

2014 HUD Point-in-Time Count: Homelessness in Indianapolis

This issue brief provides the details of the Point-in-Time (PTI) Homeless Count in Marion County conducted on January 29, 2014, including the findings and considerations for policymakers. It should be stressed that the PIT count is a snapshot of one night. It is valuable data that our community uses to assess the annual number of homeless individuals and to allocate resources and services. While there are limitations to the PIT count, using the same methodology each year allows Indianapolis to assess the relative changes in the homeless population over time.

The Homeless Management Information System (HMIS), a local information system used to collect client-level data and data on the provision of housing and services, collects annual data. However, only approximately half of the shelters participate in HMIS, making the data collected from those facilities during the PIT count the only source of data from those facilities. The PIT count is also the only report that includes data on unsheltered people in Marion County.

On the night of the 2014 count, Marion County had already experienced 27 inches of snow and several days of subzero temperatures during the month of January. The city of Indianapolis had made requests of all shelters to take in as many homeless individuals as possible. In addition, Horizon House, a day shelter served as a temporary shelter for three nights in a row.

Findings

On January 29, 2014, there were 1,897 individuals experiencing homelessness counted in shelters and on the street. This was a 19 percent increase over 2013 (see Table 1). There was a significant drop in persons found on the street in 2014 as compared to 2013. One potential explanation for this decrease is the extreme cold weather. Many who normally stay outside took shelter from the cold; for example, 110 people were surveyed at Horizon House, a day shelter.

The Humane Society of Indianapolis agreed to take in pets temporarily, which removed one barrier that prevents some from

Table 1: Sheltered and unsheltered individuals, Marion County, January 2011 - 2014

	2011	2012	2013	2014	% change 2013-14
Low temperature night of the count	23F	30F	19F	-3F	
Persons in emergency shelters	686	848	861	991	15%
Persons in transitional housing	746	601	594	810	36%
Persons in Safe Havens*	21	25	24	22	-8%
Persons unsheltered/"street"	114	173	120	74	-38%
Number of families	155	177	151	161	7%
Veterans	262	351	320	370	16%
Total	1,567	1,647	1,599	1,897	19%
	2011	2012	2013	2014	% point change 2013-14
Veterans as a percent of adult population	20%	24%	25%	24%	-1
Percent under 18 yrs. old of total population	17%	21%	22%	19%	-3
Percent 18-62 yrs. old of total population	79%	77%	75%	78%	3
Percent over 62 yrs. old of total population	4%	3%	4%	4%	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. Safe Havens serve as a portal of entry into the homeless and mental health service systems, providing basic needs, as well as a safe and decent residential alternative for homeless people with severe mental illness who need time to adjust to life in a sheltered location.

seeking shelter. Table 1 illustrates that there is a 36 percent increase in individuals staying in transitional housing as compared to 2013. As shown in Table 1, the percent of veterans among the adult population experiencing homelessness has remained essentially the same for the last three years. Among the homeless

Based 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 7,543 (actual HMIS and Wheeler numbers) to 9,485 (PIT results x 5) individuals in Marion County experience homelessness during the course of a year.



veteran population, seven were unsheltered and the 370 total veterans were part of a total of 366 households.

Reason for the Count

The U.S. Department of Housing and Urban Development (HUD) requires that jurisdictions conduct a count of homeless persons to obtain national level data on the homeless situation in the United States. HUD defines someone as being homeless if they meet one of the following two conditions: (1) resides in a place not meant for human habitation, such as a car, park, sidewalk, abandoned building, or on the street (unsheltered); or (2) resides in an emergency shelter or transitional housing for persons who originally came from the streets or emergency shelters (sheltered). Those persons that are doubled up with family or friends are excluded from the count, as well as those who are currently under correctional or healthcare supervision and those in permanent supportive housing programs.

Though HUD requires an annual count of sheltered individuals and a biennial count of unsheltered persons, the Coalition for Homelessness Intervention and Prevention (CHIP) has chosen to do both counts annually to have a better understanding of Marion County’s homeless population and to track local changes in the homeless population. Since 2007, the Indiana University Public Policy Institute (PPI) has conducted the annual Point-in-Time (PIT) Homeless Count in Marion County with CHIP.

Methodology

In preparation for the count, local shelters were contacted with the date of the count and asked whether the staff at the shelter could conduct the surveys or if volunteers should come to the facility to administer the surveys. In 2014, 21 shelters and transitional housing programs were using the Homeless Management Information System (HMIS) to report data on persons who stayed at the facility. For facilities who do not report data in HMIS, volunteers, students from Indiana University–Purdue University Indianapolis (IUPUI) and Franklin College, and outreach workers administered surveys to homeless persons in nine shelters not in HMIS and to unsheltered homeless persons. Staff at 15 shelters not in HMIS administered the surveys to those staying in their shelters.

Outreach workers met with CHIP and PPI to discuss the timing of the night of the count, to develop maps for the street teams and to discuss survey administration. Outreach workers also met with the IUPUI students taking part in the course *Do the Homeless Count* to provide the students with a deeper understanding of the issue of homelessness and how to conduct the surveys.

The night of the count was exceptionally cold and all shelters were filled to capacity, including Horizon House, which only

opens at night in extreme weather. The night of the count was the third night in a row that Horizon House was open. The street teams were composed of at least two outreach workers and one IUPUI student. All efforts were made to get any individuals outside to Horizon House for the night to avoid the sub-zero temperatures and even lower wind chills. The outreach teams also offered socks, gloves, blankets, food, and water to those in an unsheltered location, regardless of participation in the survey.

Table 2 presents the survey results for the reason individuals and families gave for lacking permanent housing. The primary reason given for lack of housing by individuals was *loss of job*, while for families it was leaving an *abusive situation*.

Table 2: Top three reasons for lack of permanent housing, Marion County, 2012 - 2014

	2012	2013	2014
Individuals			
	Lost job	Lost job	Lost job
	Asked to leave	Asked to leave	Incarceration
	Drugs or alcohol	Drugs or alcohol	Drugs or alcohol
Families			
	Lost job	Abusive situation	Abusive situation
	Abusive situation	Lost job	Lost job
	Asked to leave	Asked to leave	Asked to leave

Table 3 shows the count results by age and gender. Nearly twice as many males as females were counted. There were a total of 1,543 adults (over 18 years of age) experiencing homelessness on the night of the count (total number of individuals minus children). The total number of families experiencing homelessness increased six percent, from 151 in 2013 to 161 in 2014 (Table 4). All of the 161 families were in shelters. This year there were also eight children under 18 years old counted who did not have a parent/guardian. Seven of those children were in shelters and one was in an unsheltered location.

Table 3: Age and gender of those experiencing homelessness, Marion County, January 2014

	Under 18*	18-24	25-34	35-49	50-61	Over 61	Total
Female	171	85	132	183	94	11	676
Male	183	65	147	321	444	59	1,219
Transgender	0	0	1	1	0	0	2
Total by age category	354	150	280	505	538	70	1,897

*Total Under 18 includes both children in families as well as children head of households.



Table 4: Number of families without permanent housing, Marion County, January 2014

	Emergency shelters	Transitional shelters	Total sheltered	Unsheltered	Total
Total number of families	95	66	161	0	161
Number of adults in families	116	71	187	0	187
Number of adults in chronically homeless families*	9	0	9	0	9
Number of children in families	155	191	346	0	346
Number of children in chronically homeless families*	11	0	11	0	11
Number of people in families	271	262	533	0	533
Total number of people in chronically homeless families*	20	0	20	0	20

*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 has 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 chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living in an unsheltered location) and/or in emergency shelter/Safe Haven during that time.

Additionally, women surveyed were asked if they were pregnant. Of those women who responded, 15 indicated that they were. Seven of those women were in emergency shelters, eight were in transitional housing, and none were in an unsheltered location. Two of those women are chronically homeless.

As Table 5 indicates, with the exception of Safe Havens, more African Americans were in every type of shelter or were unsheltered than all other races. This year, a multiracial category was added for those who indicated that they were more than one race. *Other* refers to those for whom race was unknown or for a race other than the options listed. Several people who identified as Hispanic or Latino indicated their race as Hispanic as well. Each person was asked about their race separately from their ethnicity. The survey also asked respondents about their employment status. Of those who responded to the questions, 13 percent indicated that they had a job. Three unsheltered individuals were among those who were employed.

Table 6 outlines the highest grade level that the respondent has completed. Of the 1,107 individuals who responded to the question, 51 percent (567) had a GED or a high school diploma. Only 20 percent had an education less than a GED or diploma and 29 percent of the population had furthered their education, to some extent, past high school.

Table 6: Level of education completed for adults experiencing homelessness, Marion County, January 2014

Highest grade completed	Sheltered	Unsheltered	Total
K-8, some high school	205	17	222
GED/high school grad	542	25	567
Some college	243	7	250
College graduate	59	1	60
Post graduate	6	2	8

Table 5: Race and ethnicity of adults experiencing homelessness, Marion County, January 2014

	Hispanic or Latino (any race)	African American/Black	American Indian or Alaskan Native	Asian	White	Native Hawaiian or Pacific Islander	Multiracial	Other
Total unsheltered	0	33	4	2	28	0	7	0
Total sheltered	49	1,012	8	8	733	2	43	17
Emergency	37	550	4	5	395	2	23	12
Transitional	11	454	4	3	324	0	20	5
Persons in Safe Havens*	1	8	0	0	14	0	0	0
Total	49	1,045	12	10	761	2	50	17



Table 7 illustrates 17 types of aid and the number of individuals who report receiving it. The largest reported source of aid is food stamps or SNAP, with a total of 540 individuals receiving this form of aid. Of the 370 veterans, 160 were receiving a form of aid specifically for veterans. In total, 526 people, 40 percent of adults, receive some form of health care aid, the largest number receiving the Eskenazi (formerly Wishard) Advantage program, followed closely by Medicaid. Overall, there has been a decrease in the number of people receiving at least one form of aid since 2013.

Table 7: Aid received by individuals experiencing homelessness, Marion County, January 2014 (respondents chose all that applied)

Aid Received	Sheltered	Unsheltered	Total
Social Security	41	2	43
Social Security Disability	71	2	73
Supplemental Security Income	54	3	57
Temporary Assistance to Needy Families (TANF)	22	2	24
Child Support	34	1	35
Food Stamps (SNAP)	511	29	540
Women, Infants and Children (WIC)	19	2	21
Unemployment	24	1	25
Workers Comp	0	1	1
Veterans Benefits	36	1	37
Veterans Disability/Pension	53	0	53
Veterans Health Care	106	1	107
Hoosier Healthwise	40	2	42
Healthy Indiana Plan	17	1	18
Eskenazi (Wishard) Advantage	179	10	189
Medicaid	162	6	168
Medicare	40	2	42

Twenty-two of the 74 unsheltered respondents receive some form of health aid. Additionally, 24 unsheltered individuals indicated that they have been to the ER three times or less in the last year and 23 indicated that they have been hospitalized three times or less during the last year. Only three unsheltered people said that they have been to the ER four or more times, and four people indicated that they had to be hospitalized four or more times over the last year.

Table 8 shows the number of individuals that are experiencing a health condition that may add to the complication of the individual obtaining permanent housing. The most common

reported health condition is alcohol dependence, followed closely by drug abuse. Shelter survey respondents were given eight choices plus an option to state other health conditions.

Unsheltered survey respondents were given 19 choices with the option to state other health conditions as well. In addition to the conditions listed in Table 8, heart disease, diabetes, and high blood pressure were also common in those who responded to the medical portion of the survey. Also, three unsheltered people staying and one person in an emergency shelter stated that they suffered from frostbite.

Table 8: Reported medical conditions of adults experiencing homelessness, Marion County, January 2014

Medical Condition	Sheltered	Unsheltered	Total
Alcohol	356	17	373
Drugs	310	7	317
Physical disability	193	13	206
Developmental disability	50	4	54
Mental illness	214	22	236
HIV	19	1	20
Post-traumatic stress disorder	94	6	100
Brain injury	50	9	59

Table 9 illustrates the counts by specific homeless subpopulations. It is important to note that all of the information in this table, as well as the other tables, is self-reported and therefore may be under reported. The number of chronically homeless individuals rose from 164 in 2013 to 231 in 2014 (a 41 percent increase). Of the adult population staying in shelters, 29 percent had a felony conviction, compared to 34 percent of the unsheltered adult population. Overall, seven percent of the population had been a part of the foster care system as a child. Of the 98 people who indicated that they had been a part of the foster care system, 51 of those individuals had also been convicted of a felony.

Estimate of Doubled-up Families

CHIP and PPI asked the schools based in Marion County to share the basic demographics of students who were homeless according to the U.S. Department of Education definition in January 2014, for the purposes of this report. The McKinney-Vento Act requires public schools to identify students without permanent housing and accommodate necessary provisions, such as allowing those students to immediately enroll and providing transportation to and from their school of origin. The U.S. Department of Education definition of homeless families differs from the HUD definition by including families who are doubled-up in an effort to maintain the continuity of education for children who may be in housing crisis.



Using the U.S. Department of Education definition, there are 3,027 students in Marion County who identify as living in homeless conditions. Table 10 illustrates the number of students per school district by age. There is not much difference in the number of students in each age range, except for the 17 and up students. Children ages 8 to 16 account for 90 percent of the students who are homeless. This number excludes Lawrence Township, Beech Grove, and three of the four takeover schools due to non-reporting. There are five charter schools included in the count. In 2013, there were 3,553 students who were homeless according to the U.S. Department of Education definition, but comparisons from year to year are misleading because the same set of schools do not report this information every year.

The number of children reported by the U.S. Department of Education definition as homeless are not added in the PIT count totals; only those living in emergency shelters, in hotels or motels that are paid with homeless assistance emergency funds, or are unsheltered. However, these valuable data provide a broader picture of school-aged children experiencing housing instability in Marion County. Students without permanent housing typically perform poorly in school for many reasons, including not having the proper supplies, family stress, and malnutrition.

As Figure 1 indicates, 79 percent (1,352 students) of the students for whom housing type was reported in the McKinney-Vento data are doubled-up, meaning that a student lives in a dwelling with other individuals that may or may not be family. Many students may be living with grandparents or other members of the extended family. There were 141 students, or 8 percent, that were unsheltered or unattached (a student who is not in the custody of a parent or guardian), while 136 students (8 percent) were living in shelters and 82 (5 percent) were living in hotels or motels.

Table 10: Children by age, Marion County, McKinney-Vento data, January 2014

School District	8 and under	9-12	13-16	17 and up	Total
Damar Charter Academy	1	0	0	0	1
Decatur	82	67	68	18	235
Franklin	27	37	17	11	92
Indianapolis Public Schools (IPS)	399	398	284	157	1,238
Irvington Prep Academy	6	4	0	0	10
Kipp Indianapolis	0	3	1	0	4
Manual High School	0	0	19	15	34
Paramount School of Excellence	7	9	1	0	17
Perry	34	32	27	11	104
Phalen Leadership Academy	2	0	0	0	2
Pike	28	40	56	26	150
Speedway	12	13	1	3	29
Warren	30	36	32	9	107
Washington	169	196	137	24	526
Wayne	131	103	222	22	478
Totals	928	938	865	296	3,027

Thoughts for the Indianapolis Continuum of Care

As the Blueprint to End Homelessness came to the end of the 10-year plan, CHIP coordinated a two-year process to develop a new strategic plan that builds on the efforts and outcomes achieved. This next community plan—The Blueprint 2.0—

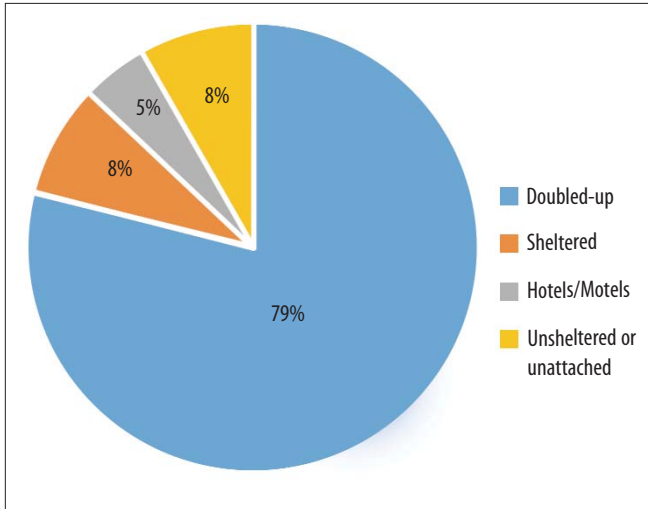
Table 9: Count results by subpopulations for persons 18 and older, Marion County, January 2014

Homeless subpopulation	Persons in emergency shelters	Persons in transitional shelters	Persons in Safe Havens	Persons unsheltered	Total
Total counted	991	810	22	74	1,897
Chronically homeless*	188	0	15	28	231
Severely mentally ill	153	61	0	22	236
Chronic substance abuse problems	214	239	14	20	487
Veterans	84	275	4	7	370
Persons with HIV/AIDS	6	13	0	1	20
Victims of domestic violence	194	146	5	18	363
Felony conviction	208	147	2	25	382
Foster care	61	28	2	7	98

*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 has 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 chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living in an unsheltered location) and/or in emergency shelter/Safe Haven during that time.



Figure 1: Reported living conditions of homeless children by McKinney-Vento liaisons, Marion County, January 2014



includes a framework based on an engaged, invested, and active community; quality housing and service delivery; and a high impact, effective and accountable system. As part of the implementation of that framework, CHIP asked PPI to identify potential gaps in service provision in the system. For purposes of this report, we are including the preliminary findings from the April 2014 report as well as thoughts for policymakers.

While those experiencing homelessness in Indianapolis have many needs, several were identified as gaps in the system that should be addressed to improve service provision:

- *There are gaps in available data since almost half of the system of providers are not included in HMIS.*

Though not a gap in *direct* service provision, incomplete data about the system negatively impacts service provision. Currently, homelessness prevention and intervention data are collected and stored in various databases and paper files across the Indianapolis community, making it challenging to form a comprehensive picture of the needs, gaps, and barriers individuals face in establishing housing stability.

Currently, HMIS records show a total of 507 beds in emergency shelters, 25 in Safe Haven, and 462 in transitional housing for a total of 994 beds. There are 962 beds (601 emergency shelter beds, 361 transitional housing beds) not included in the HMIS count. To present a complete picture of the system, to estimate gaps in the system, and to measure performance of the system, it is important that more shelters and transitional units are included in HMIS.

Good data are needed to help:

- o Determine the size and needs of the homeless population,
 - o Calculate the demand for housing and other services,
 - o Identify gaps in service provision,
 - o Analyze accurately data and trends, and measure community progress, and
 - o Assess the outcomes of various interventions allowing use of resources in the most strategic manner.
- *People with felony convictions experiencing homelessness need more assistance to find employment, mainstream housing, or even for some to access supportive housing programs and government assistance such as SNAP (food stamps) and TANF.*

According to the 2014 Point-in-time Count (consistent with previous years), approximately 25 percent, or 382 adults, surveyed reported having a felony conviction. However, of all adults captured in the 2013 HMIS data, 1,767 adults reported a felony conviction. People with certain criminal convictions often find it difficult to find market-rate mainstream rental housing. In addition, the majority of permanent supportive housing programs restrict people who are registered sex offenders or have histories of violent crimes from entering their housing programs. Many also restrict eligibility based on prior history of drug felonies. Anyone convicted of a drug-related felony in Indiana loses their right to be eligible for aid programs such as food stamps and temporary aid for needy families (TANF).

The drug felon ban was introduced with the federal Welfare Reform Act as an opt-in proposal for states. It gave states the choice to make former drug offenders ineligible for Federal Supplemental Nutrition Assistance Program (SNAP) benefits, a move intended to discourage drug offenders from exchanging food stamps for drugs. Indiana is only one of 12 states that still has a lifetime ban on people convicted of a drug felony from getting food stamps. But once a state opts in, state officials may also decide to reverse course and opt out of the ban through legislative action. Currently, 37 states and the District of Columbia have restored nutrition benefits to people with former drug offenses.

Transportation is a pressing and under-resourced need among those who are homeless and seeking employment. The current bussing system still has barriers with accessi-



bility to many locations with employment opportunities. Affordability can also be an issue. Some programs supply bus passes but not consistently enough to maintain employment until wages are paid.

- *In 2013, according to HMIS, there were 640 young adults (ages 18-25) experiencing homelessness with 22 percent in school. Specific resources should be targeted to this vulnerable population.*

Young adults are vulnerable in the existing adult-oriented service system primarily because of their inexperience with available resources. Homeless youth who are estranged from their parents or have left foster care may have a history of victimization that undermines their trust of adults. In addition, many of these young people struggle to find a role model or additional help in learning how to access services and interventions. Using soup kitchens, shelters,

and treatment facilities designed for and used by older adults can be especially intimidating.

There are additional difficulties if young adults are currently in school or want to access secondary education. Access to transportation is an overarching issue but especially for students trying to access campus without funds for the bus. Also, most shelters are not a setting conducive for studying and completing assignments. If a young person wants to access secondary education, there can be barriers such as completing the Financial Aid forms if they do not have contact with their parents.

The mission of the Indianapolis Continuum of Care is to make homelessness rare, short-lived, and recoverable. Data gathered through the PIT count can help measure progress toward this goal and identify areas that need to be addressed.



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PPI thanks the many people who volunteered and helped make the 2014 Homeless Count a success. We especially want to thank the outreach workers from the local organizations. We would also like to thank Horizon House for acting as count headquarters, the IUPUI Solution Center for intern support, and the students from IUPUI's *Do the Homeless Count* service learning course and Franklin College 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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