Gaps in Services for People Experiencing Homelessness in Marion County: An Initial Overview

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Introduction

The Coalition for Homelessness Intervention and Prevention (CHIP) has been coordinating a two-year process to develop a new strategic plan to address homelessness in Indianapolis. Continuing on 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 Indiana University Public Policy Institute (PPI) 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. PPI 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 PPI has developed a truer, more accurate portrait of the community of those experiencing homelessness in the Indianapolis area. For the community needs assessment, triangulated data will include several sources:

- Focus groups of those experiencing homelessness
- 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. Participants were recruited from among guests at Wheeler Men's and Women's missions. Wheeler's staff contacted potential participants, provided them with a short description of the study, and requested their participation in the focus group. The following questions were asked of each group:

- 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?

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

Data from the annual Point-in-time Count, the housing inventory, and Homeless Management Information System (HMIS) 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 from Wheeler Men's Shelter to HMIS. Persons who are unsheltered or who are doubled up are not included in HMIS.

On January 29, 2014, PPI, together with CHIP, conducted the annual Point-in-time Count. In addition to counting 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.

The Housing Inventory Count (HIC) reflects the number of beds and units available on the night designated for the count that are dedicated to serve persons who are homeless.

Survey of service-providing members of the Continuum of Care

In response to specific requests from CoC committees, as well as to support the implementation of Blueprint 2.0, PPI, 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.

Preliminary 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, and measure community progress, and
- Assess the outcomes of various interventions allowing use of resources in the most strategic manner.

Currently, HMIS records show a total of 507 beds in emergency shelters, 25 in Safe Haven, and 462 in transitional housing for a total of 994 beds. As Table 1 illustrates, there are 962 beds (601 emergency shelter beds, 361 transitional housing beds) not included in the HMIS count. 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.

Table 1: Facilities not in HMIS in the 2013 Housing Inventory

Organization Name	Program Name	Number of Beds (year round plus seasonal)
EMERGENCY SHELTERS		
For God So Loved the World	Shepard's Pathway	80
Good News Ministries	Men's Shelter	181
Missionaries of Charity	Queen of Peace	14
Partners In Housing	VADOM - Blue Triangle	50
Quest for Excellence, Inc.	WINGS	28
Stopover, Inc.	Stopover, Inc.	6
The Julian Center	The Julian Center	98
Wheeler Mission Ministries	Center for Women and Children	144
TOTAL EMERGENCY SHELTERS		601
TRANSITIONAL HOUSING		
Coburn Place	Coburn Place	85
Pathway to Recovery, Inc.	Pathway II	8
Pathway to Recovery, Inc.	Pathway III	9
Quest for Excellence, Inc.	Ada's Place	15
Quest for Excellence, Inc.	Agnes Inn Between	11
Quest for Excellence, Inc.	Billy's Manor	14
Quest for Excellence, Inc.	John's Delaware Lodge	11
Seeds of Hope	Seeds of Hope	13
Stopover, Inc.	Stopover Transitional Living	8
The Julian Center	New Life Transitional Housing	52
Transitional Life Connections	Martha's House	7
Wheeler Mission Ministries	Hebron Center	45
Wheeler Mission Ministries	Higher Ground	13
Wheeler Mission Ministries	STEPS	52
Wheeler Mission Ministries	Wheeler Mission Working Guest Program	18
TOTAL TRANSITIONAL HOUSING		361

Through a sustained community collaborative effort, CHIP and @Work Solutions, Inc. (@Work) are partnering to develop a homelessness data warehouse and reporting tools. The difficult part of this project is obtaining the cooperation of nonparticipating providers to share their data and allow it to become part of the system. CHIP is also involved in another effort to create a coordinated assessment system. According to HUD, this is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals.

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. For example, the emergency shelters in HMIS reported 48 people exiting to transitional housing in 2013 and 13 to permanent support housing while transitional housing providers indicated that 184 people came from emergency shelter and permanent supportive housing providers indicated that 295 came from emergency shelter.

One potential solution would be that, as part of the design of the coordinated assessment system, to be able to be referred to housing or services, all individuals need to be entered into the coordinated assessment system, whether their point of entry is an organization that participates in HMIS or not.

Mental and physical health

An example of the importance of complete data is determining if the mental and physical health needs of those experiencing homelessness are being met. As Table 2 illustrates, many adults experiencing homelessness have mental and physical health needs. What we do not have enough data to determine the extent of the issue and if these needs are being met by existing programs.

Table 2: 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

Permanent supportive housing

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 victims 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 upon exit because they are not able to be self-sufficient at the end. According to HMIS, 32 percent of exits are to places other than permanent housing,

As part of the *100,000 Homes Campaign* conducted in 2013, the Permanent Supportive Housing Committee (PSH committee 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 (Figure 1) to identify those individuals experiencing homelessness with high risk of death or disease, who are then given priority in service provision.

Figure 1: Vulnerability Factors

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

The PSH Committee uses the VI to prioritize applications for permanent supportive housing. There is a waiting list of over 140 completed applications, and almost 200 incomplete applications. The VI scores for the completed applications range from a low of 3 to a high of, 9, with a higher score indicating more vulnerability. Most have been on the waiting list over three months, with some over a year.

Obtaining Housing after a felony conviction

According to the 2014 Point-in-time Count (consistent with previous years), approximately 30 percent of adults surveyed reported having a felony conviction. In HMIS, for 2013, a total of 1,767 adults reported 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 their 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. But once a state opts in, state officials may also 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 Provided by Continuum of Care Providers, March 2014

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

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.

Table 4: Education Services Provided by Continuum of Care Provider, March 2014

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

Table 5: Employment Services Provided by Continuum of Care Providers, March 2014

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

Transportation

A pressing need reported by people who are homeless and seeking employment is transportation, which is also one of the most under-resourced areas. In addition to the inadequacy of the bus system to access many locations with employment 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.

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. In order for couples to stay in shelters 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.

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) results in people exiting back to street homelessness after expending their time in shelter. According to HMIS, in 2013 only 36 percent exited emergency shelters to permanent housing. Another indicator of inadequate capacity is the number (107) of people experiencing homelessness who utilized Horizon

House on the night of the 2014 Point-in-time Count. Horizon House does not usually provide overflow beds, but due to extreme weather and extenuating circumstances, they served that role during the count. In addition, the 171 seasonal or overflow beds that are only available due to winter contingency also indicate a need in the system.

Serving young adults

According to HMIS, in 2013, there were 640 young adults (ages 18-25) experiencing homelessness, with 138 or 22 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 access 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 access secondary education, there can be barriers such as completing the Financial Aid forms if they do not have contact with their parents. They also may not be aware of deadlines and of available funding.

Students on the Indiana University–Purdue University Indianapolis campus have begun a food pantry and student services report that they have had 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.

Conclusion

While those experiencing homelessness in Indianapolis have many needs, several were identified as gaps in the system that should be addressed to improve service provision:

- There are gaps in available data since almost half of the system of providers are not included in HMIS.
- There is a need for more permanent supportive housing evidenced by the waiting list of over 140 completed applications.
- People with felony convictions experiencing homelessness (almost 2,000 in 2013) 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.
- 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.

- There is a need for diversification in types of emergency shelter 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.
- In 2013, according to HMIS, there were 640 young adults (ages 18-25) experiencing homelessness with 22 percent in school. Specific resources should be targeted to this vulnerable population.