

# chronic homelessness | facts

A simplified definition of *chronic homelessness* is long-term or repeated homelessness coupled with a disability. The chronically homeless tend to cycle in and out of homeless shelters, hospitals, criminal justice facilities and other service institutions.

One study indicated that the chronic homeless constitute between 10 and 20 percent of the homeless population (in the most recent 2011 Indianapolis homeless count, they made up slightly over 10 percent of the people counted in total, but were the largest single subpopulation found living unsheltered or on the street), yet, they use over 50 percent of the available resources for the homeless population in general.

The chronically homeless almost universally have a major disability, the two most common being serious mental illness like schizophrenia and/or an alcohol or drug addiction. Most people who experience chronic homelessness have been in treatment programs in the past and have still found themselves repeatedly homeless.

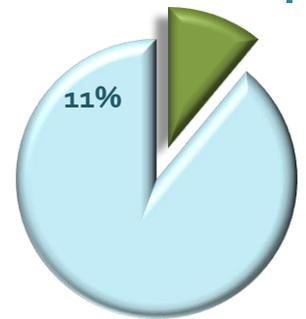
## Mental Illness

Both here in Indianapolis and nationally, the



## Mental illness & homelessness

According to data collected here in Marion County, approximately 11 percent of people who experience homelessness each year in our community self report that they also suffer from a serious mental illness.



The majority of these individuals also suffer from a drug or alcohol addiction.

relationship between mental illness and homelessness is a serious problem.

Several factors that put people suffering from mental illness at high risk for becoming homeless:

- Inability to maintain employment
- Difficulty with daily living skills
- Difficulty with supportive social relationships
- Mainstream benefit supports like SSI do not usually cover housing expenses

Additionally, fewer than 50% of the homeless population here in Indianapolis with mental illness report they are receiving treatment (chipindy.org). This tends to be due to such factors as lack of transportation, difficulty adhering to treatment plans, and lack of basic documentation and identification needed to become engaged in a service environment. Generally, chronically homeless people return to the streets after being released from mainstream institutions like hospitals or prison.

People with mental illness or addiction often are not appropriate for care in congregate homeless shelters. Many have behavioral problems or medical needs that hinder their ability to live in large group settings. It is important to stabilize these individuals with appropriate housing and treatment services for their

own well-being and to avoid costly and inappropriate hospital, emergency or law enforcement services.

## Substance Abuse

According to the [2011 Homeless Count Report](#), 535 or 41 percent of adults counted on the streets or in emergency or temporary housing suffered from a chronic addiction. A majority of homeless individuals who abuse alcohol were diagnosed with an alcohol use disorder in the year before they became homeless. People experiencing homelessness who live on the street, compared to those living in shelters or other housing, are more likely to report frequent use of alcohol or drugs and are at higher risk for illness and fatalities. They are also less likely to report treatment for substance abuse.

## What Works

The solution to chronic homelessness is **permanent supportive housing** along with homelessness prevention policies. Permanent supportive housing is housing coupled with supportive services. Research and experience (NAEH.org) have shown that stable housing is often an essential component to being successful at rehabilitation, therapy, and other areas. The most important part of this type of intervention is the **support services**, which can be the most difficult funding to find in Indianapolis. What's more, this intervention is cost-effective. Most people who experience chronic homelessness draw services from many federal, state, and local systems, including hospitals, corrections systems, and the like. Permanent supportive housing curbs use of these systems and reduces public costs.

## What You Can Do

- Ask decision makers in local government and funding organizations to make the creation of permanent and transitional supportive housing options a priority. Importantly, here in Indianapolis, **funding for the supportive service side of the supportive housing equation is often times more difficult to find.** Flexible funding allows for the easy connection of services for these individuals to permanent, safe, decent and affordable housing.

**Contact CHIP at (317) 630-0853 to find out more about how you can help end chronic homelessness in Indianapolis.**



## A refuge for the most vulnerable: An “Engagement Center”

Services, emergency shelter and rehabilitation programs for *substance abusers* will be enhanced with a proposed facility to serve this chronically homeless population, who are not eligible for admission in the shelter system.

Currently, intoxicated persons are incarcerated at the Marion County Lockup, with no provision for treatment.

Serving as a temporary refuge for intoxicated homeless persons, an Engagement Center would become a intentional conduit for access to treatment programs, such as permanent supportive housing—a life away from the streets—improving their quality of life.

Establishing such a facility in Indianapolis would save an estimated 3.7 to 11.1 million dollars annually in our public health and public safety budgets, as well as free up much-needed space in the jail system. ([chipindy.org](http://chipindy.org))