Winter Contingency 2025/2026 Report

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I. Background

Winter Contingency 2025/2026, which operated from December 1, 2025, through March 31, 2026, represented a significant evolution in Indianapolis's approach to emergency shelter operations. The City's Office of Public Health and Safety (OPHS) coordinated a multifaceted shelter strategy designed to address the diverse needs of individuals and families experiencing homelessness during the coldest months of the year. Working alongside Aspire Indiana Health (Aspire) and numerous community partners, OPHS deployed three independent emergency shelter initiatives:

- Family and Single Women's Shelter (Family and Single Women's Shelter) open 24/7 throughout the winter season and operated by Aspire;
- Weather-activated, Overnight Warming Center for single men and couples (Overnight Warming Center), operated by Aspire and open as needed between December 1, 2025, and March 31, 2026;
- Single men's shelter at the Assessment and Intervention Center (AIC), operated by Eskenazi Health open nightly between November 29, 2025 – March 31, 2026.

As part of the plan, the City and community partners piloted a new start date for the 2025/2026 Winter Contingency (WC) beginning Dec. 1 rather than the previous WC start date of Nov. 1. After consultation with Wheeler Mission, which previously provided all Winter Contingency shelter between 1995 and 2024, staff identified that shelter requests do not increase until December. Climate change was also a catalyst for this pilot because recent climate trends indicated that wintry conditions do not typically begin until December. These decisions were made by a planning committee consisting of multiple homeless service provider partners, including:

- The Coalition of Homelessness Intervention and Prevention (CHIP)
- United Way of Central Indiana (UWCI)
- The Assessment and Intervention Center (AIC) and Eskenazi
- Aspire Indiana Health
- Center Township Trustee
- Wayne Township Trustee
- HealthNet Homeless Initiative Program (HIP)
- RDOOR
- Family Promise
- Wheeler Mission
- Holy Family
- Arch Diocese of Indianapolis
- Horizon House
- Adult and Child

- Indianapolis Metropolitan Police Department (IMPD)
- Indianapolis Fire Department (IFD)
- Metropolitan Emergency Services Agency (MESA)
- Indianapolis Parks Department (Indy Parks)
- Salvation Army
- Sanctuary Indy
- Dayspring
- Coburn Place
- Damien Center
- Brightlane Learning
- Allies for Humanity

The winter season tested the resilience and adaptability of the WC plan. A snowstorm resulted in extended periods of sub-zero temperatures and historic January snowfall, significantly increasing demand for emergency shelter services. This required OPHS and service provider partners to rapidly expand capacity beyond planned limits. In response, OPHS mobilized OPHS staff in addition to the resources already provided by Aspire, which allowed the two Aspire-run facilities to increase capacity.

Collectively, Aspire's WC operations sheltered 811 unique individuals. Separately, the AIC provided shelter to 328 unique individuals. Beyond meeting immediate safety needs, these initiatives provided opportunities for housing stabilization, healthcare engagement, behavioral health support, and coordinated case management. The challenges experienced during WC 2025/2026 have helped OPHS and partners plan for future WC efforts.

II. Financial Information

Sheltering families and individuals at the Family and Single Women's Shelter, the Overnight Warming Center, and the Assessment and Intervention Center during the coldest months of the year was facilitated by the contributions of various city agencies and philanthropic partners, as indicated below:

Contributor	**Description**	**Amount**
City of Indianapolis: Office of Public Health and Safety	Family and Single Women's Shelter operations	$1,265,245
City of Indianapolis: Office of Public Health and Safety	Assessment and Intervention Center shelter operations	$1,745,551
City of Indianapolis: Office of Public Health and Safety	Overnight Warming Center Operations	$428,690
City of Indianapolis: Office of Public Health and Safety	Capital Improvement Expert Support	$50,000
City of Indianapolis: Office of Public Health and Safety	Shelter Capital Expenses	$313,133

City of Indianapolis: Office of Public Health and Safety	Client assistance fees and hotel stay for families (lodging, food, and case management)	$135,152
City of Indianapolis: Office of Public Health and Safety	Client Assistance Fees for men and couples	$921
City of Indianapolis: Office of Public Health and Safety	Transportation assistance	$11,000
City of Indianapolis: Office of Public Health and Safety	Shelter Food (Initial Setup)	$10,000
Wayne Township Trustee's Office	Overnight Warming Center operations	$3,000
Lilly Endowment	General funding for shelter operations	$233,876
United Way of Central Indiana	General funding for shelter operations	$50,000
The Indianapolis Foundation	General funding for shelter operations	$50,000

III. Family and Single Women's Shelter

Overview

The Family and Single Women's Shelter operated 24 hours a day, 7 days a week throughout the WC period at 2406 N. Tibbs Ave. This location was a large warehouse space previously operated by Noble of Indiana. OPHS invested significant capital into the facility, creating an industrial kitchen, space to install shower trailers, and installing family and single women's living areas called dormitories. These dormitories were created using 8-foot office walls and beds used in previous iterations of non-congregate shelters. A layout of the facility can be reviewed in Appendix A.

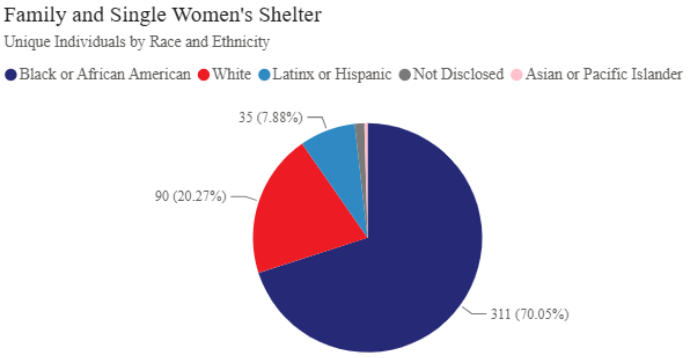
The Family and Single Women's Shelter provided emergency shelter and stabilization services for households with children and single adult women experiencing homelessness. The shelter's operational approach recognized that families experiencing homelessness frequently require coordinated interventions extending beyond temporary, emergency shelter. Accordingly, services emphasized housing navigation, educational continuity, healthcare access, transportation assistance, and intensive case management.

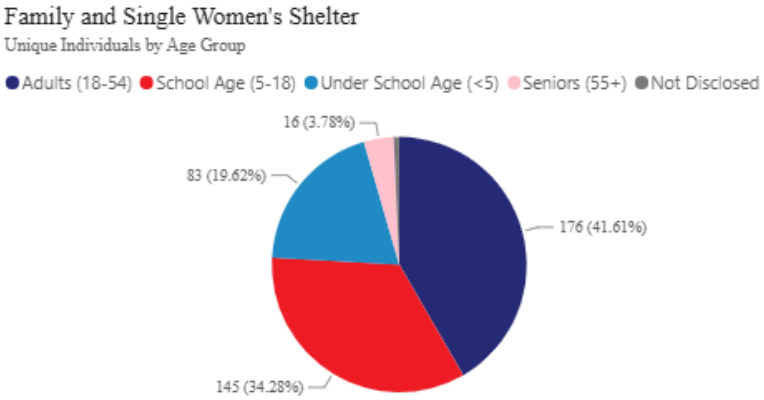
Demographics

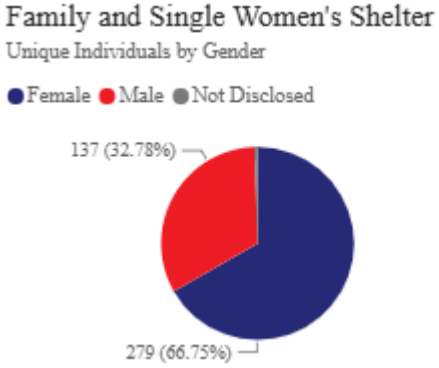
The Family and Single Women's Shelter was open for 121 days. During that time, the shelter served 416 unique individuals across 161 households. Of those households, 120 were families (74.53%) and 41 were single-women households (25.47%).

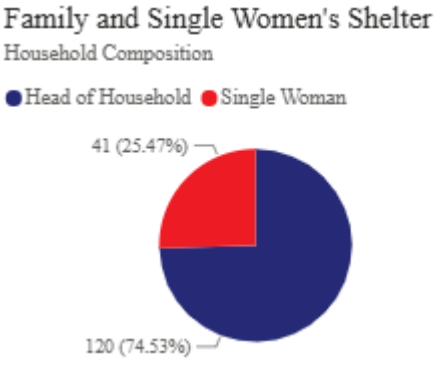
Among residents served, 70.05% identified as Black or African American, 20.27% identified as White, 7.88% identified as Hispanic or Latino, 0.45% identified as Asian or Pacific Islander, and 1.35% opted not to disclose. 66.75% were female, 32.78% were male, and 0.48% opted not to disclose.

Children represented most individuals served at the Family and Single Women's Shelter, with more than half of residents under the age of 18. Among all unique individuals served, 42.28% were school-age (5 to 18), 19.62% were under school-age (younger than 5), 41.61% were adults (18 to 54), 3.78% were seniors (55 and older), and 0.71% opted not to disclose.









(Note: Household numbers can slightly vary if a member of the household enters shelter on multiple occasions.)

Successes

121 shelter guests were transitioned into permanent housing across 48 households, including 37 families with children. An additional 172 individuals across 66 households

positively exited shelter, including 50 families who reconnected with family, other support networks, or resolved housing independently. Additionally, 26 behavioral health connections were facilitated.

These outcomes reinforced the importance of integrating supportive services within emergency shelter settings and demonstrated that periods of crisis can also serve as opportunities for stabilization and forward movement.

Challenges

As demand increased, access to shower facilities, the configuration of family sleeping pods, and transportation to essential services required some adaptations. Additional investments were made to improve the use of heated shower trailers and their reliability during winter operations.

Looking ahead, the City is implementing permanent infrastructure improvements, including the installation of dedicated shower drains to maximize efficiency and functionality of shower trailer facilities.

Other challenges included the shelter's location roughly five miles from the city's center. Because of whom the facility previously served, Noble of Indiana, established a twice daily bus route spur to 2406 N. Tibbs Monday through Friday. This frequency was not enough to rely solely on bus routes. OPHS and the Mayor's Office worked with IndyGo to amend their transportation plan to increase frequency of the route by early February 2026. The City continues to work with IndyGo to ensure the increased bus frequency is operational by December 1, 2026. OPHS also provided limited funding for Lyft rideshares to bridge gaps, allowing for transporting children to and from school, parents to work or job interviews, as well as trips to healthcare and housing appointments.

Finally, Aspire did their best to maximize bed availability, thereby allowing as many different family compositions as possible into the facility at any given time. To do this, smaller families of two might, on a rare occasion, share a pod with a family of four. This created inherent interpersonal challenges but was mitigated by the ability to section off the pods with curtains and partition walls. Ultimately, Aspire and OPHS were able to solve these challenges and continue to identify long-term solutions.

IV. Men's/Couples Overnight Warming Center

Overview

The Overnight Warming Center operated at 2302 W. Morris St. at the West Morris United Methodist Church. It served as the pilot, weather-activated shelter for single men and couples. The facility was designed so the City could activate a warming center at any given time during the WC period.

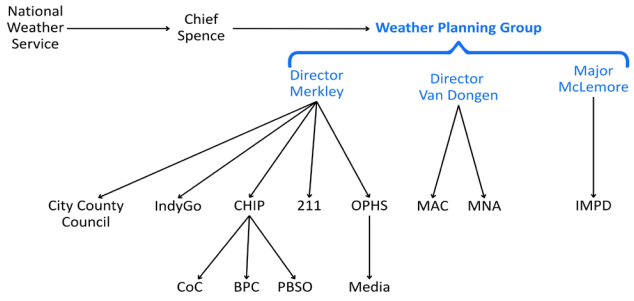
Unlike Indianapolis's traditional shelters, the Overnight Warming Center was low barrier, increasing accessibility for individuals who may otherwise remain outside. The City performed extensive peer city research, ultimately determining that Kansas City's WC model provided the most appropriate model to implement locally. Kansas City's warming

center provided individuals with single occupancy tents rather than traditional congregate sleeping arrangements. Appendix B provides examples of the tent-based model. The tent-based model provided guests with increased privacy, personal space, and a greater sense of dignity while allowing the shelter to remain flexible during periods of increased demand. Users were also provided with individual storage containers to keep their personal items.

OPHS also piloted a weather-activated model derived from Kansas City's WC approach. Shelter activation occurred when forecasts indicated:

- Air temperature fell at or below 25 degrees;
- Wind chills fell at or below 15 degrees;
- Wind chill fell at or below 25 degrees in combination with a significant chance of precipitation.

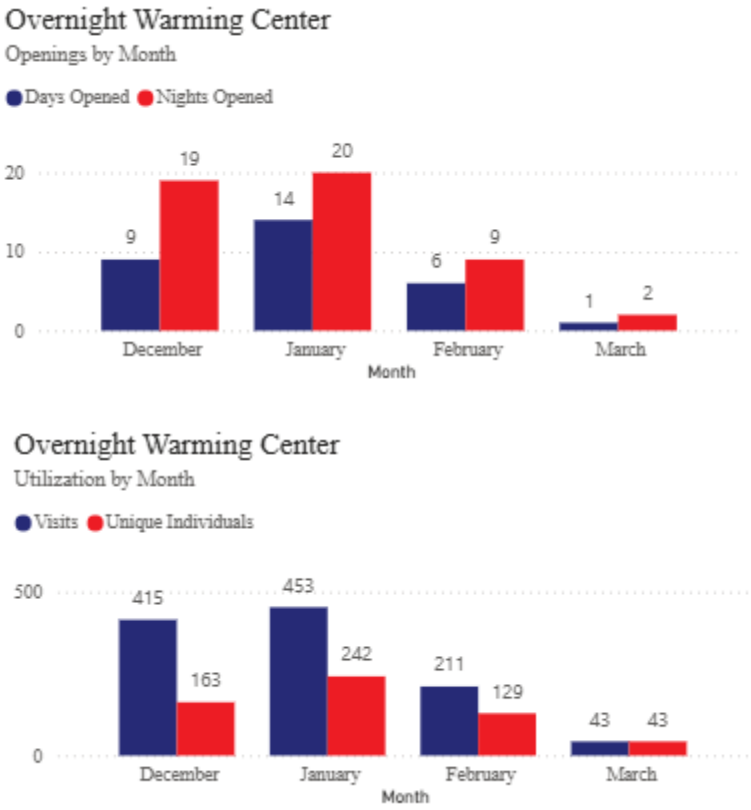
City staff and shelter partners communicated daily, reviewing weather forecasts to determine whether the Overnight Warming Center would be activated for the subsequent night. When decisions were made, the City's communications team distributed daily email notifications to key stakeholders including the Coalition for Homelessness Intervention and Prevention (CHIP), ensuring community and Continuum of Care (CoC) awareness and activation of services. The decision tree can be visualized on the following page.



In addition to single men, because of increasing demand, OPHS directed Aspire to allow couples to access the Overnight Warming Center. Opposite sex couples in this population have historically faced difficult choices between separating to access sex-segregated shelters or remaining together outdoors. This allowed couples of all types to remain together during WC.

The Overnight Warming Center was initially designed to provide sleeping accommodations for 70 individuals with the ability to expand capacity to 80 during periods of elevated demand. However, during the historic January Polar Vortex, which occurred from January 24, 2026, through January 26, 2026, OPHS directed Aspire to expand capacity to accommodate up to 160 individuals. This expansion was made possible by supplementing staff with OPHS staff and contractors, additional sleeping materials from the West Morris United Methodist Church and the Salvation Army, and supplemental food and food services from multiple community partners including OPHS.

Below are two charts. The first indicates the number of days and nights the Overnight Warming Center was activated. The second provides information about the number of unique guests each month and how many times those guests stayed at the Overnight Warming Center.

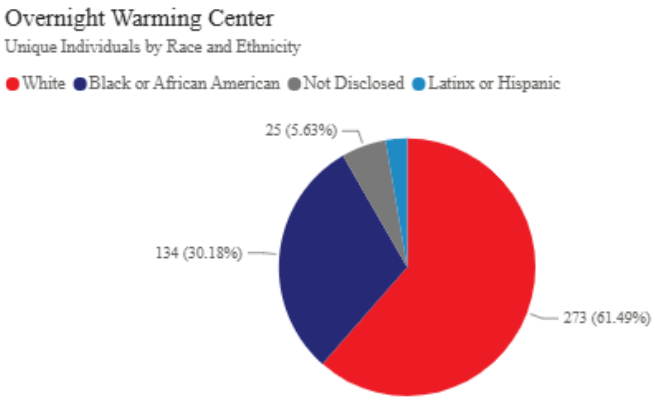


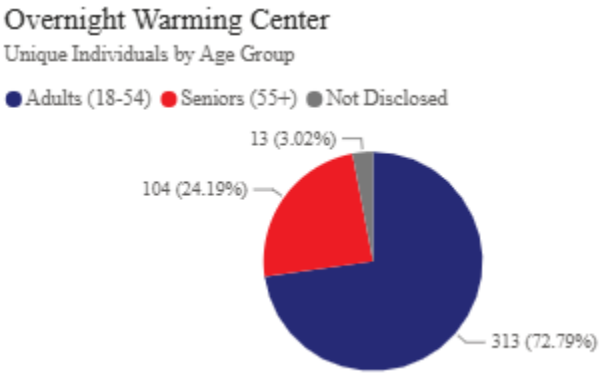
Demographics

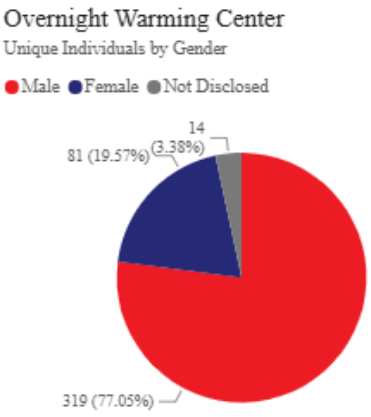
The Overnight Warming Center sheltered 395 unique individuals and provided 1,126 overnight stays, meaning that many users returned for more than one night. Among unique individuals utilizing the Overnight Warming Center, 61.49% identified as White, 30.18% identified as Black or African American, 2.7% identified as Hispanic or Latino, and 5.63% opted not to disclose.

77.07% served were male, 19.57% female, and 3.38% opted not to disclose. 72.79% served were adults (18 to 54), 24.19% seniors (55 and older), and 3.02% opted not to disclose. The center provided ADA-compliant accommodation for five residents with mobility or other physical health conditions.

Below are charts providing demographic data for the Overnight Warming Center.







Successes

The Overnight Warming Center demonstrated the value of pairing emergency shelter with wraparound services. While the primary objective remained the preservation of life during dangerous weather conditions, the initiative also facilitated connections to behavioral health services, substance use treatment, and housing resources.

The initiative also demonstrated the effectiveness of innovative and flexible emergency shelter operations. The use of individual tents provided guests with greater privacy and personal space to maintain individual dignity. Equally important, the operations model

proved capable of rapidly scaling processes in response to unprecedented demand during the January snowstorm. Program outcomes included:

- Sheltered 395 unique individuals;
- Supported 8 transitions into permanent housing;
- Coordinated four direct admissions into inpatient substance use treatment.

These outcomes illustrate that emergency shelter environments can function not only as points of immediate safety, but also as effective entry points into broader systems of care.

Challenges

The weather-activated pilot required rapid mobilization of staffing, supplies, and resources, often within compressed timeframes. As demand increased during severe weather events, operational challenges included scaling food preparation and distribution, providing adequate shower facilities, managing a two-story facility, and ensuring sufficient staff to support guests and facility safety. To address these needs, the OPHS Division of Community Nutrition and Food Policy (DCNFP) team assisted with meal planning and menu development, while the Wayne Township Trustee's Office provided food donations to support shelter operations.

The unique layout and multiple entry points at the Overnight Warming Center made it difficult to maintain a safe and accessible environment while also maintaining a low barrier shelter. To solve this, Aspire and OPHS worked together to increase the number of staff during peak hours, creating an environment where residents could safely access both floors of the facility. This also allowed guests to spread out in the facility thereby reducing interpersonal conflicts.

On Sunday, February 22, 2026, temperatures and weather conditions met the required activation of the Overnight Warming Center based on the stated criteria. OPHS did not activate the Overnight Warming Center because forecasted weather conditions did not indicate a need to activate by Saturday, February 21, at 4 p.m. When it became clear that the weather shifted from initial forecasts and conditions were appropriate for activation on Sunday, it was too late to activate staff and security personnel. A 24-hour notice was needed to activate staff and security. This instance led to a shift in processes moving forward.

To address this challenge, OPHS immediately altered the activation decision making process. Forecasts were rechecked throughout the day when conditions were at or near activation thresholds. Multiple staff were engaged when the data was unreliable or unclear. When uncertainty existed, staff were required to escalate concerns immediately through direct phone communication with OPHS and Aspire leadership. Additionally, when snow or precipitation was forecasted, shelter staff were placed on standby in advance to ensure rapid activation if conditions deteriorated. These procedures strengthened situational awareness and improved readiness.

These experiences strengthened the City's WC operations and informed future planning. Lessons learned from the pilot have guided improvements to staffing and security

models, operations, food service, and wrap around services, further enhancing the City's ability to respond effectively during future WC.

V. Assessment and Intervention Center

Overview

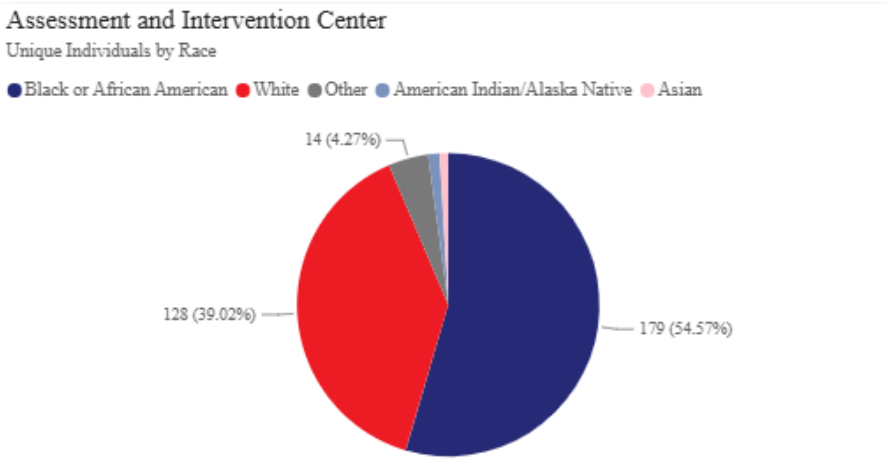
During WC, the AIC, which traditionally connects guests with behavioral health and substance use supports, lowered barriers to access and removed requirements for individuals to engage in AIC services for up to 30 single men for overnight sheltering. The AIC officially began WC operations on December 1, 2025 and operated until March 31, 2026. However, due to an early winter storm, OPHS directed the AIC to open for WC operations on November 29, 2026. The flexibility provided by the AIC allowed OPHS to provide emergency shelter beds as needed. When the Overnight Warming Center was activated to remain open during daytime hours, the AIC also remained open to guests. This flexible approach provided those seeking shelter with a warm, safe place to stay while also creating opportunities for individuals to transition into AIC beds if they chose to pursue treatment and additional support.

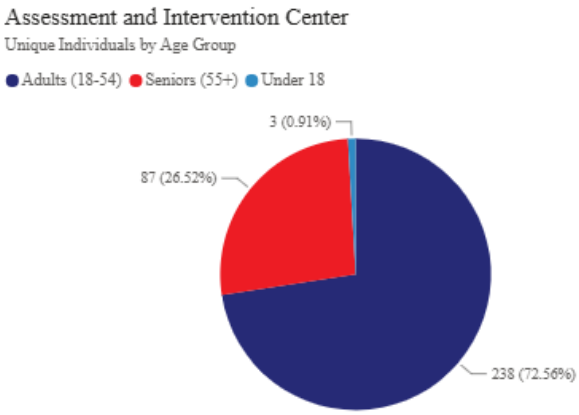
Demographics

During WC, the AIC served 328 unique individuals, accounting for 3,206 visits, with guests averaging ten overnight stays per person. Of the unique individuals utilizing the AIC, 54.57% were Black or African American, 39.02% identified as White, 4.27% identified as other or did not disclose, 1.22% identified as American Indian/Alaska Native, and 0.91% identified as Asian.

Prior to admission to the AIC's WC beds, approximately 1,200 guests reported previously spending the night at other local emergency shelters. Additionally, approximately 1,500 guests reported staying overnight at the AIC the previous night. Smaller numbers of guests reported staying in places not meant for human habitation, with family or friends, in hospitals, hotels, or motels, or did not report a prior sleeping location. This data highlights the program's critical role within the homeless response system, providing reliable access to shelter and supportive services for individuals experiencing housing instability. High rates of repeat engagement demonstrate that guests viewed the program as a dependable resource, while strong coordination with emergency shelters and the AIC helped ensure individuals remained connected to the continuum of care and pathways toward housing stability.

Below are charts demonstrating the demographic trends at the AIC.





Successes

The AIC served as a critical component of the City's WC response by providing a low-barrier shelter while facilitating connections to longer-term care. Through collaboration, operational flexibility, and commitment to low-barrier access, the program successfully transitioned 12 individuals into AIC treatment beds, connecting them with behavioral health treatment and supportive services. These transitions demonstrate the program's ability to move beyond emergency stabilization and serve as a bridge to ongoing care.

Challenges

Several operational challenges emerged throughout the implementation of the Winter Contingency program. Although the AIC remained operational every day, fluctuations in

demand created capacity challenges. When temperature-based emergency shelter models were not activated, the AIC frequently reached full capacity, limiting bed availability. Concurrently, other community providers, including Wheeler Mission, often operated at or near capacity, resulting in referrals to alternative providers that did not consistently have available beds. These system-wide capacity limitations highlighted the need for greater coordination and expanded emergency shelter resources during periods of elevated demand.

Transportation assistance also presented implementation challenges. Initially, participants were provided with one-month transit passes, a change from single-day passes issued years prior. These passes were susceptible to loss, misuse, and informal exchanges, reducing their effectiveness as a transportation intervention. Because the passes could be used as a form of currency, replacement passes were not issued when they were lost. Transitioning single-day passes proved to be a more practical and sustainable approach, while maintaining accountability.

An additional challenge involved balancing two distinct service models within the same facility. WC guests were served through a low-barrier model that allowed individuals to come and go freely, while participants enrolled in residential treatment were subject to more structured expectations and program requirements. The coexistence of these differing models occasionally created confusion regarding program rules and expectations, highlighting the need for clearly defined operational protocols and communication to support both populations effectively.

VI. Wheeler Mission Winter Contingency

Wheeler Mission is one of the City of Indianapolis' primary partners in responding to homelessness and played a vital role in the 2025/2026 WC response. Through its Shelter for Men (SFM) and Center for Women and Children (CWC), Wheeler Mission provides emergency shelter, meals, and comprehensive support services to individuals and families experiencing homelessness. Beyond meeting immediate needs, Wheeler offers case management, housing navigation, employment assistance, life-skills development, behavioral health referrals, and spiritual care to help guests transition toward long-term housing stability and self-sufficiency.

During WC, Wheeler Mission’s SFM and CWC expanded the number of beds, cots, and mats available for single men and single women at each respective shelter providing additional capacity. However, the City provided all overflow capacity for families with children.

Shelter Utilization

The SFM operated with a nightly capacity of 300 beds and maintained an average nightly occupancy of 302 individuals, indicating that the shelter consistently operated at or slightly above capacity throughout WC. January recorded the highest monthly average occupancy at 304 individuals, while the highest single-night occupancy reached 312 individuals. Overall, the SFM served 1,492 unique individuals during the reporting period.

The CWC operated with a capacity of 75 beds and averaged 59 occupants per night, reflecting an average utilization rate of approximately 79%. January was also its busiest month, with an average nightly occupancy of 65 individuals, and the highest single-night occupancy reaching 96 individuals**,** exceeding the facility's standard capacity and demonstrating periods of exceptionally high demand. Over the course of WC, the CWC served 551 unique individuals.

VII. January 2026 Severe Winter Weather Response

The effectiveness of Indianapolis's WC framework was tested during the severe winter weather events of January 2026. Prolonged periods of sub-zero temperatures, coupled with a historic snowfall event, substantially increased demand for emergency shelter services across the city.

Rather than relying on pre-established capacity limits, the Director of OPHS instructed Aspire to increase capacity at both shelter facilities to accommodate all individuals seeking refuge during the extreme weather event. In coordination with this directive, OPHS deployed additional support staff to the Overnight Warming Center to assist with operations, ensure resident safety, and support the expanded service model. Existing partnership further enabled rapid scaling of shelter resources, deployment of emergency supplies, and coordination of additional staffing support across facilities. During this period the AIC also remained open 24/7 to ensure guests did not have to exit into uninhabitable conditions. Aspire was also directed to accept any single women and families with children who presented at the Family and Single Women's Shelter.

The response to these events demonstrated the importance of maintaining established relationships, clearly defined communication channels, and scalable operational structures capable of adapting to changing conditions in real time.

VIII. Year over Year Demographic Trends

Across both 2024/2025 WC and 2025/2026 WC, shelter utilization reflected consistent demographic patterns. In 2024/2025, OPHS provided shelter to families with children at former Indianapolis Public School (IPS) School 68 and to single men and women at the AIC. Demographics at each facility demonstrated the population was predominantly

Black or African American (76%), with significant representation of children and families, including 63% of residents under the age of 18.

In 2025/2026, OPHS was required to identify a new location for families with children and an additional facility for single men and couples. The selected locations were each on the near west side of the city rather than proximal to downtown like the IPS School 68 and AIC.

2025/2026 trends indicate the Overnight Warming Center primarily served an older, white, adult population with approximately 55% of individuals aged 55 and older, including residents with mobility and other physical health needs requiring ADA-compliant accommodation. The Overnight Warming Center served a predominantly White population (65.2%). The AIC's population also remained consistent with the 2024/2025 WC, serving a predominantly Black or African American population (54.6%).

The demographics at the Family and Single Women's shelter remained consistent with the 2024/2025 WC, continuing to serve a predominantly Black or African American population (71.2%), with children representing the majority individuals served, including infants, toddlers and school-aged youth.

These differences year over year may reflect a combination of factors, including variations in shelter locations and accessibility. One interesting pattern observed is that individuals served at the Overnight Warming Center indicated traveling from camps located along the city's waterways on the west side or from the west side, generally. Individuals served at the AIC indicated coming from either Wheeler Mission SFM or from the downtown core. This indicates that proximity of shelter to unsheltered locations matters.

Across both years, Black and African American residents remained disproportionately represented at WC locations.

IX. Next Steps

WC operations during the 2025/2026 season reinforced several important principles for future planning efforts. First, low-barrier shelter models can expand access among populations that may be reluctant or unable to engage with traditional shelter settings. Second, pairing emergency shelter with case management, healthcare connections, behavioral health services, housing navigation, and other supportive services creates greater opportunities for long-term stability. Finally, sustained cross-sector collaboration remains essential to maintaining system responsiveness during periods of heightened demand. This collaborative approach was further strengthened through the establishment of a Family Shelter Planning Group in 2024, which meets regularly to coordinate family placements, identify available resources, and to support timely transitions from shelter to stable housing.

This WC demonstrated the need for additional staffing and dedicated security personnel at the Overnight Warming Center to support a safe, accessible, and well-coordinated environment during periods of peak demand. Similarly, the Family and Single Women's Shelter would benefit from additional specialized staff to address the unique needs of

families with children, while dedicated food planning and distribution personnel would improve meal coordination and daily operations across both shelter sites.

Operations at the AIC also demonstrated the long-term value of maintaining flexible, year-round facilities capable of supporting the City's broader response to unsheltered homelessness beyond WC operations. Looking ahead, continued year-round planning by Aspire staff will strengthen seasonal preparedness and improve operational readiness before severe weather occurs. Additionally, maintaining City-held leases for key shelter facilities will further enhance the City's ability to activate emergency shelter quickly, preserve operational continuity, and ensure critical resources remain available when needed most.

OPHS hosted year round planning for WC in 2025 and continues to lead planning efforts for future WC.

X. Conclusion

WC 2025/2026 represented a significant undertaking involving multiple agencies, service providers, healthcare partners, and community organizations working toward a shared objective: ensuring that residents experiencing homelessness had access to safe shelter during periods of extreme weather.

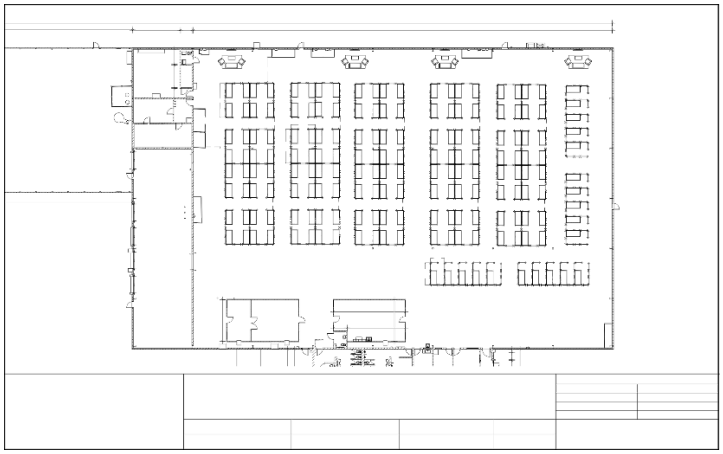
The season reflected both the strengths of Indianapolis's existing response system and ongoing evolution of its WC approach. Lessons learned from prior winter activations directly informed 2025/2026 WC operations, including piloting an Overnight Warming Center using higher temperature activation thresholds, structured communication protocols, improved staffing coordination, and the use of flexible, low-barrier shelter models.

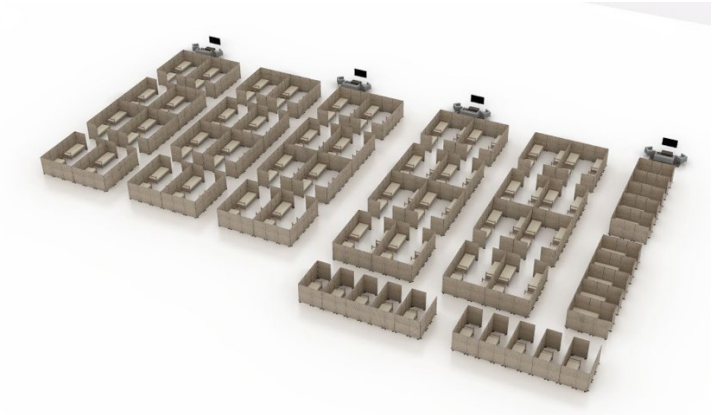
Aspire's Family and Single Women's Shelter and Overnight Warming Center sheltered 811 unique individuals. 328 unique individuals utilized the AIC

It is important to note, however, that the primary purpose of WC operations is the preservation of life during periods of extreme cold. While these interventions can and have connected individuals to additional support and housing, they are not designed to provide comprehensive and long-term housing solutions. The City's focus remains on maintaining a winter response framework that is responsive to changing conditions, grounded in experience and evidence, and centered on ensuring that no individual is left without access to safe shelter during extreme weather.

Appendix A

Family and Single Women's Shelter Design and Pod Structure





Appendix B

Overnight Warming Center Tent-Based Model