

Number of Homeless Veterans Increases in 2012

Each year since 2007, the Indiana University Policy Public Institute (PPI) has worked with the Coalition for Homelessness Intervention and Prevention (CHIP) to conduct the Point-in-Time Homeless Count in Marion County. This issue brief serves to outline the details of the count conducted on January 25, 2012, the findings, and considerations for policymakers.

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. Beginning in 2012, HUD requires that the count of sheltered homeless persons be conducted annually and that a count of unsheltered persons be conducted at least biennially. CHIP has long chosen to conduct the complete count annually to track local changes in the homeless population. HUD defines someone as being homeless if they meet 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.

Methodology

The count requires that all persons without permanent housing in Marion County be identified; those living in shelters and those that are unsheltered must be counted as per the definition set forth by HUD. In preparation for the count, local homeless shelters were contacted to determine whether their staff would conduct the surveys with their clients, or if IUPUI students and other volunteers would be needed. Since last year's count, there has been a significant increase in the number of shelters that report client data through the Homeless Management Information System (HMIS). For the shelters that utilize this tool, the count information is collected by CHIP through the case management tool.

Meetings with outreach teams—groups who work with people experiencing homelessness who are unsheltered (street)—were held to prepare a strategy for administering surveys to the street population. Volunteers who survey the street population are always accompanied by an outreach worker or police officer who makes the initial contact. One new strategy for this year's street count included conducting the count on an evening when one of the outreach teams was providing food and supply distribution in downtown Indianapolis. As this population can be difficult to locate, this strategy allowed volunteers to survey more of the street population in a central location.

Several of the shelters included in last year's count were not included in this year's final count because of a change in the determination of whether the beds they provide serve those experiencing homelessness.



Homeless neighbors stay out of the freezing rain at an outreach event hosted by The PourHouse, during the 2012 Homeless Count.



Table 1: Sheltered and unsheltered individuals, Marion County, January 2008-2012

	2008	2009	2010	2011	2012	2011-12
Low temperature night of count	3F	16F	32F	23F	30F	-
Persons in emergency shelters	758	712	628	686	848	19%
Persons in transitional housing	633	555	694	746	601	-20%
Persons in Safe Havens*	-	-	33	21	25	16%
Persons unsheltered/"street"	133	187	133	114	173	34%
Total	1,524	1,454	1,488	1,567	1,647	5%

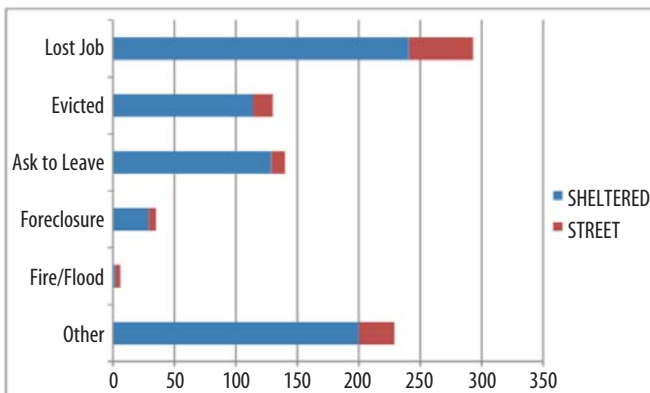
*According to HUD, a Safe Haven is a form of supportive transitional or permanent housing serving hard to reach people with severe mental illness, who are on the streets and have been unwilling or unable to participate in supportive services. It is a separate category from transitional or emergency shelter.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

Findings

On January 25, 2012, the count identified 1,647 individuals as experiencing homelessness in Marion County. As shown in Table 1, this is approximately a five percent increase from last year's total. There were increases in the number of persons identified in emergency shelters, Safe Havens, and those without shelter. The most notable change was the 34 percent increase in the street population. A contributing factor to these increases from previous years' totals may be the changes in methodology (increased data from HMIS and conducting the street count at a food distribution site). Fewer people were counted in transitional housing in 2012 than in 2011 (20 percent).

There are a variety of reasons that contribute to a person losing their housing. As Figure 1 shows, the most common rea-

Figure 1: Reasons for lack of permanent housing, Marion County, January 2012



son found in Marion County was job loss, followed by being asked to leave by a family member or friend, and eviction, the same order and similar levels as last year. Of those who responded, 14 percent indicated that they were employed and nine percent indicated that they were in school or training. Common responses in the *other* category were loss of housing due to drug and/or alcohol addiction and domestic violence.

For persons 18 and older, subpopulations are displayed in Table 2. Individuals may be included in more than one category. There were 1,332 adults (total minus children) included in the 2012 count. The veteran population that lack permanent housing increased from 262 in 2011 to 351 in 2012, with the majority in transitional housing.

Table 2: Count results by subpopulations for persons 18 and older, Marion County, January 2012

Homeless Subpopulation	Persons in emergency shelters	Persons in transitional shelters	Persons in Safe Havens	Persons unsheltered ("street")	Total
TOTAL COUNTED	848	601	25	173	1,647
Chronically homeless*	141	-	24	49	214
Severely mentally ill	109	29	25	38	201
Chronic substance abuse problems	176	255	12	40	483
Veterans	69	260	2	20	351
Persons with HIV/AIDS	6	7	-	2	15
Victims of domestic violence	189	143	4	24	360
Felony conviction	146	119	-	40	305
Foster care	40	25	-	18	83

*Chronic homelessness is defined as: 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/safe haven during that time.

Table 3: Age and gender of those experiencing homelessness, Marion County, January 2012

	Under 18	18-24	25-34	35-49	50-61	62 & over	Not reported	Total
Female	137	69	136	198	113	12	30	695
Male	133	33	68	240	300	37	8	819
Not Reported	39	1	1	11	7	0	74	133
Total	309	103	205	449	420	49	112	1,647

Table 4: Race and ethnicity of adults experiencing homelessness, Marion County, January 2012

	Hispanic or Latino (any race)	African American /Black	American Indian or Alaskan Native	Asian	Caucasian /White	Native Hawaiian or Pacific Islander	Other
TOTAL	49	598	7	7	512	2	30
Emergency	22	296	4	4	230	1	12
Transitional	16	242	2	2	210	0	11
Unsheltered	11	60	1	1	72	1	7

Age, gender, race, and ethnicity are shown in tables 3 and 4. Females experiencing homelessness tend to be younger and are more often in families than men experiencing homelessness. African Americans are overrepresented among those experiencing homelessness, approximately 50 percent of the 2012 count population compared to 26 percent of the general population in Marion County in 2009 (U.S. Census Bureau, 2010).

As Table 5 shows, a significant portion of those experiencing homelessness in Marion County are part of families. The number of total families without permanent housing increased from 155 in 2011 to 177 in 2012. There were 554 individuals in families this year. The number of people in chronically homeless families (57) indicates that some families are cycling back into homelessness.

Table 5: Number of families without permanent housing, Marion County, January 2012

	Emergency shelters	Transitional shelters	Unsheltered ("street")	Total
TOTAL NUMBER OF FAMILIES	120	51	6	177
Number of adults in families	170	57	12	239
Number of adults in chronically homeless families*	34	-	8	42
Number of children in families	207	105	3	315
Number of children in chronically homeless families*	12	-	3	15
Total number of people in families	377	162	15	554
Total number of people in chronically homeless families*	46	-	11	57

The Homeless Prevention and Rapid Re-Housing Program (HPRP), part of the American Recovery and Reinvestment Act of 2009, was designed to assist families as well as individuals who are without permanent housing and need financial assistance and case management services (more than one service can be accessed). On the day of the count, there were 76 households

that were being served and 577 households that had benefitted from the program since last year's count. Without HPRP, the number of families without permanent housing would very likely have increased to more than 177 families included in this year's count. These grant monies end on June 30, 2012.

Table 6: Total number of households served by Homeless Prevention and Rapid Re-Housing Program, Marion County, 2011-2012

	Number of households being served on 1/25/2012	Number of households served from 1/25/2011 through 1/25/2012
Total served	76	577
<i>Financial assistance</i>		
Rental assistance	71	500
Security and utility deposits	3	257
Utility payments	4	398
Moving cost assistance	0	52
Motels & hotel vouchers	0	9
Total financial assistance	74	515
<i>Housing relocation & stabilization services</i>		
Case management	8	526
Outreach and engagement	1	536
Housing search and placement	1	209
Legal service	0	51
Credit repair	0	75
Total housing relocation & stabilization services	9	575

In addition to identifying children without permanent housing in shelters, transitional housing, and on the streets, data were obtained from the public school districts in Marion County. Under the McKinney-Vento Act, public schools are required to make special accommodations for their students who do not have permanent housing. According to the McKinney-Vento definition (which differs from the HUD definition by including children and families who are doubled-up), a total of 3,171 students in Marion County were identified as living without permanent housing, with the majority from Indianapolis Public Schools (IPS) and Wayne Township (Table 7). This is an eight percent increase from 2011, even without Perry and Warren townships, which were included in the 2011 count but not 2012 count. The majority of students that are considered homeless under McKinney-Vento are doubled up with family or friends (Figure 2). Other students are residing in shelters, hotels, motels, or are unattached (children who are doubled up and are not with their parent or guardian). As Table 7 shows, the majority of the children reported by the schools are under the age of 12, representing approximately 65 percent of these children.



Table 7: Children by age, Marion County, McKinney-Vento data, January 2012

School District*	8 and under	9 to 12	13 to 16	17 and up	Total
Beech Grove	29	20	24	9	82
Decatur Township	45	78	60	13	196
Franklin Township	11	7	10	7	35
Indianapolis Public Schools (IPS)	390	368	246	119	1,123
Lawrence	67	55	66	30	218
Pike Township	30	40	28	32	130
Speedway	7	2	2	0	11
Washington Township	112	103	75	63	353
Wayne Township	319	367	258	79	1,023
Totals	1,010	1,040	769	352	3,171
Data not submitted					
Perry Township					
Warren Township					

*Does not include charter schools.



This mother became homeless in 2011 after losing her job, despite having a degree. Photo taken at Wheeler Mission Center for Women and Children.

Figure 2: Reported location of homeless children by McKinney-Vento liaisons, Marion County, January 2012

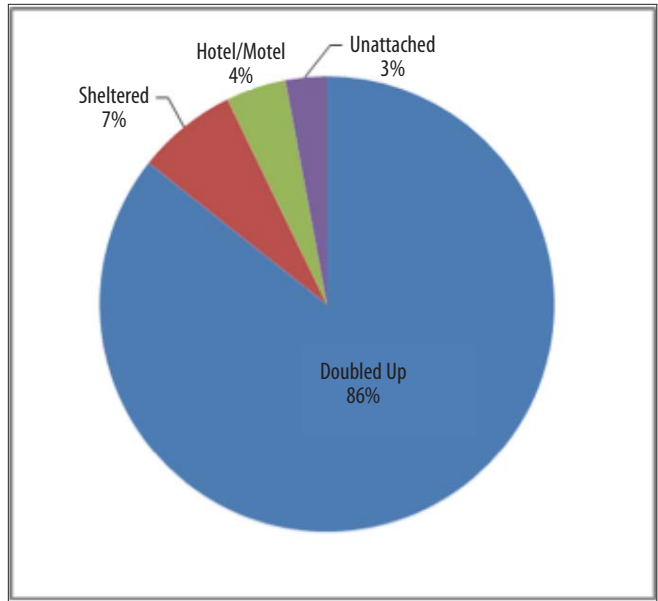


Table 8: Reported medical conditions of adults experiencing homelessness, Marion County, January 2012

Medical Condition	Sheltered	Unsheltered ("street")	Total
Problem with alcohol	346	34	380
Problem with drugs	297	22	319
Developmental disability	42	15	57
Mental health illness	138	38	176
Physical disability	137	18	155
HIV/AIDS	13	2	15
Diabetes	51	9	60
High blood pressure	146	15	161
Heart disease	35	5	40
Asthma	54	15	69
Other chronic health condition	149	15	164



Table 8 shows the self-reported medical conditions (respondents can indicate more than one) of adults without permanent housing. A problem with drugs and/or alcohol is the most often cited medical condition. Among chronic health conditions, high blood pressure was cited most often.

Many individuals who are experiencing homelessness are eligible to receive various types of government assistance. The majority of those receiving aid are receiving food stamps (Table 9). Of those receiving healthcare aid, the majority receive Wishard Advantage, but there is a large percentage of individuals without healthcare aid.

Table 9: Aid received by individuals experiencing homelessness, January 2012

Aid Being Received	Sheltered	Unsheltered ("street")	Total
Social Security	61	10	71
Social Security Disability	85	6	91
Supplemental Security Income (SSI)	49	4	53
Temporary Assistance to Needy Families (TANF)	37	0	37
Child Support	31	0	31
Food Stamps	465	46	511
Women, Infants and Children (WIC)	16	2	18
Unemployment Benefits	26	1	27
Workers Compensation Benefits	1	0	1
Veterans' Benefits	22	3	25
Veterans' Disability/Pension	49	1	50
Veterans' Healthcare	136	5	141
Hoosier Healthwise	30	3	33
Healthy Indiana Plan	12	0	12
Wishard Advantage	170	16	186
Medicaid	108	6	114

Veterans experiencing homelessness

In Marion County, veterans make up 21 percent of those experiencing homelessness, compared to comprising eight percent of Indiana's population as a whole (National Center for Veterans Analysis and Statistics, March 2, 2012) Both nationally (National Coalition for Homeless Veterans, n.d.) and locally (Table 10), females account for approximately five percent of veterans experiencing homelessness.

Table 10: Veterans experiencing homelessness by gender and age, Marion County, January 2012

	18-24	25-34	35-49	50-61	62 & over	Not Reported	Total
Female	2	2	7	7	0	0	18
Male	1	15	114	189	12	1	332
Not Reported	0	0	0	1	0	0	1
Total	3	17	121	197	12	1	351

The majority of veterans in Marion County are between 50 and 61 years old, with a significant number also in the 35 to 49 range. This suggests many of the veterans that were identified during the count served in the post-Vietnam era.

Table 11 shows medical conditions reported by veterans without permanent housing in Marion County. The most prominent issues facing this population are substance abuse problems. Out of the 351 veterans identified during the count, 43 percent have a self-reported problem with alcohol and 34 percent have a self-reported problem with drugs. According to the U.S. Department of Veteran Affairs (2012c), this is a common problem for those suffering from post-traumatic stress disorder (PTSD) when they return from combat. This condition can make it difficult to maintain a healthy mental state, and may make it very difficult to continue with daily activities. It also remains greatly undiagnosed.

Table 11: Reported medical conditions of veterans experiencing homelessness, Marion County, January 2012

Medical Condition	Sheltered	Unsheltered ("street")	Total
Problem with alcohol	146	6	152
Problem with drugs	117	3	120
Developmental disability	8	7	15
Mental health illness	29	1	30
Physical disability	50	5	55
HIV/AIDS	9	0	9
Diabetes	6	2	8
High blood pressure	29	3	22
Heart disease	7	1	8
Asthma	3	3	6
Other chronic health condition	84	5	89



To assist veterans with health problems and other consequences of serving in the military, the government offers benefits to veterans. Table 12 shows the veteran-specific benefits that are reported to be received by veterans without permanent housing in Marion County. Veterans' healthcare is the most highly utilized service. This may be due to the relative ease of obtaining this service (must have been honorably discharged) compared to the requirements that must be met to obtain other veteran benefits. There are a number of qualifying factors to be eligible to receive veterans' benefits and disability/pensions including type and length of service, injuries obtained during services, and other conditions.

Although approximately 39 percent of veterans that were identified in the count are receiving veterans' healthcare, many more are most likely eligible to receive it, because nationally 89 percent of veterans experiencing homelessness have been honorably discharged (National Coalition for Homeless Veterans, n.d). Veterans' benefits and veterans' disability/pension are received by seven percent and 14 percent of veterans experiencing homelessness, respectively.

Table 12: Benefits received by veterans experiencing homelessness, Marion County, January 2012

Benefit Received	Sheltered	Unsheltered ("street")	Total
Veterans' Benefits	21	3	24
Veterans' Disability/Pension	48	1	49
Veterans' Healthcare	132	5	137
Total	201	9	210



A homeless veteran participated in the 2012 Homeless Count while attending an outreach event hosted by The PourHouse.

A point-in-time count like this one does not provide the total number of people who experience homelessness during the course of a year. Based on national research, estimates suggest that the number of people who experience homelessness at some point during the year is three to five times the number counted on January 25, 2012. Thus, between 5,000 and 8,500 individuals in Marion County experience homelessness during a year.

Thoughts for Policy Makers

The number of veterans without permanent housing in Marion County has increased since last year, but in turn, there has been an increase in the number of programs that focus specifically on providing support to veterans that are experiencing homeless. In 2011, HUD provided an additional \$369,378, to provide permanent housing and case management for 75 homeless veterans (Feldman, 2011). Most of these veterans served during prior conflicts or in peacetime. However, according to a 2008 RAND Corporation study, nearly 20 percent of military service members who have returned from Iraq and Afghanistan – 300,000 in all – report symptoms of PTSD or major depression, yet only slightly more than half have sought treatment.

Most local efforts to aid veterans are the result of federal money that is allocated to various regions. The U.S. Department of Veteran Affairs has developed a short-term plan to eliminate veteran homelessness and provides a multitude of housing and work preparation resources for the population (U.S. Department of Veteran Affairs, 2012b). The Department is in charge of funding domiciliary care for veterans that do not have permanent

housing, which includes housing with an emphasis on rehabilitation. Also, the grant and per diem program provides funds for maintenance, service, and operational costs of transitional housing facilities for veterans. HUD also funds many of the housing programs for the homeless, including specific funding for veterans.

While there are resources that are provided to many veterans experiencing homelessness, many remain without permanent housing. This may 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. Veterans' family, social, and professional networks may have been broken due to extensive mobility while in military service or lengthy periods away from their hometowns and civilian jobs (National Coalition for Homeless Veteran, n.d.). Many veterans experiencing homelessness also have anxiety issues such as PTSD, which may inhibit their ability to hold a job.

In addition to continuing efforts to assist veterans already experiencing homelessness, more attention should be given to veterans who are on the brink of homelessness. With the high numbers of veterans returning from wartime situations confronting issues such as PTSD and traumatic brain injuries as well as physical disabilities, there is a potential that the number of veterans experiencing homelessness will increase even more. Possible measures could include efforts to inform veterans of their rights and benefits and programs that can provide assistance if they are struggling with issues such as access to health care for mental (including substance abuse treatment) and physical needs, and assistance in finding employment.

References

- Feldman, L.J. (2011, July 16). HUD, VA to Provide Housing and Support to 75 Homeless Veterans in Indiana. Retrieved May 17, 2012, from <http://portal.hud.gov/hudportal/HUD?src=/states/indiana/news/HUDNo.2011-07-26>
- National Center for Veterans Analysis and Statistics. (2012, March 2). Veteran population. Retrieved May 16, 2012, from http://www.va.gov/vetdata/veteran_population.asp
- National Coalition for Homeless Veterans. (n.d.). Facts and Media | Background and Statistics. Retrieved May 10, 2012, from <http://www.nchv.org/background.cfm#facts>
- U.S. Department of Veteran Affairs. (2012a). Health Care| 300 Vet Centers Here for Vets Who Served in Combat Zones. Retrieved May 10, 2012, from <http://www.va.gov/health/NewsFeatures/20120227a.asp>
- U.S. Department of Veteran Affairs (2012b). Health Care|VA Committed to Ending Veteran Homelessness in Five Years. Retrieved May 10, 2012, from <http://www.va.gov/health/NewsFeatures/20120220a.asp>
- U.S. Department of Veteran Affairs (2012c). National Center for PTSD | What is PTSD? Retrieved May 10, 2012, from <http://www.ptsd.va.gov/public/pages/what-is-ptsd.asp>

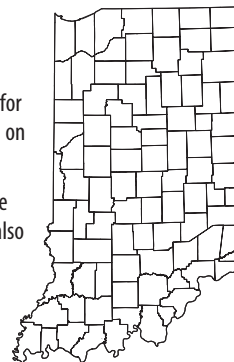


INDIANA PUBLIC POLICY INSTITUTE

Indiana University Public Policy Institute

The IU Public Policy Institute is a collaborative, multidisciplinary research institute within the Indiana University School of Public and Environmental Affairs (SPEA). The Institute serves as an umbrella organization for research centers affiliated with SPEA, including the Center for Urban Policy and the Environment, and the Center for Criminal Justice Research. The Institute also supports the Indiana Advisory Commission on Intergovernmental Relations.

The IU Public Policy Institute would like to thank the many people who volunteered and helped make the 2012 Homeless Count a success. We especially want to thank the outreach workers from the local homeless organizations who helped plan and lead the street count teams. We also want to thank the Indianapolis Metropolitan Police Department and the Marion University School of Nursing students and Franklin College students for their assistance on the night of the count; 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 for helping with data collection. Finally, we wish to thank the Coalition for Homelessness Intervention and Prevention for their financial and technical support.



Authors: **Markie Rexroat**, graduate assistant, Indiana University Public Policy Institute; **Laura Littlepage**, clinical lecturer, Indiana University School of Public and Environmental Affairs

The Coalition for Homelessness Intervention and Prevention would like to thank the IUPUI Solution Center and Christ Church Cathedral for providing financial support for the 2012 Single Night Street and Shelter Count and subsequent report; and we thank Lilly Endowment, Inc., and the Indianapolis Foundation, an affiliate of the Central Indiana Community Foundation, for significant annual support of the Coalition's programs.



INDIANA PUBLIC POLICY INSTITUTE

ADDRESS SERVICE REQUESTED

Non Profit
US Postage Paid
Indianapolis, IN
Permit No. 803

334 North Senate Avenue, Suite 300
Indianapolis, IN 46204-1708
www.policyinstitute.iu.edu



SCHOOL OF PUBLIC AND ENVIRONMENTAL AFFAIRS

INDIANA UNIVERSITY
IUPUI