Gaps in Services for People Experiencing Homelessness in Marion County

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Introduction

The Coalition for Homelessness Intervention and Prevention (CHIP) coordinated a two-year process to develop a new strategic plan to address homelessness in Indianapolis. Continuing the efforts and outcomes achieved in the first *Blueprint to End Homelessness*, this next community plan 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 the Indiana University Public Policy Institute (Institute) to identify potential gaps in service provision in the system.

Methodology

Triangulation, a process of using multiple data sources to obtain diverse views about a topic, is a key tenet of good research. The Institute gathered data and input from a range of sources using both qualitative and quantitative methods. The use of diverse and confirmatory types of evidence increases the validity and reliability of the findings and avoids problems of reliance on any one form of evidence that might impact the validity of the findings. Triangulation helps to ensure that the Institute has developed a truer, more accurate portrait of the community of those experiencing homelessness in the Indianapolis area. Triangulated data include several sources:

- Focus groups of those experiencing homelessness and service providers
- Stakeholder input obtained from interaction with service providers and members of the Continuum of Care
- Quantitative data from compilation and analysis of relevant data sources
- Survey of service-providing members of the Continuum of Care

Focus groups

One strength of focus groups is the ability to produce extensive amounts of data on the topic of interest in an efficient manner. Focus groups inherently include group interactions that can provide a deeper understanding of participants' perceptions and experiences than can individual interviews.

Focus groups were held with:
- Guests at Wheeler Men's and Women's missions;
- Staff at Outreach, Inc., which serves homeless youth;
- Indianapolis Metropolitan Police department;
- Guests at Horizon House (male and female groups);
- McKinney-Vento Liaisons (staff at schools that address the needs that homeless children and youth have faced in enrolling, attending, and succeeding in school);
- Professional Blended Street Outreach Team; and
- Staff from the Homeless Veterans Assistance Fund (HVAF).

The following questions were asked of each group of people experiencing homelessness:
- Let's go around and each tell a little bit about ourselves.
- During your time without permanent housing, which services have you used?
- Can you tell me how you located these services?
- Which services were helpful?
- What services would be helpful that you have not been able to access?

These questions were asked of those who serve people experiencing homelessness:
- Which services do those experiencing homelessness use?
- How do they locate these services?
- Which services need improvement?
- Which services would be helpful that they have not been able to access?
- Why have they not been able to access services?
- If you had a magic wand and could change one thing about the system what would you change?

Stakeholder input

Stakeholder input was provided by members of several committees of the Indianapolis Continuum of Care (CoC) as well as from conversations with service providers. The CoC is the group that is charged with carrying out *Blueprint 2.0* whose goal is to make homelessness rare, short-lived, and recoverable. It is composed of representatives from relevant organizations.

Quantitative data from compilation and analysis of relevant data sources

On January 28, 2015, the Institute, together with CHIP, conducted the annual Point-in-time Count. In addition to providing a count of the sheltered population, it is a consistent source of data on the unsheltered population. 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.

Data from the annual Point-in-time Count, the housing inventory, Homeless Management Information System (HMIS), Connect2help, and SAVI were analyzed. HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. A recent effort resulted in adding data for 2013 and 2014 from Wheeler Men's Shelter to HMIS. Persons who are unsheltered or who are doubled up are not included in HMIS. Connect2Help 211 responds to request from individuals seeking social services, providing information and assistance with food, housing, utilities, aging issues, counseling, and finding safety from violent situations. SAVI, a large on-line data system, helps organizations and individuals make data-informed decisions.

In response to specific requests from CoC committees, as well as to support the implementation of *Blueprint 2.0*, the Institute, in consultation with CHIP, developed a survey to determine the current status of services for the homeless community members in Indianapolis. To ensure that this is a complete picture we asked that each of the CoC members share information about their respective agencies/organizations on populations served, services provided, collaborations, and funding.

Need Identification

Improved data collection

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.

Good data are needed to help:
- Determine the size and needs of the homeless population,
- Calculate the demand for housing and other services,
- Identify gaps in service provision,
- Analyze accurately data and trends,
- Measure community progress, and
- Assess the outcomes of various interventions allowing use of resources in the most strategic manner.

Currently, there are almost 1,000 emergency and transitional beds not included in HMIS records, with the majority of beds provided by Wheeler Mission and domestic violence shelters. 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.

The providers that do not participate in HMIS do not receive HUD funding, yet they are part of the larger system and refer their clients to providers that do receive HUD funding. This results in a mismatch in the reported statistics from HMIS. For example, shelters, such as those run by Wheeler, which is not part of HMIS, refer clients to Transitional Housing and Permanent Supportive Housing that are part of HMIS.
According to HMIS, in 2014 Emergency Shelters reported 1.6 percent exiting to Transitional Housing and 1.2 percent to Permanent Supportive Housing projects. In contrast, Transitional Housing and Safe Haven projects indicated that in 2014, 17.6 percent came from an Emergency Shelter and 8.5 percent of persons entering a Permanent Supportive Housing Project came from an Emergency Shelter.

Diversification of emergency shelter inventory

Barriers to shelter exist in our system. All shelters require sobriety while staying at the shelter, which can be a significant barrier for people who are chronic substance abusers. For couples to stay together, in some shelters they must be legally married, which can be a deterrent for unmarried adult couples and families to access shelter. Very little emergency shelter for unaccompanied homeless youth under the age of 18 exists, and there are also restrictions on male children over 12 in some family shelters. Other barriers include pets not being allowed, required religious participation, the number of people staying in the same room, and the requirements of some shelters to leave very early in the morning and return in the late afternoon to be re-admitted. As one focus group participant phrased it *"We just want a place to stay without so many rules."*

Limits in length of stay range from ten days to three months depending on the program (and the inability to find long-term housing placements for people with significant barriers or no income),

and results in people exiting back to street homelessness after using up their allowed time in shelter. Another indicator of inadequate capacity is that over 100 people experiencing homelessness utilized Horizon House as an overflow site during 2014 and 2015. Horizon House does not usually provide overflow beds, but due to extreme weather and extenuating circumstances, they served that role a few times for several nights. In addition, the 171 seasonal or overflow beds that are only available due to winter contingency also indicate a need in the system.

In 2014, according to providers, shelters who serve families and survivors of domestic violence were at capacity and turning away clients most of the year. Connect2Help 211's mission is to facilitate connections between people who need human services and those who provide them. In 2013 and 2014, Connect2Help fielded over 20,000 calls for assistance with homeless shelters and domestic violence shelters. As Figure 1 indicates, they are consistently unable to meet the need, with 20 percent of calls unmet in 2013 and 25 percent of calls unmet in 2014.
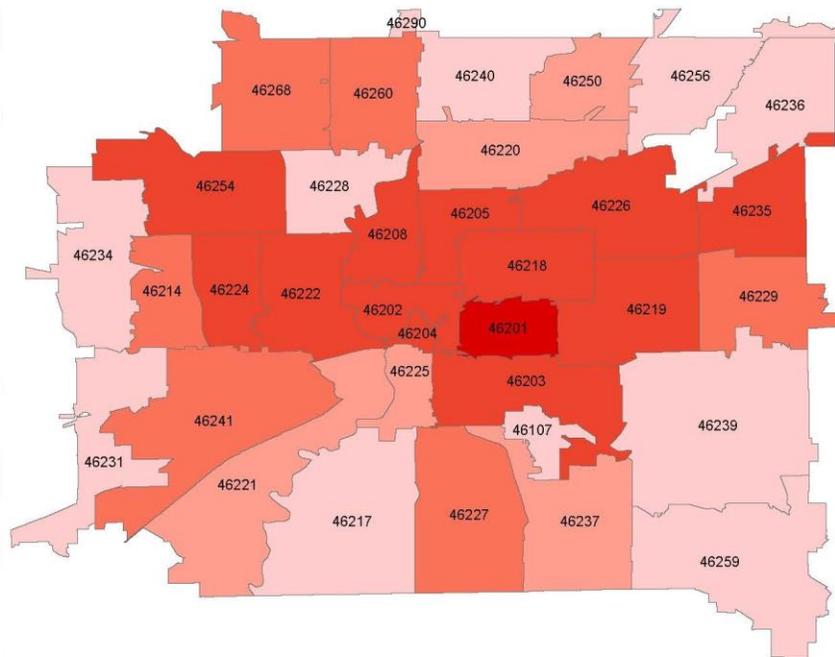
Figure 1: Percent of homeless shelter/domestic violence shelter calls unmet by Connect2Help, 2013-2014
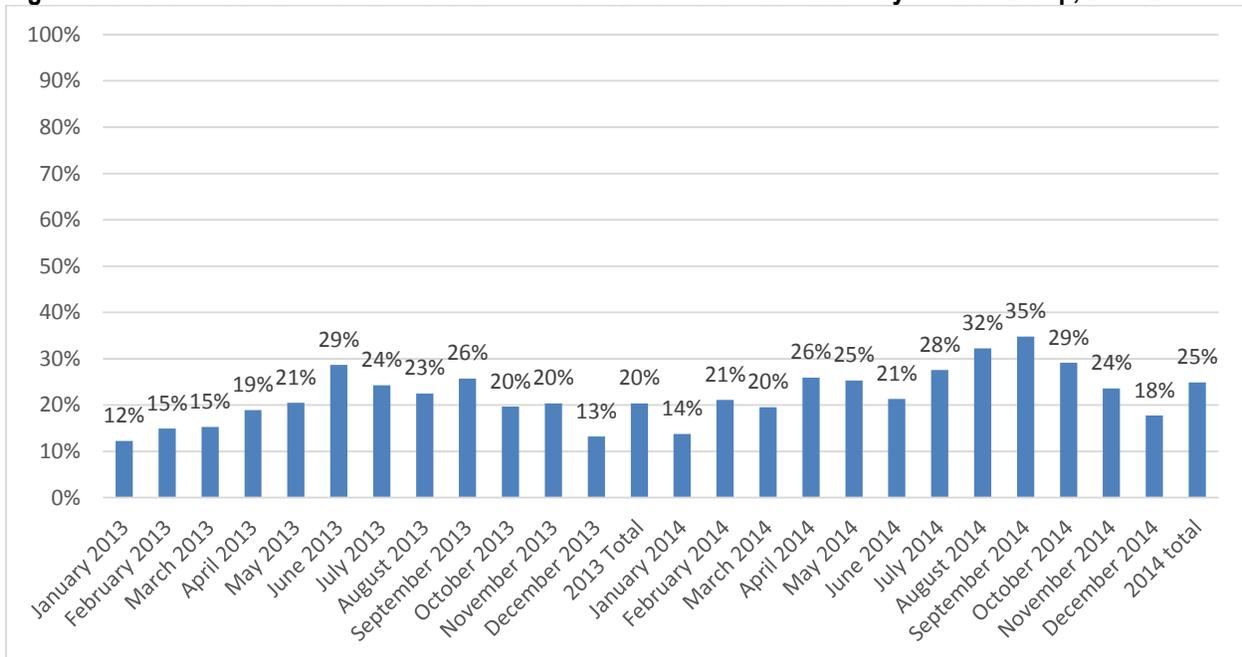
As Map 1 indicates, the number of unmet calls is concentrated in downtown Indianapolis.

Map 1: Unmet calls for homeless or domestic violence shelters by zip code, Marion County, 2014
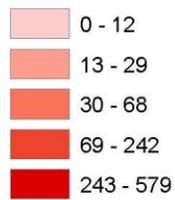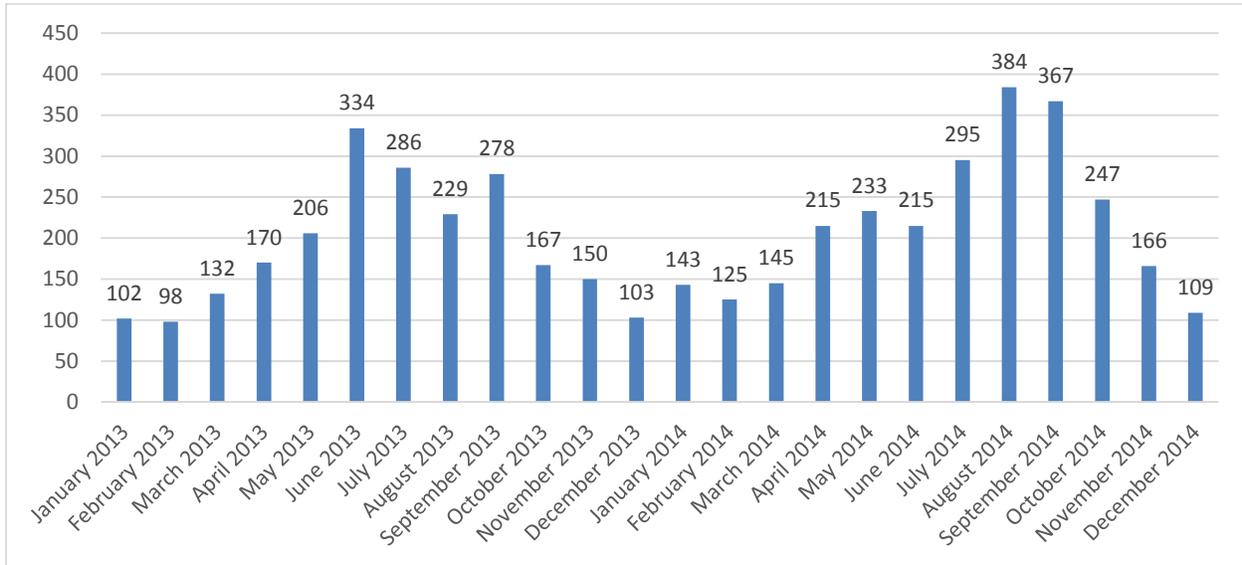
Figure 2 shows the numbers per month range from around 100 to almost 400 in August 2014.

Figure 2: Number of homeless shelter/domestic violence shelter calls unmet by Connect2Help, 2013-2014

Most of the calls for shelter, whether for homeless shelter or domestic violence shelter, came from women (Table 1). As Table 2 illustrates, over 40 percent of the calls to both groups were from people with families, with a higher percent of those with unmet needs in families.

Table 1: Demographics for calls to Connect2Help for shelter, 2014

	Homeless Shelter Calls	Domestic Violence Calls
Female	79%	96%
Male	20%	2%
African American	52%	45%
Caucasian	27%	19%
Other	21%	36%

Table 2: Shelter calls by family composition, 2014

	Total Calls		Unmet Needs	
	Number	Percent	Number	Percent
Couple/no kids in home	389	5%	106	5%
Did not ask	1,388	17%	430	19%
Extended/Two-family	503	6%	69	3%
Refused/Did not know	45	1%	14	1%
Single/no kids in home	3104	37%	655	30%
Single-parent family	2,387	28%	804	36%
Two-parent family	572	7%	142	6%
Total	8,388	100%	2,220	100%

Permanent supportive housing

According to HMIS, 58.3 percent of exits from Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and Safe Haven projects are to places other than a permanent housing destination. Supportive housing combines housing that is affordable to persons with very low or extremely low incomes with flexible supportive services that are designed to meet the special needs of an individual or family. That is, supportive housing combines permanent, affordable housing with services that help people live more stable, productive lives.

Currently, Indianapolis has a mix of transitional housing for families, people who are survivors of domestic violence, people with substance addiction issues, people who are HIV positive, veterans, and the general homeless population. Because of a lack of permanent supportive housing and a coordinated intake system, people sometimes access transitional housing because it is the only readily-available source of housing for which they qualify, but do not exit to permanent housing because they are not able to be self-sufficient at the end. According to HUD, transitional housing should be reserved for populations most in need of that type of intervention (domestic violence, substance abuse, and youth), rather than being used either as a holding pattern for those that really need permanent supportive housing or those that need less intensive interventions.

As part of the *100,000 Homes Campaign* conducted in 2013, the Permanent Supportive Housing Committee (PSH) began using a Vulnerability Index (VI) to provide housing solutions for the most vulnerable persons experiencing homelessness. The index produces a score using the length of time an individual is homeless (at least six months) and measures of vulnerability factors to identify those individuals experiencing homelessness with high risk of death or disease, who are then given priority in service provision. The VI was updated in fall 2014 to encompass more areas of vulnerability and hopefully give a better picture of a person's vulnerability and risk.

The PSH uses the VI to prioritize applications for permanent supportive housing. There is a waiting list of almost 170 completed applications, and almost 20 incomplete applications. The VI scores for the completed applications range from a low of 11 to a high of 43, with a higher score indicating more vulnerability. The average wait is approximately 10 months, with the least being 2 days and the longest 24 months.

Obtaining housing after a felony conviction

According to the 2015 Point-in-time Count (consistent with previous years), approximately 34 percent of adults surveyed reported having 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 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. Once a state opts in, state officials may 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. As Table 3 illustrates, there are only a few members of the Continuum of Care who provide services that would be of assistance in re-entry.

Table 3: Support services, % of Continuum of Care organizations by capacity, 2014

		Number of people served			
Service	# of orgs	Under 25	25-74	75-149	Over 150
Legal services	2	50.00%	50.00%	0.00%	0.00%
Restorative justice	0	0.00%	0.00%	0.00%	0.00%
Probation and parole	1	100.00%	0.00%	0.00%	0.00%
Re-entry assistance	3	0.00%	33.33%	0.00%	66.67%

Serving young adults

According to HMIS, in 2014, there were 254 young adults (ages 18-25) experiencing homelessness, with 33 or 13 percent in school. 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 have had inadequate role models and minimal help in learning how to navigate complex systems. 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 get to 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 pursue secondary education, completing Financial Aid forms when they do not have contact with their parents presents a barrier. They also may not be aware of application deadlines and available funding.

Students on the Indiana University–Purdue University Indianapolis campus have begun a food pantry, and student services reports that several students seek help because they are homeless. During the focus group conversations, assistance with seeking education and training was one of the issues raised, particularly from young adults present.

Awareness and acknowledgement of the limitations of an adult-focused safety net is an important first step in creating appropriate services for homeless youth. Ideally, resources should be targeted to adolescents, to aid in the transition from childhood to adulthood. As one focus group participant stated: "Youth need a home, not a shelter." Youth have specific needs, such as learning to drive, that adults may not face. In addition, life skills such as shopping, cleaning, laundry, paying bills, etc., can be a barrier for youth who did not have adequate role models for these behaviors.

Mental and physical health

From the focus groups and interviews, as well as data from the Point-in-time Count, one issue identified was that many adults experiencing homelessness have mental and physical health needs. These needs make it difficult for them to obtain employment as well as housing. As one focus group participant indicated, it can take 30-90 days to get a psychiatrist, and follow-up
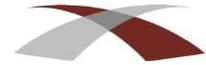
services can be difficult if there are side effects. They also indicated that there is a need for a medical home, particularly for youth. There is a need for transitional and permanent housing for those with mental illness who cannot function in a traditional housing setting.

Employment

According to the Point-in-time Count, the most often cited reason for lack of permanent housing was loss of a job. In discussions with providers and at focus groups, assistance with life skills, job training, and job placement were cited as critical needs. As tables 4 and 5 indicate, there does not seem to be an adequate level of services provided for the number of people experiencing these issues. One focus group participant indicated: "*I have trouble getting a job because they request an address and when they realize that a shelter is listed they toss out my application.*" An interviewee indicated "*Employment is a huge barrier. Of veterans experiencing homelessness, over half have criminal history. We have a list of supposed felony friendly companies, but when it comes down to it, they don't hire felons.*"

Table 4: Education services, % of Continuum of Care organizations by capacity, 2014

Service	# Orgs	Number of people served			
		Under 25	25-74	75-149	Over 150
Adult education	4	50.0%	25.0%	0.0%	25.0%
GED	6	66.7%	33.3%	0.0%	0.0%
Life skills	15	13.3%	26.7%	13.3%	46.7%
Trade & technical	2	100.0%	0.0%	0.0%	0.0%

Table 5: Employment services, % of Continuum of Care organizations by capacity, 2014

Service	# Orgs	Number of people served			
		Under 25	25-74	75-149	Over 150
Placement	6	0.0%	16.7%	66.7%	16.7%
Resume preparation	9	11.1%	33.3%	0.0%	55.6%
Transitional	2	50.0%	0.0%	0.0%	50.0%
Training	3	33.3%	66.7%	0.0%	0.0%
Search for jobs	13	0.0%	46.2%	7.7%	46.2%

Transportation

Every group identified transportation as a need, which is also one of the most under-resourced areas. Employment opportunities are available north of 86th street and in counties surrounding Marion County, however most homeless shelters, transitional housing, permanent supportive housing, and safe havens are located in or near downtown. In addition, the bus stops at 11:00 pm which precludes some second and third shift positions. Access to reliable transportation is essential to taking steps to transition out of homelessness. People need to make it to various types of appointments, jobs, training programs, and classes. In addition to the inadequacy of the bus system to access many locations with employment and housing opportunities, affordability is also an issue. Some programs supply bus passes but not usually on a consistent enough basis to maintain employment until wages are paid.

Conclusion

While those experiencing homelessness in Indianapolis have many needs, several were identified as gaps in the system that create barriers to housing and employment that should be addressed to improve service provision and local policy decisions:

- There are gaps in available data since almost half of the system of providers are not included in HMIS.
- There is a shortage of housing options (shelter and transitional) particularly for families and survivors of domestic violence.
- As well as a need for flexible shelter programs options and supportive housing, there is a need for diversification in types of inventory including beds that are not tied to religious participation, do not depend on marital status, or require children for adults to be considered a family.
- There is a need for more permanent supportive housing evidenced by the waiting list of almost 170 completed applications.
- 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.
- There is a need to increase awareness and acknowledgement of the needs of young adults experiencing homelessness; specific resources and housing should be targeted to this vulnerable population.
- There is a need to address the mental and physical health issues of those experiencing homelessness.
- The most cited reason for lack of permanent housing was loss of a job. Obtaining employment is difficult for some because of insufficiencies in transportation, life skills, education, training, and because of felony convictions.
- Transportation is a difficult issue that affects all aspects homelessness, from obtaining needed documentation to seeking and obtaining employment and housing, as well as accessing physical and mental healthcare.