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2013 Point-in-Time Count: Identifying the most vulnerable homeless in Indianapolis

On January 29, 2013, the Indiana University Public Policy Institute (PPI) and the Coalition for Homelessness Intervention and Prevention (CHIP) conducted a point-in-time count of persons experiencing homelessness in Marion County. Although it is only required biennially by the U.S. Department of Housing and Urban Development (HUD), CHIP conducts this count annually. The data collected from the point-in-time counts are used by service providers, policymakers, and community funders to inform planning and program development. This issue brief discusses the details and background of the count as well as findings and thoughts for policymakers and service providers concerned with improving services for the Indianapolis community's homeless population.

100K HOMES CAMPAIGN

Vulnerability Factors used on the night of the count (100K Homes Campaign, n.d.)

1. Cirrhosis of the liver
2. End-stage renal disease
3. HIV/AIDS
4. Aged 60 or older
5. History of frostbite, immersions foot (trench foot), or hypothermia
6. More than three ER visits in the previous three months
7. More than three hospitalizations or ER visits in the past year
8. Tri-morbidity – co-occurring psychiatric, substance abuse, and chronic medical condition

Indianapolis - Additional Vulnerability Factors

9. Under 24 years old
10. Pregnant
11. Parenting children under the age of 18
12. Mental illness

Methodology

The annual point-in-time count uses a combination of two approaches as required by HUD—a street count and a shelter count. The street count was conducted by teams coordinated in conjunction with the 100K Homes Campaign (described in more detail in the section on chronic homelessness). These teams included individuals from the outreach teams of previous years, as well as volunteers. Each team consisted of one team leader with an average of three team members assigned to cover a specific area of Indianapolis. While the annual point-in-time count is conducted in one night, the 100K Homes Campaign went out three nights in a row, between the hours of 4am and 7am, asking the individuals they encountered where they were the evening of January 29 (the date of the point-in-time count). The teams

IUPUI student conducts survey at Wheeler Mission.

offered a full day bus pass to thank those individuals who chose to participate, and offered blankets and socks to all of those experiencing homelessness on the streets, regardless of participation in the survey.

The survey instrument contained additional questions used to measure medical vulnerability for death or disease. The 100K Homes Campaign measures eight standard vulnerability factors and the coalition in Indianapolis added four additional vulnerability factors (see 100K Homes text box on page 1).

Considering the additional survey information and the length of time an individual is homeless (at least six months), they produce a score on the Vulnerability Index which is used to identify those individuals experiencing homelessness with high risk of death or disease. The rating is used to provide housing solutions for the most vulnerable persons experiencing homelessness.

For the shelter count, a combination of client databases and surveys are combined to produce the count. Since last year's count, there has been a small increase in the number of shelters that report client data through the Homeless Management Information System (HMIS). For the shelters that utilize HMIS, the count information was collected by CHIP through the HMIS software, ClientTrack. Any shelters and transitional housing providers that do not utilize HMIS were contacted to determine whether their own staff would administer the surveys or if they would require students from IUPUI's *Do the Homeless Count* service learning class, to administer the surveys for them. (All information gathered for this report through HMIS and surveys used de-identified or anonymous information.)

Findings

According to the HUD definition, the total count of persons experiencing homelessness on January 29, 2013, was 1,599, a decrease from the previous year (see Table 1). Most of the difference is due to fewer people found on the street. As shown in Table 1, although the number of homeless veterans decreased slightly from 2012 to 2013, from 351 to 320, (a 9 percent decrease), since 2010 there has been a 21 percent increase overall. In contrast, the national average shows this percentage decreasing significantly during the same time period, with an 18 percent decrease in homeless veterans from 2010-2012 (U.S. Department of Housing and Urban Development, 2012, p. 3). Additionally, veterans have increased as a percent of the adult population (total minus children) experiencing homelessness in Indianapolis.

Table 1 also illustrates a substantial decrease in unsheltered persons, families, and children. Specifically, the percentage of those experiencing homelessness who are children (under 18), decreased from 27 percent in 2010 to 22 percent in 2013. Overall, there are a few differences in service provision and survey technique from previous years which may affect the count, some positively and some negatively. More shelters have been integrated into HMIS, which reports on all data points for their residents. This is more complete data, especially about subpopulations, since in a survey a person can refuse to answer. However, some programs that participated in the count last year were unavailable to participate this year.

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 who experience homelessness at some point during the year is three to five times the number counted during a point-in-time count (January 29, 2013, in this case.). Based on this year's count, an estimate of 4,800 to 8,000 individuals in Marion County experience homelessness during a year.

Table 1: Sheltered and unsheltered individuals, Marion County, January 2010-2013

	2010	2011	2012	2013	% change 2012-13
Low temperature night of count	32F	23F	30F	19F	
Persons in emergency shelters	628	686	848	861	2%
Persons in transitional housing	694	746	601	594	-1%
Persons in Save Havens*	33	21	25	24	-4%
Persons unsheltered/ "street"	133	114	173	120	-31%
Number of families	191	155	177	151	-15%
Veterans	250	262	351	320	-9%
Total	**1,488**	**1,567**	**1,647**	**1,599**	**-3%**
	2010	**2011**	**2012**	**2013**	**Percentage point change 2012-13**
Veterans as a percent of adult population	22%	20%	24%	25%	+1
Percent under 18	27%	17%	21%	22%	+1
Percent 18-62	70%	79%	77%	75%	-2
Percent over 62	3%	4%	3%	4%	+1

*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.

To put Indianapolis into a national or midwest context, Table 2 uses data available from 2012 (2013 data from all counties has not yet been released), to compare the number of individuals experiencing homelessness, normalized per 10,000 county population. Indianapolis (17.9 individuals per 10,000 population) is better than the national average of 20.2, however several com-

HUD defines a homeless individual as: (1) an individual who lacks a fixed, regular, and adequate nighttime residence, or (2) an individual who has a primary nighttime residence that is:

a.) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

b.) an institution that provides a temporary residence for individuals intended to be institutionalized; or

c.) a public or private place not designed for, or ordinarily used, as a regular sleeping accommodation for human beings.

This definition excludes people who double up with family or friends, or those who meet the HUD definition, but are now in the justice or healthcare system.

parable Midwest cities have an even smaller population of individuals experiencing homelessness. Notably, both Columbus, Ohio, and Milwaukee, Wisconsin, have fewer individuals experiencing homeless, despite having larger total county populations than Indianapolis (Marion County). These combined factors give them the lowest figures in the Midwest group at 12 and 15, respectively; well below the national average of 20.2.

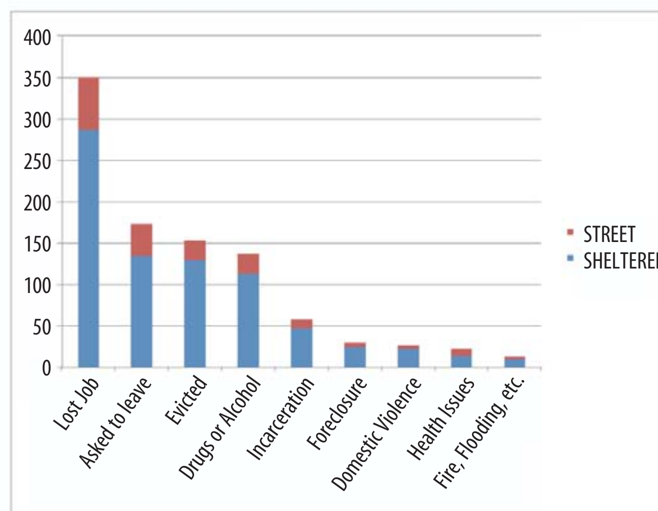
During the 2013 count, there were a total of 1,246 adults (total minus children that were counted) experiencing homelessness. All of the following demographics (except for age) are for adults only. As Figure 1 illustrates, the primary reason given for the lack of permanent housing was job loss (350), a 19 percent increase from 2012. The order of the top three reasons is the same as in 2012. The six reasons listed in Figure 1 were choices provided in the survey; however, we also offered an *Other* category with an optional write-in space. This year, three additional issues emerged: incarceration, domestic violence, and health issues.

Table 2: Comparison of Comparable Midwest Counties 2012

City	County	Total # homeless	County population	#/10,000 population
Columbus, OH	Franklin County	1,434	1,195,537	12
Milwaukee, WI	Milwaukee County	1,432	955,205	15
Cleveland, OH	Cuyahoga County	2,191	1,265,111	17.3
Indianapolis, IN	Marion County	1,647	918,977	17.9
Des Moines, IA	Polk County	818	443,710	18.4
Louisville, KY	Jefferson County	1,532	750,828	20.4
Cincinnati, OH	Hamilton County	1,654	802,038	20.6
Memphis, TN	Shelby County	2,076	940,764	22.1
United States		633,782	313,914,040	20.2

Source: HUD Homeless Resource Exchange
http://www.hudhre.info/index.cfm?do=viewHomelessRpts&yr=2012&rptType=Sub_Pop_Rpt_2012&pickScope=byCoC&optTwo=IN&optThree=IN-503

Figure 1: Reasons for lack of permanent housing, Marion County, January 2013



As Table 3 illustrates, the majority of those experiencing homelessness are split into two groups, younger females (usually with families) and older, single males. There were a few younger males and older females but in general, age and gender separate into those groups. This year we added an *Other* category to gender to allow for those who identify as transgendered.

Table 3: Age and gender of those experiencing homelessness, Marion County, January 2013

	Under 18*	18-24	25-34	35-49	50-61	61 & over	Total
Female	139	93	135	141	80	12	600
Male	118	20	81	276	362	48	905
Other	0	0	2	3	4	0	9
Gender not reported	85	0	0	0	0	0	85
Total by age category	**342**	**113**	**218**	**420**	**446**	**60**	**1,599**

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

As Table 4 indicates, of those who responded to the questions concerning race and ethnicity, the majority were African American, but more White respondents were unsheltered than the other groups.

Table 4: Race and ethnicity of adults experiencing homelessness, Marion County, January 2013

	Hispanic or Latino (any race)	African American /Black	American Indian or Alaskan Native	Asian	White	Native Hawaiian or Pacific Islander	Other
Total unsheltered	4	43	8	1	48	0	3
Total sheltered	31	516	26	8	428	3	12
Emergency	18	259	17	5	219	2	12
Transitional	13	233	9	3	186	1	0
Persons in Save Havens*	0	12	0	0	12	0	0
Total	35	547	34	9	464	3	15

Of those who responded, 25 percent indicated that they were employed and 18 percent indicated that they were in school or training. Table 5 illustrates the highest grade level completed. Overall, the majority of persons experiencing homelessness have completed a high school education or higher. As Table 5 indicates, of those that answered the question about school, 661 or 77 percent of sheltered indicated that they have completed high school or higher level of education, while only 55 people or 54 percent of those unsheltered had completed at least high school.

Table 5: Level of education completed for adults experiencing homelessness, Marion County, January 2013

Highest grade completed	Sheltered	Unsheltered ("street")	Total
K-8, some high school	192	47	239
GED/ high school grad	399	36	435
Some college	203	11	214
College graduate	49	8	57
Post graduate	10	0	10

As Table 6 illustrates, a significant portion of those experiencing homelessness were in families. The total number of families experiencing homelessness decreased 15 percent from 177 in 2012 to 151, while the number of children increased from 315 to 328, indicating that there were larger families (2.2 children per household, a 22 percent increase in household size from 2012's 1.8 children per household) without permanent housing. In addition, there were 14 women who were pregnant and sheltered and 5 women who were pregnant and unsheltered.

Table 6: Number of families without permanent housing, Marion County, January 2013

	Emergency shelters	Transitional shelters	Total sheltered	Unsheltered ("street")	Total
Total number of families	**84**	**66**	**150**	**1**	**151**
Number of adults in families	103	57	160	2	162
Number of adults in chronically homeless families*	12	0	12	0	12
Number of children in families	178	148	326	2	328
Number of children in chronically homeless families*	6	0	6	0	6
Number of people in families	281	205	486	4	490
Total number of people in chronically homeless families*	18	0	18	0	18

*Chronic homelessness is defined as: an unaccompanied homeless individual with a disabling condition or an adult member of a homeless family who has a disabling condition who has either been continuously homeless for a year or more or who has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in emergency shelter/safe haven during that time).

In addition to the total number of families experiencing homelessness as defined by HUD, there are many other children in Marion County that are experiencing homelessness as defined in the McKinney-Vento Act. This act requires that public schools identify students without permanent housing and accommodate necessary provisions, such as allowing those students to immediately enroll and providing transportation to and from their school of origin. According to the McKinney-Vento definition (which differs from the HUD definition by including families who are doubled-up), a total of 3,553 students in Marion County were identified as living in homeless conditions in 2013. This number excludes charter schools, and two of the state take-over schools.

McKinney-Vento data are collected through the school systems, and basic demographics are shared with CHIP for the purposes of this report. Children reported as homeless by the McKinney-Vento data are not included in totals in the yearly point-in-time count; rather it is included as supplementary information to provide a broader picture of school-aged children experiencing homelessness in Marion County. Students without

permanent housing perform poorly in school for many reasons, including not having the proper supplies, family stress, and malnutrition. Studies have found that children who are homeless for more than a year are "subject to developmental delays at four times the rate of their peers, are twice as likely to repeat a grade, and are identified with learning disabilities twice as often" (Holgersson-Shorter, 2010).

As Figure 2 illustrates, 85 percent of students classified under the McKinney-Vento act are doubled up. The remainders of students whose living conditions are known were living in shelters (five percent) or in hotels/motels (six percent). Also, four percent of these students were unsheltered or unattached (the student is not in physical custody of a parent or guardian).

Figure 2: Reported location of homeless children by McKinney-Vento liaisons, Marion County, January 2013

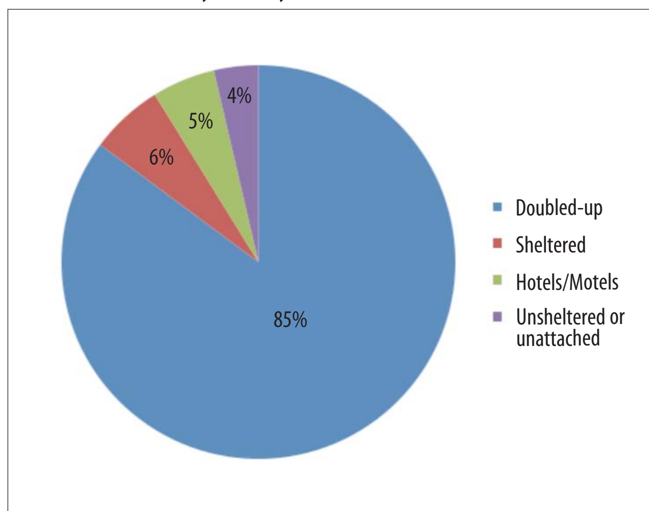


Table 7 identifies McKinney-Vento students by age, and indicates overall a relatively equal distribution among age groups with some differences among townships.

A portion of adults and children experiencing homelessness receive government sponsored aid. The largest reported use of aid is through the food stamps program, with a total of 487 individuals indicating that they are a part of the program (see Table 8). Of those receiving healthcare aid, the highest number participate in the Wishard Advantage program; however a large percent are not receiving healthcare aid at all. While some individuals receive various forms of social security, enrollment in aid programs is relatively low. This could be due to a lack of access to services because of barriers to entry (such as difficulty locating enrollment services or inability to enroll based on prior criminal offenses) or unawareness of eligibility for these programs.

Table 7: Children by age, Marion County, McKinney-Vento data, January 2013

School District*	8 and under	9 to 12	13 to 16	17 and up	Age not reported	Total
Beech Grove	17	6	25	5		53
Decatur	95	77	62	16		250
Donnan Middle School*	0	1	30	0		31
Franklin	37	28	21	10		96
Indianapolis Public Schools (IPS)	487	464	269	127		1,347
Lawrence	77	81	86	30		274
Manual High School*	0	0	14	24		38
Perry	37	45	33	16		131
Pike	28	37	57	50		172
Speedway	7	10	3	5		25
Warren	29	36	103	19	3	190
Washington	121	162	123	57		463
Wayne	130	112	218	23		483
Total	**1,065**	**1,059**	**1,044**	**382**	**3**	**3,553**

*Two of the four takeover schools. The other two did not report.

Table 8: Aid received by individuals experiencing homelessness, January 2013

Aid Received	Sheltered	Unsheltered ("street")	Total
Social Security	59	3	62
Social Security Disability	72	8	80
Supplemental Security Income	37	6	43
Temporary Assistance to Needy Families (TANF)	26	1	27
Child Support	27	2	29
Food Stamps (SNAP)	442	45	487
Women, Infants and Children (WIC)	21	3	24
Unemployment	24	0	24
Workers Comp	3	0	3
Veterans Benefits	54	0	54
Veterans Disability/Pension	54	0	54
Veterans Health Care	135	0	135
Hoosier Healthwise	37	3	40
Healthy Indiana Plan	10	1	11
Wishard Advantage	183	21	204
Medicaid	122	9	131
Medicare	34	5	39

Many adults experiencing homelessness reported significant medical conditions, with drug and alcohol addiction being the most prevalent (see Table 9). Individuals could answer yes to any category of medical conditions that they felt applied to them.

Table 9: Reported medical conditions of adults experiencing homelessness, Marion County, January 2013

Medical Condition	Sheltered	Unsheltered ("street")	Total
Alcohol	266	34	300
Drugs	200	16	216
Physical disability	168	23	191
Developmental disability	50	9	59
Mental illness	289	36	325
HIV	2	2	3
Chronic health condition	145	57	202

Specific homeless subpopulations are shown in Table 10. It should be noted that all of the data are self-reported and may be under reported. As Table 10 illustrates, 503 individuals reported chronic substance abuse problems, and 325 individuals reported that they had been diagnosed with a mental illness. While 18 percent of all those experiencing homelessness indicated that they had a felony conviction, for those unsheltered, the percent was double (36 percent).

Table 10: Count results by subpopulations for persons 18 and older, Marion County, January 2013

Homeless Subpopulation	Persons in emergency shelters	Persons in transitional shelters	Persons in Safe Havens	Persons unsheltered ("street")	Total
TOTAL COUNTED	**861**	**594**	**24**	**120**	**1,599**
Chronically homeless*	96	0	23	45	164
Severely mentally ill	123	143	23	36	325
Chronic substance abuse problems	158	287	21	37	503
Veterans	51	257	1	11	320
Persons with HIV/AIDS	2	—	—	2	4
Victims of domestic violence	154	148	6	35	343
Felony conviction	134	117	2	42	295
Foster care	35	43	1	18	97

*Chronic homelessness is defined as: an unaccompanied homeless individual with a disabling condition or an adult member of a homeless family who has a disabling condition who has either been continuously homeless for a year or more or who has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in emergency shelter/safe haven during that time).

Volunteers mobilize for street count at Horizon House.

Housing the Chronically Homeless

Over the past ten years, federal policy acknowledged and aimed to address the chronically homeless population. This population has shown significant health issues due to poverty, delays in seeking care, addictions, and the health effects of being homeless (Baggett et al., 2013). Other threats, such as violence, also disproportionately affect individuals experiencing homelessness (Hwang, 2001). Given these issues, individuals experiencing homelessness have an increased risk of mortality (Hwang, 2001), while individuals experiencing chronic homelessness are at even greater risk. Additionally, individuals experiencing chronic homelessness are more likely to use the emergency room for routine medical care (Wright, Littlepage, & Federspiel, 2007; Schanzer, Dominguez, Shrout, & Canton, 2007).

To address chronic homelessness, service providers currently use several methods. Moving people through stages of housing may be appropriate for some individuals experiencing homelessness; however, it may not be the best method for ending chronic homelessness. Compared to others experiencing homelessness, the chronically homeless typically have more health issues, substance abuse problems, and emergency medical dependence. Combined, these factors hinder their progress through the traditional stages of housing approach. Thus, many organizations have acknowledged that the chronically homeless may need stable housing before care for their other needs can begin. CHIP and the National Alliance to End Homelessness (NAEH) acknowledge that "stable housing is often an essential component to being successful at rehabilitation, therapy, and other areas" (CHIP, n.d.) thus decreasing their immediate health concerns. Additionally, stable housing for the chronically homeless addresses reliance on emergency services, since "service use substantially abates when individuals have stable housing" (Kertesz & Weiner, 2009). However, often stable housing is difficult to access due to waiting lists, backlogs, or conditions for housing, such as sobriety.

Housing for the chronically homeless is the primary objective of the 100K Homes Campaign, a national movement that stands for four objectives: *Housing First, knowing who's out there, tracking progress,* and *improving local systems* (100K Homes, n.d.). Housing First"offers permanent housing to homeless individuals or families with few requirements for participation or success in rehabilitative services"(Tsemberis, Gulcur, & Nakae, 2004). Housing First bypasses the traditional *continuum of care* (stages of housing) approach and is different from the rapid re-housing program discussed in our previous reports. It is a promising approach to ending chronic homelessness, in line with the current national strategy (United States Interagency Council on Homelessness, 2010).

Knowing who's out there, the second of the 100K Homes Campaign objective, was addressed by those who came together to perform the count, led by the Corporation for Supportive Housing (CSH) and CHIP, through the expansion of information collected during the street count associated with this report to identify vulnerable individuals. The third objective, *tracking progress*, is discussed in the methodology section of this report.

Lastly, 100K Homes Campaign seeks to improve local systems. With the campaign as a mobilizing catalyst the Indianapolis community is capitalizing on the positive work already undertaken by providers to increase efficiencies, improve outcomes, and document successes. The 100K Homes Campaign helps bring broader attention to the efforts of the providers. In Indianapolis, a Housing Committee was formed to bring together many providers of Shelter Plus Care (a federally subsidized permanent supportive housing program for individuals who are homeless and have a disability). A primary goal of the Housing Committee was to develop a common housing application and waiting list. This common application assists individuals experiencing homelessness by streamlining the housing process, and reducing the burdens on them during the housing process caused by a lack of access to technology or transportation. A common application has been developed and the staff from agencies that make referrals or assist clients in applying for Shelter Plus Care have been trained for the new system. The Housing Committee is in the process of moving to the common wait list so that individuals with the highest score on the Vulnerability Index (discussed below) will be considered first for openings in any of the housing programs for which they meet eligibility criteria. Additionally, plans are underway to expand the common housing application to include housing programs beyond Shelter Plus Care.

Thoughts for Policymakers

Significant progress is underway to end chronic homelessness in Indianapolis through organizations participating in the 100K Homes Campaign and the Indianapolis Housing Committee but there is still work to be done. The Indianapolis community is completing a two-year process to develop a new strategic plan to make homelessness rare, short-lived, and recoverable. Continuing on the efforts and outcomes achieved in the first 10-year plan, this next community plan has developed a framework based on an engaged, invested, and active community; quality housing and service delivery; and a high impact, effective, and accountable system. While a great deal of work remains for the community to implement the plan, leaders close to the issue have begun developing a robust continuum framework to ensure success and to begin policy and system change.

One issue that appears to be a barrier to housing is incarceration and prior felony convictions. Attention needs to be paid to individuals exiting the criminal justice system to ensure their integration back into society and housing.

While there are resources that are provided to many veterans experiencing homelessness (only four percent of veterans experiencing homelessness were unsheltered in 2013), the number of veterans as a percent of adults experiencing homelessness is increasing. Possible measures to address this issue include informing veterans of programs that can provide assistance with issues such as access to health care, employment, and mental health services.

The reason most often given by those surveyed for experiencing homelessness was losing a job. Once an individual experiences homelessness and financial distress, it is often extremely difficult to obtain a new job due to a lack of transportation. It has long been recognized that one major barrier in Marion County to regaining employment is the lack of transportation that is geographically comprehensive, affordable, and reliable (Davies & Albaum, 1972, Central Indiana Transit Task Force, 2010). The overall lack of reliable transportation is often an issue for those experiencing poverty and homelessness to connect with jobs, healthcare, and other responsibilities as well as affordable housing options. (Li, Campbell, & Fernandez, 2013)

Overall, there is significant progress to address homelessness including a streamlined process for permanent supportive housing for people who are homeless and vulnerable, increased collaboration among service providers, increased community-wide participation in planning processes such as the New Blueprint, and increased funding for prevention efforts. However, progress on reducing homelessness is partially dependent on the availability of units for both the individuals that progress through the stages of shelter and those that gain access to permanent housing, ongoing availability of funds, and capacity of service organizations to manage and administer complex funding sources. Affordable housing improves the health of occupants, helps the development of children, and adds to the local economy (Wardrip, William, & Hague, 2011). The lack of available affordable housing in Indianapolis is acknowledged (HUD, n.d.). Although there is progress in recent affordable housing options through the local use of funds provided by the federal HOME Investment Partnerships Program (HUD, n.d.), including The Braxton, 16 Park, and the future development Millikan on Mass, more options are needed. Thus, policymakers should consider programs to increase the availability of affordable housing, especially until Indianapolis increases the availability of public transportation.

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