



Indianapolis Homeless Count 2009 Shows More Families Homeless

On January 29, 2009, a team coordinated by Indiana University's Center for Health Policy (Center) conducted the annual point-in-time count of homeless individuals throughout Marion County. This issue brief discusses the details and background of the count as well as findings and thoughts for policymakers concerned with improving services for the Indianapolis community's homeless population.

This is the third year that the Center for Health Policy has coordinated the collection and analysis of the data, under contract from the Coalition for Homelessness Intervention and Prevention (Coalition). Formerly, the counts were administered by the Coalition and they remain a key contributor and essential to the success of the count. The Coalition decided to contract with the Center to ensure the integrity and consistency of data collection. As in 2007 and 2008, our goal was to provide an accurate count of the homeless because important policy decisions are dependent on the data collected.

Methodology

Planning for the homeless count began in fall 2008. We contacted emergency shelters and transitional housing programs in Marion County to provide them with information about the count. In December, we held two orientations and invited representatives from these facilities and programs to inform them of the purpose of the count, familiarize them with

the forms that would be used, the information we needed to gather, and obtain information from each program regarding the need for survey assistants on the night of the count.

In addition to meetings with local homeless agencies, we held focus groups with outreach workers who consistently work and interact with homeless individuals on the street. These focus groups identified areas in Marion County with known populations of homeless individuals. These areas were then mapped using GIS software as the areas to be covered during the street count.

The shelter count (of individuals at emergency shelters and transitional housing programs) was conducted by employees of the facility or by a survey assistant – an Indiana University–Purdue University Indianapolis (IUPUI) student from a service learning class, *Do the Homeless Count*. The street count was



carried out by a number of teams pre-assigned to different areas of the county. Typically, each team consisted of one IUPUI student and three or four outreach workers. The outreach workers initiated contact and facilitated the interaction with the homeless individual. The job of the student was to act as a recorder, filling out a survey on each homeless individual encountered. Additionally, teams of IUPUI nursing students were sent to local emergency rooms, and other teams were sent to public places such as libraries to search for homeless individuals and complete surveys. For the first time this year, we included five teams to search abandoned buildings. The teams consisted of two officers from the Indianapolis Metropolitan Police Department, one IUPUI student, and one employee from the Coalition. While they did not find anyone living in an abandoned building during this count, they did encounter several people on the street that they were able to add to the count. In addition, there were lessons learned that will be applied to the next count to improve data collection in abandoned buildings.

The surveys were modified slightly from last year with additional questions supplied by the Indiana Housing and Community Development Authority (IHCDA). This year IHCDA used the same forms for their point-in-time count in the rest of the state, enabling the completion of a statewide report. There was also coordination on the date of the count. There will be ongoing coordination between IHCDA, the Coalition, and the Center to ensure that we can present a comprehensive portrait of homelessness in the entire state of Indiana.

Findings

HUD considers a person to be homeless if he or she meets one of two different

The U.S. Department of Housing and Urban Development (HUD) provides federal funds and resources for programs to aid the homeless. Any county that applies for federal funds for the homeless in their community is required by HUD to complete a countywide count of homeless individuals every other year and a housing inventory annually. While a count is only required every other year, the Coalition has decided to conduct one each year so that they will have the needed information to make informed policy decisions.

In addition to the count of sheltered and unsheltered homeless individuals, the Center completed the annual housing inventory, an inventory of beds for homeless individuals, including year-round, seasonal, and overflow beds in emergency shelters, domestic violence shelters, and transitional housing programs. The housing inventory includes a count of permanent supportive housing, whose residents are not considered homeless.

The homeless count is used to estimate the scope of homelessness in the community. Combined with the housing inventory data, this information can be used to provide legislators with information on homeless services, identify existing gaps in service, and make informed funding decisions. Locally, it is used for planning and program development, the Continuum of Care Application for McKinney-Vento funds, and raising public awareness and community involvement.

HUD has numerous requirements that must be followed when conducting a homeless count. The count must be conducted every other year, but annual counts are highly encouraged. The count must also occur on one day during the last ten days of January. This set timeframe promotes consistency in the data that HUD collects from across the nation, and is also typically a time when shelters are at capacity due to cold weather.

Cold weather makes homeless individuals easier to count because it is easier to count individuals in shelters than on the street and other places not meant for human habitation. The count requires both sheltered and unsheltered homeless individuals to be counted. For sheltered homeless, all adults, children, and unaccompanied youth residing in emergency shelters and transitional housing, including domestic violence shelters, and residential programs for runaway/homeless youth must be counted. For unsheltered homeless, all adults, children, and unaccompanied youth sleeping in places not meant for human habitation must be counted. Information on the number of sheltered individuals who are chronically homeless, seriously mentally ill, chronic substance abusers, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth must also be collected for both sheltered and unsheltered homeless.

classifications: 1) resides in a place not meant for human habitation, such as a car, park, sidewalk, abandoned building, or on the street (*unsheltered homeless person*); or 2) resides in an emergency shelter or transitional housing for homeless persons who originally came from the streets or emergency shelters (*sheltered homeless*). Note that those who are “doubled-up” (living with friends or extended family on a temporary basis) do not meet HUD’s definition. We know from other sources (McKinney-Vento Act liaisons) that if we included “doubled-up” families, the number of homeless persons would be much higher (see Table 3).

Using the HUD definition, 1,454 homeless persons were counted in Marion County on the night of January 29, 2009. Table 1 shows a comparison of the 2009 count numbers with the 2008 and 2007 numbers for sheltered and unsheltered homeless. Emergency and transitional numbers are down slightly but the number of unsheltered was up, although not back to the 2007 level. One reason for more people on the street in 2009 versus in shelters could be the weather. Even though there was snow on the ground and it was cold (low of 16 degrees), it was not as cold as in 2008 (low of 3 degrees).

Table 1: Sheltered and Unsheltered Homeless Individuals 2007, 2008, and 2009

	2007	2008	2009	% Change 08-09
Low Temperature	19° F	3° F	16° F	
Persons in emergency shelters	691	758	712	-6%
Persons in transitional housing	943	633	555	-12%
Persons unsheltered/ “street”	234	133	187	+41%
Total	1,868	1,524	1,454	-5%

Specific homeless subpopulations are shown in Table 2. It should be noted that all of the data are self-reported and questions on sensitive topics may result in underreporting.

As Table 3 illustrates, using HUD’s definition of homelessness, there were 213 families with a total of 605 adults and children who were homeless. The is a substantial increase from last year, primarily in emergency shelters. Families in

Table 2: Homeless Count Results by Subpopulations, 2009

	Persons in emergency shelters	Persons in transitional shelters	Persons unsheltered (“street”)	Total
TOTAL COUNTED	712	555	187	1,454
Chronically homeless*	138	N/A	78	216
Severely mentally ill	99	177	30	306
Persons with chronic substance abuse problems	103	269	42	414
Veterans	56	169	15	240
Persons with HIV/AIDS	5	4	2	11
Victims of domestic violence	119	130	27	276

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

transitional housing and on the street were relatively the same. If we use a wider definition of homeless that includes families who are doubled-up, we have a much larger population of homeless families.

Under the McKinney-Vento Homeless Assistance Act, schools must identify children and youth in homeless situations and provide appropriate services, such as transportation to the school of origin. McKinney-Vento defines homeless children and youths as those who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. This definition counts everyone that HUD counts and also includes families who are doubled up or living in motels or hotels.

Table 3: Number of Homeless Families, 2009

Homeless	Emergency shelters	Transitional shelters	Unsheltered (“street”)	Total
TOTAL FAMILIES	140	71	2	213
Number of adults	161	82	3	246
Number of children	240	116	3	359
Total number of people	401	198	6	605

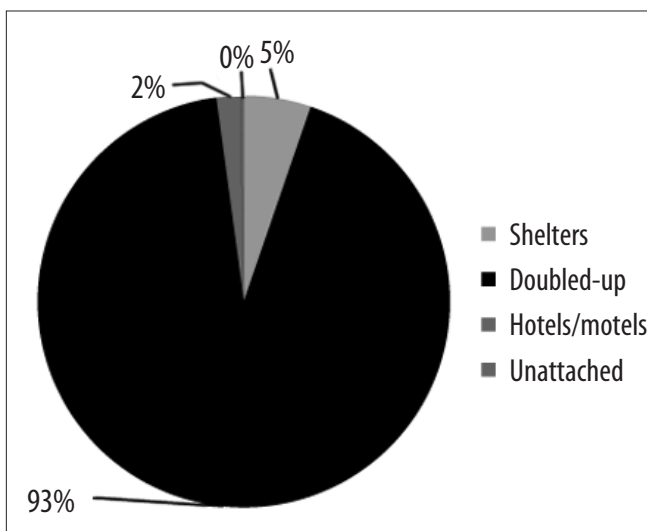
Table 4 lists the number of children homeless by McKinney-Vento definitions. According to McKinney-Vento liaisons in Marion County, a total of 2,671 students in Marion County schools were doubled up on January 29, 2009. Because most of these children are with at least one parent, assuming an average number of children per family to be 2, we can assume that there are an additional 1,300 adults doubled up as well. The remainder of the students reported homeless were living in shelters (152), hotels or motels (55), or were unattached (7) (see Figure 1).

Table 4: 2009 Count Day McKinney-Vento Data

School District*	Homeless Children
Beech Grove	3
Speedway	4
Perry	8
Pike	43
Franklin	91
Decatur	92
Lawrence	149
Washington	401
Wayne	612
IPS	1,529
TOTAL	2,932
Not Reporting	
Warren	

*Does not include charter schools.

Figure 1: Reported Location of Homeless Children by McKinney-Vento Liaisons, 2009



Because this was a point-in-time count and we want to know the number of individuals who experience homelessness during the course of the year, based on national research, the Center estimates that the number of people who experience homelessness at some point during the year is three to five times the number counted on January 29, 2009. Using this formula, we estimate that between 4,400 and 7,300 individuals in Marion County experience homelessness during the course of the year. This estimate is confirmed by data from Connect2Help who report that their specialists responded to 8,839 calls from people needing shelter in fiscal year 2007-2008, a 24 percent increase over the previous year. Connect2Help staff report that finding shelter space can be difficult. Their specialists were unable to help 22 percent of those calling for shelter.

This year as part of the count we asked several new questions. One of those questions concerned aid being received. As Table 5 indicates, many people are not receiving aid for which they are possibly eligible. The aid received most often mentioned by both groups was food stamps and Medicaid. The sheltered population had a higher rate of receiving aid than the unsheltered population, possibly indicating assistance provided by the shelters in obtaining aid.

Table 5: Aid Being Received by Homeless Persons, Sheltered and Unsheltered, 2009

Aid Being Received	Sheltered	Unsheltered ("Street")	Total
Total number	1,267	187	1,454
Food stamps	356	31	387
Medicaid	176	12	188
SS disability	59	6	65
TANF	47	1	48
SSI	37	7	44
Medicare	30	0	30

Another new question asked if the person had been released from any prison or correctional facility. We also asked if in the past year they had been released from a state institution, hospital, or other facility following a stay of more than one (1) week. As Table 6 indicates, almost one-quarter (25 percent) had been recently released from prison or other institutions.

Table 6: Homeless Persons Recently Released from Prison or Other Institution, 2009

	Shelter	Street	Total
Total number	1,267	187	1,454
Prison	111	32	143
Other Institution	80	11	91

As Figure 2 illustrates, lost employment was the number one reason for homelessness, followed by a problem with alcohol and drugs. In addition to the choices listed in the table, there was also an “other” category. Within this other category 22 people stated addiction as the reason, 20 people indicated that health issues were the reason for their homelessness, while another 18 indicated that family problems led to their homelessness. Conviction of a felony (17 people) and no work (16 people) were the next most popular reasons.

Of the adults who answered the question, 25 percent indicated that they were employed, and another 14 percent indicated that they were in school. Those who answered no to

both questions were asked why they were currently not employed or in school. As Table 7 illustrates, the most frequent response was no available jobs, while the second most frequent response was disabled or for other health reasons.

An open-ended question was also added to this year’s survey: *What kind of assistance do you think you need or would you like to have to find and maintain permanent housing?* Multiple answers were accepted and over 35 percent who responded indicated that they needed assistance with a job or help finding employment. Approximately 15 percent indicated that they need assistance with affordable housing, assistance getting aid (such as food stamps, disability, Medicaid, etc.), and financial assistance (such as help with the deposit and first month’s rent).

Table 7: Reasons Not Employed or in School, 2009

	Shelter	Street	Total
No available jobs	193	41	234
Disabled or for other health reasons	190	18	208
Lack of Transportation	123	20	143
Laid off or discharged due to economy	84	14	98
Need training or vocational rehabilitation	78	6	84
Lack of Child Care	28	0	28

Figure 2: Reasons for Homelessness 2009

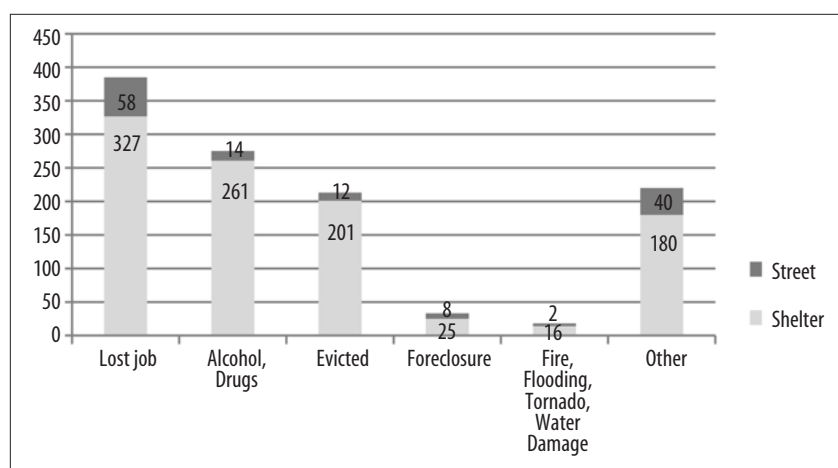
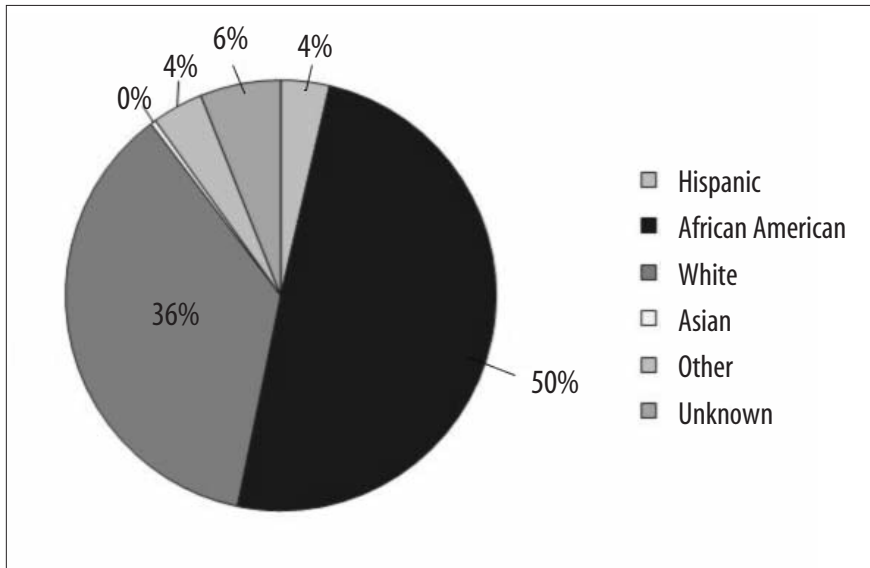


Figure 3: Race of Homeless Persons, 2009

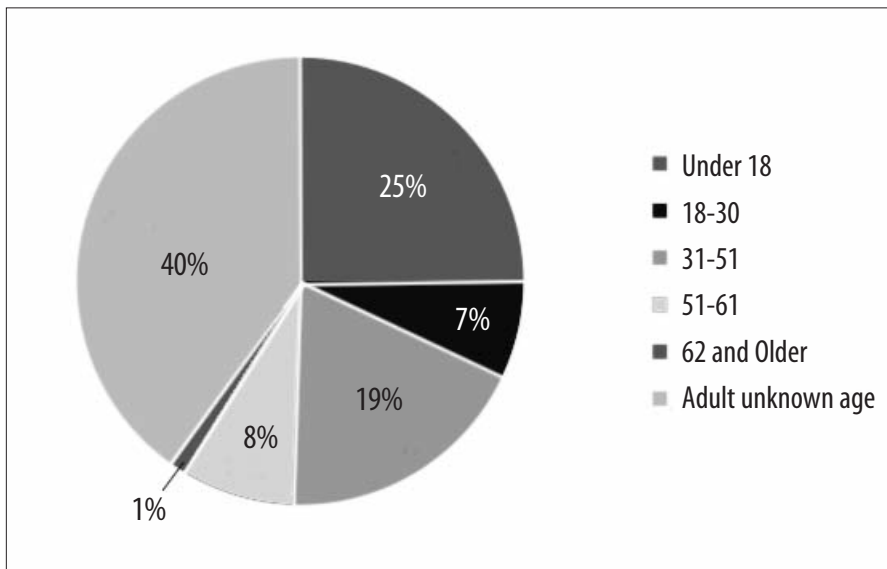


Demographics

Two-thirds of the homeless population is male, 70 percent of the adults and 53 percent of the children. As Figure 3 illustrates, half of the homeless population is African-American. While this is a slightly higher percentage than previous years, we have a much

smaller percent of unknown than in previous years. As Figure 4 illustrates, approximately 25 percent of the homeless population is under 18. Of the adults with a known age, the largest percent fall in the 31-51 age range.

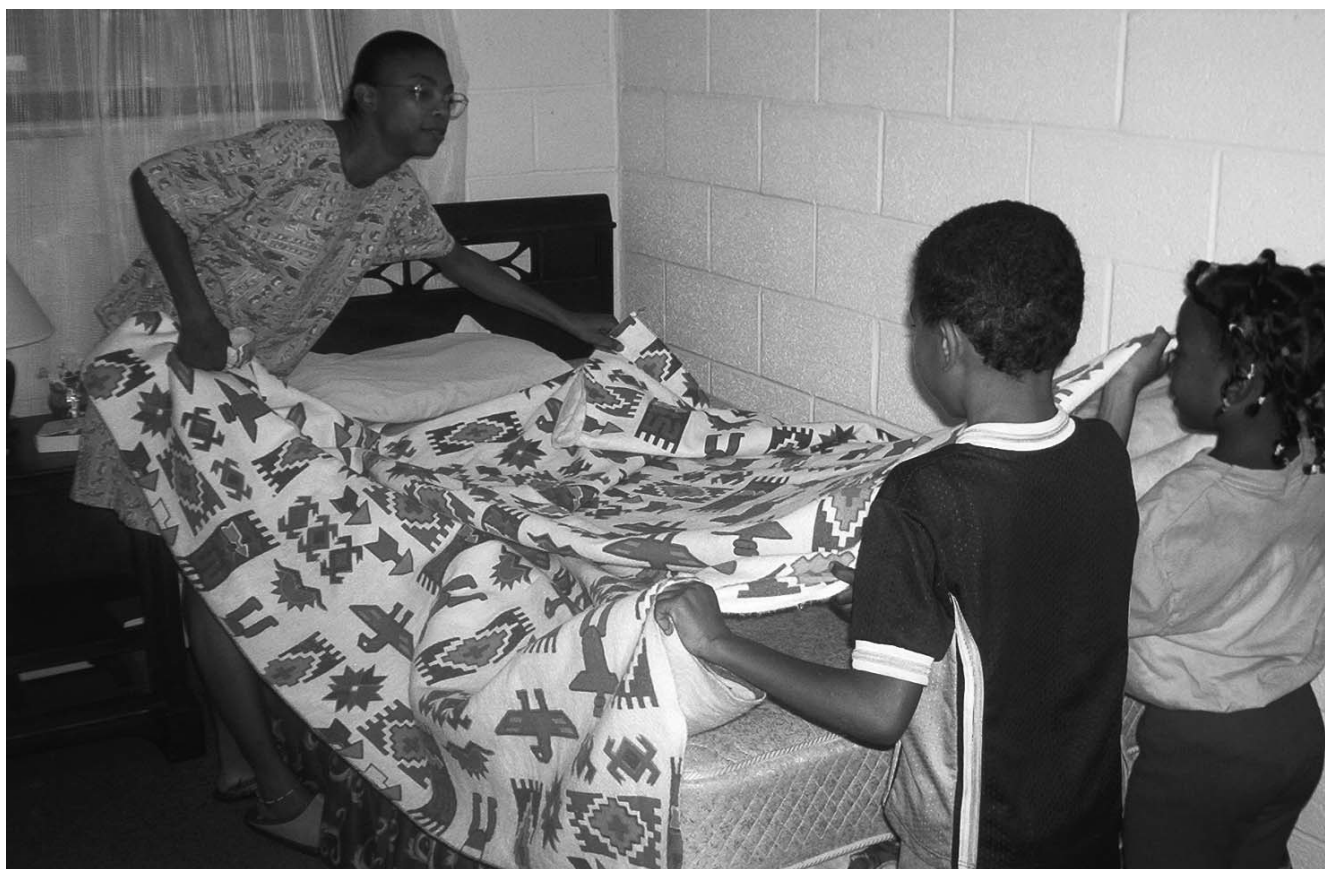
Figure 4: Age of Homeless Persons, 2009



Thoughts for Policymakers

We found numerous families with children in homeless situations (regardless of your definition), including shelters and doubled-up. There is a need in Marion County to create more affordable housing and other supportive services for these families. Using the McKinney-Vento data there are almost 4,000 people in homeless situations that are not captured by the HUD definition. The next step for many of these families may be shelters or transitional housing. Is Indianapolis ready to serve these families?

Our data show the need to expand access to services that address chronic substance abuse and mental illness. In addition, when we asked why people are homeless, why they are not employed, or what assistance they could use, the answer often was about needing help with finding a job. In this economic climate there are many barriers to providing this assistance but it is a need that should be addressed.





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The Indiana University Center for Health Policy is a nonpartisan applied research organization in the School of Public and Environmental Affairs at Indiana University–Purdue University Indianapolis. Researchers at CHP work on critical policy issues that affect the quality of health care delivery and access to health care. The Center for Health Policy is part of the Indiana University Public Policy Institute. The other partner centers are the Center for Urban Policy and the Environment and the Center for Criminal Justice Research.

The Center for Health Policy would like to thank the many people who volunteered and helped make the 2009 Homeless Count a success. We especially want to thank the outreach workers from the local homeless organizations who helped plan and lead the street count teams. We also want to thank the Indianapolis Metropolitan Police Department and the Marion County Department of Public Health for their assistance on the night of the count; Horizon House for acting as count headquarters; Corinne Wheeler and her class of nursing students; and the students from IUPUI's Do the Homeless Count service learning course for helping with data collection and collation. Finally, we wish to thank the Coalition for Homelessness Intervention and Prevention for their financial and technical support.



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