

## Ten-Year Trend Shows Slight Decrease in Number of People Experiencing Homelessness

On January 27, 2016, the Indiana University Public Policy Institute (Institute), in collaboration with the Coalition for Homelessness Intervention and Prevention (CHIP) conducted the annual Point-in-Time (PIT) Count of those experiencing homelessness in Marion County, Indiana. The Institute and CHIP have partnered for ten years, coordinating the count each year in accordance with the guidelines set forth by the U.S. Department of Housing and Urban Development (HUD). The PIT Count data are used to illustrate the issue of homelessness in Marion County, expose the challenges facing those experiencing homelessness and inform policymakers. In addition to detailing the results from 2016, this report will examine some overall trends from the 10-year period.

### Methodology

In the weeks preceding the count, shelter providers and outreach organizations are contacted and informed of the upcoming count date. Providers are permitted to conduct their count through in-house staff or with the assistance of trained Indiana University-Purdue University Indianapolis (IUPUI) students and community volunteers. Providers that utilized their staff to administer the count were given the survey instrument in advance of the count date, but instructed not to administer the instrument until then. On the evening of the count, teams comprised of trained students, volunteers, IMPD police officers, and outreach leaders were assigned to zones (areas where they were most likely to encounter those experiencing homelessness) and shelters throughout Marion County. Zones and specific locations within those areas were identified through collaborative meetings with outreach organizations. Data collected that evening were later merged with those maintained within the Homeless Management Information System (HMIS), the information system used to collect local client-level data on those experiencing homelessness.

Each year, the Institute and CHIP record data on surveyed individuals who meet HUD’s most recent definition of “homeless.” In order to meet this definition, individuals and families must meet one of two criteria:

(1) Individuals and families who lack a fixed, regular, and adequate nighttime residence. This definition includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution.

(2) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

HUD’s definition excludes individuals or families residing, however temporarily, in the homes of friends or family, commonly referred to as being “doubled-up.”

### Findings

During the 2016 Point-in-Time Count, 1,619 individuals were identified as experiencing homelessness in Marion County, a 2.8

#### TEN YEAR TRENDS

- Total numbers of people experiencing homelessness have decreased
- Number in emergency shelters has increased
- Number in transitional housing has decreased
- Number unsheltered relatively constant
- Veterans have increased in numbers and as a percent of the total
- Percent under 18 down from the high in 2009
- Number of families relatively stable since 2011



**Table 1: Sheltered and unsheltered individuals, Marion County, January 2013-2016**

	2013	2014	2015	2016	% change 2015-16
Low temperature night of the count	19°F	-3°F	15°F	23°F	-
Persons in emergency shelters	861	991	817	877	+7.3%
Persons in transitional housing	594	810	715	600	-16.1%
Persons in Safe Havens*	24	22	23	12	-47.8%
Persons unsheltered	120	74	111	130	+17.1%
Number of families	151	161	136	156	+14.7%
Veterans	320	370	389	326	-16.2%
<b>Total</b>	<b>1,599</b>	<b>1,897</b>	<b>1,666</b>	<b>1,619</b>	<b>-2.8%</b>
	2013	2014	2015	2016	change 2015-16
Veterans as a percent of the adult population	25%	24%	28%	25%	-3%
Percent under 18 years old of total population	22%	19%	18%	19%	+1%
Percent 18-62 years old of total population	77%	78%	79%	77%	-2%
Percent over 62 years old of total population	4%	4%	3%	3%	0%

\*According to HUD, a Safe Haven is a form of supportive transitional or permanent housing serving hard to reach people with severe mental illness, who are in unsheltered locations and have been unwilling or unable to participate in supportive services. It is a separate category from transitional or emergency shelter.

percent decrease from 2015 (See Table 1). Changes in program classification and population served likely contributed to the 16.1 percent decrease witnessed in persons residing in transitional housing. Several agencies altered their programs to open up beds for all persons, not just reserved for persons experienc-

ing homelessness. In addition to that change, some providers of permanent supportive housing reorganized their grants to expand their services. One agency was able to add additional beds for chronically homeless persons at the end of 2015, housing clients who had been traditionally in and out of emergency shelters. Increased temperatures on the evening of the count could help explain the 17.1 percent increase in unsheltered individuals.

As Figure 1 illustrates, over the 10-year period the total number of people experiencing homelessness has decreased in the last few years, returning to previous years' levels. Meanwhile the number of people in emergency shelters has increased, and the number unsheltered has stayed relatively constant.

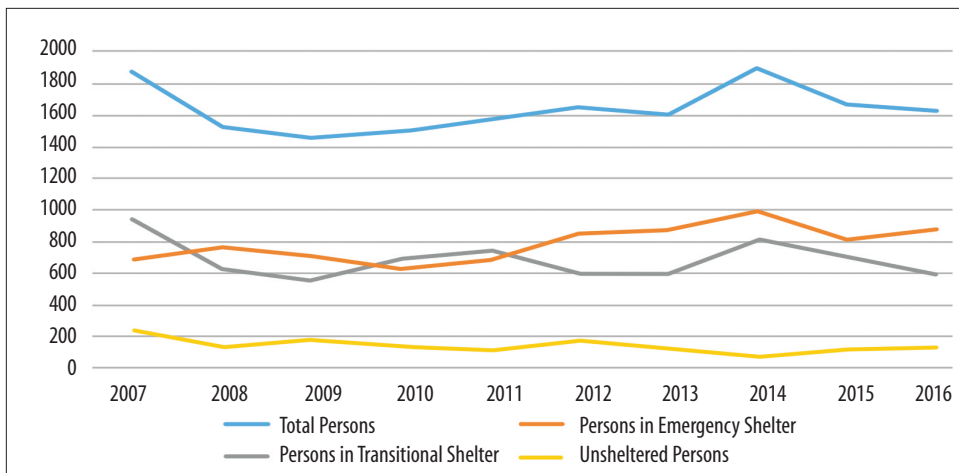
### Veterans

In Marion County, veterans made up 25 percent of the adult population experiencing homelessness, down slightly from 2015 in both numbers and as a percent. In late 2009, the White House and U.S. Department of Veterans Affairs (VA) announced an ambitious goal to end veteran homelessness. The plan to address this national priority included federal, state and local actions to prevent veterans from becoming homeless and help those who are homeless become stably housed as quickly as possible. Providers in the city of Indianapolis have received a substantial amount of funding from the VA and HUD to help address and end veteran homelessness. The programs include:

- **U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH)**

This collaborative program between HUD and VA combines HUD housing vouchers with VA supportive services to help veterans who are homeless and their families find and sustain permanent housing.

**Figure 1: People experiencing homelessness in Marion County, 2007-2016**



**L**eaving a pet can be a barrier to entering shelter. Ten people who were unsheltered reported that they had a total of 22 pets.



- Supportive Services for Veteran Families (SSVF)**  
 For very low-income veterans, SSVF provides case management and supportive services to prevent the imminent loss of a veteran’s home or identify a new, more suitable housing situation for the individual and his or her family; or to rapidly re-house veterans and their families who are homeless and might remain homeless without this assistance.
- Homeless Providers Grant and Per Diem (GPD) Program**  
 State, local and tribal governments and nonprofits receive capital grants and per diem payments to develop and operate transitional housing and/or service centers for veterans who are homeless.
- Health Care for Homeless Veterans (HCHV)**  
 This program offers outreach, case management and residential treatment services to help veterans transition from living on the street or in institutions to stable housing situations.

As Figure 2 illustrates, the overall trend has been increasing over the 10-year period, even with recent national efforts to end veteran homelessness. This can be due to a number of factors.

Veterans are more likely than others experiencing homelessness to be alone (not part of a family), have a problem with drugs and/or alcohol, and have a physical disability. Their family, social, and professional networks may be broken due to extensive mobility while in military service. Many veterans experiencing homelessness also have mental health issues such as PTSD, which may inhibit their ability to hold a job.

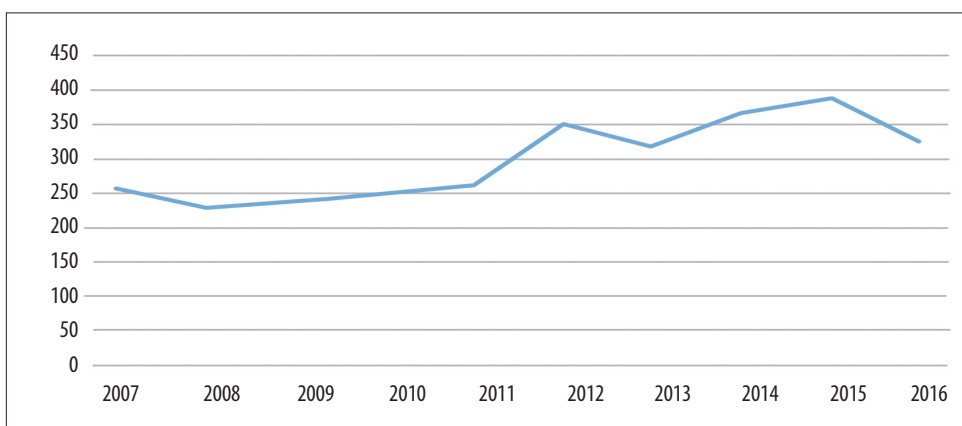
### Reasons for homelessness

The most common reason for lack of permanent housing among unsheltered individuals was a lost job, followed by eviction and incarceration. In previous years data was collected from all surveyed individuals, both sheltered and unsheltered. However, as more and more providers have started submitting data through HMIS, fewer and fewer responses are received from those who are sheltered because HMIS does not collect information on reasons for lack of permanent housing.

### Demographics

Table 2 details those experiencing homelessness by age and gender. Consistent with previous years, significantly more men were experiencing homelessness than women, and women tended to be younger than the men experiencing homelessness. This year two people identified as transgender, compared to seven last year.

**Figure 2:** Veterans experiencing homelessness in Marion County, 2007-2016



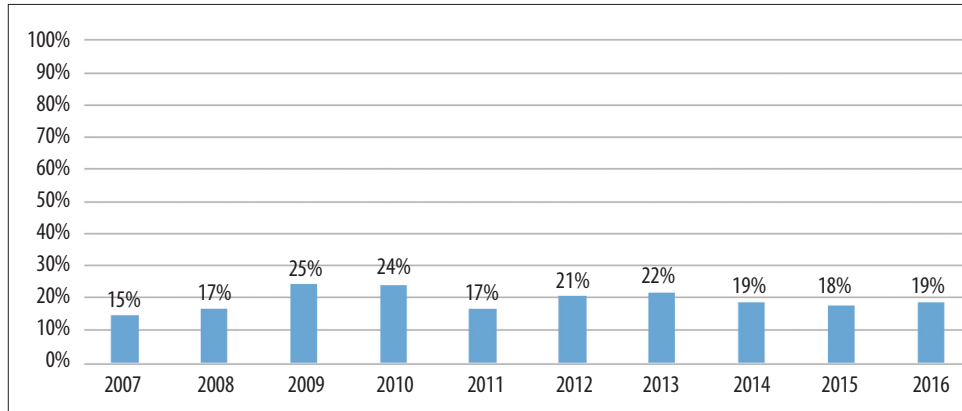
**Table 2:** Age and gender of those experiencing homelessness, Marion County, January 2016

	Under 18	18-24	25-34	35-49	50-61	Over 61	Total
Total	309	120	258	379	497	56	1,619
Female	172	54	81	138	95	8	548
Male	137	66	176	240	402	48	1069
Transgender	0	0	1	1	0	0	2

**B**ased on national research, estimates suggest that the number who experience homelessness at some point during the year is three to five times the number counted during a point-in-time count. Using this year’s data and count, an estimated 4,850 (PIT results x 3) to 8,100 (PIT results x 5) individuals in Marion County experience homelessness during the course of a year.



**Figure 3:** Percent of those experiencing homelessness who were under 18 in Marion County, 2007-2016



**Table 3:** Race and ethnicity of adults experiencing homelessness, Marion County, January 2016

	Hispanic or Latino (any race)	African American/ Black	American Indian or Alaskan Native	Asian	White	Native Hawaiian or Pacific Islander	Multiracial
<b>Total unsheltered</b>	<b>6</b>	<b>48</b>	<b>5</b>	<b>2</b>	<b>68</b>	<b>2</b>	<b>5</b>
<b>Total sheltered</b>	<b>44</b>	<b>817</b>	<b>10</b>	<b>12</b>	<b>598</b>	<b>6</b>	<b>46</b>
Emergency	35	511	5	6	318	3	34
Transitional	8	302	5	6	272	3	12
Safe Haven	1	4	0	0	8	0	0
<b>Total</b>	<b>50</b>	<b>865</b>	<b>15</b>	<b>14</b>	<b>666</b>	<b>8</b>	<b>51</b>

**Table 4:** Number of families without permanent housing, Marion County, January 2016

	Emergency shelters	Transitional shelters	Total sheltered	Unsheltered	Total
<b>Total number of families</b>	<b>101</b>	<b>41</b>	<b>142</b>	<b>14</b>	<b>156</b>
Number of adults in families	120	42	162	30	192
Number of adults in chronically homeless* families	14	-	14	0	14
Number of children in families	203	102	305	0	305
Number of children in chronically homeless* families	20	-	20	0	20
Number of people in families	323	144	467	30	497
<b>Total number of people in chronically homeless* families</b>	<b>34</b>	<b>-</b>	<b>34</b>	<b>0</b>	<b>34</b>

\*Chronic homelessness is defined as: an unaccompanied homeless individual with a disabling condition or an adult member of a homeless family who has a disabling condition who had either been continuously homeless for a year or more or who has had at least four episodes of homelessness in the past three years. To be considered homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in emergency shelter/safe haven during that time.

As Figure 3 indicates the percent of those experiencing homelessness who were 18 has fluctuated, with the highest percent occurring in 2009-2010.

The most common race identified by those experiencing homelessness in 2016 was African American or Black, followed by White (see Table 3). Similar to 2015, those identifying as African American or Black outnumbered all other races in each housing type except unsheltered. The most common race identified by unsheltered individuals was White.

### Families and children

Using HUD’s definition of homelessness, a total of 156 families experienced homelessness this year, an increase of 20 families from 2015. In those families there were a

total of 497 people—192 adults and 305 children. Additionally, 22 women stated that they were pregnant, of whom 18 were in emergency shelters, 2 were in transitional housing, and 2 reported that they were sleeping in a street, park, or other open space on the evening of the count.

As Figure 4 illustrates, overall the trend in the number of families counted as experiencing homelessness has been declining. While service providers indicate that unmet need is not reflected in this trend, that is not supported by any data that we can access. The primary reason for this unmet need is a lack of capacity in shelters, coupled with longer stays for families who do take shelter.

In addition to conducting the Point-in-Time Count, CHIP and the Institute aggregate data on the number of school-age children served through the No Child left Behind Amendment to Title VII-B of the McKinney-Vento Homeless Assistance Act (Table 5). The U.S. Department of Education’s (DOE) definition of homelessness differs from HUD’s definition of homelessness and includes children who are “doubled-up” in shared housing with friends or family members other than their parents. The Act provides funding that assists in school registration and offers transportation to students experiencing homelessness so



**Table 5:** Children by age, Marion County, McKinney-Vento data, January 2016

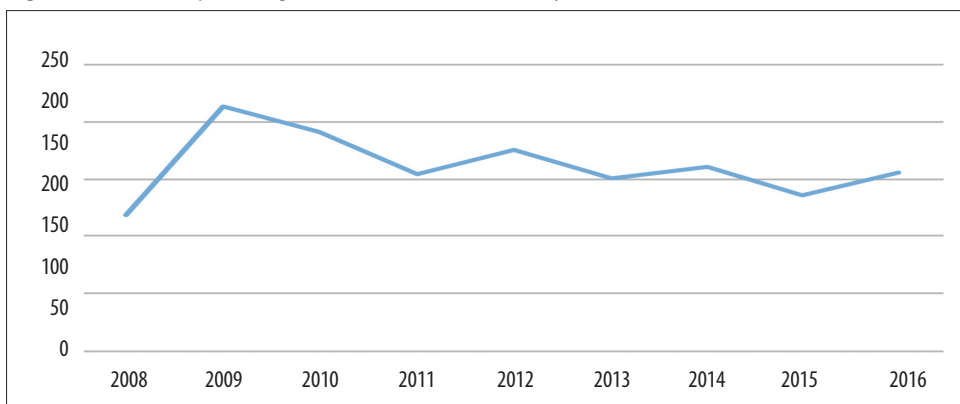
School District	8 and under	9-12	13-16	17 and up	Total
Franklin Township	11	19	7	13	50
Indianapolis Public Schools (IPS)	288	242	181	96	807
Lawrence	72	88	84		244
Manual High School	-	-	16	34	50
Perry Township	36	35	32	9	112
Pike Township	29	40	53	44	166
Speedway	9	9	8	8	34
Warren Township	259	169	108	66	602
Washington Township	93	130	138	38	399
Wayne Township	82	119	190	92	483
<b>Totals</b>	<b>879</b>	<b>851</b>	<b>817</b>	<b>400</b>	<b>2947</b>

\*Reporting in 2015 and not 2016: Decatur Township and Emma Donnan

that they can have continuity of schooling, even if their current housing is temporarily out of the district.

The PIT Count does not include the number of children meeting the DOE definition of experiencing homelessness unless they are living in shelters or are unsheltered. However, these data provide a more complete picture of school-aged children experiencing housing instability in Marion County. Because doubled-up families are not counted in the PIT Count, neither data source (PIT Count nor DOE Count ) includes families with children not of school age who are doubled-up; they also exclude families with school-aged children who do not report to their school that they are experiencing homelessness. The data do not capture the full extent of the number of families experiencing homelessness or at risk of it.

**Figure 4:** Families experiencing homelessness in Marion County, 2008-2016



**Table 6:** Level of education completed for adults experiencing homelessness, Marion County, January 2016

Highest grade completed	Sheltered	Unsheltered	Total
K-8	12	5	17
Some high school	107	24	131
GED	114	13	127
High school graduate	322	20	342
Some college	79	9	88
College graduate	116	6	122
Post graduate	4	1	5

	Adults experiencing homelessness, Marion County, January 2016	Marion County (2010-2014 U.S. Census)
High school graduate/equivalent or higher, percentage of adult population	82.7%	84.9%
Bachelor's degree or higher, percentage of adult population	15.3%	27.7%

This year, 10 districts voluntarily provided CHIP and the Institute with information regarding their McKinney Vento students. In these districts almost 3,000 children were living in nonpermanent housing in January 2016, with the highest number in IPS, but also significant numbers in Warren, Wayne, and Washington Townships.

Table 6 depicts the highest level of education achieved by adults experiencing homelessness, as reported by respondents. Of those respondents, 26 percent reported graduating or attending post-secondary education. Unsheltered individuals are more likely to report that they did not complete high school (31 percent) compared to 14 percent of those who were sheltered.

Those experiencing homelessness had a similar percent completing at least high school as Marion County, they were less likely to have at least a bachelor's degree. The path to employment for adults experiencing homelessness can be blocked by more barriers than education, as felony convictions, gaps in work history, drug tests and access to reliable transportation can stand in the way of acquiring and retaining stable work.



### Government Assistance

Most individuals who are experiencing homelessness are eligible to receive various types of government assistance. Table 7 outlines the types of public assistance and the number of adults utilizing them. By far the most common form of assistance reported to be received by those experiencing homelessness was food stamps (SNAP). There are many reasons why more people do not receive aid. For some with mental illness and/or substance abuse issues, navigating the system can be difficult. Obtaining a birth certificate and social security card without identification can be challenging, as can applying for benefits. In addition, in Indiana anyone convicted of a drug-related felony loses their right to programs such as food stamps and temporary aid for needy families (TANF). Table 8 details the health care coverage status of those surveyed. Over 60 percent of adults reported their health coverage status, and amongst those respondents, over 83 percent reported having health care coverage, an increase from previous years. The Affordable Care Act (ACA) expansion helped many single adults experiencing homelessness who were previously not eligible for Medicaid become eligible for coverage.

### Medical Conditions

Table 9 summarizes the medical conditions facing those experiencing homelessness. Reports of PTSD and traumatic brain injury were only collected through the PIT and are not reported through HMIS. A problem with drugs and/or alcohol is the most often cited medical condition, followed by mental illness. Approximately half of the adult population experiencing homelessness suffers from either a physical, mental, or development disability.

### Subpopulations

Table 10 details the various subpopulation groups that are calculated each year and reported to HUD, including 128 individuals suffering from chronic homelessness. Twenty percent of those surveyed reported a previous felony conviction, which can cause significant barriers to overcoming homelessness, whether it is in finding employment or securing housing. The number who had been in foster care (131) is similar to the number in 2015.

**Table 7:** Aid received by individuals experiencing homelessness, Marion County, January 2016 (respondents chose all that applied)

Aid Received	Sheltered	Unsheltered	Total
Social Security	36	5	41
Social Security Disability	65	4	69
Supplemental Security (SSI)	40	3	43
Temporary Assistance to Needy Families (TANF)	14	1	15
Child Support	26	0	26
Food Stamps (SNAP)	312	14	326
Women, Infants, and Children (WIC)	21	0	21
Unemployment	10	0	10
Workers Compensation	4	0	4
Veterans Benefits	20	2	22
Veterans Disability	58	2	60

**Table 8:** Health coverage of adults experiencing homelessness, Marion County, January 2016

Health coverage	Sheltered	Unsheltered	Total
Yes	620	41	661
No	106	36	142
Unsure	17	2	19

**Table 9:** Reported medical conditions of adults experiencing homelessness, Marion County, January 2016 (respondents chose all that applied)

Medical Condition	Sheltered	Unsheltered	Total
Problem with alcohol	248	25	273
Problem with drugs	233	19	252
Physical disability	152	15	167
Developmental disability	30	9	39
Mental illness	330	29	359
HIV	4	0	4
Post-traumatic stress disorder (PTSD)	25	16	41
Brain injury	20	6	26
Other chronic health condition	240	9	249



**Table 10:** Count results by subpopulations for persons 18 and older, Marion County, January 2016

Homeless subpopulation	Persons in emergency shelters	Persons in transitional shelters	Persons in Safe Havens	Persons unsheltered	Total
<b>Total counted</b>	<b>877</b>	<b>600</b>	<b>12</b>	<b>130</b>	<b>1,619</b>
Chronically homeless*	68	-	8	52	128
Severely mentally ill	128	236	6	39	379
Chronic substance abuse problems	118	236	6	36	396
Veterans	49	267	1	9	326
Victims of domestic violence	156	120	5	29	310
Felony conviction	51	164	5	47	267
Foster care	78	32	2	19	131

\*Chronically homelessness is defined as: an unaccompanied homeless individual with a disabling condition or an adult member of a homeless family who has a disabling condition who had either been continuously homeless for a year or more or who has had at least four episodes of homelessness in the past three years. To be considered homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in emergency shelter/safe haven during that time.

## Thoughts for Policymakers

While lack of capacity is an issue at every shelter in Marion County, according to providers, it is critical at family shelters. Affordable housing and programs to prevent homelessness are the long-term solution, but in the short term families must be able to access emergency shelter if needed. Without it, families can be put in situations where they are at risk of losing their children or having to stay in unsafe situations.

Under Title XII of the American Recovery and Reinvestment Act, the city of Indianapolis received funding from HUD to implement a Homeless Prevention and Rapid Re-housing Program (HPRP) which lasted from 2009-2012. Rapid re-housing is based on the idea that, for families, homelessness is often caused by an economic hardship event (illness, unexpected bills, etc.). The HPRP program is designed to serve individuals with low barriers to housing stability (e.g. lack of affordable housing as opposed to other issues causing homelessness such as mental illness). The other services that are needed, such as help finding a job or child care are more manageable if a family is in a stable housing situation. HPRP in Indianapolis demonstrated high rates of permanent housing placement and low rates of re-entry to homeless services among program participants.

Temporary Assistance for Needy Families (TANF) is a federal block grant program that provided Indiana \$267 million in fiscal year 2014 to help low-income families with children. TANF is used to provide a wide range of benefits and services consistent with the four purposes of the program. The first purpose of the TANF program is to “provide assistance to needy families so that children may be cared for in their own homes or

in the homes of relatives.” If the state desires, TANF funds can be used to support all three of the core components of rapid re-housing: providing families with assistance identifying housing, rent and move-in assistance (financial), and rapid re-housing case management and services. TANF resources can be used to provide a short-term, non-recurrent benefit to help families address a need that is not expected to be long-lasting or to recur. A short-term benefit can be used for security deposit, utility assistance, and/or to provide up to four months of rental assistance. Families do not have to be receiving TANF cash assistance to be eligible for a short-term benefit.

In many states and localities, significant TANF resources are already being spent to provide funding for eviction prevention assistance, motels, emergency shelters and transitional housing programs serving homeless families. While Indiana legislators may be reluctant to increase spending to expand programs or support new initiatives, they may be responsive to changing how current spending is used.

As mentioned above, the percent of those experiencing homelessness who report an issue with substance abuse fluctuates between 30 and 40 percent. In a private facility, a residential day for detox costs approximately \$500 a day. The Salvation Army’s Harbor Light Center is the only facility in central Indiana for low-income inpatient substance abuse treatment and it has 34 beds and limits stays to 28 days or less, which may not be long enough for some patients.

In a previous study we found that each year Marion County and the city of Indianapolis expends at least \$6,000 in the public health care and criminal justice systems to respond to the needs of the average chronically homeless person with mental illness and/or substance abuse problems. This estimate does not include any costs associated with providing food or shelter. The high cost of this care underscores the need to carefully examine how our community is responding to the needs of this population. There is a critical need in Indianapolis for programs that specifically target homeless individuals with mental illness and substance abuse problems. Expanding access to such programs—and coordinating this type of care with existing housing and social services—would help provide better care for this high-need population and reduce the financial stress on our criminal justice and public healthcare systems.



## Indiana University Public Policy Institute

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The Institute thanks the many people who volunteered and helped make the 2016 Homeless Count a success. We especially want to thank the outreach workers from the local organizations. We are grateful to Horizon House for acting as count headquarters, the IUPUI Center for Service and Learning for intern support, and the students from IUPUI's *Do the Homeless Count* service learning course for assisting with data collection. Finally, we wish to thank the Coalition for Homelessness Intervention and Prevention for their financial and technical support.

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The Coalition for Homelessness Intervention and Prevention would like to thank the IUPUI Center for Service and Learning for providing support for the 2016 Point-in-Time Count and the subsequent report. We thank Lilly Endowment, Inc., and the Central Indiana Community Foundation for significant annual support of the Coalition's programs.

