

Focusing on Rapid Re-Housing Combats Family Homelessness in Indianapolis

Since 2007, the Indiana University Public Policy Institute (PPI) under contract from the Coalition for Homelessness Intervention and Prevention (CHIP) has conducted a count of the persons experiencing homelessness in Marion County. On January 21, 2010, a team coordinated by CHIP administered the annual point-in-time count of homeless individuals. This issue brief discusses the details and background of the count as well as findings and thoughts for policymakers concerned with improving services for the Indianapolis community’s homeless population.

Methodology

To prepare for the count, we met with local agencies and conducted orientation sessions for the outreach workers to discuss the best practices for counting the homeless, familiarize the workers with the forms to be used, and to map areas to be covered during the night count. We used a two-pronged approach for the count—a street count and a shelter count. The street count was carried out by teams assigned to designated areas of the county. The teams consist of outreach workers and at least one Indiana

University–Purdue University Indianapolis (IUPUI) student. The shelter count was administered by employees of the facility or by a survey assistant—usually an IUPUI student. The IUPUI students volunteered as part of the course *Do the Homeless Count* in which part of their coursework is to observe and participate in the annual homeless count. The students from the class were trained by outreach workers and practiced interviews in preparation for the count. Four teams consisting of two officers from the Indianapolis Metropolitan Police Department, one IUPUI student, and one employee from CHIP, searched abandoned buildings and aided in areas outside the immediate downtown area.

According to HUD’s definition, a person is considered homeless if he or she meets one of two different classifications: 1) resides in a place not meant for human habitation, such as a car, park, sidewalk, abandoned building, or on the street (*unsheltered person*); or 2) resides in an emergency shelter or transitional housing for persons who originally came from the streets or emergency shelters (*sheltered homeless*).



2010 Indy Homeless Connect



Findings

There were 1,488 individuals experiencing homelessness in Marion County on the date of the count. According to Table 1, that is an increase of 34 people from the Winter 2009 count. The number of people in emergency shelters decreased while the numbers in transitional housing increased and the number of unsheltered that we found decreased. As discussed below, an additional 143 individuals would have been homeless at some point leading up to and possibly including the night of the count but for the positive impact of prevention initiatives and a new federal program for prevention and intervention with individuals with low barriers to housing. In addition, anecdotal information available from shelters and service providers suggests that the number of unsheltered individuals found on the night of the count would be higher but for the negative impact of the inclement weather on that night and individuals who elected not to participate in the survey. Those considerations are set out in the *Thoughts for Policymakers* section at the end of this report.

Table 1: Sheltered and Unsheltered Homeless Individuals 2007-2010

	2007	2008	2009	2010	% Change 09-10
Low temperature night of count	19F	3F	16F	32F	
Persons in emergency shelters	691	758	712	628	-12%
Persons in transitional housing	943	633	555	694	25%
Persons in Safe Havens*				33	NA
Persons unsheltered/ "street"	234	133	187	133	-29%
Total	1,868	1,524	1,454	1,488	2%

*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 on the streets 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 off the streets and to develop a willingness and trust to accept services.

Specific homeless subpopulations are shown in Table 2. It should be noted that all of the data are self-reported and questions on sensitive issues may result in under reporting. It should also be noted that the total count includes adults and children while the subpopulations are only reported for adults and 95 adults reported only basic demographics. There were a total of 1,126 adults (total minus children) experiencing homelessness in 2010. The results for the subpopulations are similar to last year, except for chronically homeless, which is down 93 people. Over half of that decline can be explained by the additional 52 people in transitional shelters who would meet the qualifica-

tions for chronically homeless. There were a total of 524 adults with substance abuse problems (218), mental illness (147), or both (159).

There are two new subpopulations reported this year—individuals with a felony conviction and individuals who at some point in their life were part of the foster care system. Almost one-fourth of the adult population counted reported a felony conviction while 12 percent reported being part of the foster care system at some point in their life. The proportion of sheltered to unsheltered individuals was similar for the total counted adults and the adults who reported previous felony convictions (12 and 13 percent unsheltered, respectively). But unsheltered persons were much more likely than sheltered to report that they had been part of the foster care system (32 percent).

Table 2: Homeless Count Results by Subpopulations, 2010

	Persons in emergency shelters	Persons in transitional shelters	Persons in Safe Havens	Persons unsheltered ("street")	Total
TOTAL COUNTED	628	694	33	133	1,488
Chronically homeless*	58	N/A	16	49	123
Severely mentally ill	83	139	25	59	306
Persons with chronic substance abuse problems	87	228	14	48	377
Veterans	42	181	2	25	250
Persons with HIV/AIDS	1	6	1	2	10
Victims of domestic violence	125	150	10	13	298
Felony conviction	100	116	11	33	260
Foster Care	50	37	2	42	131

*Chronic homelessness is defined as the following: an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or 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 on the streets) and/or in emergency shelter during that time.

Because this was a point-in-time count and we want to know the number of individuals who experience homelessness during the course of the year, based on national research, we estimate that the number of people who experience homelessness at some point during the year is three to five times the number counted on January 21, 2010. Using this formula, we estimate that between 4,500 and 7,500 individuals in Marion County experience homelessness during the course of the year.



Using HUD’s definition of homelessness, there were a total of 191 families experiencing homelessness, a decrease from 2009. There were 10 more families in transitional shelters, and 37 fewer in emergency shelters. The number of adults was down, but the number of children was up slightly. The total number of people is down slightly, but a total of 39 percent of those experiencing homelessness are part of a family.

Table 3: Number of Homeless Families, 2010

Homeless	Emergency shelters	Transitional shelters	Unsheltered (“street”)	Total
TOTAL FAMILIES	103	81	7	191
Number of adults in families	118	88	12	218
Number of children in families	206	156	1	362
Total number of people in families	320	238	13	580

One explanation for the decrease in families in emergency shelters is the funding received from the federal government. Under Title XII of the American Recovery and Reinvestment Act of 2009, the city of Indianapolis received funding from the US Department of Housing and Urban Development to implement a Homeless Prevention and Rapid Re-Housing Program (HPRP). The purpose of the HPRP is to provide homelessness prevention assistance to households who would otherwise become homeless, many due to the economic crisis, and to provide assistance to rapidly re-house persons who are homeless as defined by section 103 of the McKinney-Vento Homeless Assistance Act.

Rapid re-housing is based on the idea that for families homelessness is often caused by an economic hardship event (illness, unexpected bills, behind in payments, 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). The other services that are needed, such as helping them find a job, child care, or accessing other services, are more manageable if a family is in a stable housing situation. The negative mental and physical health implications for children can be avoided or minimized if the time spent experiencing homelessness is minimized.

As Table 4 illustrates, since October 1, 2009, the HPRP initiatives have provided rapid re-housing assistance to 86 families comprised of 143 individuals in Indianapolis/Marion County. Assistance includes financial assistance for things such as rent, deposits, utility payments, and moving. It also includes services such as case management, credit repair, and housing searches. These programs have potentially played a significant role in reducing the number of families and individuals that are in emergency shelter or on the street. If Indianapolis had not received this grant funding, it is likely that the number of families in emergency shelter would have increased.

Table 4: Total People and Households Served by Homeless Prevention and Rapid Re-Housing Program

	Number of households being served on 1/21/10	Number of households served from 10/1/09 through 1/21/10
Total households served	42	86
Financial assistance		
Rental assistance	35	37
Security and utility deposits	6	33
Utility payments	9	17
Moving cost assistance	0	2
Motel & hotel vouchers	0	4
Total financial assistance	35	39
Housing relocation & stabilization services		
Case management	7	54
Outreach and engagement	3	82
Housing search and placement	6	43
Credit repair	0	3
Total housing relocation & stabilization services	14	85

Under the McKinney-Vento Homeless Assistance Act, schools must identify children and youth in homeless situations and provide appropriate services, such as transportation to school of origin. Their definition counts everyone that HUD counts and also includes families who have doubled up or are living in motels or hotels. According to McKinney-Vento liaisons there are 2,972 students in Marion County experiencing homelessness, excluding Warren Township (Table 5). Indianapolis Public Schools (IPS) had the highest number of students with

Table 5: 2010 Count Day McKinney-Vento Data

School District*	Homeless Children
Beech Grove	112
Franklin Township	157
IPS	1,356
Lawrence Township	169
Perry Township	70
Pike Township	79
Speedway	4
Washington Township	277
Wayne Township	748
TOTAL	2,972
Not Reporting	
Warren Township	

*Does not include charter schools.



48 percent (1,356). Because most of these children live with at least one parent there are at least a few thousand additional adults who are homeless as well.

As Figure 1 shows, 91 percent (2,694) of the students of McKinney-Vento are doubled up. The remainder of the students were living in shelters (117); hotels/motels (80), and 64 were unattached or unsheltered. Unattached means that the students are not part of a family. The number of unattached or unsheltered students is significantly higher than in 2009 (7).

Figure 1: Reported Location of Homeless Children by McKinney-Vento Liaisons, 2009

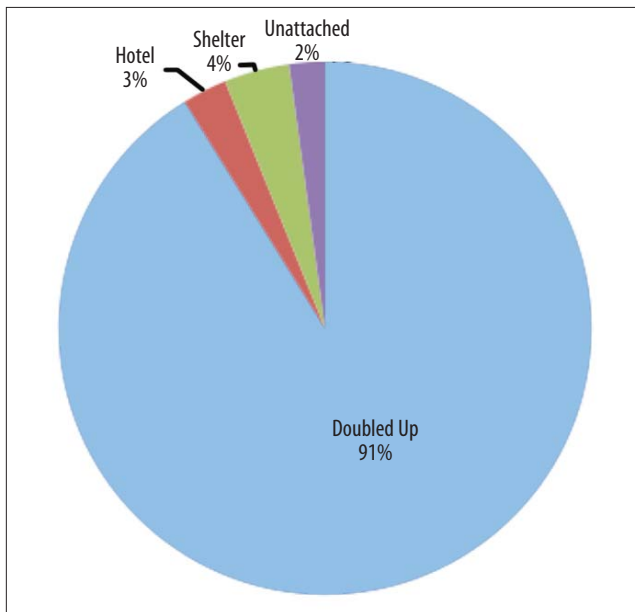


Table 6 illustrates the number of children reported by McKinney-Vento liaisons by age. Of the children reported, 40 percent (1,127) were between the ages of 9 and 12.

Table 6: Children by Age, McKinney-Vento 2010

School District*	5 to 8	9 to 12	13 to 16	17 and up
Beech Grove	47	32	26	7
Franklin Township	42	77	25	13
IPS	262	563	395	136
Lawrence Township	35	64	53	17
Perry Township	16	29	16	9
Pike Township	22	17	30	10
Speedway	1	2	0	1
Washington Township	70	107	83	17
Wayne Township	299	236	174	39
Totals	794	1127	802	249
Not Reporting				
Warren Township				

*Does not include charter schools.

On any given night in Indianapolis, there are more than 3,000 children who do not have a home of their own, and more than half of these children are under the age of 12.

Many of those experiencing homelessness report receiving some type of aid, such as food stamps, health care, veterans' benefits, and social security. As Table 7 illustrates, 37 percent (418) of the adult population experiencing homelessness indicated they received food stamps, and 41 percent (463) received some type of health insurance aid, which includes Wishard Advantage (232), Medicaid (142), Hoosier Healthwise (55), or Medicare (34). A low percentage (20 percent) report receiving financial assistance, such as TANF (50), Social Security Disability (61), or SSI (47). Only 84 of the 250 individuals who reported that they were veterans also reported that they were receiving veterans' benefits.

Table 7: Aid Received by Individuals Experiencing Homelessness, Sheltered and Unsheltered, 2010

Aid Being Received	Sheltered	Unsheltered ("street")	Total
Food stamps	396	22	418
Wishard Advantage	212	20	232
Medicaid	138	4	142
Veterans' benefits	81	3	84
SS Disability	60	1	61
Hoosier Healthwise	50	5	55
Temporary Assistance to Needy Families (TANF)	48	2	50
Supplemental Security Income (SSI)	44	3	47
Medicare	29	5	34

Twenty-five percent of the people experiencing homelessness in our community report a prior felony conviction, and almost 20 percent report being homeless after having been released from a prison, state institution, hospital, or other facility following a stay of more than one week, a slight decrease from 2009 (Table 8).

Table 8: Individuals Experiencing Homelessness Recently Released from Prison or Other Institution, Winter 2010

	Sheltered	Unsheltered ("street")	Total
Prison	110	8	118
Other institution	86	5	95

Of those who answered the question (825 adults), a total of 19 percent reported that they were employed (down from 25 percent in 2009), and another 15 percent reported that they were in school (up from 12 percent in 2009). Table 9 shows the reported reasons (respondents could select more than one) for not being employed or in school. The most common response was that there are no jobs available, followed by lack of transportation and disabled or other health reasons. Other significant reasons reported were the need for training or vocational rehabilitation, laid off or discharged due to economy, felony conviction, and lack of childcare.

Table 9: Reasons Not Employed or in School

	Sheltered	Unsheltered ("street")	Total
No available jobs	211	61	272
Lack of transportation	154	38	192
Disabled or for other health reasons	133	20	153
Need training or vocational rehabilitation	94	19	113
Laid off or discharged due to economy	89	21	110
Lack of child care	29	1	30
Felony conviction	84	10	94

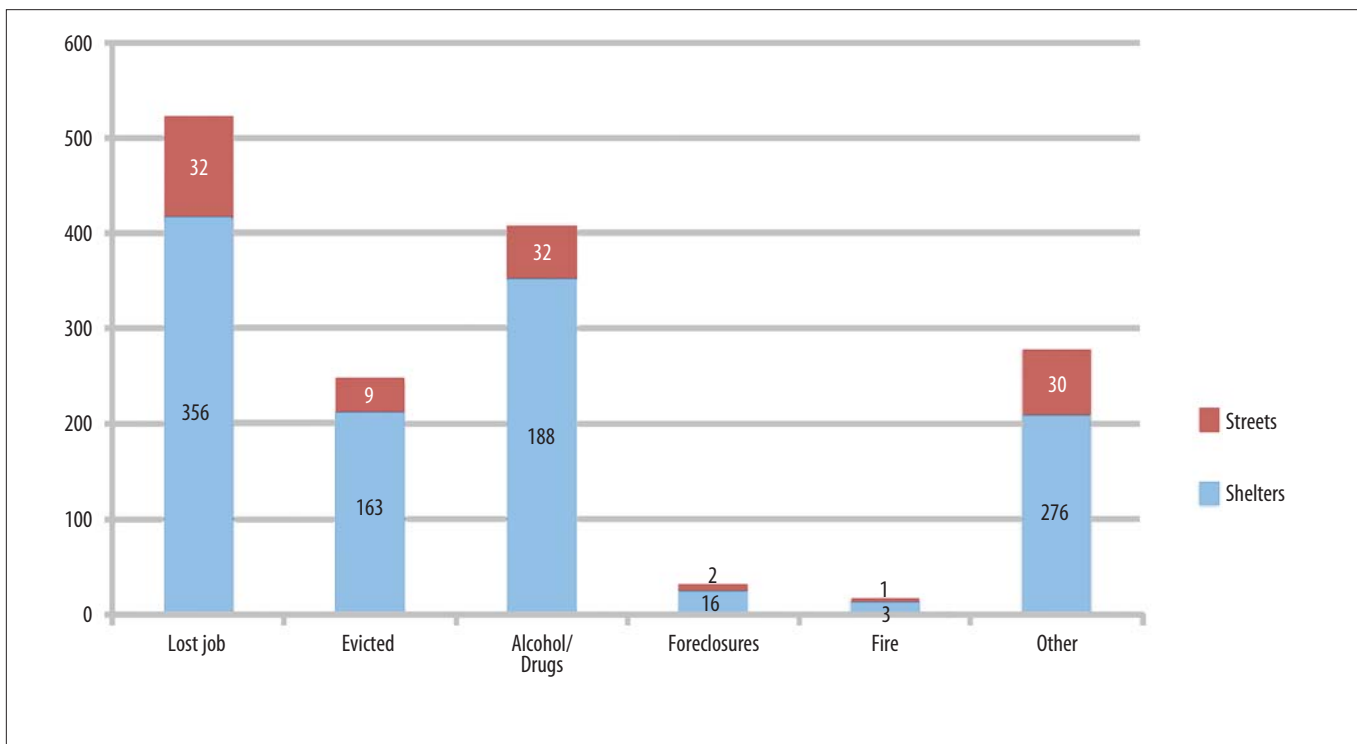
Figure 2 illustrates that loss of employment was the number one reason for homelessness followed by alcohol and drugs and other reasons, which included multiple answers like domestic abuse, separation and divorce. Eviction and foreclosure were also reasons for homelessness according to the respondents.

When asked *what assistance do you think you need or would like to have to find and maintain permanent housing*, 41 percent of respondents indicated that they would like assistance with housing such as help finding affordable housing or help with deposit and first month's rent, and 23 percent said assistance with employment.

We asked a new question during this count concerning several aspects of the respondents' health. Respondents could report more than one condition. As Table 7 shows, more than half of those experiencing homelessness do not have any type of health insurance. Of those adults who responded (825), 37 percent indicated that they had been told that they have a mental illness (Table 10).

Thirty-seven percent had also had a toothache in the last six months. According to the Surgeon General's report (<http://www.surgeongeneral.gov/library/oralhealth/>) on oral health in America, poor oral health and untreated oral diseases and conditions can have a significant impact on quality of life. In

Figure 2: Reasons for Homelessness





many cases, the condition of the mouth mirrors the condition of the body as a whole with a relationship between gum disease and stroke, heart disease, and pre-term low-birth-weight babies. Infections in the mouth can affect major organs. One example is bacterial endocarditis, a condition in which the lining of the heart and heart valves become inflamed. Poor mouth care also can contribute to oral cancer and poor oral health affects the digestive process, which begins with physical and chemical activities in the mouth. Problems here can lead to intestinal failure, Irritable Bowel Syndrome and other problems. The next most reported condition was high blood pressure. High blood pressure is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems.

Table 10: Reported Medical Conditions of Those Experiencing Homelessness

Medical Conditions	Sheltered	Unsheltered ("street")	Total
Mental illness	247	59	306
Had toothache last 6 months	268	34	302
High blood pressure	162	11	173
Physical disability	107	12	119
Asthma	86	5	91
Diabetes	63	11	74
Developmental disability	38	9	47
Heart disease	30	6	36
HIV/AIDS	8	2	10

DEMOGRAPHICS

As Table 11 illustrates, there are distinct differences among males and females experiencing homelessness when we examine the results by the respondent's age. While the largest categories by age are 41-50 and 51-61, females experiencing homelessness are more likely to be younger (under 18 or 18-30) than males experiencing homelessness.



Homeless families account for 39 percent of our total homeless population.

Table 11: Age and Gender of Those Experiencing Homelessness

	Under 18	18-30	31-40	41-50	51-61	52 & over	Not reported	Total
Male	101	61	133	210	235	29	10	779
Female	138	112	74	74	39	6	87	530
Not reported	123						56	179
Total	362	173	207	284	274	35	153	1,488



THOUGHTS FOR POLICYMAKERS

As noted above, the number of individuals found on the night of the count increased from 1,454 in 2009 to 1,488 in 2010. Given the increases in unemployment among the surveyed population and the general population, and job loss being named as the number one reason for experiencing homelessness, the increase could have been greater. Enhanced prevention activity and recent federal programs as well as other factors on the night of the count had a probable impact on keeping the number counted lower than it might have been.

A “point-in-time” count, by its very nature, will not catch everyone. It is a snapshot – the best evidence available – to quantify the nature and extent of homelessness on any given night in Indianapolis. For the unsheltered in particular, the weather and other factors on the night of the count will influence how many individuals will be found and whether they will participate in the count. Anecdotal information available from service providers suggests that the number of unsheltered is greater than indicated in this year’s count. The night of the count, while warmer than last year, was cold and rainy. As a result of these conditions, it is possible that some individuals and families who normally stay on the street found temporary shelter with friends or relatives or in non-traditional places (e.g., 24-hour restaurants) on that evening and were not found on the night of the count. In addition, outreach workers also report that several large groups of individuals declined to participate in the count because organizations were at their encampments providing hot meals and other items at the same time as the outreach workers conducting the count. Outreach workers estimate that 30-40 people declined to participate in the count for this reason.

The declining economy during 2009 and responding interventions seems to have assisted in keeping this year’s count from increasing more significantly from the previous count. Homelessness prevention is an essential element of any effort to end homelessness. Preventing homelessness is crucial, both to reduce the high cost of providing crisis care and to eliminate the disruption that results when people become homeless. Many providers currently deliver prevention services, support and hope to at-risk populations. Connect2Help, a nonprofit agency dedicated to facilitating connections between people who need human services and those who provide them, reports that at the beginning of the decade, they responded to about 26,000 calls for help. In 2009, this number soared to more than 230,000 people, an increase of 792 percent. Over the last year, calls seeking utility assistance increased by 43 percent, calls seeking rent assistance increased by 21 percent, calls seeking emergency shelter increased 10 percent, and calls seeking emergency food assistance increased 6 percent. Ongoing and enhanced support for the supportive services available in our community is key to avoiding substantial increases in the numbers of individuals and families who find themselves homeless in our community. Similarly, as the

Blueprint to End Homelessness recommends, increasing the number of affordable housing units and the occupancy rates for those units will reduce the incidence of homelessness in our community.

One new program had a measurable impact. The federal Homeless Prevention and Rapid Re-Housing Program provides funding to support individuals and families who would be homeless but for the immediate support they receive in that program. On the night of the count, 143 individuals making up 86 households had recently been served or were on that night receiving services through that program, preventing them from becoming homeless. Policymakers should think about how to serve more families with rapid re-housing to decrease the negative effects of experiencing homelessness on children.

One area for concern is the increase (from 7 to 64) in unattached youth reported by the school districts. Youth experiencing homelessness are potentially in even a more vulnerable situation without a parent or guardian. Living on one’s own when under the age of 18 is a juvenile offense in Indiana, unless the minor has been legally emancipated. According to Indiana statute, shelter staff must contact the Indiana Department of Child Services within 72 hours of a child’s arrival. In addition, there do not seem to be enough services for those aging out of foster care.

The economy has had an effect on those experiencing homelessness with a total of 19 percent reporting that they were employed (down from 25 percent in 2009), and the number one reason that they were not employed or in school was the lack of available jobs. Assistance with finding employment, including training and job placement, is needed to help move people into self-sufficiency.

Our data also show the need to expand access to services that address chronic substance abuse and mental illness. One possible way to address these issues is an engagement center, which is a type of shelter for intoxicated individuals experiencing homelessness. The engagement center’s main purpose is to work with community agencies that provide specific services. One of the goals of these programs is to decrease emergency room usage and arrests for public intoxication. For more information see “Health and Criminal Justice Expenditures of Chronically Homeless in Indianapolis: An Update” http://www.chipindy.org/CostStEvalDetail.php#PUBLIC_SERVICE_UTIL_COST_STUDY

Families and individuals experiencing homelessness often have no form of health insurance. The respondents indicated that many of them suffer from chronic illnesses, such as mental illness, high blood pressure, and physical disabilities. Oral health, often overlooked in discussions of health care, is a serious problem among the respondents. Thirty-seven percent of the adults reported having a toothache in the last six months. When asked to rate their dental health, 50 percent indicated that it was fair or poor. Poor dental health can be linked to other health problems including heart disease and stroke. These findings indicate a need for dental care for this population.

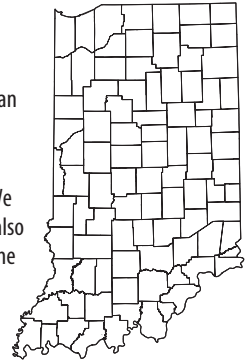


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