP, though specifics on those initiatives were not provided.

Because the demographics and changes in client characteristics cannot be interpreted as representative of Indianapolis' homeless population, the data at this point simply provide interesting points for consideration and future investigation. The most important findings, if they are true, arguably involve the possible changes in client residential circumstances. In 2009-10, 16 percent of clients coming from emergency shelters exited to unsubsidized rentals. Twelve percent of clients coming from places not suitable for habitation exited to unsubsidized rentals, as did 63 percent of clients coming from such arrangements prior to entry into a program. To

reiterate, these favorable findings are tempered by the high rates of unknown exit destinations and other reliability/validity concerns.

Recommendations

1. 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.
2. 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.
3. 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. The Blueprint’s Table 4 is reproduced below in this report’s Table 11. One of CHIP’s responsibilities spelled out in the Blueprint includes:

Providing regular progress reports to the Indianapolis community regarding implementation of the Blueprint. Using the measurement indicators noted in Table 5 [sic] and the timelines included in the Blueprint, the lead entity [CHIP] will report on a semiannual basis to the Indianapolis Housing Task Force concerning the Blueprint’s status.

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. The data were never collected on a semiannual basis for reports to the Housing Task Force. The Task Force disbanded shortly after publication of the Blueprint. Much of the data, as discussed below, are now being collected through HMIS/ClientTrack and reported in CHIP’s annual *Community Progress Reports*.

Table 11 Outcome Indicators and Data Sources from Page 38 of Blueprint

Indicator	Data Sources	Data Collection
1. Reduce the number of people homeless on any given day	-Homeless Street Count -Outreach Teams	-Yes
2. Reduce the number of people entering shelters who report recent release from prison	-Intake demographic data compiled from family shelters, men’s missions, and women’s shelters that use ClientTrack	-Yes, HMIS, but trends unreliable
3. Reduce the number of families turned away from shelter	-Shelter Survey/development of turn away log with Client Track	-No
4. Reduce the number of teens leaving foster care who become homeless	-Intake data from family shelters, men’s missions, women’s shelters, and youth drop in centers Data from	-No
5. Assess the number of people served	Out of Reach Report	-Yes, HMIS, but trends unreliable
6. Assess the number of units made affordable	-Lead entity data collection -Gaps analysis inventory -Affordable unit benchmarks over next five years	-Yes, City of Indianapolis Dept. of Metro. Dev.
7. Increase the number of TANF recipients linked to housing assistance	-FSSA reports	-No
8. Reduce the number of arrests of	-Prison rosters	-No

chronically homeless individuals for vagrancy or public intoxication	-Information from IPD -Access and utilization rates of sober up station	-No, but possible -N/A
9. Reduce the number of hospitalizations of chronically homeless persons	-Emergency room data	-No

1. 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)^{xiv} 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. From a high of 1,868 in 2007, the number dropped to a low of 1,454 in 2009 then crept up to 1,488 in 2010 and finally 1,567 in 2011.

Conceivably, sometime in the future, the ClientTrack client management system could be used to track counts of various subpopulations of homeless people throughout the year. It could maybe serve as a nice supplement to the one-night counts once a year.

2. 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 point in time counts conducted by the Indiana University’s Center for Health Policy 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. It is difficult, therefore, to draw conclusions regarding changes in the numbers of homeless people recently released from prison.

3. Reduce the number of families turned away from shelter

One problem with this measure is that the same family could be turned away from more than one shelter in a given night and thus be counted more than once. That in itself might be useful information to know, but currently it is very difficult to extract meaningful and useful counts of this measure. ClientTrack could possibly be used to collect this information in the future.

4. Reduce the number of teens leaving foster care who become homeless

ClientTrack could possibly be used to collect this information in the future.

5. 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. The Out of Reach Report, prepared by the National Low Income Housing Coalition, is a side-by-side comparison of wages and rents in every county, Metropolitan Area (MSAs/HMFAs), combined nonmetropolitan area and state in the United States. CHIP does conduct an annual point-in-time

count and has developed survey tools to measure overall census, individual and family demographics, reasons for homelessness, and services accessed.

6. 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 2002-2004 the "Gaps Analysis inventory" was also referred to in reporting as "unmet needs" inventory. The data collection and reporting methods have apparently changed over time and as a result have implications for being unreliable, primarily due to inadequate updates and clarification on sources. According to the 2004 report, CHIP collected data for the current and prior year by mailing a Resource Inventory Survey to all homeless service providers. Since the collection method prior to 2004 isn't indicated, this makes for the appearance of an evolving and inconsistent reporting format from 2002-2004, which creates doubt on reliability of data and data collection methods.

From 2005-2010, the reports include additional documentation and explanation in regard to sources and definitions. Although data collection and reporting from 2005-2010 is more consistent, the significant differences in data, reporting methods, and descriptions creates doubt as to the validity of these measures of progress over time. Further, these earlier reports and to a lesser extent the more recent ones, do not include actual assessment of the number of units made affordable.

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.

7. 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, it does not seem as though CHIP has 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 conceivably be used to measure this outcome.

8. 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 have never been collected

for purposes of assessing progress on the Blueprint. We contacted the Sheriff's Department to inquire about the feasibility of collecting data on homeless inmates at intake, whether they already do so, and whether such information could be provided to CHIP in the future for the purpose of assessing Blueprint outcomes. The jail does record information on self-reported homelessness among arrestees in the Jail Management System (JMS), but they 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. There are concerns that the suspect lies in order to not give his or her real home address.

IMPD does not generally arrest people for vagrancy. 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 concerns raised by the jail. Will arrestees give valid information, or might they be likely to claim homelessness to avoid giving an address? The Arrestee Processing Center is also currently 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 Health and Hospital Corporation and Midtown Mental Health Center to promote their proposal to establish an "Engagement Center" on property immediately adjacent to Horizon House. They have secured letters of support from neighboring organizations for moving forward with the initiative and are pursuing capital gifts to add to the more than \$750,000 they have already received to fund the project. Questions regarding the status of the planning and project itself are answered in an FAQ that has been distributed broadly among neighbors and community stakeholders.

9. 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. Hospital staff report they are currently working to find a way to do this. For example, they are investigating whether this information can be tracked and recorded at the time of registration. If successful, these data could help with further identifying the scope of the current homelessness problem and tracking the success of the many interventions underway to improve it.

Data collection for the indicators listed on the Blueprint's Table 4 has fallen short of the Blueprint's recommendations. It is not clear, however, such data collection on a semiannual basis is necessarily feasible. Indeed, regular data collection of valid and reliable measurements is time consuming work. Perhaps the Blueprint's suggestions regarding the Table 4 indicators and data sources should be interpreted as aspirational. Though data collection on the outcome indicators has fallen short of the Blueprint, there is current progress as the HMIS continues to improve, and other institutions are also starting to look into collecting some of the data.

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.

Appendix A: Other Ten-Year/Community Plan Progress Reports

To get an idea of how different cities, counties, and states are conducting their own progress reports, we used the National Alliance to End Homelessness' (NAEH) Ten Year Plan Database (<http://www.endhomelessness.org/content/general/detail/2993>) to contact jurisdictions and obtain progress reports and evaluations on their respective ten-year/community plans. NAEH keeps track of all of the ten year plans created across the country and lists each with a link to the PDF of the actual plan in the database. At the beginning of our project there were 240 plans listed. Because we were concerned with progress reports, we contacted only jurisdictions whose plans were adopted in 2006 or earlier, so that at least five years (mid-term for ten-year plans) had passed since the plan. Prior to the mid-term, it is doubtful that thorough evaluations would have been conducted. This eliminated 86 jurisdictions from our pool (leaving 154).

Next, using each plan, we attempted to identify the entity responsible for implementing each plan. In most plans, the implementing organization was not explicitly named, so we attempted to find them through internet searches. This was the most challenging part of the process. In many cases there was no reference to the implementing body. If there was such an organization, particularly if it was a committee made up of representatives from several stakeholders, there was usually no specific contact person.

We were unable to identify the responsible entity for almost 50 jurisdictions. It may be that many of these plans were never adopted or that they were abandoned after being adopted. For example, New York City adopted a plan in 2004. When we tried to find information on how the plan is being implemented, we found no reference to the plan on the city's website and no direct reference in any other major homeless advocacy groups in New York City. Another plan on the NAEH database, North Carolina's statewide plan, was never adopted. It is possible that North Carolina was not the only instance. One jurisdiction was listed as a separate regional body but was actually part of the statewide plan. Four jurisdictions had broken plan links.

Upon identifying the responsible organization, we checked their websites for evaluations. Ten organizations published their progress reports on a website. For the organizations that did not, we identified a contact person who could send the reports to us (or at least direct us to someone who could) and emailed a letter informing them about our project, asking to see all of the progress reports or evaluations completed on the plan so far. We contacted 70 jurisdictions (60 by email and 10 by phone). More than 40 did not respond or the email bounced back. Several responded that they had not done any evaluations. Three organizations said they were in the process of conducting their evaluations.

Our final analysis of progress reports and evaluations consisted of 26 jurisdictions (some had more than one report). CHIP has been provided with digital copies of the reports. None of the reports were end-of-plan evaluations, but rather progress reports. The reports ranged widely in length and depth extent, from a paragraph or sidebar in a longer mid-term plan update to a more comprehensive free-standing review conducted by an external organization. Most were about 2-8 pages long. This included several mid-term plan revision documents that were much longer, but that dedicated a small amount of space to reporting accomplishments and progress on goals. Some jurisdictions reported exclusively on specific accomplishments, while others reported on

the status of all of their goals, whether the goals had been achieved, abandoned, or were still in progress. Reports that gave updates on all goals were generally much more exhaustive than those who just reported accomplishments.

Because the plans have fairly uniform content areas (e.g., housing first, prevention, and rapid re-housing), the specific areas for which jurisdictions reported progress were also fairly uniform. The vast majority of progress reports gave Point-in-Time Count numbers, reported on newly created housing, and reported on the number of homeless people or families who received services. These were the three most common areas in the reports. Many jurisdictions reported on each of the major goals of their plans. Additional content areas that were often present but less ubiquitous were creating new services, better coordinating existing services, and building community awareness.

Approximately half of the reports referred to specific goals contained in or created from the original plan. Progress indicators without goals, while useful in informing the community what progress has been made in combating homelessness, offer no baseline for a point of comparison. Sometimes progress reports left the reader to guess whether or not significant progress had been made.

Another major characteristic that distinguished reports from one another was clear, measurable, and specific goals and progress indicators. The use of vague or ambiguous wording has plagued many plans since their inception (reference the report from NAEH that analyzes plans). Many of the reports suffered this inexactness. Of the reports that included the original goals, only about half contained goals that are specific and numeric (or measurable in some other way).

All of the reports that had specific, measurable goals also had specific, measurable progress indicators. Conversely, all of the reports that contained vague goals also contained vague progress indicators. There were also several plans that had no stated goals but did have hard progress indicators. Specific, numeric progress indicators are probably even more important for transparency than hard goals are. These examples will illustrate. One jurisdiction reports this progress point: “Trainings for providers to help consumers.” Another jurisdiction cites this accomplishment: “Reorganized Continuum of Care as a catalyst for change.” These accomplishments seem undefined/underdeveloped for adequate assessment of progress.

The majority (about two-thirds) of the reports’ progress indicators are specific and measurable. One jurisdiction’s progress report followed this format:

2005: 1,653 families received case management services.

2006: 1,722 families received case management services.

2007: 1,790 families received case management services

2008: 1,798 families received case management services

2009: 1,953 families received case management

Since 2005, Consortium agencies increased their case management services by 18%. In the last 5 years, 8,916 families received support services

One can see what progress has been made in this jurisdiction over the life-span of the plan. Not all action areas lend themselves to easy quantification, however. Building community support is one of those areas. One jurisdiction reported that they engaged the community by providing sensitivity training about the mentally ill and domestic violence victims to the police department, and by writing 100 newspaper articles, 25 television stories, and by providing programs to small community groups interested in homelessness. Here we can see that even if an indicator is not numeric (the police training), it can be concrete, and that ambiguous goals can be made into specific actions and outcomes.

In looking at reports that include clear, measurable goals and their corresponding outcomes, we can get an idea about the kind of things that jurisdictions are achieving and what they are struggling with. One of the most common problems cited in the reports was backsliding because of the economic recession. This manifested in two primary ways. The first was that several jurisdictions reported their homeless rates started to increase around 2007. Many reported that most of the increase was among people who had never been homeless before, but under enormous financial burdens like job loss and foreclosure, they could not stay housed. One jurisdiction reported that homelessness increased by 32% from 2006 to 2008, and of those individuals, about 40% had never been homeless before. The other form of backsliding was in funding dollars. Many jurisdictions had to grapple with major funding cuts through the same time period, or fell short of their fundraising goals.

One area that most jurisdictions who reported numbers seemed to be making headway in was building new housing. Still, achievement is variable. Some jurisdictions have been facing difficulties building because they lack funds or lack community support for low-income housing projects. Several, however, have met or exceeded their new housing goals. Most of the goals are long term, so very few of the plans have met those long-term goals, but many are on track for completion. It is important to note that it is possible that the jurisdictions who are reporting clear goals and their outcomes are the ones who are largely succeeding, and that jurisdictions who don't report hard goals and outcomes could be having a different degree of success, so these patterns should not be interpreted as representative.

Finally, three evaluation reports were conducted quite similarly to this one. Each of these was conducted by an outside organization (in one case it was a joint venture between a contracted organization and the implementing organization), which should ideally give the reports greater objectivity. Two of the evaluation reports provided extensive recommendations for future implementation. All three organizations conducted interviews with stakeholders, and one surveyed homeless services recipients and landlords. One distinct element of the evaluation reports from the rest of the progress reports was an emphasis on evaluating the effectiveness of the implementing body's governance.

Here is a list of the reports we procured from organizations across the country:

2011. *Fargo's 10 Year Plan to End Long Term Homelessness*. April 2011 Update ND

2011. *Homeless Prevention in the City and County of Durham: An Evaluation and Recommendation*. NC

2011. *King County Mid-Plan Review: Recommendations from Charrette*. As presented by the Corporation for Supportive Housing to Committee to End Homelessness and its Partners and Stakeholders. WA
2011. *Home for Good*. Homeless Task Force 2nd Quarterly Report. July 2011. CA.
2011. *Home for Good*. Homeless Task Force 1st Quarterly Report. April 2011. CA.
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Appendix B: Stakeholder Interviews

This part of the report summarizes the viewpoints and assessments of twenty-three 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. By and large, 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 the existence of CHIP. 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 interview questions were developed and shared with CHIP for input throughout late fall and winter. As originally proposed, the list of stakeholders to be interviewed was developed through the collaboration of CHIP administration and the co-principal investigators. The majority of interviews exceeded one hour. All were recorded with a digital voice recorder. Interviewees were eager and articulate participants in discussions, and they had much to share in the way of experience and viewpoints on Blueprint goals and strategies. Some interviews lasted longer than expected because the organizations and individuals have had a decade or more of experience and activities connected with reducing or preventing homelessness.

Community Responses to Interview Questions

(1) Do you or your organization have any history with the Blueprint, for example, were you involved in any way in the planning process for the Blueprint?

The majority of stakeholders and/or organizations interviewed had been involved in the planning process. One or two organizations appear not to have been invited to participate in the planning process, but this appears to be an exception to the general rule of inclusion of most stakeholders and providers at all levels (funders, government, emergency shelters, community centers, housing developers).

Views and impressions of those who participated in the planning process are generally favorable. Stakeholders and providers who participated in the Blueprint planning process express overall high satisfaction with what they perceive was a good, open planning process rooted in the inclusion of multiple organizations and a slow, deliberative process involving many meetings and opportunities for stakeholder input.

Consider the following examples of interviewees' comments:

- “Our organization does work that touches on all aspects of the Blueprint. I was satisfied with the planning process—many different aspects of community were involved. I did not consider it a perfect document, but it’s the first one in the county and served as a model for other states and the country.”

- “I believe we were a part of those initial conversations. I believe we had an adequate amount of input. I have more than a remedial knowledge.”
- “My impression is yes. I think the document itself was strong and visionary and put us on a trajectory to do some really good things.”
- “I have been active on the homeless issue for about two decades; I was reached out to relatively soon for input on the Blueprint; sat in on brown bag lunches; I remember being a part of the planning process, not intimately involved, but involved.”
- “By 1996 there was starting to be a push for a more collaborative [coalition] effort on homelessness, 1999-2000. [We] got really involved with this group. Involved from the beginning, [we] continue to stay in line with the Blueprint and always consult it.”
- “At that time it was a very necessary process. Our involvement with homelessness came to be in 1989, and they started moving toward the continuum of care approach in the mid 90’s, and 2001 was a necessary opportunity for the community to come together and plan.”
- “I think we had the opportunity to be well represented; I don’t know if we took full advantage because it was frustrating going to ALL of those meetings. It was very draining. They did a good job of trying to make sure everyone was involved and the result was that they got a good cross section of representation.”
- “A representative from CHIP came to meetings to talk about the possibility of ending homelessness. [We] liked that there were many different aspects of the community that were involved [not just homeless organizations].”
- “I was personally involved in the planning process from the beginning [committee meetings, focus groups], more on the health and addiction side; a very long process (1 ½ -2 yrs). In order to develop something like that, you have to go through that process which can be painful at times. I felt my input had an impact.”
- “[CHIP] brought together different kinds of providers to facilitate conversation; overall a healthy process—good to create a common thread to bring us together. [A] helpful process for helping to penetrate the broader communities’ consciousness of the issue.”
- “All of the community [organizations] were invited to be involved in the drafting process. They were there. It wasn’t like someone just wrote it and distributed it. People worked together. It was the first time that people realized all of the entities that were involved; stakeholders and providers can get together and focused on one thing.”

A small number of respondents expressed some concerns about the planning process, but there was no single reason cited for their dissatisfaction. A few persons saw the lengthy planning process and the large number of meetings as a burden, and one or two remarked that the process became bogged down in too many issues, meetings, and participants.

- “There were so many meetings the process lost its momentum toward the end.”
- “The planning process got bogged down and became very drawn out, as was expressed by many stakeholders.”

Even this potential criticism of the planning process, however, was counterbalanced by one or two others who, acknowledging the many sessions and long process, thought this to be a virtue.

- “As painful as the process may have been, it was most likely a good process. They did a good job with what they had to work with.”

Another concern expressed by a few organizations had to do with an overreliance on external, national experts who they saw as having too much influence in the substance and direction of the planning and the focus:

- “I sat on some planning committees. [CHIP] brought in national experts that influenced the process in maybe not a good way. I eventually dropped out of the process because the views were not reflective of the Indianapolis area but rather bigger communities.”

And a few organizations, while acknowledging some positive aspects of the planning process, appear to have had their overall enthusiasm about it diminished by what they regarded at the time as a neglect of their expertise and experience in the planning process.

- “We were involved from the beginning—once a month breakfast meetings—there was a range of participants who put together the Blueprint. Process was good because it exposed the providers to a world they aren’t used to. I was disappointed with CHIP’s role in the Blueprint and the way they chose to go about projects. [CHIP] wouldn’t recognize that people were doing Blueprint goals in the beginning because they didn’t have a defined process to acknowledge them yet.”

(2) How familiar are you with the Blueprint and its goals or initiatives? Describe/Explain:

Although most of the stakeholders interviewed had participated in the Blueprint planning process, responses to the question regarding knowledge of its goals were more mixed. Many persons reported familiarity with the Blueprint and also had a working, detailed knowledge of the plan.

- “Pretty Familiar—I was involved in the planning process but also familiar because (their organization) is directly involved in providing services.”
- “I’m very familiar with the housing goals and such and the systems.”
- “I’ve had to read it many times because of the questions asked in our grant proposals. Familiarity of the plan has been important for us.”

- “Fairly familiar, I’ve read through it once or twice. We go to meetings where CHIP is present about 2-3 times a month.”

At the other end of the spectrum, although an overall minority, several (about 1/6) possess little or no knowledge of the Blueprint, as illustrated by the following comments:

- “Not at all familiar, aware of its existence but nothing else.”
- “I have heard of the Blueprint but have never read it.”
- “I never have received the Blueprint. Have seen other documentation that was a part of it. Skipped through the report when it came out.”

Among those who do have knowledge of the Blueprint, about 4 in 10 have become less attentive to it in recent years. Thus, while at the time of the Blueprint’s release in the early part of the decade, many stakeholders state they were very knowledgeable about its contents, this appears to have become less the case in recent years.

- “I have read the Blueprint and was probably more familiar with it at one point than I am now. I am more removed from the homeless population now than in the past. [I] do attend some community meetings but not too much involvement anymore.”
- “I have gone through it. Haven’t looked at it recently. Voiced my opinions about it [at the time].”
- “I haven’t visited the Blueprint in a while.”
- “I haven’t picked it up in a while, but at the time I was really interested in the goal of permanent and supportive housing for chronically/disabled homeless population and the engagement center.”
- “At one time I was more familiar than now. The Blueprint was holistic including prevention, but in practice it was focused at the chronically homeless.”
- “I knew them at one point, was much more familiar. [It] started off very strong but has dwindled, but I still have to refer to it for proposal writing purposes. Haven’t seen update reports.”

Perhaps the following respondents’ comments help to provide a context for this neglect of the Blueprint in recent years: it is a complex, ambitious plan that requires on-going community education.

- “I think it became a mess because it is very difficult for someone to get a good grasp on everything involved and where the focus should be.”

- “We were familiar [with the Blueprint] at one point and more so when we used to get community progress reports.”
- “I read the plan many years ago, but can’t state the plans off the top of his head. Early on there was a deliberate attempt to reinforce and recognize the goals. Haven’t heard as much over the last 4 or 5 years. Have heard of initiatives but not broader goals.”

A few organizations state that CHIP has done a very good job of keeping everyone informed and up to date on progress.

- “I’m very familiar with the housing goals and such and the systems. There has been great care over the years to make sure folks are aware of what activities fall under each of the goals.”

Several organizations in their responses to this or the first question or both, expressed a concern about the Blueprint’s reliance upon the Housing First model and its lack of adequate emphasis upon support services.

- “I have gone through it, haven’t looked at it recently; I voiced my opinions about it—some good goals, but didn’t see enough support services. I was concerned about this; too focused on housing but not other services that were needed for a person to keep that housing (how to pay bills, shop, live with neighbors, etc.). You need people there to work with them on a daily basis to get them to transition from the street to apartment living and I did not see a lot of that in the program. HUD used to do this well, but they decided to focus their efforts on just housing and no one has stepped up with support programs.”
- “I didn’t agree with the Housing First model—missing components such as supporting services...you can’t just put a person in a house and assume they will become self sufficient.”
- There was a lot of focus on housing but not the infrastructure to sustain it. If you don’t have the case managers and follow up to sustain it, then it’s a moot point.”

(3) To what extent have you or organization used or integrated or been involved with the implementation of any part of the Blueprint in your organization? Describe/Explain:

The 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. Thus, the range of reported involvement is from significant to specialized to incidental. For example,

- “We have significant involvement. We partnered with others and received grants (1 of 5 in the country) to focus on clients with mental health and substance abuse issues. We looked at five models. They helped in the form of employment training, substance abuse and mental health counseling. Housing for these particular clients was established.”

- “We are involved in at least some way with all goals of the Blueprint.”
- “Through the emergency bed space program.”
- “We are heavily involved in supportive housing aspect as well as the special populations including families.”
- “We always participate in community meetings that CHIP suggests to stay compliant with the CHIP goals.”
- “We are involved in most aspects of the Blueprint in at least some way—NOT for the mentally ill though...simply don’t have the resources—but do referrals.”
- “We partner with others to provide addiction and mental health treatment for homeless persons and work closely with others to conduct homeless outreach and to send out mental health help. We are not really in the housing business but are having to be. We are involved with Shelter Plus Care projects and work with community builders. Partner and work with many other homeless providers.”
- “We have focused on the Blueprint through different funding sources, assisted in the development of supportive and affordable housing (all collaborative work), have helped to create coordinated case management programs, have worked on the prevention side, have focused on foster youth aging out of foster care, childcare portion; and we have a dedicated staff person to the Blueprint...a liaison of sorts.”
- “My predecessor may have had a little bit to do with it, I’m but not sure. I think that any involvement would have been fairly minimal”

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.

- “We are supportive of the homeless initiatives not because of the Blueprint or homelessness but because of the supportive services piece, which is what we are all about.”
- “It is difficult to say because [our organization] was always doing this work. We’ve always had our continuum of care and home program so we’ve been getting these grants since the 90’s. The structure of the Blueprint was great, but we had already been doing this type of stuff for 15+ years. We weren’t going to change how we were doing things, but the Blueprint gave justification for what we were doing. Because of it we were able to set targets...and put emphasis on areas where we had not really supported before.”

- “The whole goal of the Blueprint is get housing/ keep housing, and the goal of [our organization] is and has been to develop, own, and manage housing for the homeless. We are doing, have been doing that, even before the Blueprint.”
- “The Blueprint really got the ball rolling and has been a catalyst in beginning initiatives, but many of us were already working on these issues in Indy before the Blueprint, and it worked because it fit with the current missions of homeless service providers.”

Or they do not see themselves as an integrated part of the plan because they are uneasy with or find problematic one or more of its underlying strategies, especially Housing First or the focus on the chronically homeless.

- “There is a small piece in the Blueprint regarding the special population of the homeless we serve, so we are included, but we do not subscribe to the model that the Blueprint gives to end homelessness (Housing First). It is more costly to do it this way, but the services we provide are very important to them and their eventual success...so we need to keep them there until they don’t need those services any longer.”
- “The most chronically homeless groups really benefit from the Housing First model, and it really helps with rapid re-housing, but the groups that benefit the most (the mentally ill) only make up 20% of the homeless population.”

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:

- “What CHIP has done fantastically is bringing the different factions together to communicate in our Continuum of Care. This communication network is a big focus for me to help the city realize overlaps and holes [in the delivery of services system].”

(4) In your estimation, how effective have Blueprint strategies been in reducing the number of homeless persons on any given day? Explain and be specific.

Precious few, if any, stakeholders believe Indianapolis over the past decade has been able to substantially reduce, let alone eliminate, homelessness. A widespread skepticism exists among stakeholders about the validity of recent street counts and reports over the years that some feel suggested homelessness is down. All respondents report more clients and issues in recent years, indicating homelessness has been going up^{xv}.

- “It is realism to know that homelessness will never completely go away. The key is minimizing the length of homelessness; make it so that if someone becomes homeless today, they don’t stay that way for years. I don’t think they have reached the number of low income housing that they were shooting for. It looks like from the homeless count the number has decreased; however it’s hard to know...Were the numbers counted the same way? I don’t feel 100% comfortable that that is the case. I don’t see a significant drop in homelessness.”

- “If the numbers show homelessness decreased, they are fake. They stopped counting the way they did originally so it’s not valid information.”
- “Reading the report, it said the numbers have been cut in half, which is unbelievable. We also have to remember the definition of homelessness changed since the first official count so that accounts for the large count in homelessness.”
- “When the Blueprint was written I was still in college and had the opportunity to come to Indy to work and live in homeless shelters. It has been interesting to study the Blueprint from the outside looking in—from this standpoint I don’t know the answer. The numbers that CHIP has presented are numbers that say we have decreased homelessness, which is remarkable with the economy. We’re seeing the face of homelessness change. What I hear and see from my partners is that there are an increasing number of people on the verge of homelessness (foreclosures, evictions, etc.)...”
- “The Blueprint may not have helped bring numbers down, but the effectiveness within the system is better. The overall effect on the continuum of care in the city has helped reduced homelessness to some degree because it has brought all the providers and the city together—even police, neighborhood associations. This was important to try and make sure that we aren’t doubling and tripling up on stuff. There’s nobody that is going to starve in inner city Indianapolis. They will die of obesity first. There are plenty of people feeding the homeless. We need help elsewhere.”
- “Data would indicate that it (the Blueprint) has been helpful. More housing is available-but there has been no aftercare or long term measurement, not much follow up. We need more long term focus—haven’t seen a lot of data recently. [There is] a lot of focus on housing (not a bad thing), but no focus on how to sustain that housing, [such as] organization, support staff, case managers, needs—education, health etc.”
- “I have not seen the problem of homelessness decrease in the past ten years. It has probably increased. We used to see people with one issue leading to their homelessness. Now we are seeing compound issues, more problems to address. I think that any plan to end homelessness without addressing some of the societal issues that contribute to it is not a good plan. It has to address more than just providers...need to fix the economy, education, etc.—cannot address homelessness as a housing issue.”
- “Strides have been made such as an increase in supportive housing, and the community recognition that has come about from the Blueprint has helped a lot. But the economic downturn has hurt, so I don’t think the numbers [of homeless people] have gone down. But a lot of it was out of anyone’s control due to the economy; there are now more homeless families that there were before [used to be just singles].”

While there is fundamental agreement among stakeholders that homeless numbers are up and not down, very few stakeholders hold the Blueprint responsible for this upturn in homelessness. The

majority of those interviewed cite several external factors beyond community control, including especially the recent downturn in the economy as the major factor for continued homelessness.

- “My impression is that homelessness has been fairly constant. Some good things have been done, but it has been offset by the bad economy; it is still an issue.”
- “I think the goals were measurable and concise, and I think factors that lie outside what is presented here did not allow us to move the bar as far as we wanted it to move. I think we are dealing with the same numbers if not more according to HUD’s definition.”
- “Originally the Blueprint was a wide look at everything, but the focus for CHIP became the long term homeless individuals. [CHIP] has done a fairly decent job moving this section forward. When you look at those that fall in and out of homelessness (never for long periods of time), this is where society struggles, but there are factors here that cannot be controlled. Still we are further along than we were, starting to build good networks of groups that are willing to help the short term clients, but the demand exceeds the capacity.”
- “You have a whole new group of homeless now that wouldn’t have been considered candidates earlier. I think focusing on success or failure is not the way to go. The issues and what homelessness looks like are much different now. Federal funding has changed so much. People are in the process of losing their homes now. [There is a] new category of homeless.”
- “There are two sides to that coin; the social service network is more robust in terms of options for homeless individuals—affordable units have been expanded as well with services. BUT economy is bigger and has a stronger impact on homelessness. We could have met every goal in that plan, but when that economy tanks we’ll still have homelessness. Homelessness has not decreased; to aspire to end homelessness was a good thing, but was it going to happen? No.”
- “People are still very financially fragile. The economy has had a big impact on this. Lots of people are either doubling up or are just one step away from being evicted. [We] used to deal with the people who know how to work the system—new population is clueless, very vulnerable but not very savvy about the system. People didn’t come to us until it was too late to stop.”
- “The city has been successful in addressing it. The city has not been successful in reducing it. There has been a good increase of awareness—“victimizing the victims” has decreased. [The] economy has made decreasing homelessness impossible; new homelessness population—seeing more situational than just generational homelessness.”

(5) In your estimation, what barriers remain to reducing homelessness in Indianapolis? Explain and be specific.

The most cited barrier to reducing homelessness is the lack of funding for supportive services to keep people housed. This theme is clearly evident among a wide range of respondents from across all types of organizations, not just service providers:

- “The need for more funding for supportive services—housing is no help if they don’t know how to keep [their] housing.”
- “Right now supportive housing is lacking. The 20 percent that are mentally ill/physically ill need housing first. That may not be the way for the other 80 percent.”
- “The [Blueprint] addresses housing but has no provisions for the supportive services that are required to successfully and permanently assist a person out of homelessness. There are gaps in funding. The funding generally tends to go to “bricks and sticks” and the vast majority of dollars are not going to the needed case management and relative support. Funding has continually decreased since the late 90’s.”
- “Money for services—funding used to be better because HUD used to help more with that.”
- “There is quite a bit of new affordable housing, but there aren’t any supportive services to put with them.”
- “There is plenty of money for rent assistance but not enough for homeless service providers. There is plenty of housing in Indianapolis for families with barriers. The problem is the struggle is to find the money to support people with services, case management so when that rent assistance is done they will be able to maintain that housing on their own.”
- “The biggest barrier is the availability of funding for services. Our Continuum of Care grant was pretty well spread between services and housing. HUD told us we had to shift more money to housing and away from services. DMD has seen an increase in the community block grant, but we have continued to lose money for services there as well. We have an abundance of housing stock but not services to support it.”
- “The primary one is supportive services, which need to be enhanced. Our city has a huge rental supply. We don’t need to build anything. What we need is rent subsidies. Funding [for services and rental assistance] has absolutely been lost. This community has lost continuum of care dollars, money that we shouldn’t have given back.”

A few providers linked the lack of funding for supportive services with a lack of affordable housing.

- “Housing and more wrap-around services. You can’t just take a homeless person off the street and tell them to stay housed. Most of the homeless people we serve are those who are either addicted, have mental issues, HIV, young, and are chronically homeless. There are no dollars for the services. They will continue to stay in their drug addicted issues or whatever.”
- “This is a missing piece, bringing service providers and housing providers together. A majority of the funding is federal funding and that doesn’t provide for services and even so, that’s not a lot of money.”

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.

- “The biggest barrier we see is the lack of permanent housing options for individuals who are low income, when a resident leaves [here], they are usually making more then when they came but that still isn’t much—many are very happy to make \$10 an hour which is way below poverty if you have a family and children.”
- “Homeless issues are difficult to crack, most of my work has been with people who need affordable housing (people who have a job and income but not much). We have seen more evidence in the last few years of people living in abandoned buildings, increased evidence of temporary squatters, seeing an issue of scrap metal stealing, so obviously there is an issue with low income/no income.”
- “There is not enough affordable housing—I know this is being addressed, but many are at the mercy of slumlords who have purchased property to rehab into some rental units for some of their clients temporarily (to know that they are in a more safe environment). We need to deal with abandoned properties that have had negative impact on the surrounding neighborhoods.”
- “There is a need for more quality affordable housing for low income individuals and families (the kinds of people who are one unexpected expense away from homelessness) need housing that is safe for families (not sure all housing that is available are in neighborhoods that are safe for children).”
- “It comes down to a matter of a lack of jobs that pay a decent wage, lack of affordable housing for the kind of money that people are making; lack of access to education; degrees and certificates that people have gotten are useless because there are no jobs—societal issues that make homelessness difficult to eradicate.”
- “Society needs to rethink what a livable wage is; good paying, long standing jobs aren’t as bountiful as they used to be—we need to grapple with this as a society.”

Yet no one interviewed believed that the creation of more affordable housing requires new construction; on the contrary, stakeholders strongly believe that unlike other cities, like Chicago or New York, there is already plenty of existing physical structures in Indianapolis that could be

rehabilitated and converted to affordable housing. However, funding, as well as the number of organizations focused on such a task, is inadequate.

- “Housing needs to be repurposed. There are a lot of existing buildings that need minor rehab, but (new) building takes 2 to 3 years. There is not enough money to rehab those existing buildings, however.”
- “One of the barriers is the lack of developers who are purposed to deliver affordable housing for the homeless.”

A few stakeholders cite the Blueprint and current planning process itself as a barrier, either because of its almost exclusive focus on the Housing First approach—a one size fits all approach—or due to its lack of an adequate provision of resources and funding:

- “The Housing First model is causing a barrier. That is because the advocates are attacking people that don’t do it that way. I have seen a recent change by CHIP in which they have said we need more than just one approach. [The alternative model], Housing Preparedness First, makes sure people have sustainable employment and such before they move into a house...This model looks at the needs of a person up front before they move into housing so none are wasted.”
- “Access to housing options for special groups like homeless teens is a remaining barrier. I think many believe one model (Housing First, especially the chronically homeless) fits all, and that’s not the case. Homeless youth and other groups have slipped through the cracks.”
- “The Blueprint wasn’t realistic from the resource standpoint. There was never going to be enough resources to do any one thing completely. I think the administration thought that having something so tangible and measurable would unlock additional resources, and what we found is that it didn’t attract any additional resources. HUD funding is declining so if anything, we have lost ground. “
- “Our biggest challenge is the planning and funding process...The way that most continuums work is that there are a lot more ongoing planning mechanisms. You have a resource mechanism, a service mechanism that all work in tandem, and one of the biggest mechanisms is the involvement of our homeless neighbors. The continuum planning process should be a 12 month planning process. Our continuum is at a disadvantage because it is not a 12 month planning process. Our continuum is not well regarded by the state. HUD does not look at what we’re doing here as strong.”

Finally, a few stakeholders express concerns about changing bureaucratic requirements for qualifying homeless persons and families and uncertainty about the impact of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, including new definitions of homelessness, a change in funding formulas and new bureaucracy:

- “We still don’t have the amount of low income housing we need. Shelter plus case type programs and their requirements are too difficult for many homeless people. Being classified as homeless can even be challenging; frustrating because you want to help but bureaucracy gets in the way, chronic requirements. Three to four years ago is when it became an issue.”
- “One, [the Hearth Act] changes the definition of homeless and expands it. Advocates want it, but it creates more eligible grantees because the eligible population expands. Two, documenting becomes an issue, especially with people that are ‘doubling up’ or those who don’t have a driver’s license or birth certificate. Three, Transition from Emergency Shelter Grant program, which is a formula grant program to an Emergency Solutions Program (more spending on prevention, less on intervention). Four, it affects Continuum of Care Program by eliminating Shelter Plus Care and supportive housing program. And it creates more funds for planning and administration. Currently, the city is the grantee and it is still unknown who will be the new lead agency under this change by the Hearth Act.”

(6) A total of six goals and/or strategies were identified in the Blueprint. Which of the following are you most familiar with?

- **Addition of new affordable and supportive housing in our community**
- **Strengthening efforts to preventing people from becoming homeless**
- **Improving access to and coordination of housing and services**
- **Enhancing services in specific areas of need**
- **Coordinating services for special populations**
- **Implementation and monitoring of the Blueprint**

A majority of stakeholders were familiar with at least one of the goals and one or two with all of them, but a significant minority of respondents was not familiar with any of the goals until these were provided in the form of a list that was shared with them. “Affordable and supportive housing” was the single most cited goal, followed by “prevention efforts.” A few persons mentioned “coordination and access to services,” and about the same number cited “enhancing services in specific areas of need and for special populations.” The following examples illustrate the pattern of responses:

- “Addition of new affordable housing we are familiar with, special populations, not so much; prevention not as much as other agencies. I am familiar with some more than others.”
- “I am most familiar with affordable and supportive housing and prevention is becoming more familiar.”
- “Addition of new affordable and supportive housing in our community. For the first 4 of the 8 years there was a lot of affordable housing but it was not very connected with supportive housing. There are tons of vacant units out there but no service providers have the resources to act as tenants. Too many tenants cannot afford the rent.”

- “We are involved with prevention. We have a good working relationship with CHIP. They are wonderful in helping us get people get connected to resources.”
- “Housing, prevention, coordination of services, spec. areas of need, special populations, and the role of CHIP—very familiar with all.”
- “Doesn’t seem we are super familiar with the goals as a whole.”

(7) Overall and in general, how effective do you believe Blueprint strategies have been in adding new units of affordable and supportive housing in our community? Please comment on any of the following specific areas that may apply: Affordable housing? Supportive housing? Please provide specific examples and overall assessment. To what extent if any has your agency been involved with this area of the Blueprint?

Nearly all stakeholders responded with careful and detailed responses to this question, reflecting a keen knowledge of and experience with this issue. The clear and incontrovertible point made by the overwhelming number of stakeholders interviewed here, as previously, is that affordable housing must be linked with supportive services and that both of these, especially supportive services, remains an elusive goal. Opinions are mixed, however, on the reasons for this state of affairs. Some fault the Blueprint for a lack of emphasis on this connection and a lack of funding prioritized on supportive series. Others believe HUD’s changing funding formula is to blame. One or two think the city, community or Continuum of Care planning process is at fault. In addition, the large majority of those interviewed expressed the view that there is plenty of physical housing available in Indianapolis but that funds and, perhaps, developers are lacking to rehabilitate such units into affordable housing. Even so, the key to additional affordable housing is the inclusion of supportive services to ensure individuals can maintain the activity necessary to remain housed.

- “Affordable housing: funding is an issue. We were originally HUD funded but are no longer HUD funded. This is a significant decrease in funding. Supportive housing; HUD says “We will fund supportive housing.” True, but you will get a lower score and receive less funding/ lose funding as a result. Haven’t been successful with HHS. Worked with various other partners but just haven’t been funded. Many grants are very complicated to get a hold of. Funding not happening as much as we need. There, however, has been improvement in this area.”
- “Affordable: A lot of units, there is available funding here for this organization. But there is not enough for the entire homeless population. There needs to be more support for this on a national level, economy is affecting everything. Supportive: not enough emphasis here. Also, not enough funding or focus on supportive housing. There is still no money for supportive services.”
- “I don’t know if new housing has been added...Indy is interesting because there are more empty houses than there are homeless people, we just need to find a way to get them revitalized and get them in the homes, making homes affordable, yes. The funding for supportive services is not there. We need more intermediate supportive housing, funding

is a problem here plenty of people to help but no money to give them—we don't do housing ourselves.”

- “Housing is available but we can't make it work because the supportive services aren't being funded. We have said [to CHIP] that there was plenty of housing available to clients if that was what they needed, but they need the services in order to maintain that housing. CHIP needs to step up and tell funders that money needs to be directed to supportive services.”
- “Affordable housing is available, but waiting lists are incredibly long, and many can't access. There's not a lot of supportive housing unless you are a special population (like formerly foster care). Dormitory style housing would be helpful. Studies have shown this.”
- “Supportive Housing: Shelter Plus Care Housing, you have to be disabled to get it. Transitional housing is fewer because the focus is on permanent housing. Shelter Plus Care means rent and utility assistance and the problem is there are not enough case managers on the streets. Lack of money is primary barrier to providing services. It was better (when) HUD was paying for services. We received much more funding for services (but) now we're expected to provide the same services with less money. HUD has been saying someone else should pay for services. Their funding percentage doesn't work as well in Indy because they have a national budget and in bigger cities with more wide scale homelessness there is a larger need for the structures unlike in Indy.”
- “It (the Blueprint) hasn't necessarily helped create any more affordable housing. We've always done it and will continue to do it. We've specifically created more rental housing because that is what the community is demanding. We did have a specific goal of serving those 0-30 percent, and that wasn't the case earlier. So, we may have increased a few from that standpoint. Supportive: We really used our shelter plus care program to meet our goals but in the past few years it hasn't necessarily been a focus, we are just looking for viable projects. All our continuum of care grant is used towards supportive housing. We would have created these houses anyway with or without the Blueprint and so the focus has not been on numbers in recent years because we are just struggling to make sure it is a HUD eligible project.”
- “Collectively, progress in this area is pretty impressive. I am hesitant to attribute it to the Blueprint, but we have come a long way here. Supportive housing: many people are forced into this because organizations know that you just can't put people in houses without services. [It's] a good thing but money for the services aspect is limited.”
- “We know that as a whole we have looked back and seen that we didn't do as well as we had wanted to. I don't necessarily think that all people need to go from shelter to housing, some people really need transitional first (need intensive support before they can maintain housing. There is a difference between affordable and permanent supportive housing. There is a need for more of both. Obstacles here are: economy (available physical units but not affordable), high unemployment, greater demand than supply.”

- It seems as though there have been a number of Shelter Plus Care units added. We have transitional housing and just got approved for several new units of Shelter Plus Care. Barriers include: Shelter housing is always full and at a premium for special groups (families, domestic violence victims, youth, recently released from jail); Permanent housing for people who have a felony is an issue; Permanent housing for those with chronic addictions is an issue; Providers are working with very limited resources; The continuum of care process needs to be re-looked at because of a lack of input from providers; it is not an open process.”

(8) Overall and in general, how effective do you believe Blueprint have strategies been in preventing people from becoming homeless in our community? Please be specific.

The consensus among those interviewed is that prevention was not a major emphasis of the Blueprint, and although there has been a recent focus on this with funding through HPRP due to the economic downturn, the community overall has not dealt effectively with this issue. Any prevention efforts that have occurred over the years in Indianapolis have been on the margins and not a community-wide effort and goal.

- “This may be one of the weakest parts in the Blueprint, since it has never been a real concerted or collective effort like housing was. There have been efforts from the housing trust fund and in the neighborhoods, but it wasn’t a focus of the people working on the Blueprint. It is a part of a lot of people’s focus and attention, but it isn’t any one organization’s responsibility. Prevention is very important. If you look at it economically, it makes more sense to prevent homelessness than to take care of it after the fact and it’s the right thing to do.”
- “[Early on, CHIP’s] focus had moved away from the prevention piece...because CHIP couldn’t focus on everything, and not that it was a bad idea, they began focusing on the chronically homeless. So the focus of CHIP early on turned to the chronic homeless, so there was a shift away from prevention. However there is a shift back to that due to the economy. Our organization has always worked on prevention. We worked collaboratively with several different agencies to help with prevention with things such as rent and utilities help.”
- “There has been a lot more focus on people who have lost housing because of the economy. In terms of the traditional homeless population, I don’t think there has been big support. I think there has been a little more neighborhood support in preventing homelessness. There is a short term focus because of the economy and because of this they are not looking at the ‘real’ homeless people. For those in the criminal justice system, treatment institutions, and foster care system. I don’t think that is being addressed. Support has not been there. No direct involvement with these populations.”
- “I don’t think the Blueprint has been effective here. If anything, organizations have recognized that there is a gap between services before and after people are housed. There is an increased need for transitional housing with support.”

- “I am aware of community centers that help with prevention but have no sense of how this help may or may not have improved, and I don’t know if CHIP has helped.”
- “The Trustees office is helpful. We refer families there for utilities and rent services, not sure what community center involvement is here.”
- “I haven’t seen a lot of prevention—neighborhood centers, Boner Center, Englewood—other than that I don’t know.”
- “I don’t have a good sense of this. Any prevention occurs at community centers. If we want to intervene, we need to have significant case management which relates back to funding. We need wrap-around case management which isn’t possible without the resources.”
- “To my knowledge, no community programs have been created specifically to deal with this. The one program that was created was the federal stimulus program.”
- “Not directly through CHIP, but we are involved with this effort. We don’t receive funding from CHIP and don’t really have conversations with them. We have gotten funds from emergency relief fund. Our efforts are more independent. We provide rent and utility assistance, health and social services, help find jobs. Many families we serve are undocumented and finding employment is an issue.”
- “I don’t know of any really strong efforts here. A lot of ministries work on it, know there is a real need for it. Neighborhood prevention has been good. Community centers have funds. Prevention is important because otherwise folks end up homeless and on providers’ doorsteps, which will be more expensive.”

(9) Overall and in general, how effective do you think Blueprint have strategies been in improving both access to and the coordination of housing and services?

Stakeholders’ responses to this question are organized around several topics: care management and coordination, referral services, outreach and street outreach; transportation and childcare, and the non-English speaking population. Overall, community leaders and providers shared careful views and detailed comments on each of the topics, especially the topic of case management as evidenced below in their comments.

The consensus appears to be that case management and coordination, while far from perfect today and certainly not a standardized or centralized “system”, has improved significantly over the past decade especially due to the closer working relationship most agencies have fostered with one another. More than a few respondents credit the Blueprint and CHIP for helping foster this new, positive working relationship. Some stakeholders do not believe the Blueprint was responsible for this. Agencies often stressed the critical lack of resources for clients, however, and the fact case management can only have limited success without adequate levels of funding.

Care Management & Coordination:

- “I think we all do care management differently—standardized care throughout agencies was a goal of the Blueprint but it didn’t happen. It is a struggle because we have no requirements by DMHA since July 1st and we have suffered significantly decreased revenue (45%). We haven’t had to cut programs or people yet, but we’re just barely treading water.”
- “I think those are just words. There is no coordination between all of the agencies. I haven’t seen it. Not a central place to go to get services”
- “I think the Blueprint goals of coordination and access to services has much improved. The fact is we are communicating so much better than before here in Indianapolis. It has helped to not duplicate and allow for specialization of services among different organizations.”
- “I think that the case management system already existed prior to the Blueprint, and the Blueprint hasn’t had any influence on it. There is starting to be some value in Client Track but administrative duty takes away people helping from the front lines.”
- “Homeless agencies work, I think overall, better today than they did 10 years ago. When we were putting the Blueprint together, it was a stepping stone to getting all the agencies on board together and improve overall services. Ten or fifteen years ago it was a much more competitive community of providers. The Blueprint and CHIP helped communication among agencies and helped increase services to homeless. Homeless Connect is a great example of CHIP and what the community can do together.”
- “We are part of the Shelter Mental Health Collaboration which is helpful in terms of coordination and CHIP facilitates that—it creates a sense of togetherness, not competition, it builds relationships within the group and brings service organizations closer. It helps identify trends, resource streams, etc... We meet every other month. It is good for care management. CHIP also facilitates discussions regarding homeless youth which as an outsider I believe is helpful. I have been to a couple of meetings to address homeless youths. Now while CHIP facilitates, they may not always welcome the responses that are shared.”
- “I also think there is a good collaboration effort among programs and providers to make sure we aren’t duplicating services. The communication network is good especially over the past 4 years. I can’t say why this is however. The brown bag lunch is a great thing. It has been out of circulation for about a year but they are starting it back up. This is because participation was down and also there was a shelter directors / mental health directors meeting that took its place in a way. Michael Butler did however facilitate this new meeting. They call it the Hope Team.”
- “We were already doing [case management], but when we first started out we had too large of a caseload for case managers and now we don’t have the manpower to do as

much. People don't bounce from shelter to shelter as much because of the increased availability of housing. CHIP needs to understand that certain efficient practices are already out there. They don't need to come in and say this is in the Blueprint this is how we're going to do it."

- "We have done the best we could the last decade but we have always struggled because we never had enough dollars to do the case management it took to house and employ clients. Federal stimulus dollars are great for case management—HPRP has changed everything for us in a positive way--strong long term results now (when this dries up it will decrease). I see a bright spot. The agencies that are doing care coordination are working more closely together. Now we have the 24/7 response mechanism, allows us to have someone on call at our agency 24/7. This is the way we get people into emergency and transitional shelter. There may be duplication of services between agencies but the populations we (each) serve our very different. There is more duplication than perhaps the United Way wishes there was, but collaboration is stronger than it has been but it won't continue if we don't figure out the funding and if we don't have the players that make it easier (city administration and its politics)."
- "I don't think the Blueprint coordinated anything. There is no real good coordination between those who provide services and those who house them."
- "This goal has been furthered but still has a way to go. Some neighborhoods still have a lot of squatters, because of this it is difficult to say how accurate the street count is. [2009] HPRR stimulus funds really took the systematic approach to a new level. They meet monthly with case managers and have helped build a network with landlords and case managers from different organizations to create a sharing of information. With care management, the idea of this has changed. In the beginning they thought there would be one entity, but with the size of Indianapolis that is impossible."

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.

Referral Services

- "Referral is better now that Horizon House is in the picture along with the Salvation Army, Wheeler, HIP."
- "211 is an effective way of getting information out there. Our staff uses it."
- "211 has been a useful initiative. The homeless "booklet" CHIP developed has been helpful."

- “The homeless know most likely by word of mouth, part of it is through street outreach teams. 211 is also helpful. CHIP put together a very helpful resource book. We saw several hundred in case management and many more beyond that last year”
- “There have been improvements in coordination of outreach, case management, etc. Providers are much more aware of what is out there and what others are doing and there is better communication between them. CHIP may have had a role in trying to bring people together, but it is more of an individual/organizational effort.”
- “211 is absolutely essential to our community, but CHIP was not involved in creating and implementing 211.”
- “Our 211 system has a Spanish speaker 24/7, but within a few hours we can have someone to speak with other populations.”
- “For every family we help with rent we also turn down 7-10. We simply just run out of funds on occasion. So the referral services have not kept up with the explosion of Hispanic activity. I don’t think it’s neglect, but providers have not kept up with this explosion.”

Most stakeholders believe homeless community outreach has improved over the past decade but there is a more mixed view about street outreach. Many agencies feel that Homeless Initiative Program (HIP) and to a lesser extent other agencies such as Horizon House have adequately responded to this need and that HIP especially has been under-recognized and/or under-resourced for meeting this need. A few would like to see greater coordination by a central body because there are new and sometimes inexperienced players in the mix of street outreach.

Outreach & Street Outreach

- “Good with HIP and Horizon, but need more people who can recognize people with mental health problems; a lot of different teams these days. Faith based groups have stepped up... need more coordination between outreach groups...too fragmented.”
- “We’ve done pretty well, especially a lot of focus during wintertime. This is coordinated well. There is not a coordinating body here [with Street Outreach]. Everyone’s doing their own thing. Maybe people aren’t working together because they are ‘competing’ for the available funds.”
- “HIP has a great outreach team. HIP organized outreach in Indy. Even people from CHIP have gone out. This is a major need but it is being addressed very well.”
- “There are consistent meetings, and CHIP may host them. CHIP meetings are good I think, I don’t know the frequency, there is a lot more communication during the winter. There was supposed to be a certification outreach team but I don’t know what happened to it. ”

- “The folks at HIP have been doing street outreach forever (15 years or more). The PourHouse and Horizon House have each done outreach on and off. Yet I understand PourHouse and Horizon House were recently given a grant from CHIP to do community outreach—looks like another opportunity for CHIP to tell people what to do.”⁵

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. A few believe that a system of coordination between the Marion County Courts, IMPD, and providers has adequately dealt with this issue.

Engagement Center

- “I was involved for a time on it. We definitely need it, but community has been talking about it for years, just hasn’t quite happened yet. At present I believe the neighborhood association is the difficulty; it is also expensive to do but cheaper than longer term cycle.”
- “This came about because of increased communication and reorganization that there was a gap in providing services to this type of population.”
- “I am aware of the Engagement Center proposal. I think CHIP was a bit dismissive in terms of what was already being done in the way of engagement.”
- “The Engagement Center has not become a reality yet, but it will be a good thing.”
- “We’ve been waiting for an engagement center for 10 years. Now we don’t have a need for it anymore. We need more places for treatment. There is a program started by Judge Collins that works with people on the street who are chronically homeless and have mental illness and alcohol addiction. When police show up, they call various service providers from different agencies and offer homeless/criminals opportunity to get help instead of go to prison.”
- “We will have one. The plan that CHIP had reviewed was going to be 50 beds, bigger square footage. There were going to be phases which promoted engagement up to a 30 day stay. It looks like the new center is a three day drunk tank. So people will not go to jail but I’m not sure what this will do to help those who are chronically homeless. The funding has really changed a lot. The state used to have money for transitional housing but I believed they may have pulled that funding.”

The universally expressed view among providers and community leaders is that both transportation and childcare remains a critical but seriously unmet need across the board for many homeless persons and families.

⁵ According to CHIP, these entities were given a grant from United Way of Central Indiana, not CHIP, to collaborate on outreach. The grant was awarded after a competitive bidding process in which there were multiple applicants.

Transportation/ Childcare

- “These are always barriers. No advances in transportation that I have noticed.”
- “Childcare is just about non-existent. Transportation is not as good as it used to be because money has dried up.”
- “[Childcare] is a constant issue. It is difficult to get any form of childcare, subsidized or not. Most childcare only kicks in when (after) you get a job. There always barriers with transportation. We receive an allotment of bus tickets from the city. When they run out we have to subsidize it ourselves.”
- “Childcare is an ongoing issue, [because] vouchers are limited. CCDF has limited who can get those, also strings attached and waiting lists. Transportation is also an ongoing issue. It’s a barrier to becoming employed.”
- “This is a huge need. We have limited government funds to help with transportation. This money goes very quickly. Bus tickets are difficult to get. We also need funds for people who do have vehicles for repairs/gas cards etc. There is also a lack of funding for child care. More funds need to be available.”

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

Non-English Speaking

- “There has been a lot of improvement here in the last decade. The community is aware of need and is trying to address it.”
- “It is always difficult to get a bilingual staff. We don’t see a lot of these clients.”
- “Here it has improved. Four years ago our connection was not good, but now we have a Latino, Spanish-speaking counselor.”
- “We rarely deal with this population. I think we would need a native tongue to facilitate trust among this population.”
- “There has been a huge influx of immigrants in the city- but this comes down to the definition of homelessness—many of them aren’t in the street under a bridge, they’re bunking 5 families in a one bedroom apartment—they aren’t technically homeless but they are.”
- “The main reason Hispanics seek services is for medical visits. There are many diverse cultures here in Indy, but we don’t see them that often. They’re under the radar.”

- “As a community we have gotten better with the Spanish speaking community. All the other communities we have, we have not. Some domestic violence providers like Julian Center have done a very decent job. There is a communication barrier with many groups and they aren’t asking for assistance through the ‘normal’ channels.”
- “Very few (2 or 3) Hispanic that don’t speak English. HUD will not fund a person who has no proof of legal residence or a birth certificate.”
- “I don’t know how many providers really have the capability to serve the Hispanic population. The language barrier makes things difficult. It has been difficult for providers to keep up with the explosion of immigration. It’s difficult because to really serve them well you need to know the culture. There is a tremendous need for bilingual mental health providers.”

(10) Overall and in general, how effective do you believe Blueprint strategies have been in enhancing services in specific areas of need?

Mental Health and Addiction

The primary concerns voiced about meeting the needs of the homeless who suffer mental illness and addiction is the lack of funding overall, especially the lack of funding and treatment centers for addiction. While meeting mental health needs seems a little better, some still believe that more funding and providers are needed to reduce long waiting periods and an over-reliance on less expensive treatment with medication as opposed to counseling services. Few, if any, providers would credit the Blueprint with any of the progress in meeting this goal.

- “This area is pretty well covered. The funding isn’t always there but the services are there. Funding is a critical need. It is easier to get Medicaid for those with a disability and an addiction but if it’s just an addiction alone, rarely will they get Medicaid or any other funding. The majority of our clients are the dual (addiction and mental illness).”
- “Not really sure the Blueprint has had anything to do with filling that need. There is an existing network between mental health service providers. CHIP has fostered a shelter mental health collaboration meeting but this has nothing to do with funding or resources.”
- “There are not enough resources for these subpopulations (mental illness and addiction). Because funding has been cut organizations have to rely more on medication than actual counseling and supportive services. [The percentage of] those who come in and see us and have a substance abuse issue is between 30-40 percent!”
- “Funding is available for mental health and addiction issues. No problem finding providers for those who meet the HUD definition- funding isn’t adequate but its available.”

- “The shelter/mental health collaboration is good but I don’t think coordination in general has improved because of the Blueprint directly.”
- “Not enough supportive services (mental illness and addiction) are available. Women could have to wait a month to be assessed. Once the services are provided then because of lack of funding there is not follow-up.”

Employment

Nearly everyone who touched on this topic indicated that this is one of the most difficult challenges facing their work with the homeless due to the large investment of resources necessary for success. Several interviewees also pointed to external factors beyond their control, such as the recent downturn in the economy. Interviewees tended to focus on themselves rather than the Blueprint.

- “We have an employment training program. We find jobs for this population and work with an employer to work with needs of homeless clients. We feel like we are doing a pretty good job.”
- “One used to be able to compete for a job with a GED, but since the recession that is no longer true. Many are going to multiple part-time jobs with no benefits rather than full time with everything. The challenge with the 2nd and 3rd shift is what to do about childcare? It is difficult to keep jobs with factors such as illness, addictions, violence, mental health, etc. There is no follow up on many services provided due to lack of funding.”
- “No, there are not adequate opportunities for employment. A lot of the jobs that are available aren’t realistic because of transportation. Organizations do help their clients here but not CHIP. I don’t think CHIP has ever given us a job fair or job opening announcement.”
- “The problem with the employment realm is that people have no idea how much work needs to be done to help the typical homeless population maintain employment—much different than the recent population who just lost their jobs.”
- “No one wants to hire people coming out of incarceration. There are people who help veterans, but it is still difficult. As far as I am aware, the Blueprint hasn’t helped in employment.”
- “Finding employment for Hispanic community is an issue because of documentation. Also, even if they can find employment, often it is not at a living wage... Many families are having to pool their resources and live with multiple families in one home/apartment. It is difficult to find acceptable referrals.”

Emergency Shelters

The near unanimous consensus among stakeholders is that Indianapolis overall enjoys a strong emergency shelter network that does a very good job of providing for emergency needs in this area. There are some ways in which this network could be improved, however. Concerns were expressed about whether the needs of special populations are met; for example, more resources for follow-up services after emergency shelter, families, youth and children, immigrants, and gay/lesbian/transgender persons. Stakeholders provided suggestions that future plans could address. For example:

- “I do not believe there is a need for emergency shelter, but there is a need for supportive services once they leave that shelter.”
- “Unfortunately I think we need more [emergency shelters], because as important as permanent shelter is, we need that immediate access. This has become more of a crunch since the recession. I know 211 can put families in a hotel but I don’t know how much availability or funding they have to do that.”
- “We know there is a huge influx of immigrants, but the Blueprint may not necessarily be catering to their needs. A lot of these people are doubling or tripling up with relatives and it makes it difficult to count them or consider them housed by HUD’s definition.”
- “Shelters are great but they are all faith based. For example, transgender or homosexual cannot participate. We have 12-15 transgender, and we are just trying to understand their situation. We have a large homosexual population (about 18%). Those people can never come through the shelters. We need one that is not faith based [to house such persons].”
- “One of the weaker spots in the city is dealing with families of women and children.”
- “Education remains the biggest problem for homeless children.”
- “[Youth education] needs are not being met. Transportation is an issue. I think the child’s needs are forgotten.”

(11) Overall and in general, how effective do you believe Blueprint have strategies been in coordinating services for special populations?

Family Stability, Children and Youth

Several themes emerge from stakeholders’ comments. First, the focus on and support for homeless families is relatively recent and represents a critical but under-served population. The problem has been exacerbated by the recent economic recession. Second, youth aged 16-22 is another population with critical and unmet needs in terms of housing and employment. Third, many of the needs of homeless mothers and children for 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 has barely recognized let alone begun to address their needs.

- “Family stability is an under-served area.”
- “Until the last six months there has been no focus on families because now the community is more open to providing funds to the homeless child rather than the stereotypical homeless individual.”
- “For single women maybe a GED, kids, not much of a support system. They get part time jobs. If you help the parents, you help the children. The big focus is on the chronically homeless and then getting them housed. We are in such a hurry to house people there is not an opportunity to provide services to families. When you don’t have money it’s the immediate things that matter so services in some cases get left out.”
- “I think there is more emphasis on prevention and stability (for families) now than there was. Over the past three years since demand has exploded, I think there needs to be a lot more attention here. We have one social worker that works directly with school system—have tutors, would give credit to CHIP for bringing this issue to attention. There is a lot more help for special cases than if a person was simply just homeless.”
- “We promote family stability heavily. Everything we do here works towards this. I think it’s what agencies like ours do anyway. I don’t know if the Blueprint helped or not. It’s nice that our work fits into the Blueprint. Families have become more pronounced as the economy has tanked.”
- “As a community we are getting better in this area (families) because of HUD funding and doing a better job of coordinating affordable housing to the “newly homeless” Still a long way to go, but not because of lack of units but the fact there aren’t a lot of units that take people with a bad history.”
- “Populations that have children have less opportunities than they used to have; finding supportive housing for families with children without mental illnesses is very difficult—nature of available funding makes this difficult.”
- “There isn’t enough quality/safe places for families to live.”
- “Help for homeless children has decreased throughout the years due to funding—lost a liaison that helped directly with this—education is such an issue. Focus was on the single chronically homeless individuals—been serving the same clients since day one. There has been no recognition of families.”
- “Children in general should be considered a special population. The basic needs of food, clothing and shelter need to be met. I think some schools have good support (counseling), but some schools could be better.”
- “I think we are primarily known as the organization that gives service to unattached individuals. We serve about 3,800 or half that population a year. 18 and older unless with families. In the last two years we are seeing those 18 year olds.”

- “The 16-22 year old population is inadequately served.”
- “We have a lot of 18-21 yr olds mostly single mothers or HIV population.”
- “18 and older unless with families. In the last two years we are seeing those 18 year olds.”
- “The Hispanic community and youth population has grown exponentially but the services have not kept up.”

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.

- “Coordination for this population has improved. DVN recently had providers meet to talk about the future. One thing that was very apparent is that the issues of violence are becoming common place and victims don’t even realize that they are victims. There is also a lot more abuse that is not being reported. There needs to be an education plan for this issue.”
- “Men that are victims of domestic violence are also underserved. Turning Point in Columbus, IN is the closest help we can offer to a man without children.”
- “We need more help here as far as keeping predators away from the women they abuse, and the city could do better in providing services. Sex offenders are another sub-population that needs to be helped because not all sex offenders are the same. Some are young people who got labeled for a minor transaction.”
- “A population that I don’t think is being recognized at all is the young people involved with sexual trafficking.”
- “Pregnant women, domestic violence, and employment services are well funded services. Domestic violence shelters are very frequently full. They have an emergency bed space plan and it has been activated quite a bit. Julian Center has increased transitional housing and that is not yet full. Coburn Place is always full. Are we doing a better job meeting this population’s needs? There was a larger focus originally [in the Blueprint] on the chronically homeless, plus domestic violence wasn’t as large of an issue. The stress of the economic downturn brought out this special population but it’s difficult to say if we’re serving them better. Julian Center and Coburn Place do a good job and one thing we are still working on is the collaborative nature. They don’t have to report to HMIS on the same level because of the privacy level and it makes the collaborative piece harder.”

- “We’ve seen an increase in domestic violence. Julian Center does have a few bilingual providers and that’s why we send people there.”
- “We work closely with the Julian Center. I have seen a huge amount of services available and a greater focus on this special population. People are more likely to seek help now. There is less stigma in discussing this situation.”
- “The demand is growing. The demand specifically for housing for domestic violence victims is growing. The way domestic service providers provide services is improving but people are still being turned away each year. I haven’t any direct recognition from the Blueprint that has translated into action with regards to the domestic violence victim population.”
- “We serve many young Hispanic families—more nuclear than not (also very extended families); have seen an increase in domestic violence—thinks this may be due to the changing/shifting of culture that has allowed women in the work place- may be difficult for the men because it isn’t there in Mexico yet—difficult being in a different culture (different for men not living in such a patriarchal system).”

Veterans

Although the demand for homeless veterans’ services remains high, and is likely to grow in coming years (given the large numbers of military persons and families), the provider community for veterans has been fairly substantial and effective in the city.

- “We have dealt with Veterans families. We don’t have a huge number of Veteran families, so I’m not sure how well their needs are being met.”
- “We do very well in Indianapolis with Veterans because of proximity of VA. We have a lot of supportive housing for veterans.”
- “There is not enough money there. HVAF does a good job but needs are under met.”
- “Not originally thought of in the Blueprint, but I think they are addressed now. There probably needs to be more coordination.”⁶
- “We have a case manager specific with working with veterans. Homeless veterans have difficulty opening up about their service. Almost every other month we gather our homeless veterans together and make sure they know what’s available to them. That has been more advanced in the past three years.”
- “[Veterans] have a little bit of an edge. They have skills, [and are] mostly single.”
- “We don’t serve a lot of veterans but this year we served eleven. This population presents itself with a lot of addictions (alcohol).”

⁶ The Blueprint does in fact address veterans, and identifies HVAF as the coordinating entity for veterans’ issues.

- “The homeless veterans program does a good job of networking and referral.”

(12) As you know, CHIP was designated as the lead entity for this project. Overall and in general, how effective do you believe CHIP has been in implementing and monitoring these Blueprint goals, strategies and initiatives? Please explain fully:

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 existence and role CHIP has played over the past decade than it would have been otherwise. Specific areas of strength mentioned include CHIP’s role in bringing together the different stakeholders and facilitating communication through meetings and information provided to service providers and the community. As one stakeholder mentions below, CHIP “represents the collective face of homelessness.” Indy Homeless Connect is mentioned by many stakeholders as a very successful and significant achievement by CHIP.

Respondents mentioned the following areas of CHIP strength

- “The Homeless Connect has been a great success and they have done a good job pulling people together. The Shelter Mental Health Collaboration has been good in allowing the participants to understand the others point of view.”
- “I think it [CHIP] has morphed into being an advocate for all of the social agencies with the city. It is becoming the voice for the Continuum of Care and I think they play that role well.”
- “CHIP has been successful with the technical support. Client Track and HMIS have been hugely helpful. They have a familiar face within the community.”
- “It’s all about permanent housing. We are making a dent. Shelters aren’t as full in winter. CHIP can take the credit, but we are doing the work. 2,000 new clients is less than the past. Indy Homeless Connect is very successful. They pay for training opportunities for professional development. Street count was helpful.”
- “I think CHIP presents itself rightly as the collective face of homelessness and they are doing that well. They are informed; they make themselves available. They are improving in the way that they get providers connected through various brown bag lunches. If they were moving toward service provision and became a provider that would be a bad thing. They probably could do better at keeping up to date with data collection and should monitor the attainment of the Blueprint goals better. They have been lacking in this area. More regular updates perhaps in public meetings would be more beneficial and would give CHIP more press as well.”

- “[CHIP] have had their bumps with changing executive directors and shifts in philosophy. I think they have done an OK job, not stellar, and the fact they’re doing this study shows that they still care. But I think the Blueprint, they realized, was too aggressive; it needed to be changed. I think they’re seeing that now. The first years the Blueprint came out, the relationship between the service providers and CHIP was not good which is what resulted in the change in leadership. And there were outside factors: Changes in the top down: loss of the mayor who strongly supported the plan. Changes in the economy... a lot of hard things to work through. I don’t think they (CHIP) fell short, I think what they did (the Blueprint) was very brave, to say you will end homelessness in 10 years. But you almost set yourself up for failure to do so because you can hope that’s what’s going to happen but it likely is not.”

- “Over the years I feel as though CHIP has done a good job on keeping us updated on the services being offered by various providers. They provide information about workshops, meetings, and conferences that we should attend. They’ve been great in coordinating services. They have done a good job of keeping us aware of any available funding. They were very patient in training us [on Client Track], taking suggestions. Overall [CHIP staff] are very easy to work with. This program has proved very helpful and very accurate. It shows us how well we are seeing the homeless population. CHIP is a valuable resource.”

- “CHIP serves as a useful clearing housing, a centralized spokesperson, relieves the United Way so that it doesn’t have to look like they are advocates of just homelessness. It is successful in giving the agencies that are dealing with this population a sense of status and not only recognition but also helped make homelessness more acceptable to talk about.”

Stakeholders recognize that CHIP also has its challenges, and they offer suggestions for improvement. Several dominant themes emerge. There is widespread acknowledgement of the difficulty presented by several internal leadership changes over the past decade and many cite a positive note regarding the current staff and leaders. Many express the view that CHIP should expand and enhance its role as a facilitator and coordinator for providers, funders and city leaders. Many stakeholders 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 this role. Many stakeholders believe CHIP should act as the central leader of a coalition that seeks to further everyone’s interests, yet some view it as sometimes acting more as its own advocate and even becoming a competitor for limited grants sought by providers. Instead of seeking funding for itself, stakeholders would like to see CHIP actively pursue funding for the entire homeless provider community.

Several respondents express concerns about the need for more basic research and more sharing of assessment results and research information with the community in meetings and on the website. Many cite a lack of clear focus on Blueprint goals over recent years. A common theme is that CHIP staff lacks firsthand experience common to many providers, yet it acts as though it knows better (it devalues or does not appreciate the practical experience possessed by many practitioners). Finally, many providers are unclear about CHIP’s role, mission and its goals.

Related to this is view that CHIP should become more collaborative and less directive in its relations with the stakeholder community.

Stakeholders' comments below demonstrate the range and scope of the above concerns and suggestions:

Past Leadership, Staff Turnover, and Related Issues

- “They get a C for a variety of reasons. It was a tough challenge working as an intermediary between providers and funders. The [previous] leadership’s view of priorities most likely hindered success. Today’s leadership is much more focused and back on track. If it would have been in place years ago, the Blueprint would have gone better.”
- “I think the change of leadership impacted their ability to do these things well. I don’t think any of the directors so far have an appreciation for boots on the ground so I think they lost focus. The city and CHIP were deficient in their areas of implementation [of the Blueprint]. Not understanding the resources has been a big impediment. CHIP needs to do three things: advocacy and public policy to understand resources, convening stakeholders and other constituents, and promoting awareness.”

Funding

- “I think they could take the lead in helping us find funding sources and it has never really happened. They have good intentions. I think working with the Ballard administration has been challenging. The key to CHIP’s future role: looking at funding for future providers and continued collaboration.”

Monitoring Data, Sharing Information and Research Reports

- “[CHIP] needs a more effective way to monitor data [for the Blueprint goals].”
- “CHIP has an advisory meeting, but they are not really doing anything that is impacting anybody except to push CHIP’s name out there. They don’t coordinate the players and never have done that. They should be out there looking for funding. More talk and no action. They have an annual meeting and give a report and involve all of the homeless organizations. I have not seen them focusing on the Blueprint. Most People don’t know what the goals are.”
- “I don’t think there has been a monitoring piece in the past 6 years. I think they have tried, but they have hit roadblocks with the city, funding streams, etc...CHIP has not been able to establish a better working relationship with the city. Communication about progress of the Blueprint has not been effective. As to a future role, more information about funding and more follow through [on what’s working and what’s not]. I also don’t know what they do currently, so it would be nice to know what they are about.”

- “I don’t remember receiving any surveys or data recently. I think the annual survey is valuable because it is required to get HUD funding. You sometimes have to question the numbers and methods though.”
- “Collecting data is what they’re really good at. The last three years we’re not getting those research reports. What are they doing with all this data? There have been no Blueprint updates. We don’t know how we have done. There should be more meetings with providers. More transparency between CHIP and players.”

The Role and Effectiveness of CHIP in Relation to Stakeholders and the Community

- “A lot of the success documents include things that organizations have done on their own completely separate from CHIP and completely independent of the Blueprint. It would be a mistake for CHIP to take credit for everything in the success document which is framed around the content of the Blueprint. I think there is also a disconnect between the providers and the Blueprint because a lot of organizations are dedicated to stopping homelessness but don’t know about this larger, concerted community effort. It may be time to bury the Blueprint. The concept needs to be reevaluated and looked at moving forward with what worked and what still needs to be addressed. CHIP should have an organizational master plan in addition to their community master plans. They may need a mission to prevent homelessness instead of ending homelessness.”
- “I know what CHIP’s mission is on paper, but I don’t really know what they do. There is a disconnect between service providers and CHIP. They compete for resources when providers really need them more. They need to be advocates not competitors. There is an arrogance about them. They advocate for themselves quite often even if it’s at the expense of service providers. They are part of the Continuum of Care Board and FEMA Board, and they often provide misinformation at these meetings.”
- “I think they dropped the ball and could have been much more active in taking on a champion role. I was hoping they would become a clearinghouse and create benchmarks of excellence and requirements to recognize certain agencies. They could have championed the awareness campaign a lot better. They have not started a homeless youth advocacy network, and they don’t even have the definition of a homeless youth...They could have been an advocate, community liaison. I thought they would have put on their website resources, trends, best practices, and they didn’t. Could have done more in terms of media and awareness to the community. They could be taking on a much more leadership rather than strategic role. I’ve been asked recently what is the role of CHIP, and I don’t know.”
- “No regular meetings anymore. I don’t really know what their role is right now—besides recipient for grants. I never hear anyone talking about the implementation of the Blueprint. I don’t know that it matters what their role is—but seems to be a little bit of a disconnect from the beginning of the Blueprint until now. Homeless Connect is great but it is only once a year.”

- “For all the money and funding [CHIP] gets, there should be more done. They did two research projects for the Engagement Center, and nothing was done, for example...They (CHIP) just talk and don’t necessarily pull in the people that can do. It will still come down to others finding the money and moving forward with things. Indy Connect is a positive thing that they actually do. But when I look at their annual report, they get credit for a lot of things that happen, even though they’re not actually doing anything. Funds they get could be better used by showing how they actually pulled people together to get homeless people off the street...There should be more meetings with providers and more transparency between CHIP and players.”
- “Their role as lead entity has been spotty. That is partly because of the turnover among a small staff. The interpretation of what ‘lead entity’ means has hindered CHIP in their progress. The notion that they were the lead entity to staff a coalition got lost, and they became gatherers of data. They got out of touch with what the community needed and went toward the ‘this is what we think needs to be done’ approach. The collaborative effort stopped. CHIP needs to fill the organizational role as filling the staff of a coalition that collaborates and keeps the many organizations involved focused. They should have had annual evaluations.”
- “CHIP hasn’t done a good job of engaging communities and neighborhoods. They don’t go out and talk to them. Good planning with service providers (for example Connected by 25), but not with neighborhoods. They didn’t like what I had to say, so I stopped getting invited to their meetings. CHIP used to be very effective at creating the platform—and they were not hesitant to use a bull horn to talk about the issue of homelessness. CHIP has now become understated in doing that advocacy role. They focus on tactical issues at the expense of strategic ones. The old mayor used to mention the Blueprint all the time. The current mayor doesn’t—[it’s] not in the consciousness of our local government leaders like it used to be or funders for that matter.”
- “Instead of just releasing a report, CHIP should act more as a facilitator to make the network between CHIP and service providers more self sustaining and geared toward open discussion. There has been a lack of follow through in keeping the goals in front of people.”

(16) What recommendations would you make for setting goals and priorities for completing and/or maintaining the goals of the Blueprint after the end of the Blueprint period (January 2013 and forward)?^{xvi}

By and large, stakeholders expressed unanimous and continued support for and retention of current Blueprint goals. Many stakeholders want to see a stronger collaborative process for assessing and developing new, fresh strategies for the next community plan as well as a greater coordination and involvement of all players in this process of refining strategies and goals. A shorter time frame was mentioned for development of the next community plan as well as the need for more specific and identifiable targets to be achieved. Many stakeholders here as elsewhere in their interviews expressed concern about the on-going and critical need for more funding as something that should be included in the next plan.

- “I don’t there is anything wrong with the current goals they have. What will be different is changing the strategies that go along with the goals. From an organizational standpoint in order to achieve these goals they need to just have more clearly defined, realistic strategies so organizations can look at it and say here’s what I need to do here’s how to get it done.”
- “Moving forward we need to look at the issues of supportive services to all segments of the homeless population. We need to take a look at the education system and how it interacts with service providers. Most of homeless clients are under-educated. Continuum must include everything, affordable, supportive and transitional housing, services, and prevention.”
- “The goals are good but there needs be more of a vision and more concrete steps in achieving these goals along with what barriers will be encountered. Older adults should also be recognized (50+) within the special populations, along with youth and transgender persons...There needs to be a greater focus on funding and even fundraising.”
- “Need to take the best of the Blueprint and reframe it, make a new plan. No plan lives for 10 years. Scrap it and call in someone else and give new goals. It will re-energize the homeless community into action.”
- “Getting bilingual providers needs to be a focus. How do we address immigration and not turn them in to scapegoats?”
- “Some agency has to take the lead on coordinating a bunch of groups who have the same goal but don’t know what each organization is working on, and I know CHIP knows all of the organizations because we come to them. I don’t know what [CHIP’s] mission statement is, and if they had one, then maybe they would know what their goals are.”

Appendix C: Homeless Interviews

Homeless Client Responses to In-depth Interview Questions

(1) Is childcare now a serious issue for you and your family?

For a majority of interviewees, childcare was not an issue. Most of the population we spoke with either had grown children or were not living with their children. For those who did have small children, they 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.

Consider the following responses:

- “One organization offers childcare but it’s only from 9-4, and if you get a job and then it’s only 6-6. They don’t realize, it’s really hard to tell employers, ‘Yeah, I can work but only from 6 to 6’...They can find someone who doesn’t have any kids instead.”
- “Childcare is a huge issue in the afternoon and early afternoon. This makes it difficult to maintain a job.”
- “[Childcare] was an issue before, and I didn’t find much help for it from any shelters.”

(2) Is transportation now a serious problem for you and your family?

For most, transportation remains a serious issue. Interviewees expressed two specific problems with the relation of the bus system. One is its inadequacy and unreliability and second is the difficult process in obtaining bus passes if one can’t afford them.

With regards to the first issue, individuals felt that the bus didn’t travel to enough place, specifically those areas up north where there may be employment opportunities. They also said that bus system doesn’t run as frequently as it should and it is very unreliable which makes it difficult to use when trying to go to a job interview for example.

- “It doesn’t go far enough. You can get really good jobs but the bus won’t take you there or [you] could get a third shift job but won’t have a ride when you get off of work; “For us to be going as metropolitan city to only have one form of public transportation is crazy.”
- “...a serious problem if you have somewhere you really need to be, if you have an interview or something.”
- “There are jobs in Fishers and Plainfield, but people have no way to get them.”

The second issue for some individuals was obtaining bus passes. Interviewees said that it was difficult to obtain bus passes from any organization if you didn’t have a job.

- “Most organizations around here will not give you bus passes unless you have a job. How am I supposed to find a job, if there is no way to get there to look for them?”

(3) What do you see as the major barriers to abiding or overcoming homelessness in Indianapolis? How could homelessness be reduced?

This question received a wide array of responses. That said, most interviewees spoke of barriers that related to employment, housing, communication, and personal issues. Those who believe employment is an issue spoke in very specific terms as to what that means. Interviewees commented that the job training programs offered by many organizations are helpful and adequate in number. The resources to 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.

- “Businesses need to hire within the shelters because you have a lot of talented people there with different types of skills that they can use to help themselves not to become homeless anymore...It’s good [for employers] because you know they are drug free because a lot of places do periodic drug tests...They are also accustomed to having to work within the shelter, so in a way, they are job ready.”
- “Probably the number one thing is finding jobs. There are enough jobs but not for unqualified people, which there are a lot of.”
- Unemployment is a large scale issue. It is the number one issue. The jobs are not out there. If they could come up with some kind of program, it would really help.”

Those that spoke of employment being an issue also commented on the barriers associated with housing. They pointed out that it is difficult to acquire housing without being gainfully employed. While it was not a common response, two individuals noted that it was easier to acquire housing if you were either a veteran or had a previous mental health illness or chronic addiction, implying that it is very difficult for the general population of homeless to acquire housing.

- “There should be a grant or some other type of financial aid made available to people who are homeless with the stipulation that they either attend school on a full time basis or seek gainful employment. You know, I’m homeless but not hopeless...and far from uneducated...and I’m still homeless.”
- “I went to Homeless Connect and guy told me that unfortunately I’m not in one of those special groups to get housing. The rules are too strict for getting housing.”

One individual even commented on the location of low income housing and the shortfalls associated with it.

- “A major issue is that most of the affordable housing is in the worst neighborhoods, and you’re having to deal with drugs and violence...It’s not conducive to raising children.”

Inconsistency in communication was also a common response among interviewees as being a barrier. Some individuals said that information they received from providers was often outdated. Also, some individuals felt providers would not give them straight answers when it came to questions of employment and housing. Three or four individuals mentioned that the rules and regulations were barriers themselves and that this made the process of climbing out of homelessness all the more difficult.

- “They pass out a lot of pamphlets, but the information is not often up to date, can get very frustrating.”
- “The lack of communication is a problem...There needs to be more help and money available for housing, but if you say you’re going to offer housing, actually offer it.”
- “Biggest problem is...you get people who want you to talk to them about how they can help you...gathering information wise, but when it all boils down, it’s like they don’t help. It’s like, ok you’ve gotten what I think about being homeless, how are you going to help me.”
- “Some of the programs have a lot of hoops that you need to jump through—not that it’s necessarily hard to meet the requirements or can’t meet them—it’s the time it takes to do all of this. It seems as though...May I be frank? It seems like they just want to keep you going for so long that you just give up.”

A final issue, that almost half of the individuals mentioned, centered on the individual’s decision making process and lack of motivation to improve his or her 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. One individual suggested that an increase in outreach may be beneficial in targeting this population, but many believe that it comes down to a certain level of individual comfort. Some suggested that these “lazy” individuals get in the way and heavily contribute to the negative stereotype of the homeless population.

- “You can only help those who want to help themselves...a lot of people come to the shelters and hang around for free food and a place to stay.”
- “They need to find a way to figure out how to separate those who really want/need the help and who are willing to help themselves, from the people who really don’t have the motivation to do anything. They are in our way.”
- “There are some people who are used to living like this and have made a career out of it, but there are a lot of people who really want out and are willing to work at it. I just want to opportunity to be self sufficient again.”

- “Some people are comfortable with the three meals a day at the shelter. I’m not. It’s all individual. If people want help, they can get it.”

(4) Thinking of your own case of being homeless or at high risk of becoming homeless, what services or programs may have or did help you overcome that situation?

Answers from this question tended to focus on the shelter in which the individual was currently at, but responses to this question mentioned an entire array of programs and services that are described in more detail throughout the remainder of the interview. Very few individuals elaborated on the nature of the programs or services they used but the following is a list of popular programs and services utilized by the interviewees:

- Homeless Initiative Program (HIP): Many individuals used HIP to acquire bus passes, find clothing, and acquire housing.
- Horizon House: Many individuals felt information and services provided here were very beneficial.
- Wheeler: Wheeler was mentioned numerous times for its STEPS recovery program.
- Salvation Army
- Dayspring
- Boner Center
- Julian Center
- St. Vincent’s: Many individuals went here for clothing needs.
- Training Inc.: This program was mentioned by half a dozen individuals as being a great place for job training and finding employment.

(5) Have you had any need for, experience with or received information about supportive or assisted-living housing in our community?

HIP was the only organization that was mentioned in regard to acquiring supportive housing. Over half the individuals mentioned that they had never been exposed to organizations that dealt with supportive housing. Most didn’t even know what exactly supportive housing entailed. Those who had heard of it mentioned that there were long waiting lists attached and a certain minimum income was required in order to obtain the housing.

(6) Have you ever had a need for or any experience with or received information about affordable housing in our community?

All but four individuals said that they had a need for or experience with affordable housing. As was mentioned earlier, many individuals felt that there were many barriers to acquiring housing. Almost everyone said that employment was required to be considered, and many felt discouraged because of this.

- “Housing is an issue. I signed up for Section 8 housing five years ago, and my number is just now coming up...I will still have to pay 30 percent if I get a job.”
- “There is not enough housing. It might be a good idea to create a program that allows people to select a home and put in a designated amount of sweat equity in it in order to acquire it.”
- “The Boner Center is great about providing housing only if you can prove that you are gainfully employed.”

(7) Have you ever had a need for or any experience with or received information about a neighborhood based homeless prevention program that provided rental subsidies and other services to people especially vulnerable to becoming homeless?

Only two or three individuals had knowledge of a program that provided rental subsidies. None had direct involvement, but a few mentioned the rules and regulations associated with acquiring such a subsidy.

- “If there were rental subsidies available, I couldn’t find them.”
- “The Trustee’s Office does this, but it is a lot of hoops to jump through and takes some time and is complicated.”

(8) Have you had a need for, experience with or received information about programs or agencies giving support for people at risk of homelessness leaving the criminal justice system, treatment institutions and the foster care system?

Most responses from this question dealt specifically with the population of people leaving the criminal justice system. No individuals were able to speak about support for those leaving the foster care system.

Two individuals spoke highly of their experience with Public Action in Correctional Effort, Offender Aid and Restoration (PACE OAR) and Courtroom 12. For example:

- “I got some transitional housing coming out of the criminal system. I had to go through Courtroom 12 for them to help me. They will help you.”

Other individuals were not as pleased with their experience and spoke with regards to the lack of help they received as well as the many regulations associated with reentering society after a felony.

- “There needs to be more help for these people. My son just got out of jail and it was very difficult to find him a job. No one really wants to help.”
- “The help they give you has a double standard. They will help you but there are a lot of stipulations and regulations before they help you...By the time they want to help me...I hope my need [for the help] has passed. Being in prison is already punishment; don't need to be punished once I get out.”

(9) Have you ever had a need for, experience with or received information about the following?

Care Management

Feedback was very positive regarding the current state of care management. Many individuals alluded to the fact that there are more than enough resources out there, but it comes down to an individual's initiative in helping themselves. A few mentioned the resource “booklet” that CHIP had put together and how beneficial that has also been. Individuals also spoke of the benefit of being placed with a case manger right away at somewhere like Horizon House.

- “Organizations are always willing to help me with what I need.”
- “I was set up with a case manager as soon as I walked in the door.”

Up-to-date, helpful information and referral services

Feedback was also very positive regarding the system of referrals. Individuals commented that the network between the homeless was very strong as to where to go for certain things (e.g. clothing, food, shelter). They also mentioned that shelters were more than willing to refer you to places if they could not offer a specific service or program. Responses to this question very fairly general and individuals tended more to comment on the different places they had been referred to rather than the actual quality of the referral system as a whole.

Homeless Outreach

Very few individuals commented on homeless outreach in the area. Those that did have knowledge of homeless outreach, spoke about the Winter Contingency Program and thought that had been very successful in the past. As one respondent put it, “[The] winter contingency is a very successful venture.” Once again it was difficult to get individuals to elaborate past such responses as “I've heard good things,” or “homeless outreach is good.” No individual that was interviewed had direct involvement with the winter contingency; they only heard of it through word of mouth.

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 you in when intoxicated and this only occurs during the winter.

- “There is NO engagement center, except for jail, they’ll take you in...”
- “Lighthouse⁷, for example, will bring people in only during the winter [when intoxicated].”

Subsidized childcare and/or transportation

Those few individuals who spoke about subsidized transportation mentioned various agencies (Boner Center, HIP, Horizon House, Wheeler, and Salvation Army) as places they could go to get bus passes for doctor’s appointments, job interviews, etc. Only two women at Dayspring mentioned anything about subsidized childcare and both of them spoke of the inconvenient process of acquiring such childcare.

- “The Trustees are the only place I know of that help with subsidized transportation.”
- “The Department of Family and Children’s Services helps provide subsidized childcare but it is quite a long process.”

Information and access to housing and services for those who do not speak English

Not one individual had experience with or knowledge about services for those who do not speak English.

(10) Have you ever had a need for, experience with or received information about any of the following services?

Employment

Individuals listed many places where job training and help finding employment was readily available. Popular responses included Horizon House, Goodwill, Workone, 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 at various organizations and also extremely helpful. Not one interviewee was disappointed by the lack of services for finding employment. Classes and services ranged from, setting up voicemail, creating a résumé, leadership training, GED programs, acquiring business attire, job hunting, computer classes, etc.

- “Many places will post job leads and bulletins about available jobs.”

⁷ Now the Wheeler Emergency Shelter for Men

Individuals also mentioned that even though these organizations provided adequate training, going out and getting a job is the responsibility of the individual.

- “Finding a job is usually all on your own. They will publish job leads but you have to get out there on your own.”

Mental illness and chronic addictions

Responses were mixed when it came to asking about available services for mental health and chronic addiction patients. A majority of individuals had no thoughts on where to go for help if one had a condition such 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 recognize.

- “Drug addiction is a big problem for homeless people. Shelters need to have stronger programs for this. Many of these types of programs are religious based, which pressures people.”
- “It is difficult to help the mentally ill, especially when their problem has yet to be identified.”

On the other end of the spectrum, several individuals commented on the success and worthwhile nature of the Hebron Program at Wheeler Mission. Each individual that was aware of it made a note that it was the most comprehensive program in the area.

On the Hebron Program:

- “The intake process is intense because you have to agree to really hand over your life. I believe that this is a life-changing program and has been successful for many people. This is the most intense program I know of, and I have talked to a lot of people.”

Homeless shelters and day service centers

Dayspring, Holy Family, Horizon House, Salvation Army, and Wheeler were listed as the primary shelter and day service centers interviewees used. Responses from this question regarding the quality of service were generally indifferent. 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.

Here is one individual’s suggestion:

- “An issue is the length of time you can stay. It is only 20 days with an extension and typically you must have a job to get an extension.”

This particular interviewee understands that you can't stay forever but suggests that 60-90 days is a more reasonable time for a person to get themselves together. Generally speaking the interviewees felt that the number of homeless day shelters is adequate.

Educational services to help homeless children and youths

Few individuals spoke about this service as well. Those that did implied that there should be more after school programs for youth available. The only organization that was referenced in response to this question was Schools on Wheels. Those that did speak about School on Wheels felt as though it was a worthwhile and helpful program.

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 the Indy Connect was a great resource to talk to attorneys.

- “The Indy Connect was a great resource to talk to attorneys.”

A few individuals also commented on the complexity of the legal system. Those with felonies reported that it was nearly impossible to find people or organizations who would be willing to help them find employment or housing after leaving the criminal justice system and suggested this be an immediate area of focus.

- “There is no such thing as legal services for the homeless. It is a double standard.”
- “I’ve heard of legal aid, but that’s a long process too.”

(11) Have you ever had a need for, experience with or received information about programs or agencies that provide services for special populations of homeless?

Support for families

Only half of the individuals spoke about available services for families because they were either single or no longer living with their children. Those that were living with children and/or a spouse said that there were a number of places that could assist families. Popular responses included Dayspring, Wheeler Mission, Wheeler Center for Women and Children, Julian Center, Queen of Peace and Horizon House. Individuals said that these places acted as good referral networks for things such as how to acquire housing, childcare, and food and clothing. One individual also commented on how she wished there were more wrap-around services once families acquired housing.

- “There should be some type of connection for support services after you get the homeless into housing. You address the immediate need, but what is the long term solution.”

Homeless veterans

Out of the few homeless veterans that were interviewed, all of them listed 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. Even non-veterans commented on the accessibility of services available to veterans, particularly the ease at which they can acquire housing.

- “Veterans are taken care of pretty well but if you aren’t a veteran it is much harder.”
- “[The VA] probably does as well as any other hospital. It was an overall good experience.”

Survivors of domestic violence

Very few individuals had direct involvement with organizations that offer services for survivors of domestic violence. Of those that did, Julian Center and Salvation Army were spoken very highly of. Even those with no direct involvement had knowledge of these two organizations as being lead entities in helping survivors of domestic violence. Comments regarding both places likened the following:

- “I had a counselor at Julian Center that was very down to earth, understanding, and helpful.”

Youth and dealing with the special needs of young people living on their own

No comments were made about places that individuals could visit if they were living on their own. A few individuals alluded to the possibility that churches may help out in this area but no specific organizations were mentioned and no elaborations were made.

ⁱ <http://www.isu.edu/acadaff/swot/>

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ⁱⁱⁱ Though the original proposal suggested analyzing data for 2002-2008, some of the census data for 2002 and 2003 were missing and 2009 data became available, so our data set includes the years 2004-2009. We also included census and other PIT counts of homelessness in the initial data set. Unfortunately, many of the counts for these cities proved inconsistent and impractical to compare or use in the analyses.

^{iv} From <http://www.census.gov/popest/topics/methodology/2009-hu-meth.pdf>. Retrieved on 7/11/11.

^v In their words, “In prior years, the universe included all renter-occupied units. It is now restricted to include only those units where GRAPI is computed, that is, gross rent and household income are valid values.”

^{vi} http://portal.hud.gov:80/hudportal/HUD?src=/program_offices/comm_planning/homeless/hmis. Retrieved on 6/27/11.

^{vii} <http://chipindy.org/hmis.php>. Retrieved on 6/27/11.

^{viii} By the time this report was completed, CHIP staff reported the HMIS dataset grew to include over 65,000 client entries.

^{ix} This second caveat was not fully explained to us until well near the end of this project, rendering much of the analysis simply an exercise in what could be done in the future after these reliability issues are resolved.

^x We use all 48,407 cases instead of trying to count each client only once, for two reasons. Many variables for the same client, like age, change between different entries. So, each entry is unique and informative, representing a different person or a person at a different point and should be included. Even if much of the information did not change, each entry is helpful in providing an overall picture of who came through the programs that contributed to this data base in the past 10 years. We address the issue of the multiple entries later.

^{xi} Death/Deceased was listed for both Exit Reason and Exit Destination. For Exit Reason, Deceased was listed for 108 cases. For Exit Destination, it was listed for 41 cases. Further analysis indicated that the 41 deceased in Exit Destination were included in the 108 Deceased Exit Reason. The Exit Destinations listed for the other 67 deceased included: Don’t Know (20), Other (44), Place not meant for habitation (1) and even Emergency Shelter (1). These problems all occurred prior to 2010.

^{xii} One reason for this is the practice of mass case closings. Some client entries are the result of a one-day service enrollment with no exit interview. At certain points in time, these cases are all closed out together, and they do not have exit destinations and other exit information.

^{xiii} Given the many caveats and errors, however, it is hard to see how HMIS could be effectively “used to inform community planning, improve coordination of services, support advocacy efforts, and enhance funding requests” as claimed.

^{xiv} Formerly the IU Center for Health Policy.

^{xv} It is worth mentioning that the IUPUI/CHIP point-in-time counts for the last two years have in fact not shown decreases but rather increases in the homeless population. From a high of 1,868 in 2007, the number of homeless counted dropped to a low of 1,454 in 2009 then crept up to 1,488 in 2010 and finally 1,567 in 2011. It seems the skepticism is directed toward the lower numbers relative to the 2007 count. Also, providers themselves do participate in the counts. Please see the IUPUI reports for further details.

^{xvi} Answers to questions 13-15 resulted in few by respondents, and seem to have been answered in previous questions.