

Draft Report

State of Indiana
Consolidated Plan

2006 Update

DUNS No. 80-989-6723

Draft Report

April 13, 2006

2006 Indiana Consolidated Plan Update DUNS No. 80-989-6723

Prepared for

State of Indiana
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Indiana Housing and Community Development Authority
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EXECUTIVE SUMMARY

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Purpose of the Consolidated Plan

Beginning in FY 1995, the U.S. Department of Housing and Urban Development (HUD) required states and local communities to prepare a Consolidated Plan in order to receive federal housing and community development funding. The Plan consolidates into a single document the previously separate planning and application requirements for Community Development Block Grants (CDBG), Emergency Shelter Grants (ESG), the HOME Investment Partnerships Program (HOME) and Housing Opportunities for People with AIDS (HOPWA) funding, and the Comprehensive Housing and Affordability Strategy (CHAS). Consolidated Plans are required to be prepared every three to five years; updates to the Plan are required annually.

The Purpose of the Consolidated Plan is:

1. To identify a state's housing and community development needs, priorities, goals and strategies; and
2. To stipulate how funds will be allocated to state housing and community development nonprofit organizations and local governments.

Preparation of a five year Consolidated Plan and an annual update is required by states and entitlement cities in order to receive federal funding for the following programs: the Community Development Block Grant (CDBG), the HOME Investment Partnerships Program, the Emergency Shelter Grant (ESG) and Housing Opportunities for People with AIDS (HOPWA).

This report presents the results of the FY2006 Consolidated Planning effort. The 2006 Consolidated Plan Update provides new information and trends related to the State of Indiana's current and future housing and community development needs. The report contains data gathered through regional forums, key person interviews and secondary sources. The report also contains new funding levels, program dollar allocations and the FY2006 One Year Action Plan.

Compliance with Consolidated Plan Regulations

The State of Indiana's Five-Year Consolidated Plan was prepared in accordance with Sections 91.300 through 91.330 of the U.S. Department of Housing and Urban Development's Consolidated Plan regulations. Appendix H, the "HUD Regulations Cross-Walk" contains a checklist detailing how the Plan meets these requirements.

Organization of the Report

The State's FY2006 Consolidated Plan is organized into seven sections and eight appendices.

- Section I is an introduction to the report.
- Section II discusses the demographic and economic trends in Indiana to set the context for the housing and community development needs and strategies discussed in later sections.
- Section III reports the findings from the citizen participation process conducted for the Plan Update.
- Section IV reports updated information about the State's housing market and needs, including housing vacancies, unit characteristics, affordability, cost burden and the needs of public housing authorities in nonentitlement areas;
- Section V discusses the housing and community development needs of the State's special needs populations. The section gives updated estimates of these populations, reports new programs and initiatives to serve them, and identifies remaining gaps.
- Section VI contains the State's Analysis of Impediments to Fair Housing Choice.
- Section VII contains the State's Five-Year program strategies, the One-Year Action Plan for program year 2006, and the required HUD tables.

The Appendices include:

- A. Consolidated Plan Certifications
- B. Citizen Participation Plan
- C. List of Key Participants
- D. Survey Instruments
- E. County Housing Market Data
- F. 2006 Allocation Plans
- G. Public Comments
- H. HUD Regulations Cross-Walk

Lead and Participating Agencies

Indiana's FY2006 Consolidated Plan Update was a collaborative effort. The Indiana Office of Community and Rural Affairs (OCRA) and the Indiana Housing and Community Development Authority (IHCDA) were responsible for overseeing the coordination and development of the Plan.

The Consolidated Plan Coordinating Committee included representatives from the organizations listed above as well as individuals from the Indiana Family and Social Services Administration (FSSA), Indiana Coalition on Housing and Homeless Issues (ICHHI), the Indiana Association for Community and Economic Development (IACED), the Indiana Civil Rights Commission (ICRC), Rural Opportunities Inc. (ROI), the Economic Development District & Regional Planning Commission, the Indiana Association of Cities and Towns, The Indiana Institute on Disability and Community, and the U.S. Department of Housing and Urban Development (HUD). A list of Committee members and their respective organizations can be found in Appendix C.

The State of Indiana retained BBC Research & Consulting, Inc. (BBC), an economic research and consulting firm specializing in housing research, to assist in the preparation of the FY2006 Consolidated Plan Update.

Citizen Participation Process

The Consolidated Plan Update was developed with a strong emphasis on community input. It also incorporated the several survey efforts that were completed as part of the 2005 Five-Year Consolidated Plan. Citizens participated in the development of the Consolidated Plan Update through:

- A targeted survey of low-income citizens, citizens receiving public housing assistance and citizens with special needs that was distributed by the Consolidated Plan Coordinating Committee and housing and community development stakeholders;
- A key person/organization survey sent to approximately 1,800 stakeholders in the State's nonentitlement areas;
- Key person interviews of stakeholders;
- A 30 day public comment period; and
- Two public hearings about the Plan and fund allocations.

Consultation with Governmental and Nonprofit Organizations

The Consolidated Plan Committee made a significant effort to involve governmental agencies and nonprofit organizations at all levels in the planning process. A comprehensive key person survey was sent to more than 1,800 stakeholders statewide. Key person interviews were also conducted of stakeholders. Among the organizations with which the Committee exchanged information were State and local policymakers, service providers to the State's special needs populations, administrators of public housing authorities, as well as city planners and housing development specialists. The materials that these organizations shared with us are sourced throughout the report.

Key Findings from the Consolidated Plan Research

The FY2006 Consolidated Plan Update placed an emphasis on research collected through citizen and stakeholder surveys and key person interviews. Key findings from the research included:

Trends in Housing and Community Development. A review and analysis of 2000 and 2004 Census data, other economic data, reports and information collected in key person surveys showed that the State has experienced a slowdown in population and job growth. An analysis of housing affordability indicators from the Census showed that the State's low-income households are the most likely to be cost constrained in affording both rental and single family housing.

Population growth. New data released from the U.S. Census Bureau showed that the State is growing more slowly than it did over the last decade. The U.S. Census Bureau estimates the State's 2005 population at 6,271,973, up from 6,080,485 in 2000 and 6,226,537 in 2004. From 2000 to 2005, the State's population increased by 3.1 percent, which was similar to the growth rates of surrounding states. Kentucky grew at the highest rate of 3.1 percent and Ohio grew at the lowest rate of 0.9 percent.

The following exhibit identifies county growth patterns between 2004 and 2005. Counties growing at rates higher than the State overall between 2004 and 2005 are, for the most part, clustered around the State's largest metropolitan areas, while counties with declining population are mostly east and due north of the Indianapolis MSA.

Exhibit ES-1.
Population Change
of Indiana Counties,
2004 to 2005

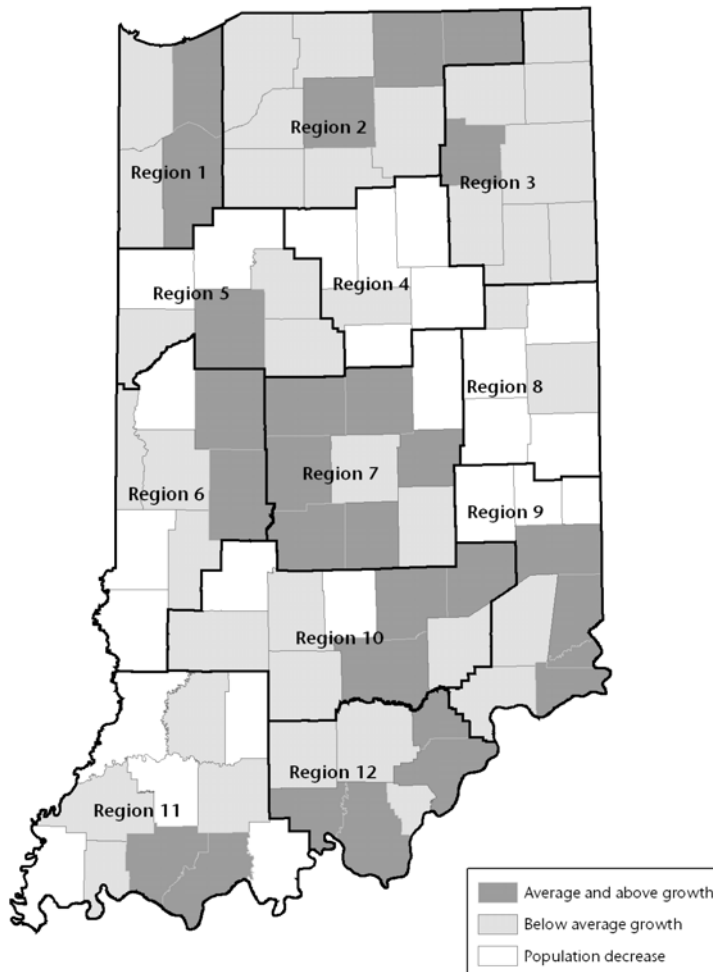
Note:

Indiana's population change was 0.73 percent from 2004 to 2005.

The Commerce regions used throughout this section were based on planning regions that existed at the time of the development of this section.

Source:

U.S. Census Population Estimates, 2004 and 2005 and BBC Research & Consulting.



Age. According to the Census' American Community Survey (ACS) the State's median age is estimated to be 35.7 in 2004, same in 2003¹. In 2004, almost 60 percent of the State's population was between the ages of 20 and 64 years. Overall, 11.8 percent of Indiana's population was age 65 years and over in 2004. Sixty-nine of the 92 counties in Indiana had a higher percent of their populations age 65 years and over than the State average, as is shown in the following exhibit where it is shaded.

Exhibit ES-2.
Percent of County
Population 65 Years
and Over, 2004

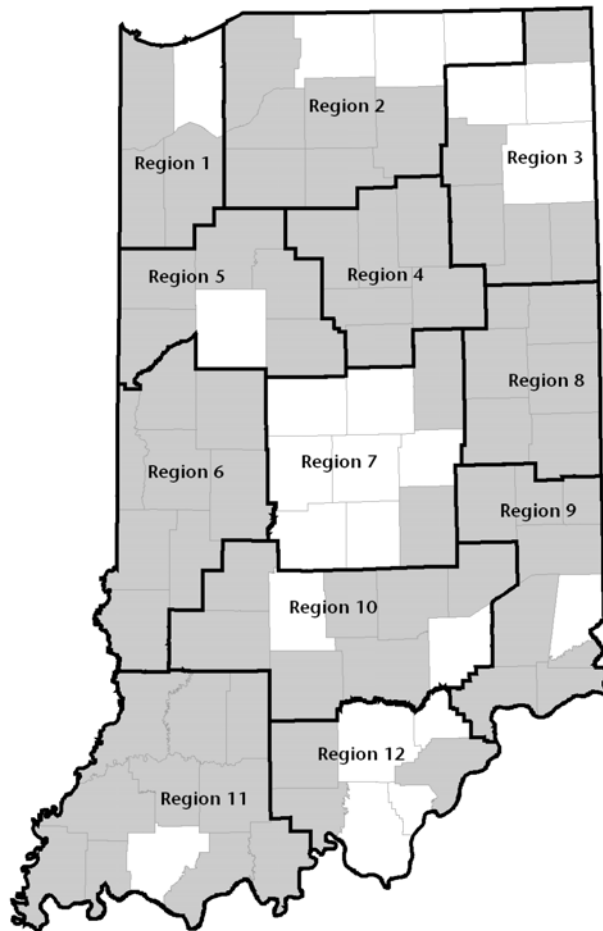
Note:

In 2004, 12.38 percent of the State's population was 65 years and over.

The shaded counties have a higher percentage of their population that is 65 years and over than the State overall.

Source:

Population Division, U.S. Census Bureau.



Racial/ethnic diversity. The Population Division of the U.S. Census provided a comparison of racial and ethnic population of Indiana for 2003 and 2004. As shown in the following exhibit the White population grew at the slowest rate of all races/ethnicities, increasing less than 0.5 percent from 2003 to 2004.

¹ The American Community Survey universe is limited to the household population and excludes the population living in institutions, college dormitories and other group quarters.

Exhibit ES-3.
Change in Race and Ethnic Composition for Indiana, 2003 and 2004

	2003	2004	Percent Change
Total Population	6,195,643	6,237,569	0.7%
American Indian and Alaska Native Alone	17,418	17,532	0.7%
Asian Alone	73,704	73,013	-0.9%
Black or African American Alone	529,738	548,269	3.5%
Native Hawaiian and Other Pacific Islander Alone	2,730	2,833	3.8%
White Alone	5,507,887	5,529,707	0.4%
Two or More Races	64,166	66,215	3.2%
Hispanic or Latino (of any race)	242,518	269,267	11.0%

Source: Population Division, U.S. Census Bureau.

Exhibit ES-4 shows the counties whose African American population—the second largest racial category in Indiana for 2004—is higher than the Statewide percentage of 8.79 percent. It should be noted that these data do not include racial classifications of Two or More Races, which include individuals who classify themselves as African American along with some other race.

Exhibit ES-4.
Counties With a Higher Rate of African Americans Than the State Overall, 2004

	African American Population	Percent of Population
Indiana	548,269	8.8%
Allen County	40,061	11.7%
Lake County	127,962	26.1%
LaPorte County	11,234	10.2%
Marion County	221,189	25.6%
St. Joseph County	31,884	12.0%

Source:
Population Division, U.S. Census Bureau.

As shown above, the State's African American population is highly concentrated in the State's urban counties. These counties contain 79 percent of the African Americans in the State.

Exhibit ES-5, below, shows the percentage of county population that was Hispanic/Latino in 2004 for the 12 counties that have a Hispanic/Latino population above the State average of 4.3 percent. These counties are mainly located in the northern portion of the State.

Exhibit ES-5.
 Counties with a Higher
 Rate of Hispanic/Latino
 Persons than the State
 Overall, 2004

Source:
 Population Division, U.S. Census Bureau.

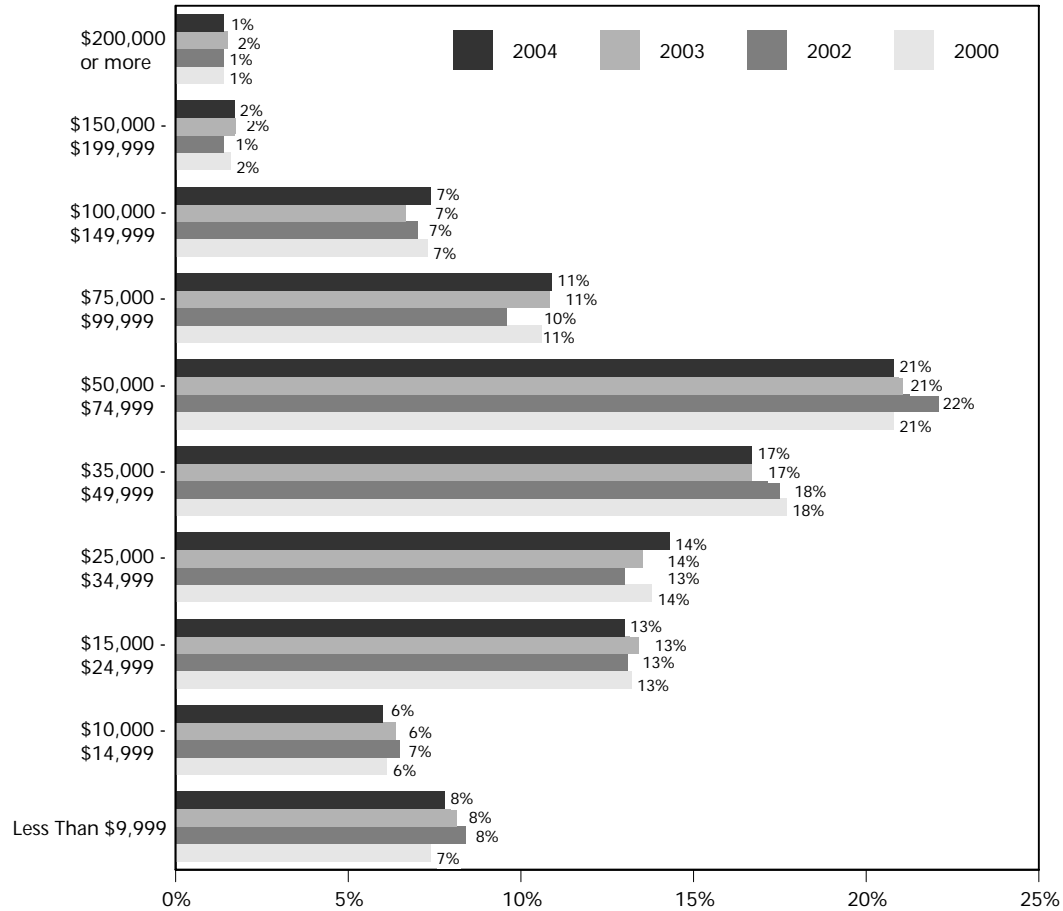
	Hispanic/Latino Population (can be of any race)	Percent of Population
Indiana	269,267	4.3%
Allen County	17,392	5.1%
Cass County	3,801	9.4%
Clinton County	3,632	10.6%
Elkhart County	22,726	11.9%
Kosciusko County	4,461	5.9%
Lake County	66,017	13.4%
Marion County	47,535	5.5%
Mashall County	3,583	7.7%
Noble County	4,201	8.9%
Porter County	8,854	5.7%
St. Joseph County	14,729	5.5%
Tippecanoe County	9,446	6.2%
White County	1,687	6.8%

Income growth. According to the U.S. Census, the median household income for the State in 2000 was \$41,567. This represents an 11 percent increase from the 1990 Census median household income after adjusting for inflation. The ACS reported a median household income of \$42,195 in 2004, compared to \$42,067 in 2003—a less than one percent (.30) increase.

Exhibit ES-6 shows the distribution of income in the State in 2000, 2002, 2003 and 2004 in inflation adjusted dollars. Incomes ranging between \$35,000 and \$149,000 had the most fluctuation across these years. There was also an almost one percentage point increase, from 7.4 percent in 2000 to 8.2 percent in 2003, in the proportion of the State's households earning \$9,999 and less, but it dropped back down to 7.8 percent in 2004.

Exhibit ES-6.

Percent of Households by Income Bracket, State of Indiana, 2000, 2002, 2003 and 2004



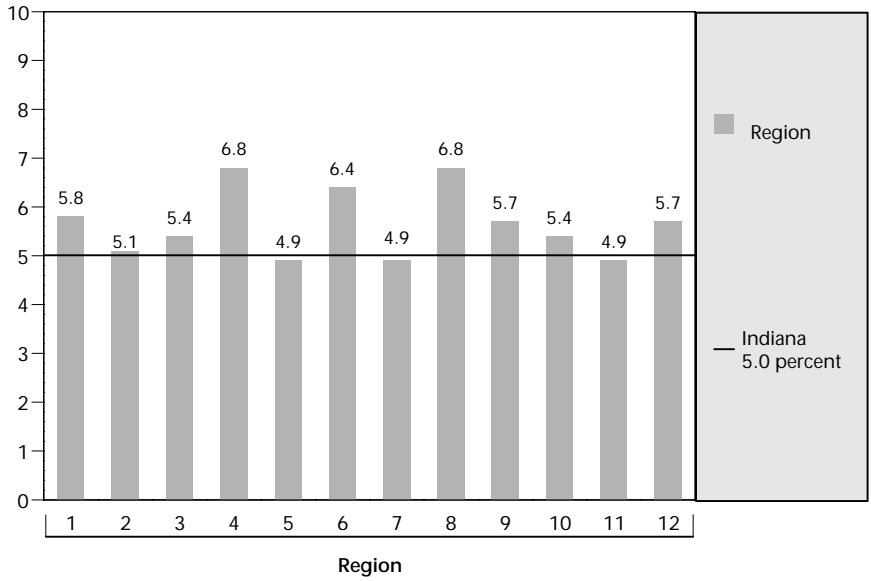
Note: Data are adjusted for inflation.

Source: 2000 Census and 2002, 2003 and 2004 American Community Survey, U.S. Census Bureau.

Employment conditions. As of 2005, the average unemployment rate in Indiana was 5.4 percent. This compares to 5.3 percent in 2004 and 2003 and 5.2 percent in 2002. Unemployment rates are stabilizing, after having risen significantly in 2001.

Six of the 12 Commerce Regions had unemployment rates higher than the State's 2005 average annual unemployment rate of 5.4 percent. Commerce Regions 8 and 4 had the highest unemployment rates of 6.8 percent each and Regions 5, 7 and 11 had the lowest rate of 4.9 percent each. Exhibit ES-7 shows the unemployment rates for the 12 Commerce Regions for 2005.

Exhibit ES-7.
Average Unemployment Rate for Indiana and Commerce Regions, 2005



Source: Indiana Department of Workforce Development, Bureau of Labor Statistics and Indiana Business Research Center, IU Kelley School of Business.

Housing affordability. The ACS estimated the median value of an owner occupied home in the State as \$110,020 in 2004. This compares with the U.S. median of \$151,366 and is the second lowest median compared to surrounding States, as shown in Exhibit ES-8.

Exhibit ES-8.
Regional Median Owner
Occupied Home Values,
2004

Note:

The home values are in 2003 inflation-adjusted dollars for specified owner occupied units.

Source:

U.S. Census of the Bureau, American Community Survey, 2004.



Indiana's median gross rent (including contract rent) plus utilities and fuels, was \$589 per month in 2004.

Although housing values in Indiana are still affordable relative to national standards, many Indiana households have difficulty paying for housing. Housing affordability is typically evaluated by assessing the share of household income spent on housing costs, with 30 percent of household income being the affordability threshold.

The ACS reported that in 2004, 20 percent of all homeowners (about 348,000 households) in the State were paying more than 30 percent of their household income for housing, and 38 percent of Indiana renters – or 257,000 – paid more than 30 percent of household income for gross rent.

The State's low-income households are more likely to be cost burdened, as shown in Exhibits ES-9 and ES-10 on the following page

Exhibit ES-9.

Cost Burden by Income, Owner Households with a Mortgage, 2002

Percent of Median Household Income	Income Cut-Off	Cost Burdened Owner Households	Percent of Households Cost Burdened	Owners with a Mortgage
Less than or equal to 30%	\$12,390	35,449	92%	38,730
31% to 50%	\$20,650	54,397	88%	62,113
51% to 80%	\$33,040	68,740	51%	135,225
81% to 100%	\$41,300	39,005	33%	119,408
Greater than 100%	\$41,300 +	<u>63,135</u>	8%	<u>795,822</u>
Total Owner Households		260,726	23%	1,151,298

Note: Owner households who pay no mortgage were not included in calculation.

Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

Exhibit ES-10.

Cost Burden by Income of Householder Who Pay Cash Rent, Renters, 2002

Percent of Median Household Income	Income Cut-Off	Cost Burdened Renter Households	Percent of Households Cost Burdened	Renters Paying Cash Rent
less than or equal to 30%	\$12,390	118,260	78%	152,442
31% to 50%	\$20,650	82,447	77%	106,856
51% to 80%	\$33,040	38,667	29%	135,632
81% to 100%	\$41,300	4,297	7%	63,029
greater than 100%	\$41,300 +	<u>972</u>	1%	<u>154,821</u>
Total Renter Households		244,643	40%	612,780

Note: Renter households paying "no cash rent" were not included in calculation. The possible difference between the ACS Summary Table numbers of cost burdened renter's households (238,114) versus the PUMS cost burdened renters (219,709) may be due to different sampling methodology used for the Summary Tables.

Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

Housing and Community Development Needs. The following matrix summarizes the findings from an extensive public outreach effort conducted by the State of Indiana for the Five-Year Consolidated Plan and the FY2006 Consolidated Plan. The public outreach consisted of a large key person mail survey, a 2005 citizen survey conducted by telephone and through mail, a 2006 citizen survey distributed through email and mail, as well as key person interviews.

Housing

Most Needed Housing Type In You Community

2005 Citizen Survey (telephone survey)

- Single family homes
- Senior housing/Assisted living
- Accessible housing for disabled/elderly persons

Key Person Survey

- Single family homes
- Homeless shelters
- Accessible housing for disabled/elderly persons

Inventory and quality

2006 Citizen Survey

23 percent are dissatisfied with the quality of their housing

Top reasons not satisfied with their home

- Needs fixing up
- Too small
- Rent/mortgage too expensive

2005 Citizen Survey (telephone survey)

4 percent are dissatisfied with the quality of their housing

Reasons they haven't made the needed repairs/improvements to their homes

- Can't afford them
- Can't find the time
- Have other priorities

Key Person Survey

Single family homes

- 58 percent felt there was not enough affordable single family housing in their community
- 42 percent responded the quality of single family homes was average

Multifamily housing

- 61 percent felt there was not enough affordable rental housing in their community
- 40 percent responded the quality of multifamily homes was in poor or very poor condition

Affordability

2006 Citizen Survey

28 percent are dissatisfied with the affordability of their home

2005 Citizen Survey (telephone survey)

- 3 percent are unable to afford their housing
- 11 percent receive housing assistance from the government

Key Person Survey

Most needed affordable housing types

- Single family housing
- Subsidized housing
- Emergency housing

Housing

Barriers to homeownership

2005 Citizen Survey (telephone survey)

- Do not have enough money for a downpayment
- Cannot qualify for a mortgage
- Cannot afford monthly mortgage payments

Key Person Survey

- Affordability/cost too high
- Lack of stable income/cyclical income
- Having poor credit history

Homelessness

2006 Citizen Survey

22 percent responded they have been homeless at some point in time

Top reasons they were homeless:

- Had no job or income
- Were living with family/friends and were asked to leave
- Drug or alcohol abuse/addiction

2005 Citizen Survey (telephone survey)

3 percent have been homeless at some point in time

Top reasons they were homeless:

- Evicted/foreclosed upon
- Couldn't find a place they could afford
- Got fired from job

Key Person Survey

Top needs for persons experiencing homelessness

- Transitional housing
- Supportive services
- Emergency shelters

Discrimination

2006 Citizen Survey

Experienced housing discrimination

13 percent responded they have experienced housing discrimination

Top reasons discriminated against

Low income, race and having children

What did you do about the discrimination?

Nothing = 39 percent

2005 Citizen Survey (telephone survey)

Experienced housing discrimination

4 percent responded they have experienced housing discrimination

Top reasons discriminated against

Race, having children and having a low income

What did you do about the discrimination?

Nothing = 69 percent

Lead-Based Paint

2006 Citizen Survey

Has your house or apartment been treated for lead contamination?

Yes = 18 percent, No = 27 percent, Don't know = 55 percent

Have you or any member of your family been tested for lead?

Yes = 14 percent, No = 70 percent, Don't know = 15 percent

Community Development

Top Community Development Needs

2006 Citizen Survey

How would you improve your community?

- Help bring jobs to my city/town
- Build more affordable rental housing
- Build more single family housing
- Build more homeless shelters

2005 Citizen Survey (telephone survey)

- Help bring jobs to my city/town
- Build housing for persons who are disabled and/or seniors
- Build more single family affordable housing

Key Person Survey

- Jobs
- Downtown business environment revitalization
- Facilities/shelters for special needs populations

Community services

2006 Citizen Survey

How satisfied are you with the following aspects of your community?

- Availability of jobs = 55 percent dissatisfied
- Public transportation = 43 percent dissatisfied
- Day care services = 23 percent dissatisfied

2005 Citizen Survey (telephone survey)

Barriers to community and economic development

Key Person Survey

- Jobs that pay a livable wage
- Job growth
- Lack of available funds to make improvements

Community perception

2006 Citizen Survey

2005 Citizen Survey (telephone survey)

Key Person Survey

Has the perception of your community gotten better or worse over the last 5 years?

- Better = 42 percent
- Worse = 58 percent

Rural Poll

Rank of community conditions respondents are "very satisfied" with

- Library services
- Education (K-12)
- Parks and Recreation
- Housing

Strategic Plan and Action Items

During FY2006, the State expects to receive more than \$50 million in the HUD block grants, as shown in Exhibit ES-11 to address housing and community development needs.

Exhibit ES-11.

2006 Consolidated Plan Funding, by Program and State Agency

Program	FY 2006 Funding Allocations
CDBG (Indiana Office of Community and Rural Affairs)	\$31,543,515
HOME (Indiana Housing and Community Development Authority)	\$15,482,872
ADDI (Indiana Housing and Community Development Authority)	\$335,426
ESG (Indiana Housing and Community Development Authority)	\$1,892,729
HOPWA (Indiana Housing and Community Development Authority)	<u>\$818,000</u>
Total	\$50,072,542

Source: State of Indiana and HUD, 2006.

Based on the research conducted for the FY2006 Consolidated Plan, the State has developed the following goals and benchmarks for addressing current and future housing and community development needs:

- Goal 1. Expand and preserve affordable housing opportunities throughout the housing continuum.
- Goal 2. Reduce homelessness and increase housing stability for special needs populations.
- Goal 3. Promote livable communities and community revitalization through addressing unmet community development needs.
- Goal 4. Promote activities that enhance local economic development efforts.

The goals are not ranked in order of importance, since it is the desire of the State to allow each region and locality to determine and address the most pressing needs it faces.

Exhibit ES-12 below presents the State's proposed program activities for FY2006 funds, in addition to the expected number of households, units, shelters and communities assisted.

Please see the full Consolidated Plan, especially Section VII, Strategies and Actions and Appendix F, Agency Allocation Plans, for more specific information on the implementation of these goals, the related action items, and program description and application information.

Exhibit ES-12.
Strategies and Action Matrix, 2006 Action Plan

Goals	Funds	Activities	Funding Goals	Assistance Goals	
1. Expand and preserve affordable housing opportunities throughout the housing continuum.	HOME and ADDI	Transitional Housing - Rehabilitation and New Construction	\$10,100,000	For Housing from Shelters to Homeownership, QAP, HOME OOR = 362 units, For First Home = 700 units	
		Permanent Supportive Housing - Rehabilitation and New Construction			
		Rental Housing - Rehabilitation and New Construction			
		Homebuyer - Rehabilitation and New Construction			
	CDBG	CHDO Operating Support	\$700,000		
		CHDO Predevelopment and Seed Money Loans	\$400,000		
		Downpayment Assistance	\$3,070,011		
		Emergency shelters	\$4,507,568		For all CDBG (Housing) = 184 units
		Youth shelters			
		Transitional housing			
Migrant/seasonal farmworker housing					
Permanent supportive housing					
Rental housing					
2. Reduce homelessness and increase housing stability for special needs populations.	HOME	See special needs housing activities in Goal 1.			
	CDBG	See special needs housing activities in Goal 1.			
	ESG	Operating support	\$1,324,910	92 shelters	
		Homeless prevention	\$113,566	37 shelters	
		Essential services	\$302,836	56 shelters	
		Accessibility Rehab	\$56,781	3 shelters	
				For all activities = 34,250 unduplicated clients served	
	HOPWA	Rental assistance	\$396,900	137 households/units	
		Short-term rent, mortgage, utility assistance	\$194,040	420 households/units	
		Supportive services	\$120,206	264 households	
Housing information		\$31,654	32 households		
Project sponsor information		\$61,740			
Acquisition, Rehabilitation and Conversion		\$44,100			
Operating costs		\$8,820	5 units		

Exhibit ES-12. (continued)
 Strategies and Action Matrix, 2006 Action Plan

Goals	Funds	Activities	Funding Goals	Assistance Goals
3. Promote livable communities and community revitalization through addressing unmet community development needs.	CDBG, Community Focus Fund	Downtown/neighborhood revitalization	\$650,000	2 projects
		Construction of fire stations	\$1,640,000	4 fire stations
		Fire truck purchases	\$730,000	5 fire trucks
		Historic preservation	\$750,000	2 projects
		Construction/rehabilitation of wastewater collection and treatment systems	\$6,109,130	14 systems
		Construction/rehabilitation of water distribution and treatment systems	\$3,870,000	8 systems
		Construction of stormwater collection systems	\$1,540,000	3 systems
	Community development projects	\$6,540,000	15 facilities/projects	
	CDBG	Planning grants	\$1,441,539	34 planning grants
		Foundations	\$100,000	
4. Promote activities that enhance local economic development efforts.	CDBG	Community Economic Development Fund	\$1,794,826	
		See community and economic development activities in Goal 3.		

Source: Indiana Office of Community and Rural Affairs and Indiana Housing and Community Development Authority.

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This report is the 2006 State of Indiana Five-Year Consolidated Plan Update. It is the first annual update to the State of Indiana FY2005 five-year Consolidated Plan. This report contains new information about demographic, economic and housing market trends in the State; an analysis of Statewide affordable housing needs; findings from the citizen participation process; and a current analysis of the needs of special populations. In addition, the State has updated its FY2005 Strategies & Action Plan for FY2006 to reflect the changing housing and community development needs in the State.

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- A key person/organization survey sent to more than 1,800 stakeholders in the State's nonentitlement areas;
- Key person interviews of stakeholders;
- Three citizen forums targeted to certain special needs populations;
- A 30 day public comment period; and
- Two public hearings about the Plan and fund allocations.

Consultation with Governmental and Nonprofit Organizations

The Consolidated Plan Committee made a significant effort to involve governmental agencies and nonprofit organizations at all levels in the planning process. A comprehensive key person survey was sent to more than 1,800 stakeholders statewide. Key person interviews were also conducted of stakeholders. Among the organizations with which the Committee exchanged information were State and local policymakers, service providers to the State's special needs populations, administrators of public housing authorities, as well as city planners and housing development specialists. The materials that these organizations shared with us are sourced throughout the report.

Acknowledgments

Each member of the Consolidated Plan Coordinating Committee made valuable contributions to this process and merits special recognition.

SECTION II.
Socioeconomic Analysis

SECTION II.

Socioeconomic Analysis

This section discusses the demographic and economic characteristics of the State of Indiana, including changes in population, household characteristics, income and employment to set the context for the housing and community development analyses in latter sections of the State of Indiana 2006 Consolidated Plan Update. This section incorporates the most recently released socioeconomic data from the U.S. Census Bureau and State data sources.

Population Characteristics

The U.S. Census Bureau estimates the State's 2005 population at 6,271,973, up from 6,080,485 in 2000 and 6,226,537 in 2004. From 2000 to 2005, the State's population increased by 3.1 percent, which was similar to the growth rates of surrounding states. Kentucky grew at the highest rate of 3.1 percent and Ohio grew at the lowest rate of 0.9 percent.

Future growth. The Indiana Business Research Center (IBRC) projects a State population of 6,417,198 in 2010. This equates to an average annual growth of one-half of 1 percent from 2004 to 2010, or about half of the average annual growth rate experienced in the prior decade and about the same growth rate experienced from 2000 to 2004.

Components of growth. According to the Census Bureau, the primary driver of population growth from 2003 to 2004 was natural increase—i.e., births minus deaths—that added 30,731 people to the State during the year. Immigration from foreign countries added 9,062 people to the State and 5,061 residents moved to Indiana from other states.

The Census Bureau also reports the cumulative estimates of population change from 2000 to 2005. Again the primary population growth was natural increase, through which the State added 159,488 people. Immigration from foreign countries added 55,656 people to the State and Indiana lost 17,000 residents to other states. The following exhibit shows the components of the population change for 2001 through 2005.

Exhibit II-1.
Components of
Population Change in
Indiana, 2001 to 2005

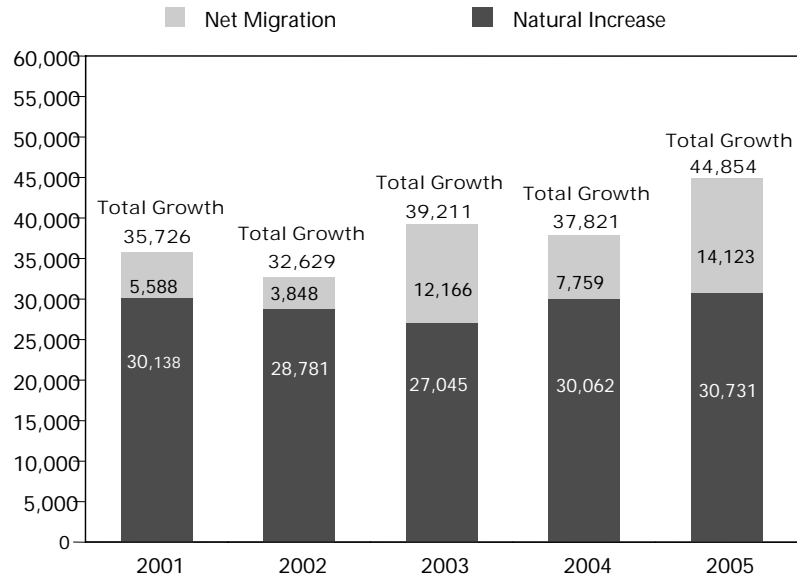
Note:

Population changes for each year are from July 1 to July 1 of the next year. The 2000 population change is not included because it is from April 1 to July 1 of 2000.

Natural increase is births minus deaths.

Source:

U.S. Census Population Estimates.



Growth of nonentitlement areas. The nonentitlement areas of the State made up nearly 60 percent of the population in 2000.¹ According to the Census' 2004 population estimates, with the addition of Columbus, Michigan City, LaPorte and Hamilton County to the entitlement cities, the nonentitlement areas of the State made up 58 percent of the population in 2004, or approximately 3,600,000 persons.

Exhibit II-2 on the following page shows the population changes of the State's entitlement and nonentitlement areas between 2003 and 2004. The bolded areas show the largest population increase and decrease for the entitlement counties and cities. Of the entitlement areas, Hamilton County's population increased at the highest rate at 6 percent. When comparing the cities, West Lafayette's population decreased the most by 4.11 percent and Goshen's population increased the most by 2.58 percent.

¹ The term "entitlement areas" refers to cities and counties that, because of their size, are able to receive CDBG funding directly. These areas must complete a Consolidated Plan separately from the State's to receive funding. The requirements for receiving HOME, Sand HOPWA funds are all slightly different, but are generally based on size and need. For purposes of this report, "nonentitlement" refers to cities and towns that do not file Consolidated Plans individually and are not able to receive funding from the HUD programs directly. The entitlement areas in Indiana include the cities of Anderson, Bloomington, Carmel, Columbus, East Chicago, Elkhart, Fort Wayne, Gary, Goshen, Hammond, Indianapolis, Kokomo, La Porte, Lafayette, Michigan City, Mishawaka, Muncie, New Albany, South Bend, Terre Haute, West Lafayette, Hamilton County and Lake County.

Exhibit II-2.
2002 to 2004 Population Growth

	2003		2004		Percent Change 2002 - 2003
	Number	Percent	Number	Percent	
Indiana	6,195,643	100%	6,226,537	100%	0.50%
Non-Entitlement	3,614,818	58%	3,634,715	58%	0.55%
CDBG Entitlement	2,580,825	42%	2,591,822	42%	0.43%
CDBG Entitlement Areas:					
Hamilton County	216,826		229,840		6.00%
Lake County	487,476		490,089		0.54%
East Chicago	31,366		31,237		-0.41%
Gary	99,961		99,516		-0.45%
Hammond	80,547		79,985		-0.70%
Balance of Lake County	275,602		279,351		1.36%
Cities					
Anderson	58,394		57,942		-0.77%
Bloomington	70,642		68,779		-2.64%
Columbus	39,058		39,251		0.49%
Elkhart	51,682		51,878		0.38%
Evansville	117,881		117,156		-0.62%
Ft. Wayne	219,495		219,351		-0.07%
Goshen	29,787		30,555		2.58%
Indianapolis (balance)	783,438		784,242		0.10%
Kokomo	46,154		46,070		-0.18%
LaPorte	21,067		20,982		-0.40%
Lafayette	61,229		59,753		-2.41%
Michigan City	32,335		32,179		-0.48%
Mishawaka	48,396		48,385		-0.02%
Muncie	66,521		67,166		0.97%
New Albany	36,973		36,877		-0.26%
South Bend	105,540		105,494		-0.04%
Terre Haute	58,096		57,224		-1.50%
West Lafayette	29,835		28,609		-4.11%

Note: Columbus, Michigan City, LaPorte and Hamilton County are included in the 2000 and 2002 entitlement area. The cities of Beech Grove, Lawrence, Speedway, Southport and the part of the Town of Cumberland located within Hancock County are not considered part of the Indianapolis entitlement community. Applicants that serve these areas would be eligible for CHDO Works funding. HOME entitlement areas include: Bloomington, East Chicago, Evansville, Fort Wayne, Gary, Hammond, Indianapolis, Lake County, St. Joseph County Consortium, Terre Haute, Tippecanoe County Consortium. The Population Division did not have 2005 estimates available for cities.

Source: 2000 U.S. Census and Population Division, U.S. Census Bureau.

Growth by county. Exhibit II-3 identifies county growth patterns between 2004 and 2005. Counties growing at rates higher than the State overall between 2004 and 2005 are, for the most part, clustered around the State's largest metropolitan areas, while counties with declining population are mostly east and due north of the Indianapolis MSA.

Exhibit II-3.
Population Change
of Indiana Counties,
2004 to 2005

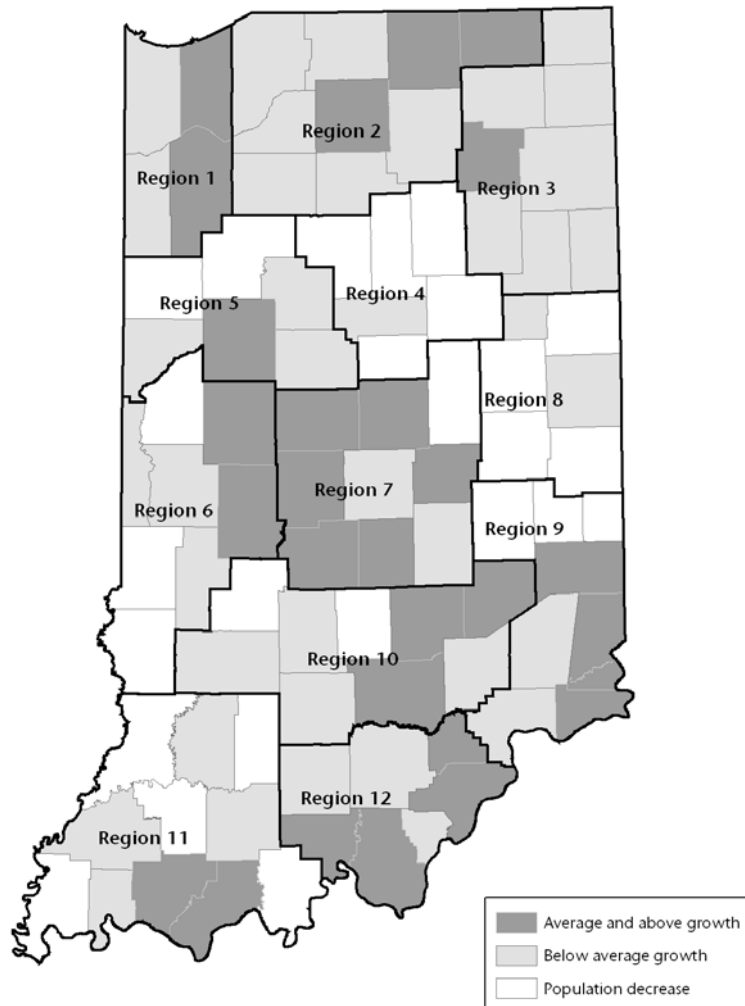
Note:

Indiana's population change was 0.73 percent from 2004 to 2005.

The Commerce regions used throughout this section were based on planning regions that existed at the time of the development of this section.

Source:

U.S. Census Population Estimates, 2004 and 2005 and BBC Research & Consulting.



Population of Commerce Regions. In 2005, Commerce Region 7 (which contains Indianapolis) had the largest population of approximately 1,718,892 compared to all 12 commerce regions in the State. Commerce Regions 1 and 2 (located near the Chicago metropolitan area) were next largest. Commerce Region 9 had the smallest population in 2005, with less than 198,000 persons.

Exhibit II-4.
Population of Indiana
Commerce Regions,
2005

Source:
U.S. Census Bureau and Indiana Business
Research Center.

	2005	Percent of State
Indiana	6,271,973	100%
Region 1	697,401	11%
Region 2	789,307	13%
Region 3	599,379	10%
Region 4	281,512	4%
Region 5	250,679	4%
Region 6	278,079	4%
Region 7	1,718,892	27%
Region 8	294,937	5%
Region 9	197,815	3%
Region 10	408,654	7%
Region 11	462,211	7%
Region 12	293,107	5%

Exhibits II-5 and II-6 below show the estimated percent change in population by Commerce Regions from 2004 to 2005. Four commerce regions were above the State growth: Commerce Regions 1 and 7 (which includes the Indianapolis MSA) had the highest population growth. Six of the 12 regions grew at below average rates and two lost population.

Exhibit II-5.
Population Change for
Indiana Commerce
Regions, 2004 and 2005

Note:

Indiana's population change was 0.73 percent from 2004 to 2005.

Source:

U.S. Census Bureau and Indiana Business Research Center.

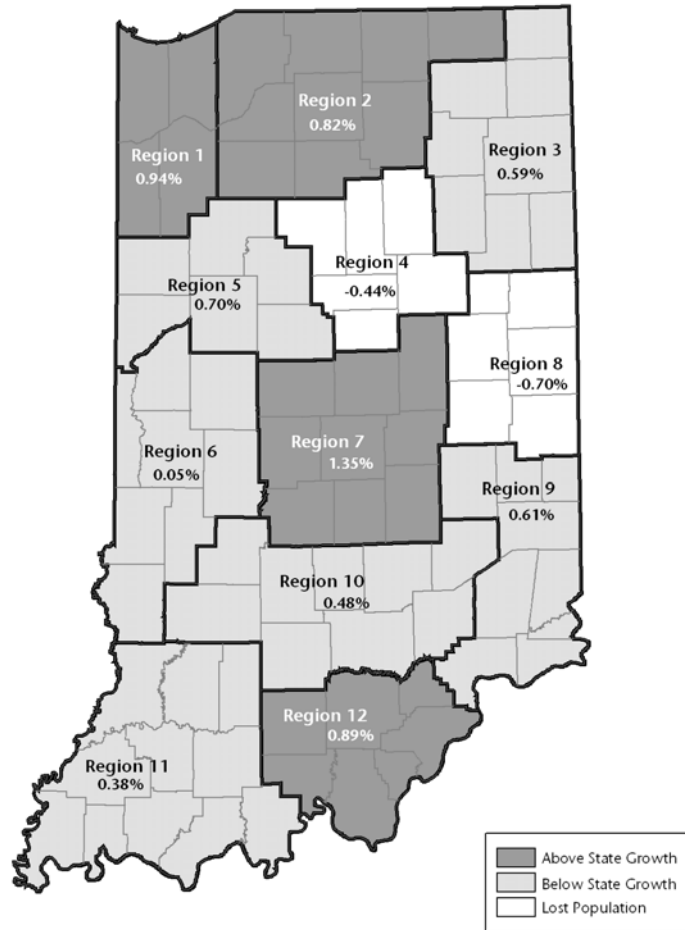


Exhibit II-6.
Population Change for
Indiana Commerce
Regions, 2004 and 2005

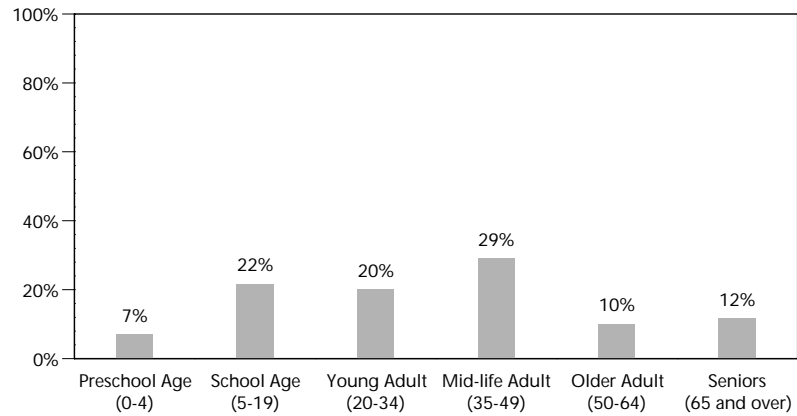
Source:
U.S. Census Bureau and Indiana Business
Research Center.

	2004	2005	2004-2005 Percent Change	Compared to State Percent Change
Indiana	6,226,537	6,271,973	0.73%	
Region 1	690,891	697,401	0.94%	Above
Region 2	782,857	789,307	0.82%	Above
Region 3	595,869	599,379	0.59%	Below
Region 4	282,746	281,512	-0.44%	Lost
Region 5	248,928	250,679	0.70%	Below
Region 6	277,936	278,079	0.05%	Below
Region 7	1,696,002	1,718,892	1.35%	Above
Region 8	297,012	294,937	-0.70%	Lost
Region 9	196,621	197,815	0.61%	Below
Region 10	406,699	408,654	0.48%	Below
Region 11	460,467	462,211	0.38%	Below
Region 12	290,509	293,107	0.89%	Above

Age. According to the Census' American Community Survey (ACS) the State's median age is estimated to be 35.7 in 2004, same in 2003². Exhibit II-7 shows the estimated age distribution of the State's population in 2004 according to the Census.

Exhibit II-7.
Indiana Population
by Age Group, 2004

Source:
American Community Survey,
2004, U.S. Census Bureau.



² The American Community Survey universe is limited to the household population and excludes the population living in institutions, college dormitories and other group quarters.

In 2004, almost 60 percent of the State's population was between the ages of 20 and 64 years. Overall, 11.8 percent of Indiana's population was age 65 years and over in 2004. Sixty-nine of the 92 counties in Indiana had a higher percent of their populations age 65 years and over than the State average, as is shown in the following exhibit where it is shaded.

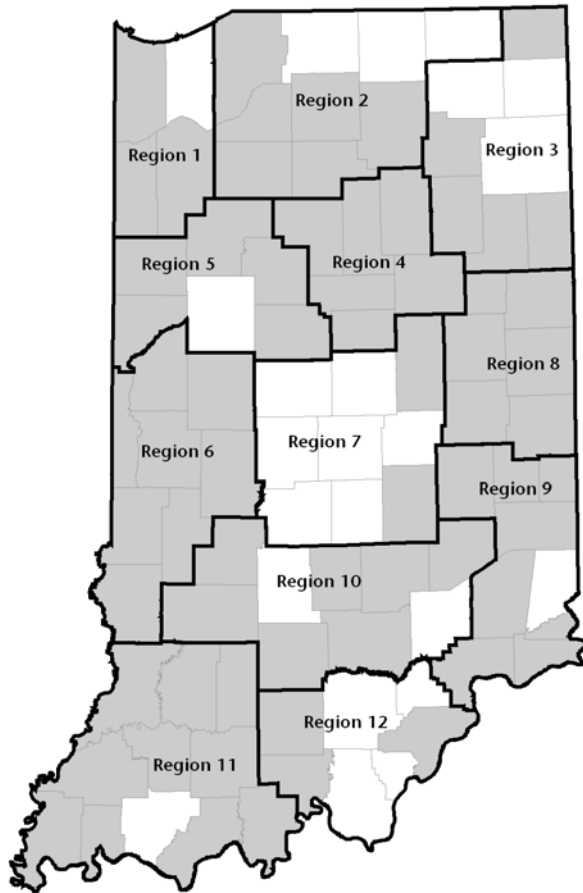
Exhibit II-8.
Percent of County
Population 65 Years
and Over, 2004

Note:

In 2004, 12.38 percent of the State's population was 65 years and over. The shaded counties have a higher percentage of their population that is 65 years and over than the State overall.

Source:

Population Division, U.S. Census Bureau.



Commerce regions. The distribution of each Regions' population among four age groups—preschool, school aged, adult and older—are shown in Exhibit II-9. The 12 Commerce Regions have similar distribution patterns for all age groups. As shown in the exhibit, Regions 4 and 8 have slightly higher proportions of elderly persons and Regions 5 and 10 have proportionately more adults and fewer school-aged children.

Exhibit II-9.
Indiana Commerce
Regions, Population
by Age Group, 2004

Source:
US Census Bureau and Indiana Business
Research Center.

	2004 Population	Preschool (0 to 4)	School Age (5 to 17)	Adult (18 to 64)	Older (65 plus)
Indiana	6,195,643	7%	19%	62%	12%
Region 1	691,850	7%	19%	62%	13%
Region 2	784,177	7%	20%	60%	13%
Region 3	596,568	7%	20%	61%	12%
Region 4	283,304	6%	18%	61%	15%
Region 5	249,266	6%	16%	66%	11%
Region 6	278,415	6%	17%	62%	14%
Region 7	1,700,201	8%	19%	62%	11%
Region 8	297,553	6%	17%	62%	15%
Region 9	196,639	6%	19%	61%	13%
Region 10	407,530	6%	17%	65%	12%
Region 11	461,070	6%	18%	62%	14%
Region 12	290,996	6%	18%	63%	12%

Race and ethnicity. In 2004, 88.7 percent of residents in Indiana classified their race as White. The next largest race classification was African American at 8.8 percent. The remaining races made up less than 3 percent of the State's total population.

The U.S. Census defines ethnicity as persons who do or do not identify themselves as being Hispanic/Latino and treats ethnicity as a separate category from race. Persons of Hispanic/Latino descent represented 4.3 percent of the State's population in 2004. Exhibit II-10 shows the breakdown by race and ethnicity of Indiana's 2004 population.

Exhibit II-10.
Indiana Population by
Race and Ethnicity, 2004

Source:
Population Division, U.S. Census Bureau.

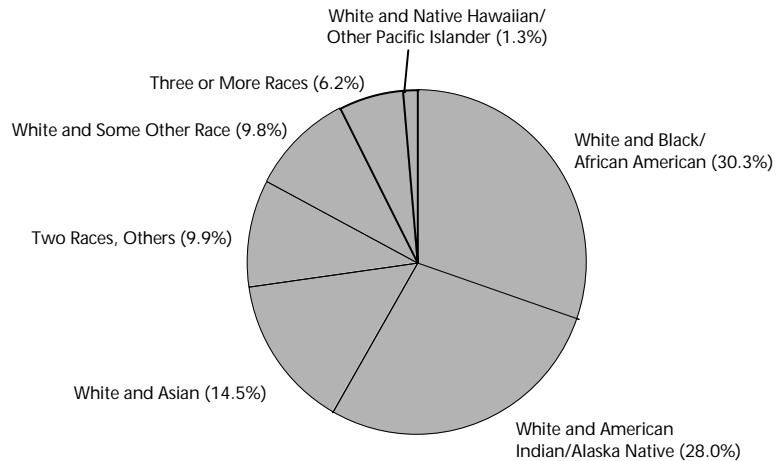
	2004	Percent of Total Population
Total Population	6,237,569	100%
American Indian and Alaska Native Alone	17,532	0.3%
Asian Alone	73,013	1.2%
Black or African American Alone	548,269	8.8%
Native Hawaiian and Other Pacific Islander Alone	2,833	0.0%
White Alone	5,529,707	88.7%
Two or More Races	66,215	1.1%
Hispanic or Latino (of any race)	269,267	4.3%

In the 2000 Census, people were given many options for racial classification, including identifying with more than one race. In all, 66,215 persons, or 1.1 percent of Indiana residents are estimated to be of more than one race in 2004. In 2000, 30.3 percent of the Indiana residents who chose this classification were White and African American and 28.0 percent were White and American Indian or Alaskan Native. Among those identifying with more than one race, 6.2 percent identified themselves as belonging to Three or More Races.

Exhibit II-11 illustrates the percentage of Indiana residents identifying with more than one race in 2000. (Data are not available for 2004.)

Exhibit II-11.
Indiana Residents
Identifying With More
Than One Race in 2000

Source:
U.S. Bureau of the Census, 2000.



The Population Division of the U.S. Census provided a comparison of racial and ethnic population of Indiana for 2003 and 2004. As shown in the following Exhibit the White population grew at the slowest rate of all races/ethnicities, increasing less than 0.5 percent from 2003 to 2004. The State's Asian population declined slightly over the past year. However, previously it was the fastest growing population group, increasing by 5.6 percent from 2002 to 2003 (this population group was also the fastest growing from 2000 to 2002). The State's Hispanic/Latino population increased at a rate of 11 percent from 2003 to 2004.

Exhibit II-12.
Change in Race and Ethnic Composition for Indiana, 2003 and 2004

	2003	2004	Percent Change
Total Population	6,195,643	6,237,569	0.7%
American Indian and Alaska Native Alone	17,418	17,532	0.7%
Asian Alone	73,704	73,013	-0.9%
Black or African American Alone	529,738	548,269	3.5%
Native Hawaiian and Other Pacific Islander Alone	2,730	2,833	3.8%
White Alone	5,507,887	5,529,707	0.4%
Two or More Races	64,166	66,215	3.2%
Hispanic or Latino (of any race)	242,518	269,267	11.0%

Source: Population Division, U.S. Census Bureau.

Concentration of race/ethnicity. The State’s population of African Americans and persons of Hispanic/Latino descent are highly concentrated in a handful of counties, most of which contain entitlement areas. Exhibits II-13 and II-14 show the counties which contain the majority of these population groups.

Exhibit II-13 shows the counties whose African American population—the second largest racial category in Indiana for 2004—is higher than the Statewide percentage of 8.79 percent. It should be noted that these data do not include racial classifications of Two or More Races, which include individuals who classify themselves as African American along with some other race.

Exhibit II-13.
Counties With a Higher
Rate of African
Americans Than the
State Overall, 2004

Source:
Population Division, U.S. Census Bureau.

	African American Population	Percent of Population
Indiana	548,269	8.8%
Allen County	40,061	11.7%
Lake County	127,962	26.1%
LaPorte County	11,234	10.2%
Marion County	221,189	25.6%
St. Joseph County	31,884	12.0%

As shown above, the State’s African American population is highly concentrated in the State’s urban counties. These counties contain 79 percent of the African Americans in the State.

Exhibit II-14, below, shows the percentage of county population that was Hispanic/Latino in 2004 for the 12 counties that have a Hispanic/Latino population above the State average of 4.3 percent. These counties are mainly located in the northern portion of the State.

Exhibit II-14.
Counties with a Higher
Rate of Hispanic/Latino
Persons than the State
Overall, 2004

Source:
Population Division, U.S. Census Bureau.

	Hispanic/Latino Population (can be of any race)	Percent of Population
Indiana	269,267	4.3%
Allen County	17,392	5.1%
Cass County	3,801	9.4%
Clinton County	3,632	10.6%
Elkhart County	22,726	11.9%
Kosciusko County	4,461	5.9%
Lake County	66,017	13.4%
Marion County	47,535	5.5%
Mashall County	3,583	7.7%
Noble County	4,201	8.9%
Porter County	8,854	5.7%
St. Joseph County	14,729	5.5%
Tippecanoe County	9,446	6.2%
White County	1,687	6.8%

Commerce Regions. The Indiana Business Research Center reported race estimates for each of the 12 Indiana Commerce Regions for 2004. The following exhibits show that Region 1 (which includes Jasper, Lake, Newton and Porter counties) continues to have the highest percentage of its population that is non-White. In 2004, 18.9 percent of its population was African American. Another Region with a relatively high percentage of non-Whites was Region 7, which includes the Indianapolis MSA. The 2004 estimates show 14.4 percent of the Region 7 population as African American.

Exhibit II-15.

Percentage of Population by Race and Ethnicity for Indiana Commerce Regions, 2004

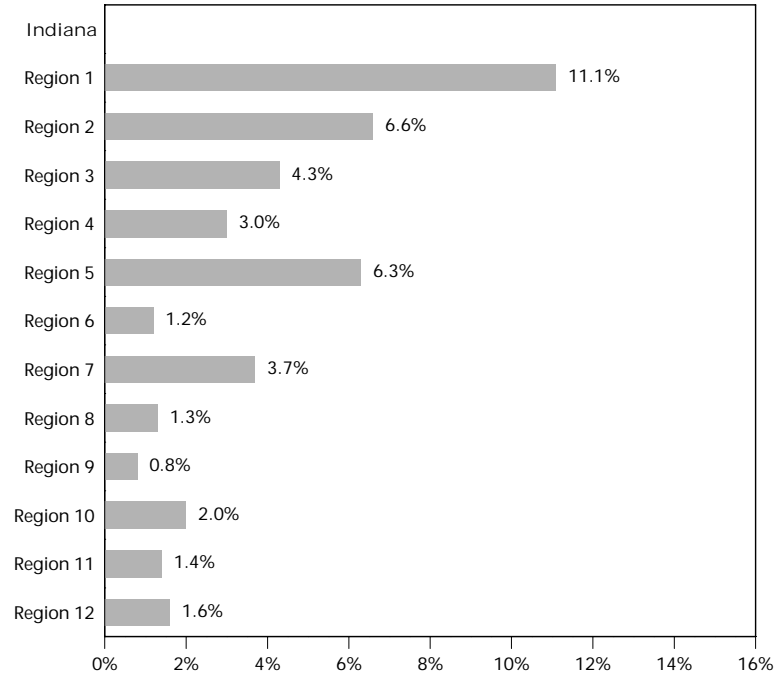
	African American or Black	American Indian or Alaska Native	Asian	White	Two or More Races	Hispanic/Latino
Region 1	18.9%	0.3%	0.9%	78.7%	1.0%	11.1%
Region 2	7.0%	0.3%	1.0%	90.3%	1.3%	6.6%
Region 3	6.9%	0.3%	1.1%	90.4%	1.2%	4.3%
Region 4	4.6%	0.5%	0.7%	93.2%	1.0%	3.0%
Region 5	1.9%	0.2%	3.2%	93.8%	0.8%	6.3%
Region 6	3.4%	0.3%	0.8%	94.7%	0.8%	1.2%
Region 7	14.4%	0.3%	1.5%	82.5%	1.2%	3.7%
Region 8	4.2%	0.2%	0.6%	94.1%	0.9%	1.3%
Region 9	0.8%	0.2%	0.4%	98.1%	0.5%	0.8%
Region 10	1.5%	0.3%	1.9%	95.4%	0.9%	2.0%
Region 11	3.9%	0.2%	0.6%	94.5%	0.7%	1.4%
Region 12	3.8%	0.3%	0.5%	94.5%	0.9%	1.6%

Source: Population Division, U.S. Census Bureau.

Commerce Region 1, Commerce Region 2 and Commerce Region 5—all located in the Northwest portion of the State—showed the highest rates of residents classifying themselves as Hispanic/Latino. In fact, over half of the Hispanic/Latino residents in the State live in one of these three regions. Exhibit II-16 on the following page illustrates the percentage of each region’s population that was Hispanic/Latino in 2004.

Exhibit II-16
Percent of Each
Commerce Regions'
Population That is
Hispanic/Latino, 2004

Source:
Population Division, U.S. Census Bureau.



Household composition. According to the ACS, just over half of Indiana's households in 2004 (52 percent) were married couples, which is slightly higher than the national rate of 50 percent. The majority of Indiana married couple households (54 percent) did not have children under 18 years. Of households with children 18 years and under, 23 percent were female-headed with no husband present. The ACS reported that 22 percent of households had one or more persons aged 65 years or over in 2004; this was the same as 2002 and 2003. The distribution of the State's households by type is shown in Exhibit II-17.

Exhibit II-17.
Household Composition
in Indiana, 2004

Note:
"Other family household" is the balance of family households less married couple families less female householder families.

Source:
American Community Survey 2004,
U.S. Census Bureau and BBC Research &
Consulting.

	Number	Percentage
Total Households	2,412,885	100%
<i>Married-couple families</i>	<i>1,259,245</i>	<i>52%</i>
With one or more people under 18 yrs	574,684	24%
No people under 18 yrs	684,561	28%
<i>Female householder, no husband present</i>	<i>271,425</i>	<i>11%</i>
With one or more people under 18 yrs	189,290	8%
No people under 18 yrs	82,135	3%
<i>Other family household</i>	<i>91,242</i>	<i>4%</i>
With one or more people under 18 yrs	56,458	2%
No people under 18 yrs	34,784	1%
<i>Householder living alone</i>	<i>666,240</i>	<i>28%</i>
<i>Other household types</i>	<i>124,733</i>	<i>5%</i>
Aged 65 years and over	533,656	22%

The number of married couple households with children rose 8 percent from 2003 to 2004. Other families with children under 18 years increased 14 percent.³

The ACS also reported households that had unmarried partners. In 2004, there was an estimated number of approximately 128,000 unmarried partner households (5 percent of households) in the State. This was a 5 percent increase from the 2003 estimate.

Commerce Regions. The Indiana Business Research Center reported household type by Commerce Region for 2000. In general, household compositions were similar across the regions, with a few small differences. Commerce Regions 5 and 10 (which include smaller MSAs) had the lowest rate of single parent households at 7 percent each. Commerce Region 9 (which includes no MSAs) had the highest percentage of married households with and without children and the lowest percentage of “Other” and households living alone when compared to the other commerce regions. Exhibit II-18 on the next page shows the distribution of household composition for the Commerce Regions in 2000.

Exhibit II-18.
Household Composition in Indiana and Commerce Regions, 2000

	Households in 2000	Married With Children	Married Without Children	Single Parents	Living Alone	Other
Indiana	2,336,306	24%	30%	9%	26%	11%
Region 1	252,308	23%	29%	10%	25%	13%
Region 2	284,966	25%	30%	9%	25%	11%
Region 3	221,486	26%	29%	9%	26%	10%
Region 4	112,234	22%	33%	9%	26%	10%
Region 5	91,993	23%	29%	7%	26%	14%
Region 6	106,220	23%	32%	8%	27%	10%
Region 7	629,655	24%	27%	10%	27%	12%
Region 8	120,118	21%	32%	9%	27%	11%
Region 9	72,241	27%	33%	8%	23%	9%
Region 10	156,495	23%	31%	7%	26%	12%
Region 11	178,513	24%	31%	8%	27%	10%
Region 12	110,077	24%	32%	9%	24%	11%

Source: U.S. Census Bureau, Indiana Business Research Center and BBC Research & Consulting.

Linguistically isolated households. The 2000 Census and 2004 ACS measured households that were “linguistically isolated”—that is, where no member 14 years and older speaks English only or speaks English “very well.” In 2000, 29,358 households (1.3 percent of total households) in Indiana were reported to be linguistically isolated. Of these households, 15,468 speak Spanish; 13,820 speak an Asian or Pacific Islander language; 7,960 speak another Indo-European language; and the remainder speaks other languages. In 2004, 2.2 percent of the population was estimated to be linguistically isolated. This was almost a full percentage point increase from 2000.

³ “Other families” is the balance of family households less married couple families less female householder families.

Exhibit II-19 shows the percentage of households that were reported to be linguistically isolated in 2000 by county, with the shaded areas representing counties with a higher percentage than the State overall.

Exhibit II-19.
Percent of Households
Linguistically Isolated, by
County, 2000

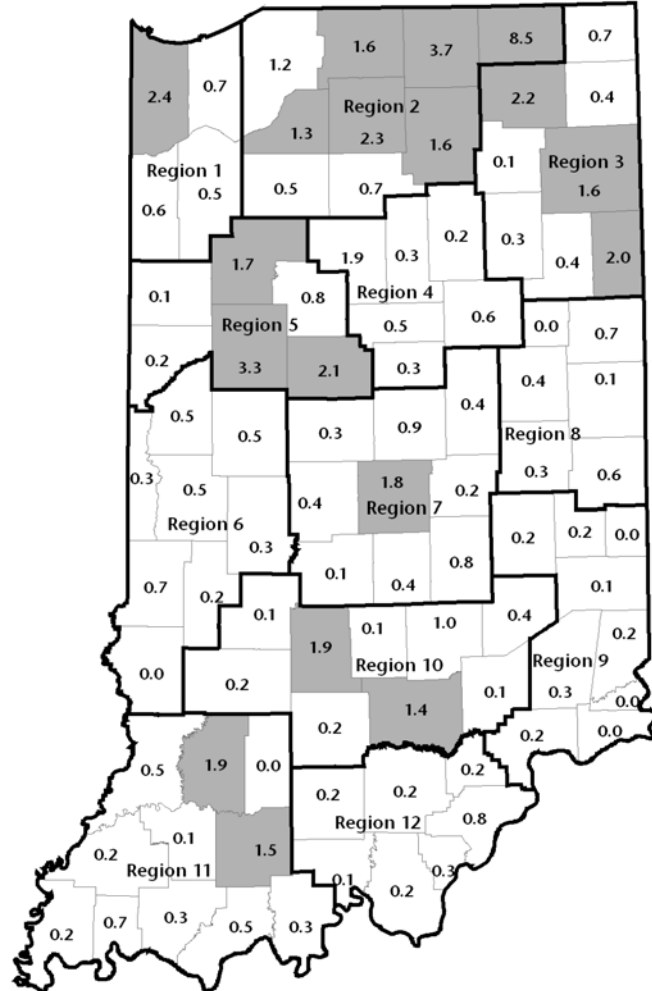
Note:

In 2000, 1.3 percent of total households in Indiana were reported to be linguistically isolated.

The shaded counties have a higher percent of their population that is linguistically isolated than the State overall.

Source:

U.S. Bureau of the Census, 2000



Income

Median Income. According to the U.S. Census, the median household income for the State in 2000 was \$41,567. This represents an 11 percent increase from the 1990 Census median household income after adjusting for inflation. The ACS reported a median household income of \$42,195 in 2004, compared to \$42,067 in 2003—a less than one percent (.30) increase.

According to the Indiana Business Research Center, Indiana’s annual *per capita* personal income for 2003 was \$28,838. Only two of the Commerce Regions—Region 7 (containing Indianapolis) and Region 11—were higher than the State’s per capita personal income with annual per capita personal incomes of \$33,373 and \$29,175, respectively. Commerce Region 6 had the lowest annual per capita personal income with \$23,960. The following exhibit shows annual per capita personal income in 2003 by Commerce Region.

Exhibit II-20.
Annual Per Capita
Personal Income for
Indiana and Commerce
Regions, 2003

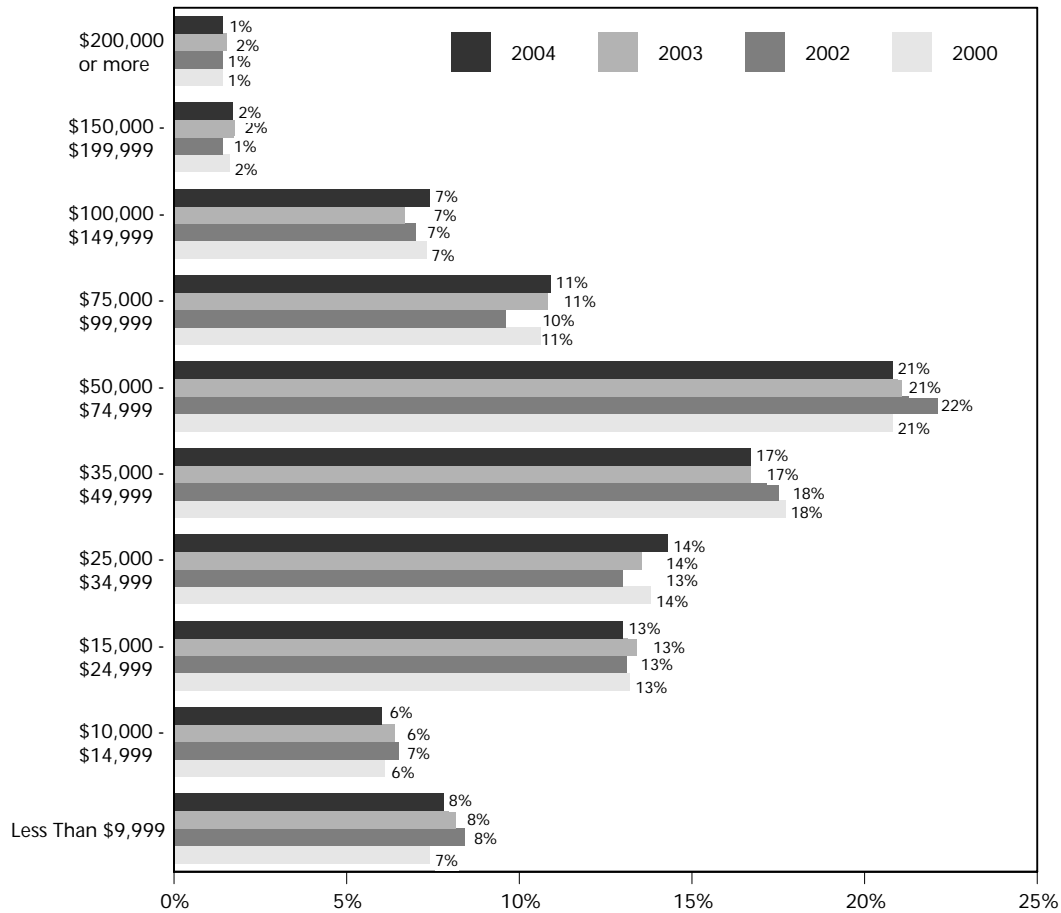
Source:
U.S. Census Bureau, U.S. Bureau of
Economic Analysis and IBRC.

	Per Capita Personal Income	Above State Per Capita Personal Income
Indiana	\$28,838	
Region 1	\$27,773	No
Region 2	\$27,790	No
Region 3	\$28,355	No
Region 4	\$27,281	No
Region 5	\$25,193	No
Region 6	\$23,960	No
Region 7	\$33,377	Yes
Region 8	\$25,403	No
Region 9	\$26,197	No
Region 10	\$25,843	No
Region 11	\$29,175	Yes
Region 12	\$27,202	No

Income Distribution. Exhibit II-21 shows the distribution of income in the State in 2000, 2002, 2003 and 2004 in inflation adjusted dollars. Incomes ranging between \$35,000 and \$149,000 had the most fluctuation across these years. There was also an almost one percentage point increase, from 7.4 percent in 2000 to 8.2 percent in 2003, in the proportion of the State's households earning \$9,999 and less, but it dropped back down to 7.8 percent in 2004.

Exhibit II-21.

Percent of Households by Income Bracket, State of Indiana, 2000, 2002, 2003 and 2004



Note: Data are adjusted for inflation.

Source: 2000 Census and 2002, 2003 and 2004 American Community Survey, U.S. Census Bureau.

Poverty. The 2000 Census reported that the State of Indiana had 9.5 percent of its population living below the poverty level, or approximately 560,000 persons. Since 2000, according to the ACS, the State's poverty rate has risen 1.3 percentage points to 10.8 percent. Indiana ranked below Illinois, Kentucky, Michigan and Ohio, in both years 2000 and 2004, in its percent of population living in poverty.

Demographics of persons in poverty. The 2004 ACS estimated that, of the State's population living in poverty, 35.8 percent were children under the age of 18—12.4 percent of the State's population living in poverty was under the age of 5 years and 23.4 percent was children aged 5 to 17. Persons who are elderly (65 years and over) made up 8.1 percent of the State's persons in poverty in 2004.

According to ACS data, children (under the age 18) made up 26.4 percent of the State's population overall in 2004 and 35.8 percent of the State's poor population are under the age of 18 years.

Therefore, the State's children disproportionately live below the poverty level. In contrast, elderly persons made up 11.8 percent of the State's overall population in 2004, but represented 8.1 percent of the State's poor population.

Of Indiana's total population under 5 years of age, 18.8 percent were estimated to be living in poverty in 2004, compared to 15.5 percent in 2000. (A child is considered to be living in poverty if the adults in their family earned less than the poverty threshold for their family size). For all children 17 and younger, 14.6 percent were estimated to be living in poverty in 2004, up slightly from 11.7 percent in 2000. These percentages compare with 9.8 percent for adults ages 18 to 64 years and 7.3 percent for seniors in 2004. In 2000, 8.5 percent of adults ages 18 to 64 and 7.0 percent of seniors were living in poverty.

Although actual numbers are rarely available, it is generally accepted that persons with special needs have a higher incidence of poverty than populations without special needs. The 2000 Census provides data on the rates of poverty for persons with disabilities (in addition to elderly rates of poverty which are presented above), but not for other special needs populations. In 2004, approximately 16.7 percent of persons in Indiana who were disabled were living in poverty, compared to 10.8 percent of Indiana's population overall and 9.0 percent of persons without disabilities. Therefore, persons with disabilities are twice as likely to be living in poverty as persons overall and the non-disabled.

Of the State's families with children living in poverty in 2004, 21 percent were married couples with children, 6 percent were single men with children and 55 percent were single women with children. That is more than ten times as many single women with children as single men with children lived in poverty in 2004. Exhibit II-22 shows the family types of persons living in poverty in 2004.

Exhibit II-22.
Family Type of Families
in Poverty, 2004

Source:
American Community Survey, 2004.

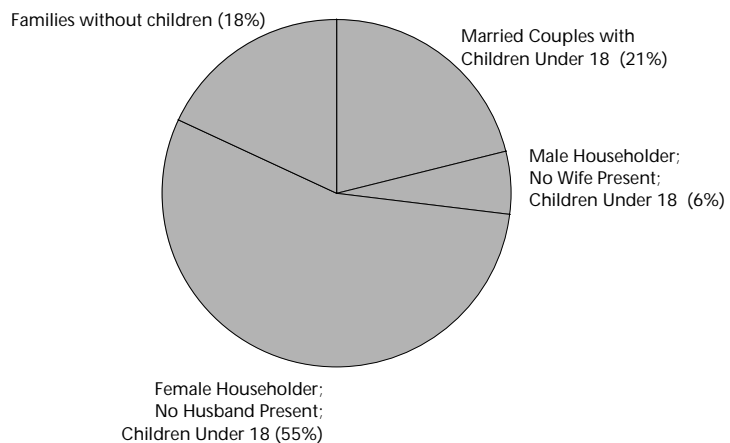
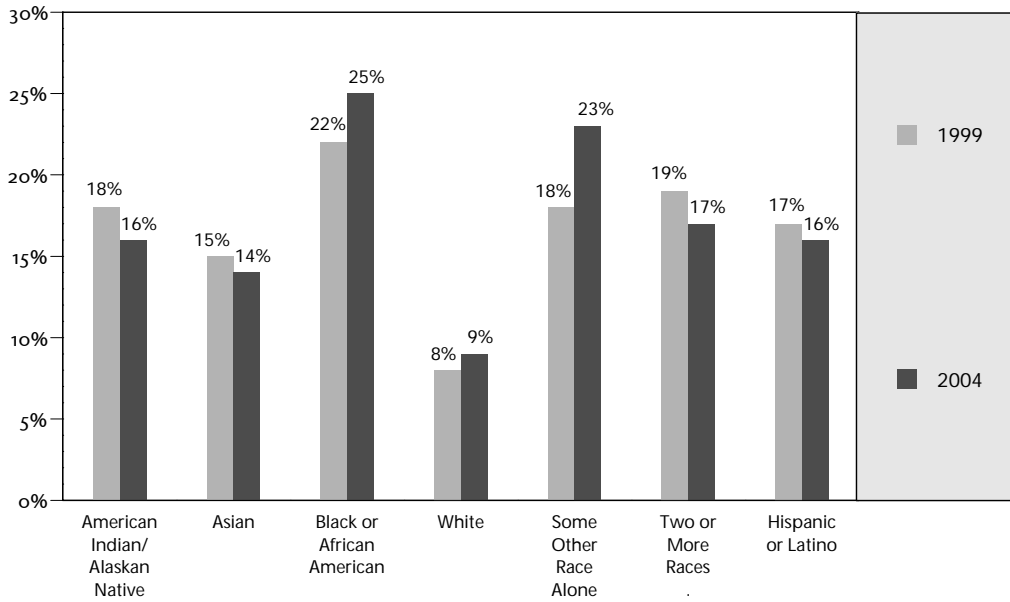


Exhibit II-23 compares the percentage of persons living in poverty by race and ethnicity in 1999 and 2004. Persons in the State who were White had the lowest poverty rate; African Americans, Hispanics/Latinos and those of Two or More Races had the highest rates of poverty in the State.

Exhibit II-23.
Percentage of Population Living in Poverty, by Race and Ethnicity, 1999 and 2004



Source: U.S. Census Bureau, 2000 and American Community Survey, 2004.

Of the State of Indiana’s total population of persons living in poverty in 2004, 72 percent were White, 19 percent were Black/African American, 6 percent were Hispanic/Latino and 4 percent were Some Other Race. This compares to a household distribution of 87 percent White, 8 percent Black/African American, 4 percent Hispanic/Latino and 2 percent Some Other Race. Therefore, the State’s non-White populations are disproportionately likely to be living in poverty.

Regional poverty rates. The following exhibit shows poverty rates overall and for children for the highest poverty counties in each Region. Vigo, Knox and Delaware counties have the highest poverty rates—all more than 13 percent of the population overall. Lake, Grant, Vigo, Marion, Know, Davies sand Crawford all have poverty rates for children of 18 percent or more.

Exhibit II-24.
Poverty Rates by Region
and Highest County
Rates within Regions,
2003

Source:
Small Area Income and Poverty Estimates,
U.S. Census Bureau.

	Pct. Poverty Rate Overall	Pct. Poverty Rate of Children Under 18
Indiana	10.0	13.7
Comm 1, Lake County	12.7	18.5
Comm 2, St. Joseph County	11.8	15.8
Comm 2, Starke County	11.7	17.3
Comm 3, Allen County	10.2	13.9
Comm 3, Adams County	9.9	15.4
Comm 4, Grant County	12.5	18.3
Comm 5, Tippecanoe County	11.9	12.8
Comm 6, Vigo County	13.7	18.7
Comm 7, Marion County	12.5	18.3
Comm 8, Delaware County	13.4	17.2
Comm 9, Switzerland County	10.9	15.5
Comm 10, Monroe County	12.4	13.2
Comm 10, Greene County	10.9	15.5
Comm 11, Knox County	13.7	18.4
Comm 11, Daviess County	12.4	18.1
Comm 12, Crawford County	12.9	18.9

Self-sufficiency standard. In 2005, the Indiana Coalition on Housing and Homeless Issues commissioned a study to examine how much income is needed for different family types to adequately meet basic needs, without public or private assistance. This income level is called the *self-sufficiency standard*. The standard is determined by taking into account the costs of housing, child care, food, transportation, health care and miscellaneous expenses for several family types, as well as any tax credits a family might receive. The study calculated the standard for metropolitan areas and all communities in the State.

Exhibit II-25 on the following page shows the hourly self-sufficiency standard for all counties in the State for a single adult and a single adult with a preschooler. The counties with the highest self-sufficiency standard, or the least affordable counties, included Hamilton, Porter, Hendricks, Johnson, Marion, Lake, Hancock and Bartholomew

Exhibit II-25.
Hourly Self-Sufficiency
Standard, 2005

Source:

The Self-Sufficiency Standard for Indiana 2005
prepared by the Indiana Coalition on Housing and
Homeless Issues.

County	Adult	Adult with Preschooler
Adams	\$6.43	\$9.31
Allen	\$7.36	\$11.52
Bartholomew	\$8.01	\$12.74
Benton	\$7.01	\$10.39
Blackford	\$6.89	\$9.56
Boone	\$7.83	\$12.88
Brown	\$7.78	\$10.62
Carroll	\$6.81	\$9.56
Cass	\$6.67	\$9.47
Clark	\$7.46	\$10.52
Clay	\$6.62	\$9.53
Clinton	\$7.32	\$10.43
Crawford	\$6.71	\$9.25
Daviess	\$6.48	\$9.00
Dearborn	\$7.22	\$11.41
Decatur	\$7.39	\$10.06
DeKalb	\$7.13	\$9.87
Delaware	\$7.33	\$11.94
Dubois	\$6.69	\$9.72
Elkhart	\$7.65	\$11.11
Fayette	\$6.87	\$9.44
Floyd	\$7.48	\$10.43
Fountain	\$6.87	\$9.31
Franklin	\$6.95	\$9.87
Fulton	\$7.07	\$9.53
Gibson	\$6.80	\$9.36
Grant	\$7.04	\$9.93
Greene	\$6.09	\$9.03
Hamilton	\$9.19	\$15.67
Hancock	\$8.06	\$12.56
Harrison	\$7.10	\$10.09
Hendricks	\$8.69	\$13.59
Henry	\$7.09	\$10.12
Howard	\$7.28	\$11.49
Huntington	\$7.16	\$10.88
Jackson	\$7.25	\$10.39
Jasper	\$7.32	\$10.36
Jay	\$6.47	\$9.19
Jefferson	\$6.60	\$9.05
Jennings	\$6.90	\$9.72
Johnson	\$8.28	\$14.01
Knox	\$6.46	\$9.01
Kosciusko	\$6.99	\$10.43
LaGrange	\$7.29	\$10.36
Lake	\$8.11	\$13.07
LaPorte	\$7.27	\$10.75

Exhibit II-25. (cont'd)
Hourly Self-Sufficiency
Standard, 2005, Continued

Source:

The Self-Sufficiency Standard for Indiana 2005
prepared by the Indiana Coalition on Housing and
Homeless Issues.

County	Adult	Adult with Preschooler
Lawrence	\$6.91	\$9.76
Madison	\$7.48	\$11.05
Marion	\$8.22	\$14.20
Marshall	\$7.14	\$10.36
Martin	\$6.39	\$9.12
Miami	\$6.55	\$9.82
Monroe	\$7.72	\$12.45
Montgomery	\$6.92	\$10.05
Morgan	\$7.79	\$11.39
Newton	\$6.97	\$9.96
Noble	\$7.46	\$9.82
Ohio	\$7.03	\$10.41
Orange	\$6.33	\$8.85
Owen	\$6.95	\$9.62
Parke	\$6.81	\$9.44
Perry	\$6.48	\$8.85
Pike	\$6.49	\$9.36
Porter	\$8.85	\$13.93
Posey	\$6.89	\$10.60
Pulaski	\$7.02	\$9.78
Putnam	\$7.37	\$10.42
Randolph	\$6.65	\$9.20
Ripley	\$7.34	\$11.80
Rush	\$7.11	\$9.89
Scott	\$7.03	\$9.51
Shelby	\$7.72	\$11.29
Spencer	\$6.52	\$9.25
St. Joseph	\$7.47	\$11.87
Starke	\$7.12	\$9.63
Steuben	\$7.31	\$10.91
Sullivan	\$6.20	\$8.47
Switzerland	\$6.89	\$9.99
Tippecanoe	\$7.87	\$12.56
Tipton	\$7.12	\$10.42
Union	\$6.95	\$9.88
Vanderburgh	\$7.47	\$11.66
Vermillion	\$6.23	\$8.97
Vigo	\$6.84	\$10.00
Wabash	\$6.41	\$9.65
Warren	\$7.01	\$9.95
Warrick	\$7.41	\$10.98
Washington	\$6.75	\$9.10
Wayne	\$6.87	\$9.27
Wells	\$6.95	\$9.76
White	\$7.75	\$10.25
Whitley	\$6.89	\$9.91

Basic family budgets. A similar study to the self-sufficiency study was prepared in 1999 and released in 2001 by the Economic Policy Institute. This study indicated that the average one-parent, two-child family in rural Indiana would have to earn \$26,618 in pre-tax income (\$2,218 monthly) in order to meet all of its expenses. This study also made use of basic family budgets and its methodology in developing the budgets was similar to the self-sufficiency standard. The Economic Policy Institute study covered the entire U.S., while the self-sufficiency study was tailored to Indiana.

Exhibit II-26 shows the basic family budget study's estimated monthly expenses needed for a one-parent, two-child family to maintain a safe and decent standard of living in rural Indiana.

Exhibit II-26.
Basic Monthly Budget:
One-Parent, Two-Child
Family, Rural Indiana,
1999

Source:
Hardships In America: The Real Story of Working Families, Economic Policy Institute, 2001.

Line Item	Monthly Amount	Percent of Total
Housing	\$420	18.9%
Food	\$351	15.8%
Child Care	\$637	28.7%
Transportation	\$197	8.9%
Health Care	\$207	9.3%
Other Necessities	\$239	10.8%
Taxes	<u>\$167</u>	<u>7.5%</u>
Total	\$2,218	100.0%

A county level comparison of the average weekly earnings of Indiana households against the above budget found that two out of three non-MSA counties sustain monthly earnings *below* what is required of a one-parent, two-child family to maintain a safe and decent standard of living in rural Indiana.

Sources of income. Another indicator of the economic well being of families in Indiana is the percentage of families receiving public assistance. The 2000 Census collected data about sources of supplemental income, such as Supplemental Security Income (SSI) and Public Assistance Income. In 2000, 3.5 percent of the State's households received SSI and 2.6 percent received Public Assistance. According to the ACS, 2.9 percent of households in Indiana received SSI in 2000 and 2003. (The lower percentage for the ACS—other than reported by the 2000 Census—is likely due to the ACS data being limited to the household population and excludes the population living in institutions, college dormitories and other group quarters.) In 2004 it increased to 3.5 percent of households that received SSI benefits.

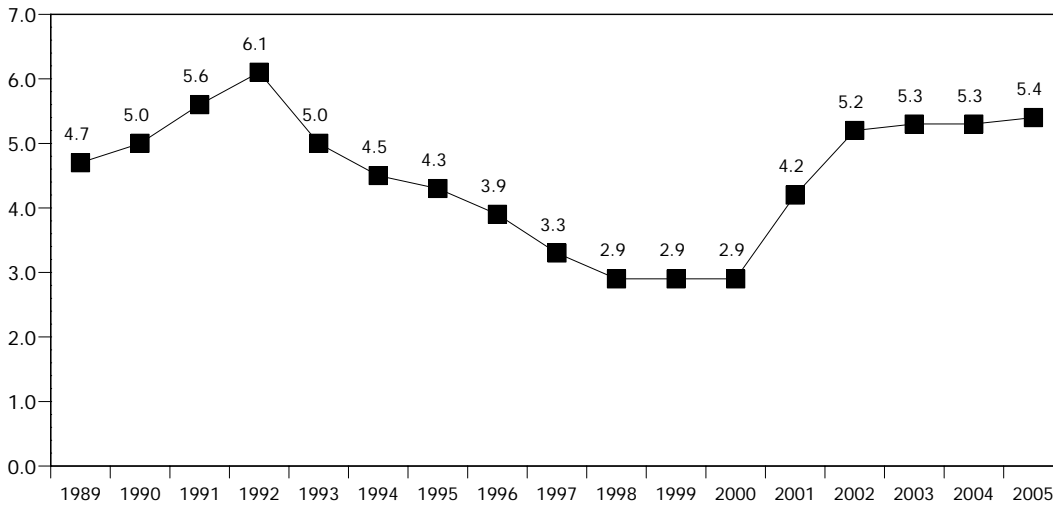
Recent estimates indicate that program participation in Temporary Assistance to Needy Families (TANF) increased from 2000 to 2001. Statewide, the rate of participation rose by 0.5 percentage points to 1.8 percent from 1.3 percent. There were nearly 9,000 more families participating in 2001 and 31,780 more individuals receiving assistance. Lake and Marion Counties made up 46 percent of TANF participants and had the highest rates of program participation. MSA counties average 1.25 percent participation in TANF in 2001 compared to 0.89 percent for MSA counties.

There has also been a recent uptick in food stamps program participation. The monthly average number of persons receiving food stamps in Indiana was 331,206 in 2001. This was 33,865 more than in 2000, an increase of 11.4 percent. However, the average number of food stamps recipients per month has declined by 17.6 percent Statewide since 1996.

Employment

Unemployment rate. As of 2005, the average unemployment rate in Indiana was 5.4 percent. This compares to 5.3 percent in 2004 and 2003 and 5.2 percent in 2002. Unemployment rates are stabilizing, after having risen significantly in 2001. Exhibit II-27 illustrates the broad trend in unemployment rates since 1989.

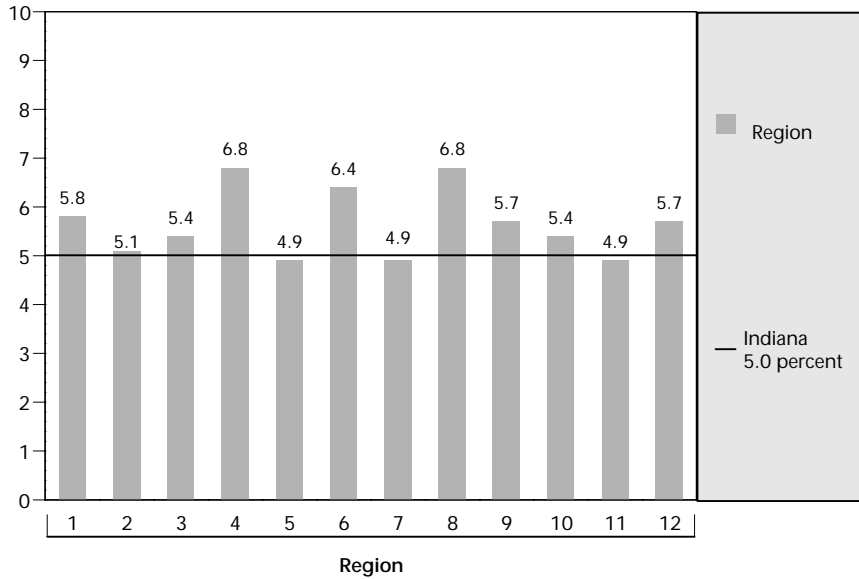
Exhibit II-27.
Indiana's Average Annual Unemployment Rate from 1989 to 2005



Source: Indiana Department of Workforce Development, Bureau of Labor Statistics and Indiana Business Research Center, IU Kelley School of Business.

Six of the 12 Commerce Regions had unemployment rates higher than the State's 2005 average annual unemployment rate of 5.4 percent. Commerce Regions 8 and 4 had the highest unemployment rates of 6.8 percent each and Regions 5, 7 and 11 had the lowest rate of 4.9 percent each. Exhibit II-28 shows the unemployment rates for the 12 Commerce Regions for 2005.

Exhibit II-28.
Average Unemployment Rate for Indiana and Commerce Regions, 2005



Source: Indiana Department of Workforce Development, Bureau of Labor Statistics and Indiana Business Research Center, IU Kelley School of Business.

County unemployment rates ranged from a low of 3.1 percent in Hamilton County to a high of 8.4 percent in Grant County. Exhibit II-29 shows the 2005 average annual unemployment rates by county, as reported by the Indiana Department of Workforce Development. The shaded counties have an average unemployment rate higher than the Statewide average.

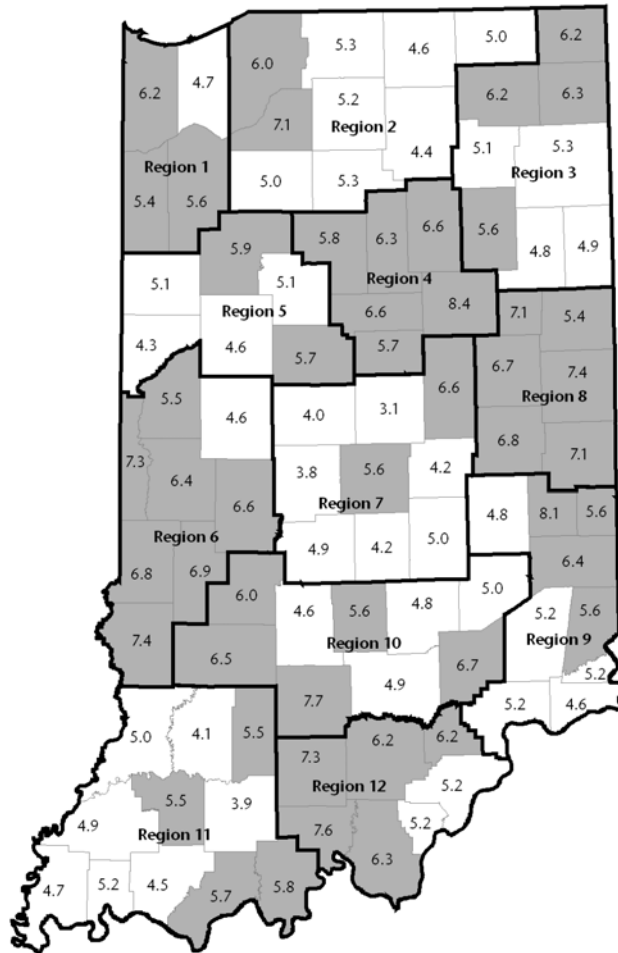
Exhibit II-29.
Average Annual
Unemployment Rates by
County, 2005

Note:

Indiana's unemployment rate was 5.4 percent in 2005. Shaded counties have rates equal or higher than the State's overall.

Source:

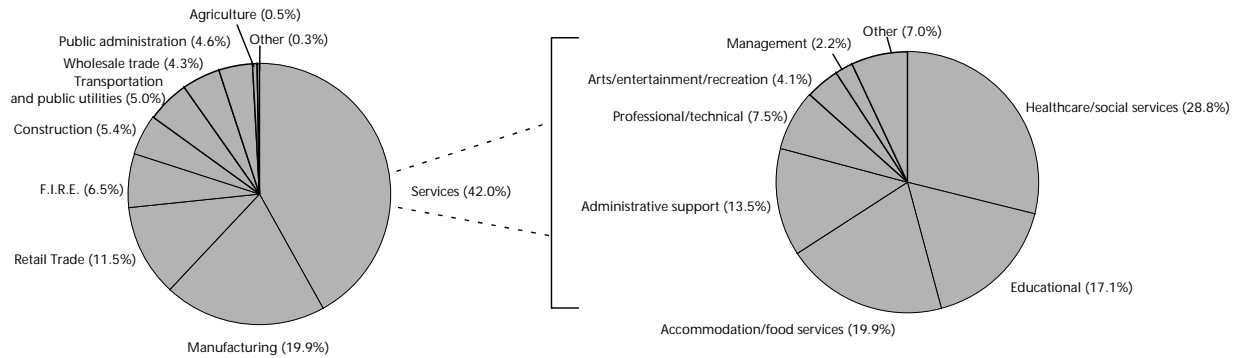
Indiana Department of Workforce Development, Bureau of Labor Statistics and Indiana Business Research Center, IU Kelley School of Business.



Employment sectors. Goods producing industries other than agriculture—that is, mining, manufacturing and construction—remain a major source of employment in Indiana. Indeed, Indiana had the highest percentage of goods producing, non-farm jobs in 2000 compared to its neighboring States, according to the Bureau of Labor Statistics. The data indicate that the percentage of the State's economy composed of non-farm, goods producing jobs was nearly 26 percent. The services sector (comprising diverse activities from food service to information technology, health care and the many types of public administration) made up the remainder of Indiana's non-agricultural economy. Recently, the service sector has become the dominant employment-producing industry.

Exhibit II-30 shows the distribution of jobs by industry for the third quarter of 2005 (the latest quarter for which data are available).

Exhibit II-30.
 Employment by Industry, State of Indiana, Third Quarter 2005



Note: F.I.R.E. includes financial, insurance and real estate services.
 Source: Indiana Business Research Center (based on ES202 data).

Although the services industry holds an employment edge Statewide and across the State's Commerce Regions, manufacturing remains an important employer. Commerce Regions located in the northeast to north-central part (particularly Regions 2 and 4) of the State tend to have higher percentages of manufacturing jobs than the other regions of the State. Service jobs are more dominant in Commerce Regions 1, 5, 7 and 8. The following exhibit shows the percentage of jobs by sector for each Commerce Region.

Exhibit II-31.
Employment by Industry for Each Commerce Region, Third Quarter 2005

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Region 12
Total employment	262,744	376,375	287,692	112,362	105,002	106,738	870,833	110,909	66,211	173,330	225,858	108,309
Agricultural	0.5%	0.4%	0.3%	0.9%	1.3%	0.6%	0.2%	0.4%	0.3%	0.4%	0.6%	0.3%
Services	45.4%	35.4%	38.5%	38.3%	43.7%	39.1%	44.7%	44.8%	32.5%	32.8%	38.7%	36.8%
Manufacturing	14.5%	33.1%	25.4%	30.0%	23.2%	22.3%	12.0%	20.8%	20.2%	24.4%	21.5%	20.0%
Retail Trade	13.0%	10.3%	10.8%	11.7%	11.6%	12.7%	11.3%	13.0%	11.0%	11.2%	11.0%	13.2%
Transportation and Public Utilities	4.9%	2.8%	4.9%	2.6%	3.1%	3.7%	6.4%	3.2%	3.6%	4.7%	5.6%	6.5%
Construction	7.3%	4.4%	5.1%	3.5%	4.5%	4.4%	6.1%	3.9%	4.2%	4.6%	5.7%	6.5%
Wholesale Trade	3.5%	4.4%	5.0%	2.4%	2.4%	2.3%	5.0%	2.8%	1.5%	2.4%	4.1%	2.5%
F.I.R.E.	5.1%	5.0%	6.5%	4.5%	5.5%	5.0%	9.2%	5.2%	4.1%	5.1%	5.0%	4.8%
Public Administration	5.1%	3.9%	3.4%	5.7%	3.9%	7.3%	4.8%	4.8%	5.4%	4.1%	5.1%	5.4%
Other	0.6%	0.4%	0.2%	0.4%	0.8%	2.7%	0.3%	1.1%	17.0%	10.2%	2.7%	4.1%

Note: F.I.R.E is Finance, Insurance and Real Estate.

Source: Indiana Business Research Center (based on ES202 data) and BBC Research & Consulting.

It should be noted that the fast growing services sector, health care and social services, is a very diverse category and occupations can range from high-paying health services professionals (e.g., doctors, medical) to those employed in the social services and foodservices industries who earn substantially lower wages. In general, wages in the services sector are lower than in the manufacturing sector.

Exhibit II-32 shows the average weekly wage by employment industry for the State as of third quarter 2005.

Exhibit II-32.
Average Weekly Wage by Industry, Third Quarter 2005

	Average Weekly Wages
Total	\$689
Agriculture, Forestry, Fishing and Hunting	\$465
Mining	\$1,006
Utilities	\$1,204
Construction	\$796
Manufacturing	\$925
Wholesale Trade	\$907
Retail Trade	\$431
Transportation and Warehousing	\$738
Information	\$782
Finance and Insurance	\$914
Real Estate and Rental and Leasing	\$583
Professional, Scientific, and Technical Services	\$924
Management of Companies and Enterprises	\$1,336
Administrative and Support/Waste Management/Remediation Services	\$457
Educational Services	\$707
Health Care and Social Services	\$713
Arts, Entertainment, and Recreation	\$462
Accommodation and Food Services	\$232
Other Services(Except Public Administration)	\$457
Public Administration	\$681
Unallocated	\$524

Source: Indiana Business Research Center (based on ES202 data).

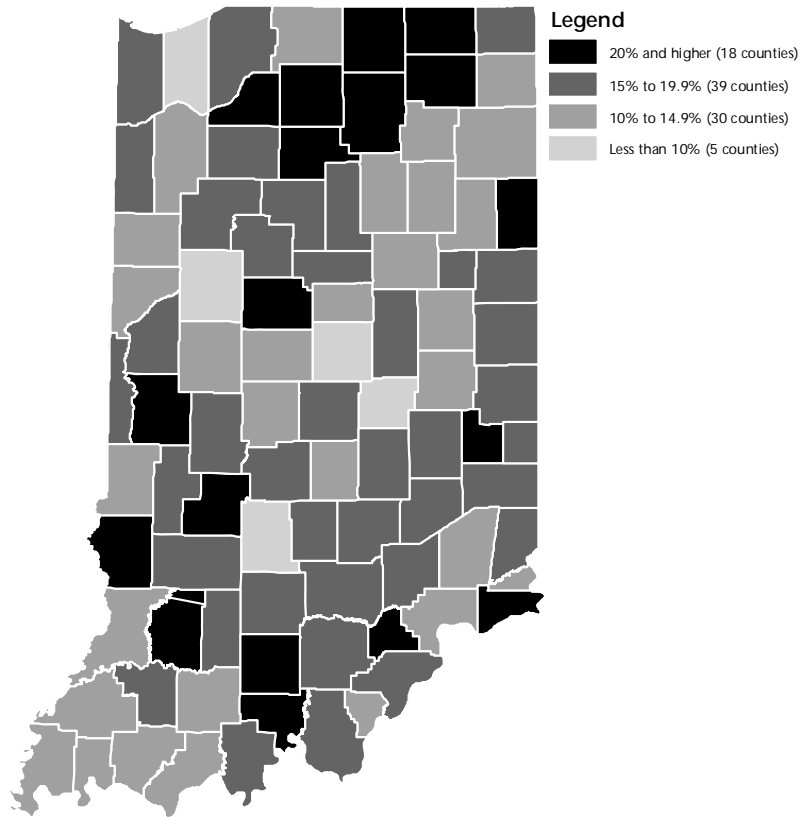
Educational attainment. According to the ACS, the percent of Indiana residents who have earned a bachelor's degree increased between 2000 and 2004 from 12.3 percent to 13.6 percent. This was 3.6 percent lower than the U.S. average (17.2 percent) in 2004.

The 2000 Census reported that Indiana had a decline in the percentage of individuals aged 25 to 34 and 35 to 44 who had completed high school, indicating an outmigration of more educated people from the State. The following exhibit shows the percent of Indiana residents between the ages of 18 and 44 who had *not* completed high school in 2000. Only five counties had non-completion rates of less than 10 percent; most counties had between 10 and 20 percent of their residents without high school diplomas.

Exhibit II-34.
Percent Ages 18 to 44
Not Completing High
School, 2000

Note:
The data do not include students who do not participate in public schools.

Source:
"In Context" Indiana Department of Commerce, January/February, 2003.



SECTION III.

Housing and Community Development Needs

SECTION IV.
Housing Market Analysis

SECTION IV.

Housing Market Analysis

This section addresses the requirements of Sections 91.305 and 91.310 of the State Government contents of Consolidated Plan regulations. In contrast to the Housing & Community Development Needs section (Section III), which contains a qualitative assessment of housing and community development conditions, this section is quantitative in nature. Sections III and IV should be read together for a complete picture of housing and community development needs in the State.

Methodology

This analysis of housing market conditions includes data from the 2000 Census, data from the American Community Survey's (ACS) Summary Tables and Public Use Microdata (PUMS). The Summary Tables and PUMS data sets are both produced by the U.S. Census and released annually for large geographical areas, such as states. These data sets provide similar data to that found in the 2000 Census. The data are from ongoing surveys that will ultimately replace the long form survey used in prior Censuses.

The ACS uses three modes of data collection—mail, telephone and personal visit—and is given to a sample of the population during a three-month period. The profile universe is currently limited to the household population and excludes the population living in institutions, college dormitories, and other group quarters. The group quarters population will be included starting with the 2005 data when the ACS begins full implementation. Data are based on a sample and are subject to sampling variability.

PUMS data show the full range of responses made on individual surveys—e.g., how one household or member answered questions on occupation, place of work, and so forth. The files contain records for a sample of all housing units, with information on the characteristics of each unit and the people in it. PUMS data allow a more detailed analysis of the Census survey data than is available from the ACS Summary Tables and 2000 Census tables.

This section also contains the results of a mail survey of Public Housing Authorities (PHAs) in non entitlement areas in the State. The survey asked about Section 8 Housing Choice (HC) voucher usage by individual housing authorities, and was administered twice in 2004: once in February/March (for the 2004 Consolidated Plan Update) and once in September (for the Five-Year Plan).

Housing Types

There were approximately 2.69 million housing units in the State in 2004, according to the U.S. Census Bureau's ACS. This was an increase of approximately 160,000 housing units (6.3 percent) from 2000. Approximately 64 percent of these units were owner occupied, 25 percent were renter occupied and 10 percent were vacant. Of the 2.41 million units that were occupied, 72 percent were owner occupied (1,733,447); 28 percent were renter occupied (679,438).

According to the Census Bureau's annual survey, the State's homeownership rate in 2004 was 71.8 percent – much higher than the national homeownership rate of 67.1 percent. Indiana was one of twelve states with homeownership rates of 71.8 percent or higher in 2004.

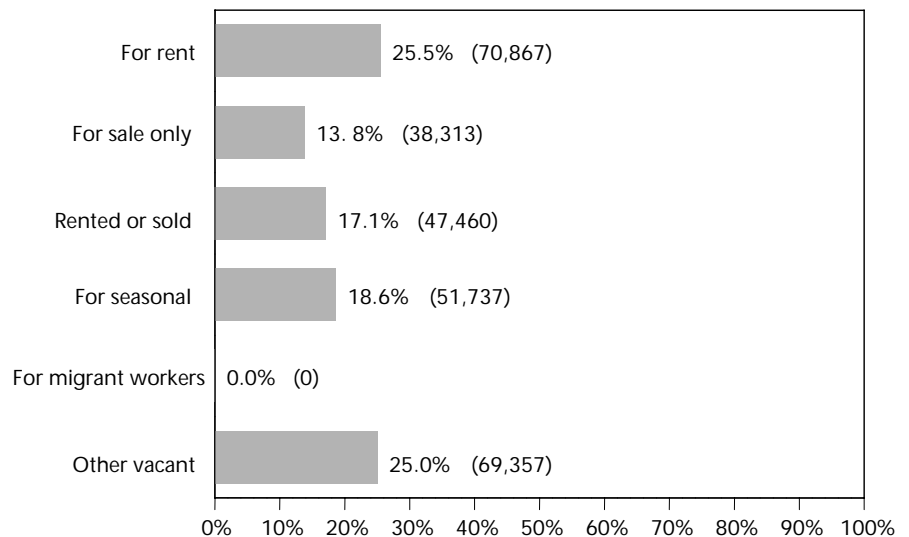
Vacant units. The 2004 statewide homeownership vacancy rate was estimated by the Census Bureau's ACS to be 2.2 percent. The 2004 rental vacancy rate was estimated at 9.4 percent, which is lower than the rate in 2002 (11.2 percent), but higher than in 2000 and 2001, and above the 8.1 percent average rate over the previous 15 years.

In 2004, over half of all vacant units in the State (56 percent) consisted of owner or renter units that were unoccupied and mostly for sale or rent. Another 19 percent consisted of seasonal units, while 25 percent of units were reported as "other vacant." Other vacant units included caretaker housing, units owners choose to keep vacant for individual reasons and other units that did not fit into the other categories.

Exhibit IV-1 shows the vacant units in the State by type.

Exhibit IV-1.
Vacant Units by
Type in Indiana, 2004

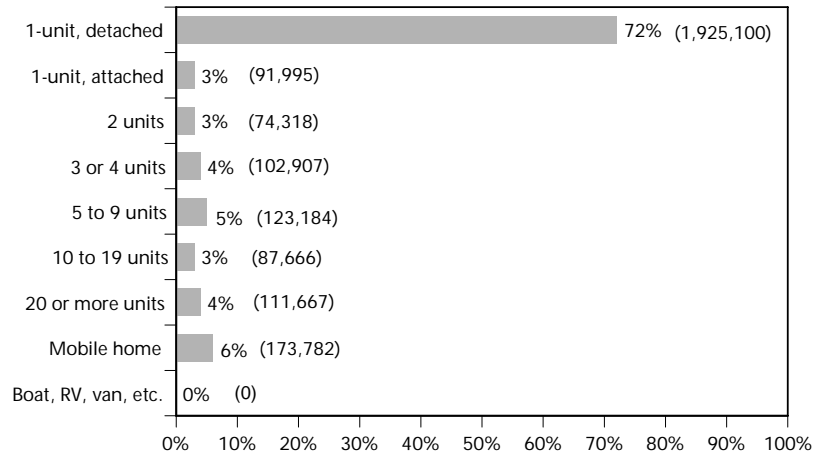
Source:
U.S. Bureau of the Census,
2004 American Community Survey.



Composition of housing stock. Data from the 2004 ACS indicate that most housing in Indiana (72 percent of units) was made up of single family, detached homes. Over 78 percent of units were in structures with two or fewer units, with only 16 percent in structures with 3 units or more and 6 percent of units defined as mobile homes. Exhibit IV-2 presents the composition of housing units in the State.

Exhibit IV-2.
Distribution of Housing
Units by Size/Type
in Indiana, 2004

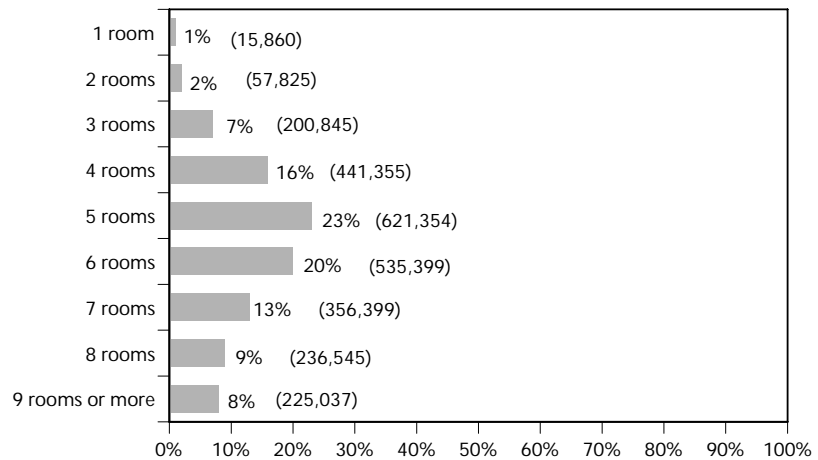
Source:
U.S. Bureau of the Census,
2004 American Community Survey.



Housing units in Indiana tend to have at least four rooms, with 73 percent reported as having four to seven rooms. The Census Bureau reported a median of 5.5 rooms per housing unit in the State.

Exhibit IV-3.
Distribution of Housing
Units by Number of
Rooms in Indiana, 2004

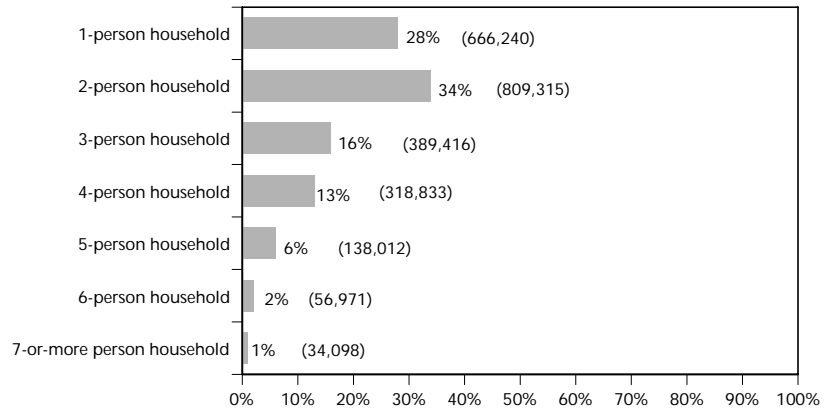
Source:
U.S. Bureau of the Census,
2004 American Community Survey.



Composition of households. Data from the 2004 ACS show the majority of housing units in the State are occupied by two-person households (34 percent), followed by one-person households (28 percent). Exhibit IV-4 shows the distribution of housing units by household size.

Exhibit IV-4.
Households in
Occupied Units, 2004

Source:
U.S. Bureau of the Census,
2004 American Community Survey.



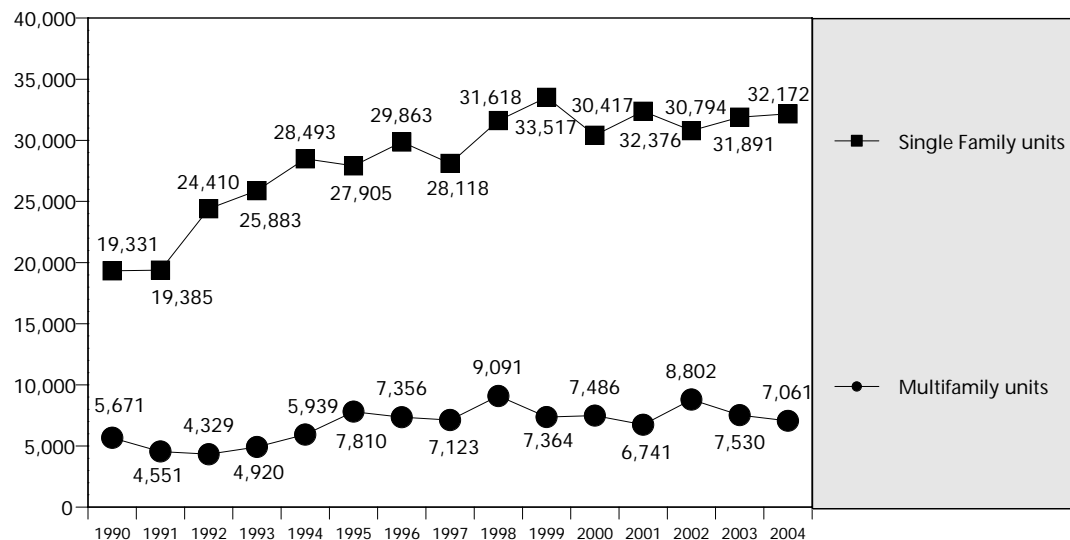
According to the ACS, the average household size in Indiana in 2004 was 2.51 persons per household, which is down from 2.53 persons per household in 2000.

Housing Supply

Construction activity. During 2004, 39,233 building permits were issued for residential housing development in Indiana. This is about the same level as in 2003 and is close to the historically high levels of the late 1990s. Eighty-two percent of the building permits issued in 2004 were for single family construction; 18 percent was for multifamily units, most having 5 units or more.

Exhibit IV-5 shows trends in building permit activity statewide since 1990 by single and multifamily units.

Exhibit IV-5.
Building Permit Trends by Single and Multi Family Units, 1990-2004



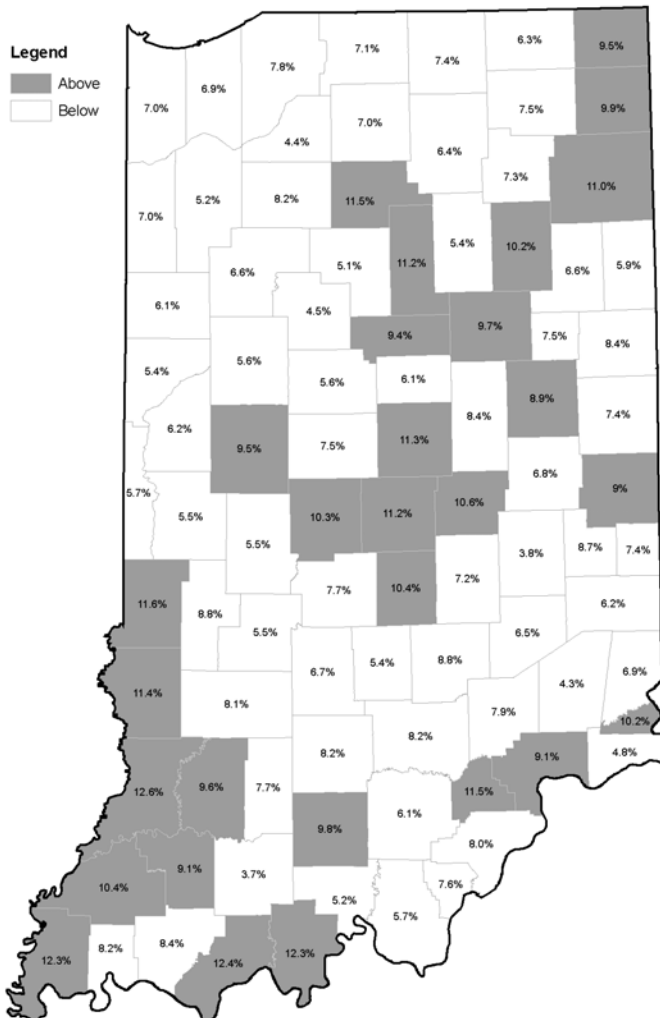
Source: U.S. Census Bureau.

Exhibit IV-8 shows the percent of rental units that are vacant for rent of all renter occupied and vacant for rent units for each county. In 2000, there were 29 counties with a vacancy rate higher than the State vacancy rate of 8.8 percent.

Exhibit IV-8.
Rental Vacancy
Rate, 2000

Note:
Indiana Rental vacancy
rate was 8.8 percent in 2000.

Source:
U.S. Bureau of the Census, 2000
and BBC Research & consulting.



Expiring use properties. A growing concern in the country and Indiana is the preservation of the supply of affordable housing for the lowest income renters. In the past, very low-income renters have largely been served through federal housing subsidies, many of which are scheduled to expire in coming years. The units that were developed with federal government subsidies are referred to as “expiring use” properties.

Specifically, expiring use properties are multifamily units that were built with U.S. government subsidies, including interest rate subsidies (HUD Section 221(d)(3) and Section 236 programs), mortgage insurance programs (Section 221(d)(4) and long-term Section 8 contracts). These programs offered developers and owners subsidies in exchange for the provision of low-income housing (e.g., a cap on rents of 30 percent of tenants’ income). Many of these projects were financed with 40 year mortgages, although owners were given the opportunity to prepay their mortgages and discontinue the rent caps after 20 years. The Section 8 project-based rental assistance contracts had a 20 year term.

Many of these contracts are now expiring, and some owners are taking advantage of their ability to refinance at low interest rates and obtain market rents. Most of Indiana's affordable multifamily housing was built with Section 221 (d)(3) and Section 236 programs. Thus, a good share of Indiana's affordable rental housing could be at risk of elimination due to expiring use contracts. According to HUD's expiring use database, as of January 2005 (the latest data available), Indiana had 31,800 units in expiring use properties, or approximately 4.7 percent of the State's total rental units.

When expiring use units convert to market properties, local public housing authorities issue Section 8 vouchers to residents of the properties that are converting to market rates. In some cases, market rents may be lower than subsidized rents, which could enable residents to stay in their current units. Vouchers may also give residents an opportunity to relocate to a neighborhood that better meets their preferences and needs. The outcomes of expiring use conversions are hard to determine because of the many variables (location, level of subsidized rents, tenant preferences) that influence tenants' situations.

Nonetheless, the loss of the affordable rental units provided by expiring use properties could put additional pressure on rental housing markets, especially in Indiana's urban counties, where most of these units are located.

In 1997, Congress passed legislation that provides solutions, such as debt restructuring, to the expiring use problem. The legislation requires that HUD outsource the restructuring work to Participating Administrative Entities (PAEs). In January 1999, the Indiana Housing and Community Development Authority (IHCDA) was selected to be the PAE for all expiring use properties in the State. In that responsibility, IHCDA is playing a direct role in finding solutions by encouraging owners to stay in the federal programs, in addition to examining other programs and creative financing tools that will help preserve these properties as affordable housing.

Additionally, in May 2000, HUD selected IHCDA to serve as a contract administrator for selected project-based housing assistance payment contracts in the State. In this role, IHCDA manages the contracts between HUD and the owners of affordable housing projects to ensure that the projects remain affordable, provide decent and safe housing, and are absent of housing discrimination. As of December 2004, IHCDA was under contract to administer 410 project-based Section 8 contracts. These contracts include almost 28,000 units receiving Section 8 rental assistance.

Nationally, less than 10 percent of owners of expiring use properties have opted out. The National Alliance of HUD Tenants, working with HUD data, estimates that up to 200,000 units have been lost to conversion nationally as of August 2001. The percentage of owners who have opted out in Indiana has been lower than the national percentage. Since the Section 8 preservation effort began in 2000 to 2003, 46 properties (representing 2,342 units) have either opted out of the Section 8 program or been removed from the program due to action taken by HUD's Departmental Enforcement Center. Of these, 14 of the properties (representing 549 assisted units) were from IHCDA's contract administration portfolio.

There are 46 counties with all of their expiring use units due to expire by December 2011. Exhibit IV-9 on the following page shows the percent of units with affordable provisions that are due to expire in the next five years by county along with the total number of expiring units.

Exhibit IV-9.

Percentage of Expiring Use Units

That Will Expire by December 2011, by County, as of January 2006

County	Percent of Expiring Use Units Due to Expire by December 2011, by County	Total Assisted Expiring Use Units	County	Percent of Expiring Use Units Due to Expire by December 2011, by County	Total Assisted Expiring Use Units
Adams	70%	223	Lake	80%	3,573
Allen	86%	1,639	Lawrence	91%	217
Bartholomew	86%	484	Madison	98%	596
Blackford	100%	142	Marion	90%	6,071
Boone	100%	194	Marshall	40%	221
Carroll	100%	10	Miami	100%	88
Cass	100%	346	Monroe	96%	434
Clark	99%	870	Montgomery	100%	241
Clinton	100%	95	Morgan	100%	420
Crawford	100%	123	Newton	100%	18
Daviess	100%	236	Noble	90%	224
DeKalb	100%	72	Orange	100%	136
Dearborn	100%	155	Owen	100%	68
Decatur	88%	203	Parke	100%	60
Delaware	71%	493	Perry	100%	93
Dubois	71%	252	Pike	100%	77
Elkhart	88%	899	Porter	100%	141
Fayette	43%	180	Posey	100%	116
Floyd	100%	293	Putnam	100%	132
Fountain	100%	20	Randolph	100%	29
Gibson	62%	291	Ripley	100%	56
Grant	81%	653	Rush	100%	78
Greene	68%	71	Scott	76%	142
Hamilton	100%	346	Shelby	100%	146
Hancock	100%	104	Spencer	100%	22
Harrison	100%	50	St. Joseph	93%	1,756
Hendricks	100%	166	Starke	100%	24
Henry	83%	214	Steuben	92%	76
Howard	100%	411	Tippecanoe	97%	1,520
Huntington	100%	129	Union	100%	50
Jackson	80%	276	Vanderburgh	80%	1,022
Jasper	100%	54	Vermillion	100%	148
Jay	100%	36	Vigo	90%	528
Jefferson	89%	365	Wabash	100%	215
Jennings	64%	22	Warrick	100%	120
Johnson	100%	526	Washington	100%	49
Knox	59%	293	Wayne	92%	733
Kosciusko	86%	146	Wells	22%	129
La Porte	89%	784	White	100%	62
LaGrange	100%	48	Whitley	100%	50
			Total	89%	31,795

Note: Expiration dates are according to the "TRACS Overall Expiration Date" as provided by HUD.

Source: U.S. Department of Housing and Urban Development and BBC Research & Consulting.

Housing Condition

Measures of housing condition are relatively scarce. However, the annual release of the ACS's Summary Tables and PUMS provide a good source of current information on housing conditions.

The ACS data cover the important indicators of housing quality, including plumbing facilities, type of heating fuel, age and crowding. In addition to measuring housing conditions, such variables are also good indicators of community development needs, particularly of weaknesses in public infrastructure. The Census Bureau reports most of these characteristics for occupied housing units.

Plumbing. The adequacy of indoor plumbing facilities is often used as a proxy for housing conditions. The ACS estimated there were 10,304 *occupied* housing units lacking complete plumbing in 2004, or 0.43 percent of occupied units in the State. This is slight improvement over 2000, when 0.53 percent was reported for inadequate plumbing, and a substantial improvement over 1990 and 1980, when 0.7 percent and 2 percent, respectively, of the State's housing units reportedly had inadequate facilities.

Vacant units are disproportionately more likely to have incomplete plumbing than occupied units, perhaps because the units are in substandard condition or construction is not yet completed. In 2004 there were 33,506 *vacant and occupied* units lacking plumbing (1.2 percent of all units) in Indiana and 69 percent of these units were vacant. According to the 2000 Census, there were 10 counties where more than 2 percent of the total housing stock, *occupied and vacant*, lacked complete plumbing facilities, as shown in the following exhibit. County level data was not available for 2004.

Exhibit IV-10.
Counties with More Than
2 Percent of Housing
Stock without Complete
Plumbing Facilities, 2000

Source:
U.S. Bureau of the Census, 2000.

Geography	Housing Units lacking plumbing facilities	Percent of total housing units
Adams County	683	5.5%
Switzerland County	193	4.6%
Crawford County	218	4.2%
Owen County	362	3.7%
Martin County	159	3.4%
Parke County	227	3.0%
Perry County	231	2.8%
Greene County	421	2.8%
Washington County	286	2.6%
Orange County	194	2.3%

Heating fuel and kitchens. According to the 2004 ACS, most occupied housing units in Indiana were heated by gas provided by a utility company (61 percent) or by electricity (24.5 percent), while a fairly high percentage used bottled, tank or LP gas (9.2 percent). A small number of units (41,732, or 1.7 percent) report heating with wood, and another 6,395 units (0.27 percent) do not use any fuel. The lack of heating fuel, or wood as the fuel source, for units other than seasonal units is a likely indicator of housing condition problems.

Another indicator of housing condition includes the presence of kitchen facilities. About 48,600 units, or 1.8 percent of all units in the State, lacked complete kitchen facilities in 2004. Twenty-seven percent of these units were occupied (0.54 percent of occupied units) and 73 percent were vacant.

Water and sewer. There has been a growing awareness and concern in Indiana about the number of housing units that rely on unsafe water sources. According to the Indiana State of the Environment Report for 2004, 73 percent of Indiana households get their drinking water from community public water supply systems. Private wells are the source of water for 15 percent of the State's housing. This is substantially less than in 1990, when 25 percent of the State's households were served by wells. Public sewerage provision to housing in Indiana is still somewhat below the national average, based on the most recently available data. Nationally, about 84 percent of housing units are served by public or private systems; wells are the water source for about 15 percent of units nationwide.

Water quality is another important consideration for the assessment of housing conditions. The Indiana Department of Environmental Management (IDEM) reported in 2002 that 93.5 percent of Indiana's public water systems were in compliance with EPA *water-quality* standards for the presence of the 91 primary contaminants. Compliance with health standards has remained consistent even though new mandates or requirements have increased since 1997.

An evaluation of the 2003 Annual Compliance Report for Indiana Public Water Supply Systems as compared to 2001 showed an improvement in the compliance rates for various contaminant violations. This improvement in the compliance rate was attributed to the implementation of the Small System Laboratory Assistance Program (SSLAP) instituted in 2001. Since IDEM enacted the SSLAP, the number of significant non-compliance systems has dropped 36 percent in a two-year period. The program provides sampling assistance to systems serving populations less than 100 people for contaminants.

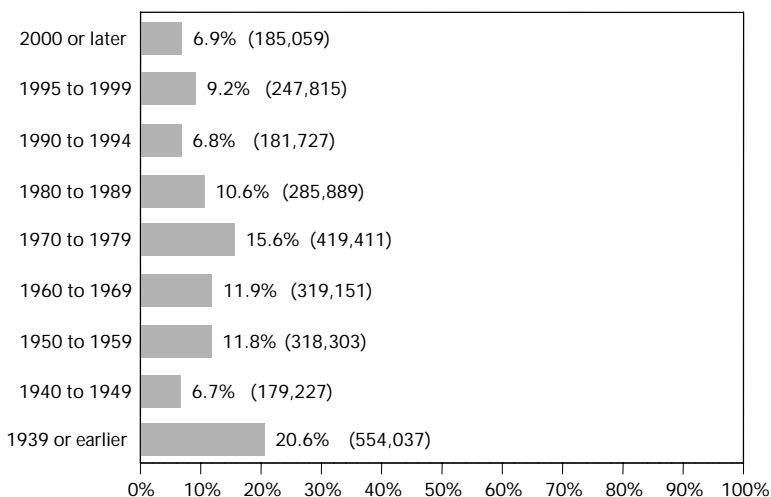
The percent of the total active water systems that have *monitoring and reporting* violations for at least one contaminant was approximately 42 percent in 2003, which is consistent with previous reports (approximately 43 percent), and many of the remaining non-complying systems in the State serve businesses and not residential users. The number of Indiana residents at risk of exposure to harmful contaminants resulting from non-compliant water providers has fallen dramatically. From 1994 to 1999 there was a 97 percent decline in the number of water users dependent on systems that were in significant non-compliance with State and federal regulations.

Age. Age can also be a proxy for the condition of housing, especially the risk of lead-based paint. As discussed later in this section, units built before 1940 are most likely to contain lead-based paint. Units built between 1940 and 1978 have a lesser risk (lead was removed from household paint after 1978), although many older units may have few if any problems depending on construction methods, renovation and other factors.

Housing age data from the 2004 ACS indicate that almost 21 percent of the State’s housing units, occupied or vacant, was built before 1940, when the risk of lead-based paint is the highest. Approximately 67 percent of the housing stock was built before 1979. As of the 2004 ACS, the median age of housing stock in the State was 35 years old. Exhibit IV-11 presents the distribution of housing units in the State by age.

Exhibit IV-11.
Housing Units by
Year Built, 2004

Source:
U.S. Census Bureau’s
American Community Survey, 2004.



Overcrowding. A final measure of housing conditions is overcrowding. The Census Bureau reports that in 2004, 2.0 percent of the State’s occupied housing units, or 49,412, were overcrowded, which is defined as 1.01 persons or more per room. Approximately 0.31 percent of the State’s housing units were severely overcrowded (more than 1.51 persons per room). These data compare favorably to national averages of 3.1 percent of units that were overcrowded and 0.75 percent severely overcrowded in 2004.

Combined factors. PUMS data provided by the 2002 ACS allow for a comparison of housing condition factors by household income.¹

The household income categories of 31 to 50 percent and 81 to 100 percent of median household income had a higher ratio of households with more than one person per room (2.2 percent and 2.5 percent, respectively), than other income categories. The following exhibit shows the percent of households experiencing overcrowding by household income category.

¹ In the PUMS data, there are some households that did not report household income. Therefore, these households are not included when variables (i.e., overcrowded housing units and units lacking plumbing) are crossstabbed by household income.

Exhibit IV-12.

Overcrowded Housing Units by Household Income Category, 2002

Percent of Median Household Income	Income Cut-Off	Percent of All Occupied Units that are Overcrowded	Distribution of Units Overcrowded
less than or equal to 30%	\$12,390	1.7%	10.6%
31% to 50%	\$20,650	2.2%	13.3%
51% to 80%	\$33,040	1.6%	13.9%
81% to 100%	\$41,300	2.5%	14.6%
greater than 100%	\$41,300 +	1.8%	47.5%
Total		1.9%	100.0%

Note: Overcrowded is defined as a housing unit with more than one person per room. Households who did not report an income were excluded. Median household income in 2002 was \$41,300 according to PUMS data.

Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

According to PUMS, just under one percent (an estimated 22,360) of occupied housing units lack complete plumbing. Of these occupied units that lack complete plumbing, just under half have households who earn 50 percent or less than the area median household income. The following exhibit shows the distribution of occupied units with no plumbing by income category and the percentage of all occupied units that lack complete plumbing facilities by income. It is important to note that income levels were not reported for many of the occupied housing units lacking plumbing.² The data below represent only those units for which income was available and represent about 40 percent of all units lacking plumbing.

Exhibit IV-13.

Occupied Units Lacking Complete Plumbing by Household Income Category, 2002

Percent of Median Household Income	Income Cut-Off	Percent of All Occupied Units with No Plumbing	Distribution of Units with No Plumbing
less than or equal to 30%	\$12,390	0.7%	22.5%
31% to 50%	\$20,650	0.9%	25.6%
51% to 80%	\$33,040	0.3%	13.4%
81% to 100%	\$41,300	0.1%	2.7%
greater than 100%	\$41,300 +	0.3%	35.9%
Total		0.4%	100.0%

Note: The percentages reflect those households who reported an income.

Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

The data in Exhibit IV-13 suggests that lower income households are more likely to occupy units with condition problems than moderate to high income households.

² According to PUMS data, there were 13,787 units that did not report household income and that were lacking complete plumbing facilities. Of these units, 240 were vacant. Therefore, 13,547 units (60 percent) lacking complete plumbing reported no household income.

The U.S. Department of Housing and Urban Development (HUD) received special tabulations of Census 2000 data from the U.S. Census Bureau that are largely unavailable through standard Census products. The following exhibit shows some of these data. The data show that the lower the income the more likely a household is to have a housing problem. It should be noted that “housing unit problem” as defined by HUD includes cost-burden, which is an affordability, not a condition indicator.

Exhibit IV-14.
 HUD-Defined Housing Unit Problems by
 Household Income in 1999 by Household Type, Indiana

Percent of Renters with Housing Unit Problems	Household Type					
	Total	Elderly Family Household	Small Family Household	Large Family Household	Elderly Non-Family Household	Other Non-Family Household
less than or equal to 30%	71%	68%	77%	85%	55%	74%
31% to 50%	62%	49%	60%	67%	54%	68%
51% to 80%	24%	23%	18%	40%	34%	23%
81% to 95%	9%	9%	6%	32%	18%	6%
greater than 95%	6%	5%	4%	29%	13%	2%
Total	35%	29%	30%	49%	46%	35%

Percent of Owners with Housing Unit Problems	Household Type					
	Total	Elderly Family Household	Small Family Household	Large Family Household	Elderly Non-Family Household	Other Non-Family Household
less than or equal to 30%	69%	63%	78%	87%	62%	71%
31% to 50%	44%	28%	63%	72%	28%	58%
51% to 80%	29%	15%	36%	42%	15%	42%
81% to 95%	18%	8%	19%	24%	10%	26%
greater than 95%	5%	4%	5%	11%	4%	8%
Total	17%	13%	13%	24%	27%	26%

Note: The 1999 HUD Area Median Family Income for Indiana is \$50,256.
 Housing unit problems: Lacking complete plumbing facilities, or lacking complete kitchen facilities, or with 1.01 or more persons per room, or with cost burden more than 30.0 percent.
 Elderly households: 1 or 2 person household, either person 62 years old or older.
 Cost burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.

Source: U.S. Census Bureau, 2000, HUD and BBC Research & Consulting.

Substandard housing definition. HUD requires that the State define the terms “standard condition,” “substandard condition” and “substandard condition but suitable for rehabilitation.” For the purposes of this report, units are in standard condition if they meet the HUD Section 8 quality standards. Units that are substandard but suitable for rehabilitation do not meet one or more of the HUD Section 8 quality standards. These units are also likely to have deferred maintenance and may have some structural damage such as leaking roofs, deteriorated interior surfaces, and inadequate insulation. A unit is defined as being substandard if it is lacking the following: complete plumbing, complete kitchen facilities, public or well water systems, and heating fuel (or uses heating fuel that is wood, kerosene or coal).

Units that are substandard but suitable for rehabilitation include units with some of the same features of substandard units (e.g., lacking complete kitchens or reliable and safe heating systems, or are not part of public water and sewer systems). However, the difference between substandard and substandard but suitable for rehabilitation is that units suitable for rehabilitation will have in place infrastructure that can be improved upon. In addition, these units might not be part of public water and sewer systems, but they will have sufficient systems to allow for clean water and adequate waste disposal.

Without evaluating units on a case-by-case basis, it is impossible to distinguish substandard units that are suitable for rehabilitation. In general, the substandard units that are less likely to be easily rehabilitated into good condition are those lacking complete plumbing; those which are not part of public water and sewer systems and require such improvements; and those heated with wood, coal, or heating oil. Units with more than one substandard condition (e.g., lacking complete plumbing and heated with wood) and older units are also more difficult to rehabilitate.

Environmental Issues

Environmental issues are also important to acknowledge when considering the availability, affordability and quality of housing. Exposure to deteriorated lead-based paint and lead dust on the floor and windowsills, as well as lead in the soil, represents one of the most significant environmental threats from a housing perspective. Exposure to environmental hazards in the home, especially at a younger age, have been known to trigger asthma attacks and may even contribute to the development of asthma.

Lead-based paint. Childhood lead poisoning is one of the major environmental health hazards facing American children today. As the most common high-dose source of lead exposure for children, lead-based paint was banned from residential paint in 1978. Housing built prior to 1978 is considered to have some risk, but housing built prior to 1940 is considered to have the highest risk. After 1940, paint manufacturers voluntarily began to reduce the amount of lead they added to their paint. As a result, painted surfaces in homes built before 1940 are likely to have higher levels of lead than homes built between 1940 and 1978. A report completed for HUD on 2001 estimates that heavily leaded paint is found in about two-thirds of the homes built before 1940, one-half of the homes built from 1940 to 1960, and some homes built after 1960.

Children are exposed to lead poisoning through paint debris, dust and particles released into the air and then settled onto the floor and windowsills, which can be exacerbated during a renovation. The dominant route of exposure is from ingestion and not inhalation. Young children are most at risk because they have more hand-to-mouth activity and absorb more lead than adults.

Excessive exposure to lead can slow or permanently damage the mental and physical development of children ages six and under. An elevated blood level of lead in young children can result in learning disabilities, behavioral problems, mental retardation and seizures. In adults, elevated levels can decrease reaction time, cause weakness in fingers, wrists or ankles, and possibly affect memory or cause anemia. The severity of these results is dependent on the degree and duration of the elevated level of lead in the blood.

The primary treatment for lead poisoning is to remove the child from exposure to lead sources. This involves moving the child's family into temporary or permanent lead-safe housing. Lead-safe housing is the only effective medical treatment for poisoned children and is the primary means by which lead poisoning among young children can be prevented. Many communities have yet to plan and develop adequate facilities to house families who need protection from lead hazards.

Extent of the lead-based paint problem. As mentioned above, homes built before 1960 may have had interior or exterior paint with lead levels as high as 50 percent. Inadequately maintained homes and apartments are more likely to suffer from a range of lead hazard problems, including chipped and peeling paint and weathered window surfaces.

According to the 2004 ACS, approximately 1.8 million housing units in Indiana – 67 percent of the total housing stock—were built before 1978. About 554,000 units, or 21 percent of the housing stock, are pre-1940 and 498,000 units (18 percent of the housing stock) were built between 1940 and 1959. Urban areas typically have the highest percentages of pre-1940 housing stock, although the State's non entitlement areas together have about the same percentage of pre-1940 units as the State overall. Marion County Health Department issued more than 200 citations to residents for lead hazards between January 1, 2000 and July 31, 2003. More than 99 percent of these homes were rental properties. Many small landlords (with less than 50 properties) are unaware of their responsibility of complying with code and tenants are also often unaware of their responsibilities.

According to the Indiana Childhood Lead Poisoning Elimination Plan, Indiana children with the following characteristics are at high risk for exposure to lead hazards:

- Children living in older housing,
- Children living in poverty or families with low-incomes,
- Children enrolled in Hoosier Healthwise (HH, Indiana's Medicaid and S-CHIP program), and
- Minority children.

Lower income homeowners generally have more difficulty making repairs to their homes because of their income constraints. Low-income renters and homeowners often live in older housing because it is usually the least expensive housing stock. This combination of factors makes lower income populations most susceptible to lead-based paint hazards. One measure of the risk of lead-based paint risk in housing is the number of households that are both low-income and live in older housing units. According to PUMS data, in 2002, there were 53,233 (8.1 percent) renter households who were very low-income (earning less than 50 percent of the State median) and who lived in housing stock built before 1940. There were also 77,919 (4.6 percent) owners with very low incomes and who lived in pre-1940 housing stock. These households are probably at the greatest risk for lead-based paint hazards.

According to the Indiana State Department of Health's (ISDH) report to the Indiana General Assembly, 43,000 blood lead samples were taken in 2003 for children under 7 years old. Of these children, 691 (1.6 percent) were confirmed as lead poisoned. Another 572 children had failed the screening blood lead test and may or may not have been lead poisoned.

Available resources. Addressing the problem through existing and new housing rehabilitation programs is fundamental to reach the Indiana and federal goal of eliminating childhood lead poisoning by the year 2010. The Residential Lead-Based Hazard Reduction Act of 1992 (commonly referred to as "Title X") supports widespread prevention efforts of lead poisoning from lead-based paint. As a part of the Act, in 1991, the Office of Healthy Homes and Lead Hazard Control (OHHLHC) was established by HUD in order to bring together health and housing professionals in a concerted effort to eliminate lead-based paint hazards in America's privately-owned and low-income housing.

As of 2002, HUD estimates that 26 million fewer homes have lead-based paint compared to 1990 when the program began. The Centers for Disease Control and Prevention estimates the average amount of lead in children's blood has declined by 25 percent from 1996 to 1999. Ten years ago, there was no federal funding for local lead hazard control work in privately owned housing; today, the HUD program is active in over 200 jurisdictions across the country.

The Title X program provides grants of between \$1 million and \$2.5 million to state and local governments for control of lead-based paint hazards in privately-owned, low-income owner occupied and rental housing. Since the program's inception in 1993 through 2002, approximately \$700 million was awarded to over 200 local and State jurisdictions across the country. The work approved to date will lead to the control of lead-based paint hazards in more than 65,000 homes where young children reside or are expected to reside.

The following are a list of programs offered by HUD to support widespread prevention efforts of lead poisoning from lead-based paint.

- Lead Hazard Control Grant Program
- Lead Hazard Reduction Demonstration
- Operation Lead Elimination Action Program
- Lead Paint Outreach Grant Program
- Lead Technical Studies
- Healthy Homes Technical Studies
- Healthy Homes Demonstration Program

In September 2005, HUD awarded two organizations in Indiana grants to eliminate dangerous lead paint hazards in thousands of privately owned, low-income housing units and identify or to eliminate housing conditions that contribute to children's disease and injury, such as asthma, lead poisoning, mold exposure, and carbon monoxide contamination. Purdue University was awarded \$221,325 to study the effectiveness of an Integrated Pest Management (IPM) approach to controlling cockroaches in two multifamily public housing complexes in Gary, Indiana where previous surveys have found that public housing complexes in Gary, Indiana where previous surveys have found that approximately 50 percent of the units were infested with cockroaches. The Health and Hospital Corporation of Marion County (HHCM) was awarded \$2,974,839 to clear 322 rental housing units of lead-based paint hazards within target neighborhoods occupied by low-income families with children. The HHCM anticipates assisting 400 children through this grant program.

In addition to available funding from the Title X program, recent changes to the CDBG program have added lead based paint abatement to eligible activities for CDBG funding. In order to receive Title X or CDBG funding, States must enact legislation regarding lead-based paint that includes requirements of accreditation or certification for contractors who remove lead-based paint. Indiana adopted such legislation in 1997 (Indiana Code, 13-17-14).

The National Healthy Homes Training Center is funded by a grant from the Centers for Disease Control and Prevention to develop the infrastructure and resources to help states, cities, and community-based organizations effectively identify and address housing-related hazards. The Training Center will help build capacity and competency among health, environmental and housing practitioners and promote cross-disciplinary activities. One of the first steps in meeting this goal was the development of a two-day training program.

A priority for 2004/2005 according to the Indiana Annual State of the Environment report is to reduce the threat lead poisoning poses to Hoosier children. The Indiana Department of Environmental Management (IDEM) continues to partner with ISDH for lead poisoning prevention initiatives. During the past year, IDEM participated in chaired workgroups as a part of the Indiana Childhood Lead Poisoning Elimination Plan Advisory Committee (EPAC), lead by ISDH.

In October 2004, EPAC announced a plan to eliminate lead poisoning in Hoosier children. State and federal officials partnered with environmental, housing, and medical experts, as well as community advocates, to develop the plan. Aimed at parents, caregivers and landlords, the Childhood Lead Poisoning Elimination Plan offers simple, effective ways to prevent kids from being exposed to lead. It also outlines a long-term approach to eliminate lead contamination from Hoosier homes.

IDEM, in conjunction with the Department of Health and the Marion County Health Department, developed the "Lead for 2000" campaign. Initiated in 1998, the campaign was aimed at reducing the incidence of childhood exposure to harmful lead-based contaminants by providing families and childcare facilities with free lead risk assessments and educational outreach.

In 1998, the three organizations launched the "2000 Lead-Safe Families for 2000 Project." It was the first innovative project of its kind in the nation focusing on the primary prevention of lead poisoning. As of February 2002, IDEM has trained more than 100 lead assessors, and they have completed more than 1,300 lead assessments in homes and childcare facilities. This effort entailed training lead-assessors, promoting awareness of the health risks that lead exposure presents, and educating families in methods that they can apply to minimize the risks presented by exposure to lead. These efforts were aimed at private homes as well as childcare facilities when children may be at risk. Several groups and individuals are now better equipped to deal with lead-based paint poisoning concerns in Indiana:

- Several health departments have individuals trained, licensed, and ready to perform risk assessments whenever a lead-poisoned child is identified by the healthcare system;
- The IDEM Lead Licensing Branch has worked through its EPA approvals and has managed the testing and licensing of a large number of individuals;

- The ISDH laboratory has successfully managed a very large volume of samples and has identified key factors for successful analysis of risk assessment sample requests;
- The institute has developed, field-tested, and made available to Indiana risk assessors a standardized set of forms for conducting and reporting a risk assessment; and
- A large number of individuals and organizations have been sensitized to the genuine threat of lead poisoning to young children. This sensitization has been obvious during the past two years, as Indiana housing agencies have been working to incorporate lead-safe work practices into rehabilitation, renovation, modernization, and weatherization programs. Several key individuals in the current effort were first involved with lead issues during the 2000 Safer Families Program, and the experience gained and lessons learned have been important to the success of the current effort.

In September 2000, HUD adopted new requirements for lead evaluation of multifamily properties that are federally assisted for new applicants of mortgage insurance. In general, the regulations require the testing and repair of all of the properties acquired or rehabilitated through federal programs. In preparation for the new requirements, IHCDA sent a list of the new requirements to its HOME and CDBG recipients and held a training to assist grantees with implementation of the new requirements in April and May of 2001.

In July 2002, the U.S Department of Energy updated its program guidelines and procedures of the Weatherization Assistance Program. This action updates guidance on health and safety issues and provides lead-safe weatherization protocol work in buildings that might contain lead paints. In September 2000, the Department of Energy also updated its regulations for administration of the Weatherization Assistance Program. This update further protects residents of HUD program housing and other federally owned or assisted homes from the dangers of lead-based paint by ensuring proper remediation and mitigation protocol when weatherizing these units.

Indiana's Weatherization program goes far beyond the federal minimum when it comes to lead-based paint hazards during weatherization. Community Action Agencies received training and x-ray fluorescence equipment so they could properly identify lead-based paint and lead hazards. FSSA has adopted specific policies and procedures to protect children.

In the past, IHCDA has provided funding to The Indiana Association of Community Economic Development and the Environmental Management Institute (EMI) to provide lead inspection, risk assessor and lead supervision training, certification, and refresher courses. EMI is the State's largest provider of lead hazard training and offers supervisor, risk assessor and inspector training throughout the State.

In addition, EMI and Improving Kid's Environment (IKE) conducted the annual Lead-Safe Conference in November 2004, which provided information about improving compliance with lead hazard reduction methods. A record number of 117 organizations and 239 people attended the conference. The conference offered an Indiana Rules Awareness training, along with sessions on healthy homes, healthy kids, policy and technology, and discussion forum sessions.

A major challenge in mitigating lead hazards in Indiana has been increasing the number of abatement contractors. During 2003, two major changes were made to improve Indiana's numbers:

- IDEM recently streamlined its contractor licensing process; and
- EMI and IKE worked together to clarify the type of insurance required by IDEM for contractors. IDEM had been suggesting that contractors purchase specialty insurance that was cost prohibitive.

Legislation. The Indiana General Assembly adopted a law, HEA 1171 – Lead Poisoning Prevention Legislation for Indiana that went into effect July 1, 2002. It established specific obligations for landlords and tenants. The legislation:

- Sets the times for expiration and renewal of lead-based paint activities licenses and adjusts training for licensure.
- Provides for the licensing and training of clearance examiners.
- Prohibits the use of certain methods to remove lead-based paint and requires that removed paint be discarded, with the exception for certain homeowners.
- Requires a laboratory that tests the blood of certain children for lead to report the test results to the ISDH.
- Requires information that is gathered concerning the concentration of lead in the blood of children less than 7 years of age to be shared among certain federal, state, and local government agencies.

The General Assembly also passed on October 10, 2003, revisions to its lead-based paint activities rules. These revisions amended rules concerning the licensing of individuals and contractors engaged in lead-based paint and training activities. It also added and repealed text concerning work practice standards for nonabatement activities. The revisions simply captured requirements already established in statute by the 2002 Indiana General Assembly. It is now a Class D felony to dry-sand, dry-scrape or burn paint in housing built before 1960. It is also a Class D felony to leave painted debris behind after working on these homes.

Legislation was drafted to require ISDH to adopt rules regarding case management and require Indiana's Medicaid program to have:

- A measure to evaluate the performance of a Medicaid managed care organization in screening a child who is less than 7 years of age for lead poisoning.
- A system to maintain the results of an evaluation under subdivision (1) in written form.
- A performance incentive program for a Medicaid managed care organization evaluated under subdivision (1).

The Indiana Joint Select Commission on Medicaid Oversight unanimously recommended the adoption of the legislation to the Indiana General Assembly. This legislation will finalize an agreement with Indiana Medicaid to improve screening rates.

A State Senator agreed to carry legislation to fix ongoing problems in Indiana lead poisoning program. ISDH and IKE are asking to:

- Require adoption rules for blood lead screening and case management;
- Require electronic reporting of blood lead testing results by labs that tested more the 50 Hoosier children in the previous 12 months;
- Limit the sharing of confidential information to local housing agencies “to the extent necessary” to implement the HUD rules;
- Provide IDEM with access to the information to the extent necessary for IDEM to set priorities and take advantage of IDEM’s existing authorities to require cleanups where the hazards pose an imminent and substantial threat to the health of people; and
- Incorporate the provisions in State Senator’s legislation regarding Medicaid.

Asthma Asthma is a chronic lung disease that causes episodes of breathlessness, wheezing and chest tightness. Asthma can be difficult to diagnose and differentiate from other respiratory problems.

Dangers of asthma. The strongest risk factors for development of asthma are family history of allergic disease and sensitization to one or more indoor allergens. Sensitization to a substance is the development of an allergic reaction to that substance. Allergens are proteins with the ability to trigger immune responses and cause allergic reactions in susceptible individuals. They are typically found attached to very small particles, which can be airborne as well as present in household dust. Common indoor allergen sources include dust mites, cockroaches, animals (domestic animals and pests such as rodents), and mold.

According to a HUD report completed in 2001, dust mites are the only home allergen source that the National Academies’ Institute of Medicine report found sufficient evidence in the literature of a causal relationship between exposure and the development of asthma in susceptible children. Exposure to house dust mite allergens in childhood has been linked to an increase in the relative risk of developing asthma, and numerous other allergens are associated with asthma exacerbation in sensitized individuals. General conclusions about the relative risk of various indoor agents associated with asthma are difficult, largely due to the dependency of the particular risk on the characteristics of a given environment (e.g., climate, urban setting) and its occupants (e.g., smokers, genetics). Research generally supports the avoidance measures for allergens begin at the earliest age possible in high risk infants.

Extent of the asthma problem. National data shows that prevalence of asthma in children has risen in the past 20 years and has become a significant medical problem. Between 1982 and 1994, the national prevalence of asthma increased 66 percent overall (3.5 percent to 5.8 percent) and increased 73 percent among children/young adults age 18 years and less (4.0 percent to 6.9 percent), affecting 15 million people (nearly 5 million under the age of 18).

According to the national Behavioral Risk Factor Surveillance System (BRFSS) completed in 2004, 13.3 percent of Hoosiers have had asthma in their lifetime and 8.4 percent currently have it. These rates are the same as the national average.

The 2002 Indiana BRFSS survey showed that approximately 13 percent of Indiana households reported having one child who had been diagnosed with asthma, and nearly 3 percent has two or more children diagnosed with asthma. Health officials report that asthma accounts for one-third of all pediatric emergency room visits. Asthma is also the most prevalent chronic disease among children, and it is the number one reason for school absences.

A previous BRFSS study in 2000 indicated that Indiana had a much higher percentage of people with asthma in the lower economic brackets: 19.3 percent of adults with annual income less than \$15,000 in Indiana were reported to have asthma, compared to 14.4 percent nationwide. Indiana also had 18.1 percent of the population reporting asthma compared to 12.1 percent for the national average among the African American, non-Hispanic population.

Available resources. In 2002, IDEM joined a national steering committee comprised of state health agencies and state environmental agencies, to discuss developing a vision statement and action items to identify steps that states can take to address indoor and outdoor environmental factors that contribute to asthma in children. A document is being made available for states to use in developing their asthma prevention and control programs and will undergo further review and discussion.

IDEM and ISDH recently leveraged their resources by combining a public health and an environmental approach to address asthma by developing the Indiana Joint Asthma Council (InJAC). The five areas of focus committees for InJAC are:

- Data and surveillance;
- General public and consumer education;
- Health care provider;
- Environmental quality; and
- Children and youth.

Housing issues are a primary focus for the Environmental Quality Committee.

The Centers for Disease Control and Prevention's National Center for Environmental Health funded Indiana to create a State action plan prior to implementing activities to decrease the burden of asthma in Indiana. The U.S. Environmental Protection Agency (EPA) funded Indiana to develop a patient education tool addressing environmental triggers of asthma.

In December 2004, InJAC finalized its plan to reduce asthma in Indiana. The plan is an initial five-year action plan to begin to deal with the burden of asthma in the state. The plan consists of goals, objectives, strategies, and action steps over a real timeline with specific deadlines. The plan has five major areas: data/surveillance, children and youth, public education, healthcare, and environment. To reduce environmental hazards associated with asthma attacks, the plan's only efforts that do not consist solely of research and outreach will be to:

- By 2006, propose revisions to the Indiana Sanitary Schoolhouse Rule;
- By 2009, recommend revisions to voluntary and regulatory codes that affect schools and regulated early care settings; and
- By 2010 or in advance of federal deadlines, attain ozone and fine particulate matter health standards in 24 counties designated in whole or in part as non-attainment areas in 2004.

InJAC also published a report, "The Burden of Asthma in Indiana," in December 2004. The report consists of statistics and charts of the prevalence of asthma in Indiana. Indiana's prevalence of asthma was reported to be exactly the same as the nation overall.

A patient education tool is also available on IDEM's Web site. It is a Web-based asthma tool for parents, medical providers, schools, and child care providers on how to reduce exposure to environmental triggers for asthma. The tool will allow the user to take a virtual tour through a home, rental property, school, and child care setting to learn how to reduce exposure to environmental triggers. The user will even be able to explore the outdoor environment to find out what activities contribute to outdoor environmental triggers for asthma. *BreathEasyville* features fact sheets, checklists and an example of an asthma action plan and is available as of January 2005.

Housing Affordability

Owners. The ACS estimated the median value of an owner occupied home in the State as \$110,020 in 2004. This compares with the U.S. median of \$151,366 and is the second lowest median compared to surrounding States, as shown in Exhibit IV-16.

Exhibit IV-16.
Regional Median Owner
Occupied Home Values,
2004

Note:

The home values are in 2003 inflation-adjusted dollars for specified owner occupied units.

Source:

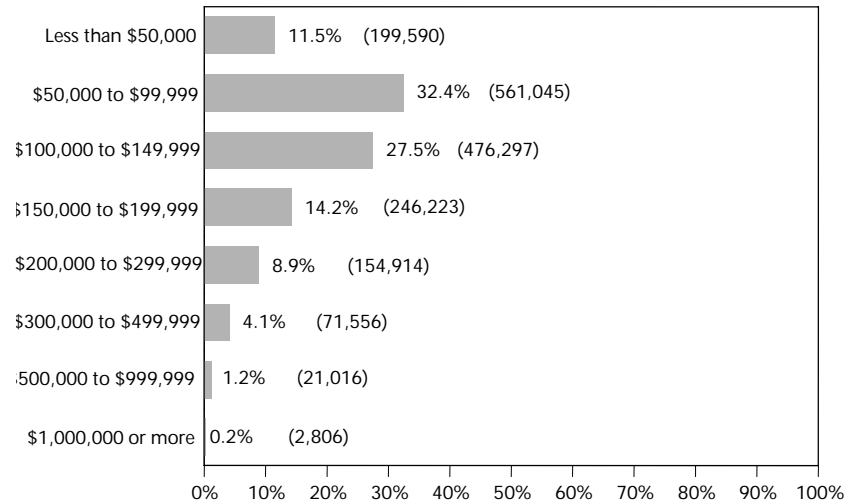
U.S. Census of the Bureau, American Community Survey, 2004.



In Indiana, 44 percent of owner occupied units had values less than \$100,000, and about 71 percent were valued less than \$150,000. Exhibit IV-17 on the following page presents the price distribution of owner occupied homes in the State.

Exhibit IV-17.
Owner Occupied
Home Values, 2004

Source:
U.S. Census of the Bureau,
American Community Survey, 2004.



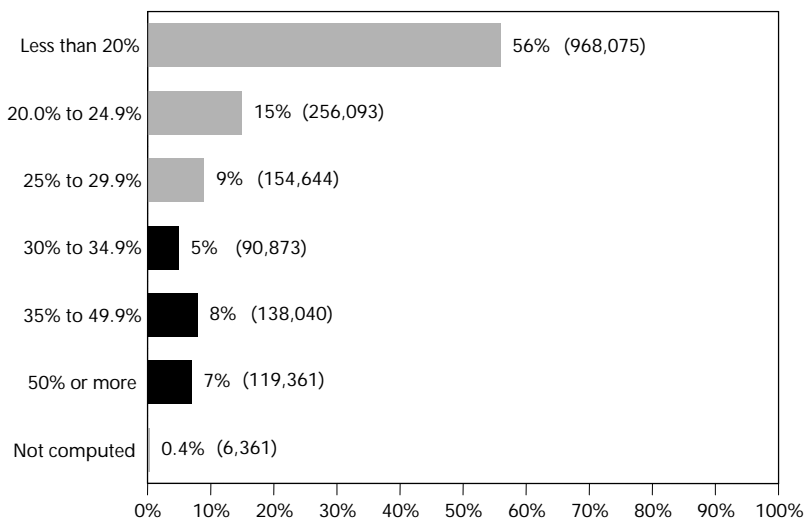
Although housing values in Indiana are still affordable relative to national standards, many Indiana households have difficulty paying for housing. Housing affordability is typically evaluated by assessing the share of household income spent on housing costs. For owners, these costs include mortgages, real estate taxes, insurance, utilities, fuels, and, where appropriate, fees such as condominium fees or monthly mobile home costs. Households paying over 30 percent of their income for housing are often categorized as cost burdened.

The ACS reported that in 2004, 20 percent of all homeowners (about 348,000 households) in the State were paying more than 30 percent of their household income for housing, and 7 percent (119,000 households) were paying 50 percent or more. This was a 21 percent increase of cost burdened homeowners (approximately 74,000 owners) from 2003 to 2004. Exhibit IV-18 presents these data.

Exhibit IV-18.
Owners' Housing
Costs as Percent of
Household Income, 2004

Note:
Dark shaded areas indicate
cost burdened households.

Source:
U.S. Census of the Bureau,
American Community Survey, 2004.



Among homeowners with mortgages, approximately 25 percent were reported as cost burdened, a figure that drops to about 10 percent when considering homeowners without mortgages.

The 2000 Census also reports cost burden by age of the primary householder and household income range. As shown in Exhibit IV-19, the percentage of households who are cost burdened tends to decrease as householder age increases — until householders become seniors, when they are likely to be living on fixed incomes.

Exhibit IV-19.
Cost Burden by Age of
Householder, Owners,
2000

Source:
U.S. Bureau of the Census, 2000.

Age of Householder	Number of owner households cost burdened	Percent of owner households cost burdened
15 to 24 years	5,265	26%
25 to 34 years	33,498	18%
35 to 44 years	51,366	16%
45 to 54 years	42,130	13%
55 to 64 years	32,711	15%
65 to 74 years	29,514	17%
75 years and older	<u>25,685</u>	17%
Total	220,169	16%

As shown in Exhibit IV-20 below, the cost burden of owner occupied households who pay a mortgage drops as income increases, particularly for households earning more than the median household income. In 2002, 89 percent of the households in the State who earned less than or equal to \$20,650 per year were cost-burdened in 2002, compared to 16 percent of households earning more than \$20,650. The \$20,650 is equal to 50 percent of the median household income of \$41,300, which was calculated using 2002 PUMS.

Exhibit IV-20.
Cost Burden by Income, Owner Households with a Mortgage, 2002

Percent of Median Household Income	Income Cut-Off	Cost Burdened Owner Households	Percent of Households Cost Burdened	Owners with a Mortgage
Less than or equal to 30%	\$12,390	35,449	92%	38,730
31% to 50%	\$20,650	54,397	88%	62,113
51% to 80%	\$33,040	68,740	51%	135,225
81% to 100%	\$41,300	39,005	33%	119,408
Greater than 100%	\$41,300 +	<u>63,135</u>	8%	<u>795,822</u>
Total Owner Households		260,726	23%	1,151,298

Note: Owner households who pay no mortgage were not included in calculation.

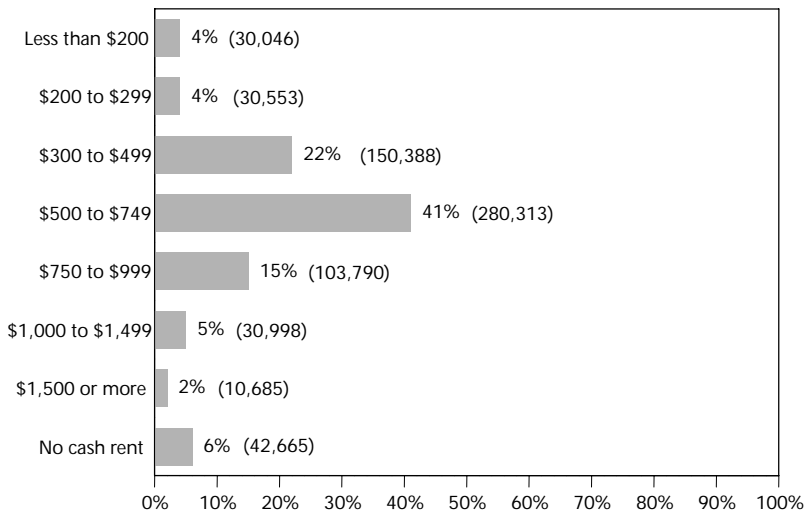
Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

Renters. The 2004 ACS provides data on housing costs for renter households. The Census Bureau reports that the median gross rent, statewide, was \$589 per month in 2004. Gross rent includes contract rent, plus utilities and fuels if the renter pays for them. (And most renters do: The Census reports that 82 percent of rental units do *not* include utility payments in the rent price.) About 31 percent of all units statewide were estimated to rent for less than \$499 in 2004, while another 41 percent were estimated to rent for \$500 to \$749. The distribution of statewide gross rents is presented in Exhibit IV-21.

Exhibit IV-21.
Distribution of
Statewide Gross Rents,
2004

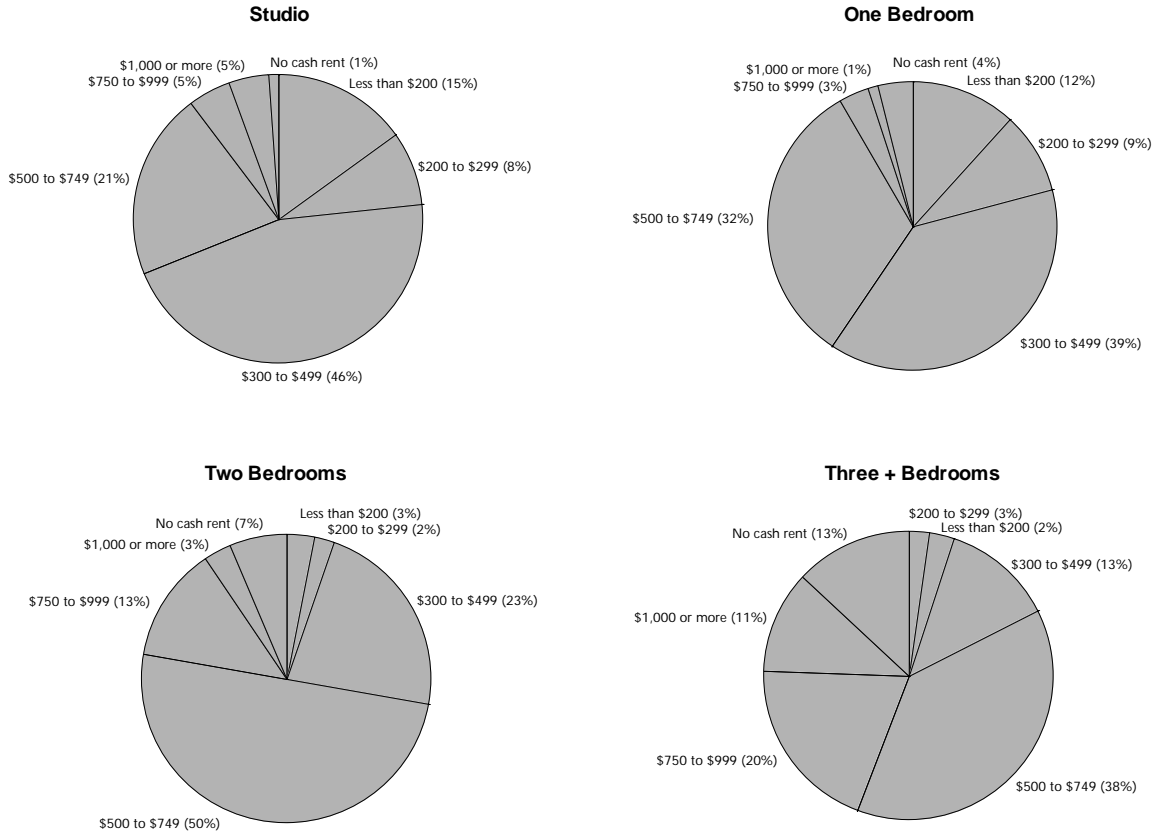
Note: "No Cash Rent" represents units that are owned by friends or family where no rent is charged and/or units that are provided for caretakers, tenant farmers, etc.

Source:
U.S. Census of the Bureau,
American Community Survey, 2004.



The Census also collected data on rents by household size. Exhibit IV-22 shows the distribution of rent costs by size of housing unit.

Exhibit IV-22.
Distribution of Rents, by Size of Unit, 2002



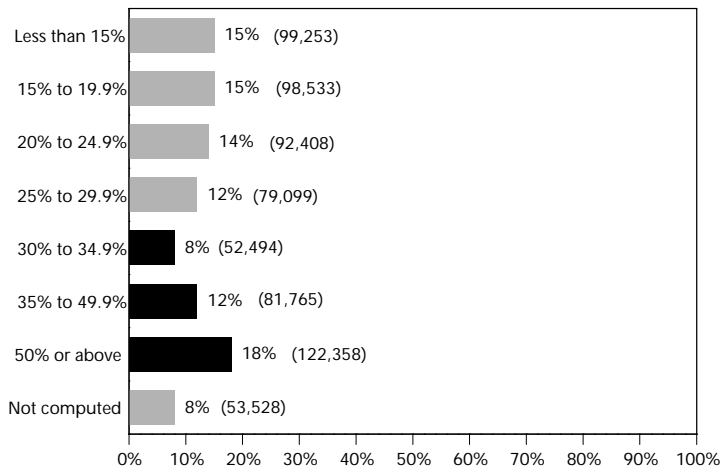
Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

As in the case of owner occupied homes, rent burdens can be evaluated by comparing rent costs to household incomes. The 2004 ACS estimates that 38 percent of Indiana renters – or 257,000 – paid more than 30 percent of household income for gross rent, with almost half of these (18 percent of renters, or 122,000) paying more than 50 percent of their incomes. Rentals constituted only 29 percent of the State’s occupied housing units in 2004; however, there were almost as many cost-burdened renter households (257,000) as cost-burdened owner households (348,000). Exhibit IV-23 presents the share of income paid by Indiana renters for housing.

Exhibit IV-23.
Renters’ Housing Costs as
Percent of Household Income,
2004

Note:
Dark shaded areas indicate cost burdened households.

Source:
U.S. Census of the Bureau’s
American Community Survey, 2004.



The Census also reports renter cost burden by age and household income range. As shown in Exhibit IV-24, the largest numbers of cost burdened renter households are in the youngest age cohorts. However, the youngest (15 to 24 years) and oldest (75 years and older) households have the largest percentages of households considered cost-burdened: Just under half of these households are cost burdened.

Exhibit IV-24.
Cost Burden by Age of
Householder, Renters,
2000

Source:
U.S. Bureau of the Census, 2000.

Age of Householder	Number of renter households cost burdened	Percent of renter households cost burdened
15 to 24 years	48,420	46%
25 to 34 years	50,088	28%
35 to 44 years	36,060	27%
45 to 54 years	22,884	26%
55 to 64 years	16,062	32%
65 to 74 years	16,534	40%
75 years and older	27,699	47%
Total	217,747	33%

As would be expected, renter households with the lowest incomes are more likely to be cost burdened. Exhibit IV-25 shows cost burden by income for the State's households in 2002. As the exhibit demonstrates, renter cost burden drops dramatically when household income exceeds 80 percent of the median household income of \$33,040 for 2002.

Exhibit IV-25.

Cost Burden by Income of Householder Who Pay Cash Rent, Renters, 2002

Percent of Median Household Income	Income Cut-Off	Cost Burdened Renter Households	Percent of Households Cost Burdened	Renters Paying Cash Rent
less than or equal to 30%	\$12,390	118,260	78%	152,442
31% to 50%	\$20,650	82,447	77%	106,856
51% to 80%	\$33,040	38,667	29%	135,632
81% to 100%	\$41,300	4,297	7%	63,029
greater than 100%	\$41,300 +	972	1%	154,821
Total Renter Households		244,643	40%	612,780

Note: Renter households paying "no cash rent" were not included in calculation. The possible difference between the ACS Summary Table numbers of cost burdened renter's households (238,114) versus the PUMS cost burdened renters (219,709) may be due to different sampling methodology used for the Summary Tables.

Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

Households with members who are disabled. According to the ACS, an estimated 17 percent of persons reported they had a disability in 2002. PUMS data was used to determine the number of households with at least one person with a disability who are also cost burdened. The data show that 44 percent of all cost burdened owners who pay a mortgage have a disability. The same is true for cost burdened households who are renters. Just over one-fourth of owner households with a disability are cost burdened and 44 percent of renter households with a disability are cost burdened. The percentage of households with a disability who are cost burdened is higher for all types of households.

Exhibit IV-26.

Households with a Disability who are Cost Burdened, 2002

	Owners		Renters		Total	
Households with a Disability						
Cost burdened	106,174	27%	95,666	44%	201,840	33%
All households with a disability	394,368	100%	217,295	100%	611,663	100%
Cost Burdened Households						
With a disability	106,174	44%	95,666	44%	201,840	44%
All cost burdened households	241,171	100%	219,709	100%	460,880	100%

Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

Housing market analysis. The 2002 PUMS data allow for an examination of household income by what households pay in rent and by the value of their property. This provides a more detailed comparison of the value of the units the households are occupying and if they are affordable.

Exhibit IV-27 shows that in 2002 households earning less than 30 percent of the median household income of \$41,300 can afford a home valued at \$43,398 or below. According to PUMS, 79 percent of these households resided in units above what they can afford (i.e., they are cost burdened). Half of the households earning between 31 and 50 percent of the median income were in units that were not affordable.

Exhibit IV-27.
Household Property Value of Owner Occupied Units
with a Mortgage by Household Income, 2002

Property Value	Percent of Median Household Income (\$41,300)									
	Less than or equal to 30%		31% to 50%		51% to 80%		81% to 100%		Greater than 100%	
	< \$12,391	\$20,650	\$33,040	\$41,300	\$41,300+					
Less than \$43,398	7,705	21%	10,575	18%	21,429	16%	11,742	10%	30,969	4%
\$43,398 to \$72,329	9,088	24%	19,504	32%	32,991	25%	25,797	22%	85,894	11%
\$72,330 to \$99,999	10,395	28%	15,511	26%	37,651	28%	34,896	29%	175,768	22%
\$100,000 to \$115,727	1,938	5%	3,537	6%	9,131	7%	12,603	11%	84,199	11%
\$115,728 to \$124,999	1,143	3%	2,085	3%	5,384	4%	7,431	6%	49,640	6%
\$125,000 to \$144,658	1,403	4%	4,631	8%	7,466	6%	8,175	7%	87,288	11%
\$144,659 to \$199,999	2,338	6%	3,042	5%	11,309	9%	11,106	9%	156,288	20%
\$200,000 to \$299,999	1,485	4%	1,334	2%	5,478	4%	5,418	5%	80,073	10%
\$300,000 to \$499,999	1,452	4%	0	0%	1,190	1%	1,202	1%	34,648	4%
\$500,000 or more	295	1%	0	0%	435	0%	199	0%	9,340	1%
Total	37,243	100%	60,218	100%	132,464	100%	118,569	100%	794,107	100%
Total "Overpaying" Hoosiers	29,538	79%	30,140	50%	31,262	24%	17,925	15%		
Total "Underpaying" Hoosiers			10,575	18%	54,420	41%	85,038	72%		

Note: The numbers assume loan terms of 5 percent down, 6 percent interest rate, and 30-year term, adjusted for PMI, hazard insurance, and property taxes.
Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

The shaded areas in the table above represent households who spend less than 30 percent of their income on housing. The darker shaded areas represent households who occupy housing in their affordability range. Households who earn less than or equal to 30 percent of the median household income (<\$12,391) can afford homes valued under \$43,399; households in the 31 to 50 percent income category can afford home values under \$72,330; households in the 51 to 80 percent income category can afford home values under \$115,728; and households in the 81 to 100 percent income category can afford home values up to \$144,659.

Further analysis of the upper income categories reveals that some households are occupying units below their price range. For example, 72 percent of households in the 81 to 100 percent income range are occupying units below what they are able to afford (households in the 81 to 100 percent income category can afford homes valued up to \$144,659).

Forty-one percent of the households in the 51 to 80 percent income range are occupying units that are affordable to households in the lower income categories. Sixteen percent of these households are occupying units that would be affordable to households in the extremely income range (less than or equal to 30 percent of AMI). If these households occupied units in their affordability range, between \$72,330 and \$115,727, this would free up those lower priced units for the extremely low-income households to occupy.

The following exhibit shows the number of households by income category and the gross rent they pay. According to PUMS, 66 percent of the households who earn less than or equal to 30 percent of the median household income of \$41,300 are in units they cannot afford. Just under half of the households in the 31 to 50 percent income category are living in unaffordable units.

Exhibit IV-28.
Household Gross Rent by Household Income, 2002

Gross Rent	Percent of Median Household Income (\$41,300)									
	Less than or equal to 30%		31 to 50%		51 to 80%		81 to 100%		Greater than 100%	
	< \$12,391		\$20,650		\$33,040		\$41,300		\$41,300+	
Less than \$200	30,274	20%	2,967	3%	1,990	1%	465	1%	2,293	1%
\$200 to \$310	21,845	14%	5,466	5%	3,393	3%	2,425	4%	2,317	1%
\$311 to \$516	51,553	34%	47,527	44%	51,339	38%	16,094	26%	25,689	17%
\$517 to \$749	36,883	24%	41,213	39%	62,040	46%	30,613	49%	68,392	44%
\$750 to \$826	6,652	4%	3,087	3%	7,582	6%	3,713	6%	19,523	13%
\$827 to \$1,033	3,652	2%	4,081	4%	4,925	4%	7,254	12%	22,064	14%
\$1,034 to \$1,499	715	0%	1,688	2%	2,628	2%	2,248	4%	13,660	9%
\$1,500 or more	868	1%	827	1%	1,735	1%	217	0%	883	1%
Total	152,442	100%	106,856	100%	135,632	100%	63,029	100%	154,821	100%
Total "Overpaying" Hoosiers	100,323	66%	50,896	48%	9,288	7%	2,465	4%		
Total "Underpaying" Hoosiers			8,433	8%	56,722	42%	53,310	85%		

Source: U.S. Census Bureau's American Community Survey PUMS, 2002.

The shaded areas represent households who are in units who spend less than 30 percent of their income on housing. The darker shaded areas represent households that occupy housing in their affordability range. Households who earn less than or equal to 30 percent of the median household income (<\$12,391) can afford rents under \$311; households in the 31 to 50 percent income category can afford rents under \$517; households in the 51 to 80 percent income category can afford rents under \$827; and households in the 81 to 100 percent income category can afford rents under \$1,034.

Examination of the upper income categories reveals that many households may be occupying units that are well below their affordability level. Over three-fourths of the households in the 81 to 100 percent income category occupy units that lower income categories could afford. This may suggest a need for more higher-end rental units, which would free up lower priced units for the households in the lower income categories to occupy.

CHAS data. HUD provides data on households by income, special need and tenure for use in Consolidated Planning (these data are called CHAS data, after the name of the first consolidated planning reports). Exhibit IV-29, Exhibit IV-30 and Exhibit IV-31 present these data for all households in the Indiana State Program for CDBG and HOME and the State as a whole.

The CHAS data support the general findings in this section, showing that the State's households with the greatest housing needs – as measured by cost burden and condition problems – have the lowest incomes and that need decreases as income increases. In addition, the CHAS data show that the State's elderly households have a lower proportion of housing need than the State's small and large households.

Exhibit IV-29.

Housing Problems Output for All Households, State of Indiana CDBG Program, 2000

Household by Type, Income & Housing Problem	Name of Jurisdiction: Indiana State Program(CDBG), Indiana		Source of Data: CHAS Data Book			Data Current as of: 2000					
	Renters					Owners					
	Elderly 1 & 2 member households (A)	Small Related (2 to 4) (B)	Large Related (5 or more) (C)	All Other Households (D)	Total Renters (E)	Elderly 1 & 2 member households (F)	Small Related (2 to 4) (G)	Large Related (5 or more) (H)	All Other Households (I)	Total Owners (J)	Total Households (L)
1. Household Income <=50% MFI	34,800	33,709	6,220	30,735	105,464	76,752	33,525	9,224	20,181	139,682	245,146
2. Household Income <=30% MFI	18,722	16,254	2,452	17,463	54,891	29,206	13,154	3,124	10,157	55,641	110,532
3. % with any housing problems	52.9	77.7	83.8	66.9	66.1	61.9	75.8	87.3	72.6	68.6	67.3
4. % Cost Burden >30%	52.2	76.1	78.3	65.6	64.7	61.2	74.9	78.5	71.8	67.3	66
5. % Cost Burden >50%	33.5	55.5	51.8	50.9	46.3	32.3	59.1	62.8	56.5	44.8	45.5
6. Household Income >30% to <=50% MFI	16,078	17,455	3,768	13,272	50,573	47,546	20,371	6,100	10,024	84,041	134,614
7. % with any housing problems	45.9	57.5	65.5	62.3	55.7	27.4	60.4	71.5	55.3	41.9	47.1
8. % Cost Burden >30%	44.9	55.3	40.6	60.2	52.2	26.7	59.2	59.8	54.2	40.3	44.8
9. % Cost Burden >50%	12.3	7.2	4.8	13.4	10.3	10.5	27.8	20.4	27.9	17.5	14.8
10. Household Income >50 to <=80% MFI	10,879	28,213	6,806	22,498	68,396	67,500	63,604	18,648	23,832	173,584	241,980
11. % with any housing problems	23.5	14.8	33.5	19.3	19.5	14.5	35.9	43.6	40.2	29	26.3
12. % Cost Burden >30%	22.2	11.1	7.2	17.6	14.6	14	34.9	29.6	39.3	26.8	23.4
13. % Cost Burden >50%	5.3	0.6	0.3	1	1.4	4.1	7	4.7	9.3	5.9	4.7
14. Household Income >80% MFI	8,946	54,242	9,120	35,721	108,029	116,708	468,969	78,410	72,916	737,003	845,032
15. % with any housing problems	7.3	3.2	24.4	3.3	5.3	4.6	5.9	12	10.7	6.8	6.6
16. % Cost Burden >30%	5.8	0.7	0.4	1	1.2	4.3	5.3	5.1	9.9	5.6	5
17. % Cost Burden >50%	2.7	0.2	0.1	0	0.3	0.7	0.5	0.5	1.1	0.6	0.6
18. Total Households	54,625	116,164	22,146	88,954	281,889	260,960	566,098	106,282	116,929	1,050,269	1,332,158
19. % with any housing problems	37.5	24.6	40.8	28.7	29.6	17.7	12.8	23.2	25.9	16.5	19.3
20. % Cost Burden >30	36.5	22	18	26.7	26	17.3	12.2	14.7	25.1	15.1	17.4
21. % Cost Burden >50	16.6	9.1	6.7	12.3	11.3	6.9	3.6	4.2	9.8	5.2	6.5

Note: Any housing problems includes cost burden greater than 30 percent of income and/or overcrowding and/or without complete kitchen or plumbing facilities.

Other housing problems include overcrowding (1.01 or more persons per room) and/or without complete kitchen or plumbing facilities.

Elderly households include 1 or 2 person households, either person 62 years old or older.

Renter data does not include renters living on boats, RVs or vans. This excludes approximately 25,000 households nationwide.

Cost burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.

Source: HUD CHAS Data (<http://socds.huduser.org/chas/index.htm>) Tables F5A, F5B, F5C, F5D, May 6, 2004, 11:30AM MDT.

Exhibit IV-30.

Housing Problems Output for All Households, State of Indiana HOME Program, 2000

Household by Type, Income & Housing Problem	Name of Jurisdiction: IN State Program (HOME), Indiana		Source of Data: CHAS Data Book			Data Current as of: 2000					
	Renters					Owners					Total Households
	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Owners	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(L)	
1. Household Income <=50% MFI	39,598	39,717	7,389	35,043	121,747	81,933	35,074	9,818	21,442	148,267	270,014
2. Household Income <=30% MFI	21,479	19,372	3,086	19,623	63,560	31,209	13,641	3,295	10,802	58,947	122,507
3. % with any housing problems	52.8	76.7	84.1	67.8	66.3	61.4	76.6	87.3	73	68.5	67.3
4. % Cost Burden >30%	52.1	75.2	77.7	66.7	64.9	60.7	75.6	78.8	72.2	67.3	66
5. % Cost Burden >50%	34.1	55.8	52	51.5	46.9	32.2	59.8	63.3	57.3	44.9	46
6. Household Income >30% to <=50% MFI	18,119	20,345	4,303	15,420	58,187	50,724	21,433	6,523	10,640	89,320	147,507
7. % with any housing problems	47.1	58.2	65.9	63.6	56.8	27.5	60.9	71.3	56.4	42.1	47.9
8. % Cost Burden >30%	46.2	56.2	41.8	61.8	53.5	26.9	59.7	60.3	55.3	40.6	45.7
9. % Cost Burden >50%	12.5	7.1	4.6	13.8	10.4	10.6	28.1	20.1	29.4	17.7	14.8
10. Household Income >50 to <=80% MFI	12,524	32,092	7,694	26,187	78,497	71,150	66,990	19,488	25,705	183,333	261,830
11. % with any housing problems	25.6	15.2	35.6	19.6	20.3	14.8	36.2	43.3	40	29.2	26.5
12. % Cost Burden >30%	24.3	11.3	7	17.9	15.2	14.4	35.2	29.1	39.2	27	23.5
13. % Cost Burden >50%	5.7	0.6	0.2	1.1	1.6	4.1	7.3	4.7	9	6	4.7
14. Household Income >80% MFI	10,200	61,244	10,345	42,072	123,861	122,882	493,693	82,303	79,461	778,339	902,200
15. % with any housing problems	8.2	3.5	26.5	3.4	5.8	4.5	5.9	12.2	10.8	6.9	6.7
16. % Cost Burden >30%	6.8	0.7	0.5	1.2	1.4	4.2	5.4	5.3	10	5.7	5.1
17. % Cost Burden >50%	2.8	0.1	0.1	0.1	0.3	0.7	0.5	0.5	1.1	0.6	0.6
18. Total Households	62,322	133,053	25,428	103,302	324,105	275,965	595,757	111,609	126,608	1,109,939	1,434,044
19. % with any housing problems	38.4	25.3	42.9	28.7	30.3	17.8	12.9	23.3	25.9	16.7	19.7
20. % Cost Burden >30	37.3	22.6	18.8	26.9	26.5	17.4	12.3	14.8	25	15.3	17.8
21. % Cost Burden >50	17	9.4	7.2	12.1	11.6	7	3.6	4.2	9.9	5.2	6.7

Note: Any housing problems includes cost burden greater than 30 percent of income and/or overcrowding and/or without complete kitchen or plumbing facilities.

Other housing problems include overcrowding (1.01 or more persons per room) and/or without complete kitchen or plumbing facilities.

Elderly households include 1 or 2 person households, either person 62 years old or older.

Renter data does not include renters living on boats, RVs or vans. This excludes approximately 25,000 households nationwide.

Cost burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.

Source: HUD CHAS Data (<http://socds.huduser.org/chas/index.htm>) Tables F5A, F5B, F5C, F5D, May 6, 2004. 11:30 AM MDT.

Exhibit IV-31.
TABLE 2A Priority Needs Summary Table, Indiana, 2000

PRIORITY HOUSING NEEDS (households)	Priority Need Level	Total households	Housing unit with any housing problems		
			Households	percent	
Renter	Small Related (2 to 4)	0-30%	46,715	36,111	77.3%
		31-50%	41,935	25,245	60.2%
		51-80%	60,335	10,921	18.1%
	Large Related (5 or more)	0-30%	8,815	7,493	85.0%
		31-50%	9,335	6,273	67.2%
		51-80%	13,989	5,526	39.5%
	Elderly (1 & 2 members)	0-30%	38,394	20,387	53.1%
		31-50%	31,384	16,665	53.1%
		51-80%	22,710	6,836	30.1%
	All Other	0-30%	56,330	41,797	74.2%
		31-50%	40,285	27,474	68.2%
		51-80%	61,714	14,256	23.1%
	All Renters	0-30%	150,254	107,131	71.3%
		31-50%	122,939	75,730	61.6%
		51-80%	158,748	37,623	23.7%
Owner	0-30%	95,273	65,834	69.1%	
	31-50%	141,201	61,564	43.6%	
	51-80%	283,492	83,063	29.3%	

Note: Any housing problems: cost burden greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities.
Other housing problems: overcrowding (1.01 or more persons per room) and/or without complete kitchen or plumbing facilities.
Elderly households: 1 or 2 person households, either person 62 years old or older.
Renter: Data do not include renters living on boats, RVs or vans. This excludes approximately 25,000 households nationwide.
Cost Burden: Cost burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.
Unmet Need: The estimated number of eligible households in need of assistance for the ensuing 5-year period that are not currently receiving assistance. This number is the unmet need.
The HUD Area Median Family Income used was \$50,256.
Source: 2000 Census and HUD Table's F5A, F5B, F5C, F5D.

Affordability by minimum wage. A 2005 study by the National Low-income Housing Coalition found that extremely low-income households (earning \$17,392, which is 30 percent of the AMI of \$57,973) in Indiana can afford a monthly rent of no more than \$435, while the HUD Fair Market Rent for a two bedroom unit in the State is \$622. For single earner families at the minimum wage, it would be necessary to work 92 hours a week to afford a two bedroom unit at the HUD Fair Market Rent for the State. This is an increase of 7 hours from the 2003 study of 85 hours a minimum wage worker must work.

The study analyzed the affordability of rental housing for the State overall and for the State excluding the metropolitan areas. Exhibit IV-32 reports the key findings from the 2005 study. As shown in Exhibit IV-32, in the State's non-metro areas, studio and one-bedroom apartments are relatively affordable to a family earning the median income—that is, families are not as likely to be cost burdened if they rented apartments of this size. However, families with one worker earning the minimum wage would have difficulty renting any size apartment without working more than a 40 hour week.

Exhibit IV-32.
Housing Cost Burden, Indiana Non-Metro Areas, 2005

	0 Bedrooms	One Bedroom	Two Bedrooms	Three Bedrooms	Four Bedrooms
Percent of median family income needed	30%	33%	41%	53%	59%
Work hours/week needed at the minimum wage	59	65	81	104	116
Income needed	\$15,873	\$17,492	\$21,705	\$27,950	\$30,960

Note: Family annual median income was estimated at \$52,445 for non-metropolitan Indiana.

Source: National Low-income Housing Coalition, *Out of Reach*, 2005.

According to the study, Indiana's non-metro areas annual family median income increased only slightly by 7.7 percent from 2000 to 2005 and decreased slightly (0.43 percent) from 2004 to 2005. However, fair market rent for a two bedroom apartment increased by 25 percent from 2000 to 2005 and increased 1.7 percent from 2004 to 2005.

Future housing needs. As discussed previously, approximately 348,000 households (20 percent of occupied households) who own their homes and 257,000 households who are renting (38 percent of occupied households) are paying 30 percent or more of their incomes in housing costs and, as such, are cost burdened. Although cost burden can be an indicator of housing need, not all households who are cost-burdened are in need of housing. For example, younger households may choose to be cost burdened when they buy their first or second homes in anticipation of rising incomes in the future. Also, it is not uncommon for elderly households to pay a higher percentage of their incomes in housing costs, because their other expenses are lower than those of younger households.

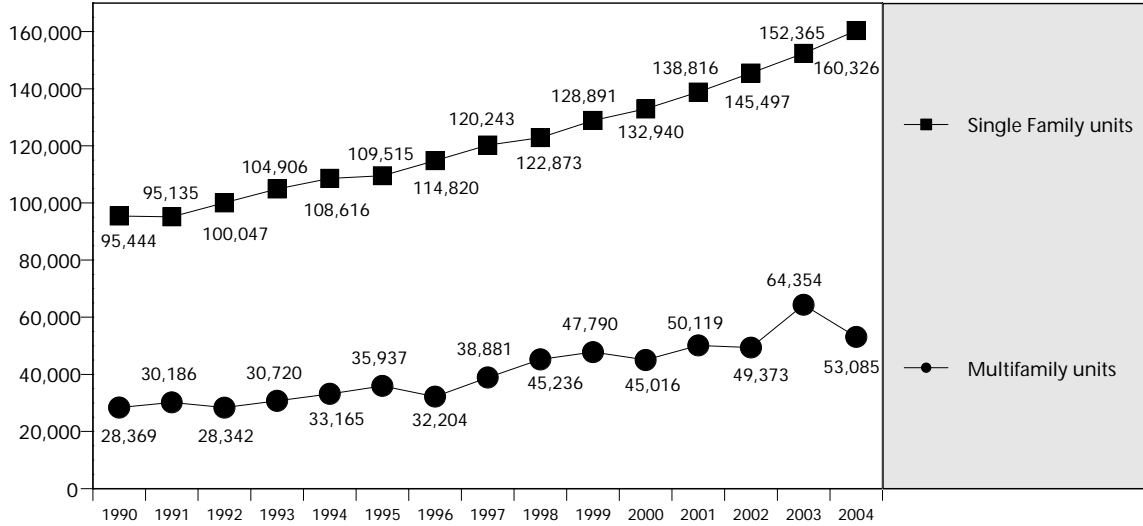
The cost burdened households with the greatest needs are generally those with the lowest incomes. The 2002 PUMS reported 152,494 cost burdened renter households and 88,402 cost burdened owner households with annual incomes less than \$20,650 (50 percent of the median household income)—for a total of about 241,000—that are likely in need of affordable housing or some level of assistance with housing costs.

As shown in Exhibit IV-33, the cost of new housing in Indiana has been on an upward trend since 1990, as measured by the value of the housing constructed when units are permitted. These trends suggest that new housing is unlikely to grow more affordable in future years. However, the new housing may free up affordable housing currently occupied by households who could pay more for housing costs.

Between 1990 and 2004, the average building cost for single family units increased by approximately 68 percent; the cost of 5 or more units of multifamily housing increased by 87 percent. The average annual cost increase was 3.8 percent for single family housing and 5.3 percent for 5 or more units of multifamily housing for the same time period.

The following exhibit shows the annual average building cost for single family and 5 or more units of multifamily housing between 1990 and 2004.

Exhibit IV-33.
Average Building Cost for Single Family and Multifamily (5 or More Units) in Indiana, 1990 to 2004



Note: Permit authorized construction.
Source: U.S. Census Bureau and Indiana Business Research Center.

If the State experiences the same level of household growth between 2005 and 2009 as it has so far this decade and the distribution of housing prices remains that same as it was in 2000, (which is unlikely given recent trends—therefore this would be a best case scenario) an estimated 357,000 low-income households will be cost burdened and in need of some type of housing assistance in 2009.

Disproportionate need. The 2000 Census reports the median rent and mortgage costs as a percentage of household income by race and ethnicity. These data are useful in identifying households (by race and ethnicity) that may have a disproportionate level of affordable housing need. If households of a certain race or ethnicity are more likely to be cost burdened than others, they are likely to have greater housing needs than other households.

Exhibit IV-34 shows the median rent and housing costs for households with mortgages by race and ethnicity in 2000.

Exhibit IV-34.
Median Housing Costs as a Percentage of Income, by Race and Ethnicity, 2000

Source:
U.S. Census of the Bureau, 2000.

Household Race/Ethnicity	Rent/Income	Mortgage/Income
American Indian/Alaskan Native	26.5%	21.5%
Asian	25.7%	20.9%
Black or African American	23.5%	19.1%
Native Hawaiian/Pacific Islander	26.1%	19.8%
White	23.5%	19.1%
Some Other Race	21.8%	20.4%
Two or More Races	26.7%	21.0%
Hispanic/Latino	22.1%	20.0%

The comparison of housing costs as a percent of income by race and ethnicity shows modest differences between the housing cost burden. Whites, Asians, and Hispanics/Latinos pay a lower percentage of their incomes in rents and mortgages than African Americans, American Indians/Alaskan Natives and individuals of other races. The difference is largest for renter households, particularly for African American, Native Hawaiian/Pacific Islander, and Two or More Races households.

Summary of Findings

The exhibit on the following page is a summary of key findings for Indiana as reported throughout this section. The exhibit shows findings concerning housing condition, affordability and HUD's CHAS tables. County summaries showing similar housing condition information is provided in Appendix E.

Exhibit IV-35.
Summary of Findings, Indiana

Housing Condition	Source	Households
Pct. of households overcrowded:	2002 PUMS	1.9%
Less than or equal to 30% of AMI		1.7%
31% to 50% of AMI		2.2%
51% to 80% of AMI		1.6%
81% to 100% of AMI		2.5%
Greater than 100% of AMI		1.8%
Occupied units lacking:		
Complete plumbing	2004 ACS	10,304
Complete kitchen facilities	2004 ACS	12,973
Lead-based paint risk:		
Renters	2004 ACS	132,698
Very low income (less than 50%) and built 1939 or earlier	2002 PUMS	131,152
Affordability		Households
Owners:		
Cost burdened	2004 ACS	348,274
Severely cost burdened	2004 ACS	119,361
Renters:		
Cost burdened	2004 ACS	256,617
Severely cost burdened	2004 ACS	122,358
Cost burdened households with disabled members	2002 PUMS	201,840
Households "underpaying" for housing:		
51% to 80% of AMI	2002 PUMS	111,142
81% to 100% of AMI	2002 PUMS	138,348
CHAS	CDBG	HOME
Households with housing problems:		
Elderly (1 & 2 members)	332,364	338,363
Small related (2 to 4)	728,966	729,069
Larger related (5 or more)	137,066	137,125
All other households	<u>222,720</u>	<u>230,014</u>
Total	1,421,116	1,434,571

Source: U.S. Census Bureau, HUD and BBC Research & Consulting.

PHA Survey Results

To better understand the demand for rental assistance, a mail survey of Public Housing Authorities (PHAs) in nonentitlement areas in the State was conducted as part of the 2005 Consolidated Plan process. The survey collected information on Section 8 Housing Choice voucher usage between January and September 2004, by individual PHA. Forty-three surveys were mailed, and 28 responses were received, for a response rate of 65 percent.

A similar survey was completed in February and March of 2004 for the 2004 Consolidated Planning process. The February/March survey collected information about voucher usage during 2003. The conclusions from that survey can be found in the 2004 Consolidated Plan Update. The high percentage (68 percent) of the PHAs providing data for both 2003 and 2004 enables us to make meaningful comparisons about voucher usage and the demand for vouchers over this two year period.

Voucher utilization and demand. Of the PHAs responding to the current survey, 22 (or 79 percent) administer Section 8 vouchers. The average number of vouchers administered by the 22 PHAs at the time of the survey was 214, with a low of 50 vouchers and a high of 429 vouchers. Voucher utilization remained high in 2004, with 91 percent of PHAs having a 95 percent or higher voucher utilization rate. In 2003, 95 percent of respondent PHAs had a 95 percent or higher voucher utilization rate.

The number of PHA survey respondents stating that their Section 8 voucher utilization rate had fallen below 95 percent during the prior year had declined to 55 percent in 2004, compared with 65 percent in 2003. The majority of lower utilization years were between the years 2000 and 2004. The primary reason(s) given for lower utilization are, in order of frequency of response: low HUD-specific Fair Market Rents, military base closures in communities, and poor management of the Section 8 voucher programs. Fifteen percent of housing authorities reported having to return portions of voucher funding to HUD, with the primary reason provided being low utilization. Approximately \$402,000 in voucher funding was returned to HUD, most of which was returned during the years 2001 and 2002.

As in the 2003 PHA survey results, the 2004 survey data indicate that long waiting lists remain typical. The *average* number of households on waiting lists is up slightly: In 2004, the respondent housing authorities reported an average of 144 households on their waiting lists. This compares to an average of 139 reported by the PHAs in 2003.

The following exhibit shows the average number of households on waiting lists by PHA.

Exhibit IV-36.
Average Number of Households on Waiting Lists, 2003 and 2004 (through September 2004)

Source:
2005 Indiana Consolidated Plan
PHA Survey.

City	Average for 2004	Average for 2003	Change in households on waiting lists, 2003 and 2004 averages
Anonymous	150	N/A	N/A
Anonymous	315	N/A	N/A
Brazil	120	N/A	N/A
Elwood	150	N/A	N/A
Fulton	50	N/A	N/A
Greencastle	162	140	22
Greensburg	72	N/A	N/A
Knox	300	300	0
Linton	60	N/A	N/A
Logansport	148	177	-29
Marion	340	N/A	N/A
New Castle	175	315	-140
Peru	150	N/A	N/A
Richmond	225	200	25
Rockville	40	N/A	N/A
Sellersburg	20	31	-11
Seymour	75	109	-34
Sullivan	50	42	8
Tell City	48	25	23
Union City	50	50	0
Vincennes	275	150	125
Warsaw	261	N/A	N/A

The PHAs were also asked to provide detailed information about the length of their waiting lists as of June 30, 2004 (in addition to an average for the year). The following exhibit reports the number of households on PHA waiting lists by size of unit needed. As shown in the exhibit, most households on waiting lists (88 percent of all households) need units with one to three bedrooms. About half of the PHAs who responded to both the 2003 and 2004 surveys had declines in their waiting lists; about half had increases.

Exhibit IV-37.

Numbers of Households on Waiting Lists as of June 30, 2004

City	Studio	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom	More Than 4 Bedrooms	Total on Waiting List June 2004
Anonymous	0	94	140	94	4	2	334
Anonymous	0	63	71	47	4	1	186
Brazil	0	21	48	50	20	0	139
Elwood*							151
Fulton	0	25	25	23	6	3	82
Greensburg*							80
Linton	0	10	20	18	2	0	50
Logansport	0	65	34	27	4	0	130
Marion	0	319	397	252	55	8	1,031
New Castle	0	68	62	35	5	1	171
Peru	0	63	71	47	4	1	186
Richmond	12	47	34	112	14	6	225
Rockville	0	10	25	12	3	0	50
Sellersburg	0	5	12	5	0	0	22
Seymour	0	19	33	22	0	0	74
Sullivan	0	5	9	6	2	0	22
Tell City	0	8	15	13	9	0	45
Union City	0	44	26	30	6	0	106
Vincennes	0	125	91	51	8	0	275
Warsaw	0	110	97	44	10	0	261
Total	12	1,101	1,210	888	156	22	3,620
% of total	0%	30%	33%	25%	4%	1%	100%

Note: *The PHAs marked with an asterisk do not keep waiting lists by bedroom size.

Source: 2005 Indiana Consolidated Plan PHA Survey.

Eighty percent of PHAs indicated a wait of greater than six months for all sized units. Thirty percent of the PHAs have households on waiting lists for 12 months or longer. Exhibit IV-38 shows the time to reach the top of the waiting list by unit size by PHA. Except for Richmond, unit size does not appear to be a factor in waiting list length.

Exhibit IV-38.
Months to Reach Top of Waiting Lists, June 30, 2004

City	Studio	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom	More Than 4 Bedrooms
Anonymous	0	18	18	18	18	18
Anonymous	0	12	12	12	12	12
Brazil	0	6	6	6	6	0
Elwood	0	7	7	7	7	7
Fulton	0	6 to 12	6 to 12	6 to 12	6 to 12	6 to 12
Greencastle	8	8	8	8	8	8
Greensburg	10 to 11	10 to 11	10 to 11	10 to 11	10 to 11	10 to 11
Linton	0	1 to 2	1 to 2	1 to 2	1 to 2	0
Logansport	0	12	12	12	12	0
Marion	0	24	24	24	24	24
New Castle	0	7 to 12	7 to 12	7 to 12	7 to 12	7 to 12
Peru	0	12	12	12	12	12
Richmond	3 to 6	3 to 6	6 to 12	12 to 24	12 to 24	24 to 36
Rockville	0	6	6	6	6	0
Sellersburg	0	6 to 12	6 to 12	6 to 12	0	0
Seymour	0	12	12	12	0	0
Sullivan	0	3	3	3	3	0
Tell City	0	4	8	10	3	0
Union City	0	8	8	8	8	0
Vincennes	0	6 to 12	6 to 12	6 to 12	6 to 12	0
Warsaw	0	15	18	16	15	0

Source: 2005 Indiana Consolidated Plan PHA Survey.

Household characteristics. The 2004 survey results indicate that the largest household category on waiting lists remains extremely low-income families and families with children. On average, 83 percent of households on waiting lists earn 30 percent or less of the area median income (AMI), as compared to an average of 76 percent of households in December 2003. The following exhibit shows the percent of households currently on voucher waiting lists by income category.

Exhibit IV-39.
Estimate of Number of Household Earnings, as a Percentage of Area Median Income (AMI), on Current Waiting Lists

Source:
2005 Indiana Consolidated Plan PHA Survey.

City	30% or less	31% to 50%	51% to 80%	Other
Anonymous	85%	13%	2%	0%
Brazil	95%	3%	2%	0%
Elwood	95%	5%	0%	0%
Greencastle	87%	13%	0%	0%
Knox	60%	35%	5%	0%
Logansport	87%	13%	0%	0%
Marion	66%	32%	2%	0%
New Castle	89%	10%	1%	0%
Peru	85%	13%	2%	0%
Richmond	85%	10%	5%	0%
Rockville	96%	4%	0%	0%
Sellersburg	100%	0%	0%	0%
Sullivan	99%	1%	0%	0%
Tell City	65%	3%	5%	0%
Union City	75%	25%	0%	0%
Vincennes	93%	6%	1%	0%
Warsaw	50%	48%	2%	0%
Average percent, June 2004	83%	14%	2%	0%
Average percent, Dec 2004	76%	17%	5%	1%

The average income for current voucher holders at the time of the September 2004 survey was \$9,075 per year. The annual household income was even lower for those households on waiting lists, at \$8,272 per year. These households are at the HUD defined level of extremely low-income.

The largest household group on waiting lists as of June 30, 2004 was families with children. Eighty-five percent of the PHAs reported that 60 percent or more of their waiting lists were comprised of families with children. The second largest household group on housing authority waiting lists continued to be non-elderly persons with disabilities. Two-thirds of housing authority respondents reported more than 10 percent of their waiting list households in this category.

Exhibit IV-40 shows each PHA's waiting list by household type. The Exhibit shows the average percentage in each household category for the 2004 survey.

Exhibit IV-40.
Estimated Percentage of
Households on Waiting
List, by Household Type,
June 30, 2004

Source:
2005 Indiana Consolidated Plan PHA
Survey.

City	Families With Children	Elderly Without Disabilities	Elderly With Disabilities	Non-elderly With Disabilities
Anonymous	80%	3%	10%	2%
Anonymous	73%	4%	3%	15%
Brazil	79%	9%	8%	4%
Elwood	78%	21%	0%	0%
Greencastle	60%	19%	3%	10%
Greensburg	70%	10%	10%	10%
Logansport	57%	2%	3%	33%
Marion	58%	4%	4%	24%
New Castle	60%	15%	14%	11%
Peru	73%	4%	3%	15%
Richmond	70%	10%	10%	10%
Rockville	78%	3%	0%	0%
Sellersburg	80%	0%	10%	10%
Seymour	30%	0%	4%	15%
Sullivan	70%	0%	0%	30%
Tell City	75%	15%	5%	5%
Union City	64%	12%	0%	24%
Vincennes	70%	4%	6%	20%
Warsaw	60%	11%	1%	5%
Average %, June 2004	68%	8%	5%	13%
Average %, Dec 2004	66%	10%	8%	19%

The survey also asked if the PHAs had ever applied for vouchers designated for persons with disabilities. Five of the PHAs said they had applied; three of the five had received funding. The PHAs that received funding for these vouchers said that the vouchers were well utilized.

Community needs. The survey also asked the PHAs what the greater need is in each PHA community—additional rental units or more tenant-based rental assistance (TBRA). Forty-eight percent of the PHAs were in need of additional affordable rental units, 38 percent were in greater need of TBRA, and 14 percent of respondents needed both rental assistance and affordable rental units. The following exhibit shows these needs by PHA. Earlier in 2004, during the February/March survey, respondents were fairly evenly divided between the need for rental assistance (Section 8 vouchers) versus additional affordable housing units, with 42 percent of housing authorities having the greatest need for additional voucher funding, and 47 percent needing additional units.

Exhibit IV-41.
Greater Need for
TBRA or Affordable
Units, June 30, 2004

Source:
2005 Indiana
Consolidated Plan PHA Survey.

City	Greater Need for Tenant Based Rental Assistance	Greater Need For Affordable Units	Both
Anonymous	X		
Anonymous	X		
Angola		X	
Brazil	X		
Elwood		X	
Fulton		X	
Greensburg		X	
Knox		X	
Logansport	X		
Marion	X		
New Castle		X	
Peru	X		
Richmond		X	
Rockville			X
Sellersburg	X		
Seymour		X	
Sullivan		X	
Tell City		X	
Union City	X		
Vincennes			X
Warsaw			X

Housing Authority respondents most frequently cited families, particularly large families, as having more difficulty finding units that accept vouchers. In addition, respondent PHAs said that disabled accessible units are also difficult to find. Of the 10 PHA respondents, 70 percent stated that families with children and large households find it more difficult than average to find a unit that accepts vouchers. Thirty percent listed households with disabilities as having a harder time finding units that will accept vouchers. Exhibit IV-42 shows the location and the type of household having difficulty finding a unit with a voucher.

Exhibit IV-42.
Types of Households Having Particular Difficulty Finding Units That Accept Vouchers

City	Type of Household
Brazil	Large families needing 3 to 4 bedroom units
Greencastle	Large families, households with bad credit and poor rental histories
Greensburg	Households living off SSI, disability income, TANF, other governmental assistance, and child support
Logansport	Large families and the disabled
Marion	Families with children and the disabled
New Castle	Disabled requiring wheelchair accessible units
Richmond	Families with children
Seymour	Large households
Warsaw	Large families and households with zero income

Source: 2005 Indiana Consolidated plan PHA Survey.

Accessible units available. Most PHAs that administer accessible public housing units were administering one and two bedroom units as of June 30, 2004. According to the 2005 survey, the total number of PHA administered units was 716, with 68 percent of those being one bedroom units, and 18 percent being two bedroom units. The 716 units are much smaller than the number of accessible units reported in the 2003 survey of 1,764. The following exhibit shows the number of accessible public housing units administered by size of unit for each responding location.

Exhibit IV-43.

Number of Accessible Public Housing Units Administered, by size, June 30, 2004

City	Studio/ Efficiency	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom	Total
Anonymous	0	10	0	0	0	10
Angola	0	3	2	2	0	7
Brazil	0	0	8	2		10
Fremont	0	4	0	0	0	4
Greendale	0	42	8	0	0	50
Knox	27	28	15	4	0	74
Linton	0	0	41	9	0	50
Marion	0	12	0	3	0	15
New Castle	0	10	6	0	0	16
Peru	0	10	0	0	0	10
Richmond	2	8	2	0	0	12
Sullivan	0	209	15	24	7	255
Tell City	0	138	39	20	2	199
Vincennes	0	2	2	0	0	4

Source: 2005 Indiana Consolidated Plan PHA Survey.

State voucher data. In addition to the surveys from the PHAs in nonentitlement areas, a completed survey was received from the State for the vouchers administered statewide, by the Family and Social Services Administration (FSSA).

As of June 30, 2004, FSSA administered 4,057 vouchers. The waiting list for State-administered vouchers was 6,728 households, with the majority of households waiting for one to three bedroom units. It takes households between 16 and 20 months to reach the top of the State's waiting list, depending on bedroom size.

The vast majority of the households on the State's waiting list—91 percent—earn less than 30 percent of the AMI. Most households on the waiting list are families with children (64 percent) or non-elderly persons with disabilities (46 percent). Nine percent of the waiting list is made up of elderly without disabilities; 5 percent is made up of elderly with disabilities.

The State reported that it does not provide funds for adaptive modifications of Section 8 funded units through its Section 8 voucher program. The State has applied for and received funding for vouchers designated for persons with disabilities; these vouchers are well utilized.

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The State of Indiana Department of Commerce, Indiana Housing Finance Authority and the Family and Social Services Administration are currently preparing the 2004 Consolidated Plan for the U.S. Department of Housing and Urban Development. This plan will include a housing market analysis, which will examine the need for affordable rental units and vouchers in the State. To aid in this effort, please fill out this brief survey and return by February 15, 2004. We appreciate your assistance.

1. As of December 31, 2003, how many Housing Choice vouchers did your Housing Authority administer? _____

2. As of December 31, 2003 what was the utilization rate of your Housing Choice vouchers? _____

3. As of December 31, 2003, how many households were on your waiting list for Housing Choice vouchers by unit size? On average, how long does it take a household to reach the top of the waiting list? Please complete the chart below:

Unit Size	Length of Waiting List (Number of Households)	Time to Reach Top of Waiting List (months)
Studio/Efficiency		
1 bedroom		
2 bedroom		
3 bedroom		
4 bedroom		
More than 4 bedrooms		

4. During 2003 what was the average number of households on your waiting list for Housing Choice vouchers? _____

5. Has your Housing Authority's Housing Choice voucher utilization rate ever fallen below 95 percent?

ρ Yes ρ No

5a. If so, during what year? _____

5b. If so, what was the primary reason for the low utilization rate? _____

6. Has your Housing Authority ever had to return part of its voucher funding to HUD because of low utilization?

6b. If yes, how much funding was recaptured (by year)? _____

6c. If yes, Please explain the reason for the recapture. _____

7. By percent, roughly how many households on your current waiting list for vouchers earn 30 percent of median income or less, between 31 and 50 percent of median income and between 51 and 80 percent of median income?

Earn 30 percent of area median income (AMI) or less	_____%
Earn between 31 and 50 percent of AMI	_____%
Earn between 51 and 80 percent of AMI	_____%
Other (specify)	_____%
Total	100%

8. By percent, roughly how many households on your waiting list for vouchers are families with children, elderly or people with disabilities?

Families with children	_____%	of total households
Elderly (without disabilities)	_____%	of total households
Elderly (with disabilities)	_____%	of total households
Non-elderly with disabilities	_____%	of total households

9. What is the greater need in your community—tenant based rental assistance (e.g., rental vouchers) or additional affordable rental units? Please explain. _____

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10. How easy is it for the average applicant to find a unit in your community that accepts vouchers?

- Very easy Difficult
 Easy Very Difficult

11. Is it particularly difficult for individuals or households with certain characteristics to find a unit that accepts vouchers? If so, please list those characteristics. _____

12. How many accessible public housing units does your Housing Authority administer, by bedroom size?

Number of Bedrooms	Number of Accessible Units
Studio/Efficiency	
1 bedroom	
2 bedroom	
3 bedroom	
4 bedroom	
More than 4 bedrooms	

13. Does your Housing Authority provide funds for adaptive modifications of Section 8 funded units in the Housing Choice Voucher program?

- Yes No

14. Has your Housing Authority ever applied for vouchers designated for persons for disabilities?

- Yes No

14a. If yes, were these vouchers well utilized? Why or why not? _____

15. Do you permit applicants to reject public housing units and remain on your waiting lists?

- Yes No

16. Do you have a policy of evicting tenants the first time they violate resident rules?

- Yes No

Contact Information (Optional)

PHA Name: _____

Address: _____

Contact Person: _____

Phone/e-mail: _____

Would you like to receive a copy of the State Consolidated Plan Executive Summary?

- Yes No

Would you like to receive information about the State Consolidated Planning process?

- Yes No

For Further Questions and Information, Please Contact:

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Thank You for Your Assistance!

SECTION V.
Special Needs Populations

SECTION V.

Special Needs Populations

Introduction

This section discusses the housing and community development needs of special needs populations in Indiana, pursuant to Sections 91.305 and 91.315 of the State Government Consolidated Plan Regulations.

Due to lower incomes and the need for supportive services, special needs groups are more likely than the general population to encounter difficulties finding and paying for adequate housing and often require enhanced community services. The groups discussed in this section include:

- Youth;
- The elderly;
- Persons experiencing homelessness;
- Persons with developmental disabilities;
- Persons with HIV/AIDS;
- Persons with physical disabilities;
- Persons with mental illnesses and/or substance abuse problems; and
- Migrant agricultural workers.

A list of data sources used in assessing the needs of these populations is provided at the end of this section.

Individuals with extremely low- and very low-incomes are also considered a special needs group by many policymakers and advocates. Because the needs of this group are given attention in other sections of this report, low-income populations are not included here as a specific special needs group.

Key Population and Housing Statistics

Exhibit V-1 on the following page displays summary population and housing statistics found throughout this report by special needs group. These statistics incorporate the most current data available to estimate the specified living arrangements, unmet housing needs and homeless numbers by special needs population. The remainder of this report contains narrative and data detailing the needs of each special needs population group.

Exhibit V-1.
Key Population and Housing Statistics

Special Needs Group			Number
Youth	<i>Population</i>	Total aging out of foster care each year	787
	<i>Housing</i>	Youth shelters (17 years and under)	6 shelters
		Sheltered homeless youth (point-in-time)	1,093
		Former foster youth in 4 or more foster homes	315
		Former foster youth ending up homeless	315
Elderly	<i>Population</i>	Total population 65 years and over (2004)	772,010
	<i>Housing</i>	Group quarters population (2000)	50,034
		Cost burdened owners (2004)	86,750
		Cost burdened renters (2004)	46,293
		Nursing facilities	484 units/53,000 beds
		Living in substandard housing (nonentitlement areas)	27,000
		Living in units with condition problems:	
		Renters	48,599
Owners	83,255		
Persons Experiencing Homelessness	<i>Population</i>	Total: (2005)	6,460
		Individuals	3,352
		Persons in families with children	3,108
		Balance of Indiana: (2005)	6,460
		Individuals	3,352
		Persons in families with children	3,108
	<i>Housing (Balance of Indiana excluding metro areas)</i>	Emergency beds (2004)	2,080
		Transitional housing	1,859
		Permanent supportive housing	1,449
		Chronically homeless	2,777
Unmet need, literally homeless	5,963		
Persons with Developmental Disabilities	<i>Population</i>	Total	70,787
		DD population receiving services from state or non-state agencies (2004)	9,868
	<i>Housing</i>	Facilities for DD (2004)	2,032
		Persons in congregate care	4,510
		Persons in host home/foster home	543
		Living in own home	4,815
		Living with family member and receiving supportive services	4,815
		Unmet housing need	7,000
Persons with HIV/AIDS	<i>Population</i>	Total living with HIV/AIDS (June 2005)	7,156
	<i>Housing</i>	Units for persons with HIV/AIDS	143
		Tenant-based rental assistance units	223
		Short term rent/mortgage and/or utility assistance	561
		Sheltered homeless with HIV/AIDS (point-in time)	13
		Housing need	2,086
		Homeless or at-risk of experiencing homelessness	2,150 - 3,580
Persons with Physical Disabilities	<i>Population</i>	Total (2000)	1,054,757
	<i>Housing</i>	Living in poverty (rural areas)	71,000
Persons with Mental Illness	<i>Population</i>	Total	247,285
		Target population for State services	67,071
		SMI population served by DMHA (SFY 2005)	48,114
	<i>Housing</i>	Living in rural areas	11,999
		Living in urban areas	36,019
		Beds reported by CMHCs (2001)	1,900
Sheltered homeless with SMI (point-in-time)	680		
Persons with Chronic Substance Abuse	<i>Population</i>	Total	87,946
		Chronically addicted population served by DMHA (SFY 2005)	29,215
	<i>Housing</i>	Beds for substance abuse treatment	5,662
		Homeless with substance dependencies (1-year period)	30,000 - 71,000
Sheltered homeless with chronic substance abuse (point-in-time)	0		
Migrant Farmworkers	<i>Population</i>	Total (migrant and seasonal farm workers)	8,000
	<i>Housing</i>	State licensed camps (2006)	53
		Living in substandard housing	1,760
		Living in crowded conditions	4,160
		Substandard, cost burdened and crowded conditions	480

Source: BBC Research & Consulting.

Youth

Because of growing concerns Statewide of the needs of youth, the Consolidated Plan included this group as a special needs population for the first time in the 2004 Update. This section details the most current research about the needs of this population.

Population. There are three segments of the population of youth in Indiana who have potential housing and supportive service needs: Youths aging out of the foster care system; older youth transitioning to adulthood with uncertain future plans; and youth who are homeless.

Youth exiting the foster care system. Indiana has an average of 787 youth who “age out” of foster care each year.¹ Typically, the foster care system expects youth to live on their own at age 18. Often, youth in foster care do not get the help they need with high school completion, employment, accessing health care, continued educational opportunities, housing and transitional living arrangements, which can lead to longer term housing and supportive service needs.

Youth who are homeless. On March 27, 2000, the Census identified approximately 2,384 persons staying in emergency and transitional shelters Statewide. This tabulation does not include people in domestic violence shelters or shelters for abused women, transitional housing and permanent supportive housing. Of these 2,384 persons, 26 percent (615 persons) were under 18 years of age.

According to the 2005 Indiana Balance of State Continuum of Care, there were 1,093 youth (under 18 years of age) who were homeless but living in a sheltered environment.² This is an increase of 78 percent compared to the 2000 Census estimate of 615 youths.

Youth with uncertain futures. The U.S. Census Bureau produced a special supplementary survey in 2002 with data on disconnected youth. Disconnected youth are persons ages 18 to 24 who are not presently enrolled in school, are not currently working and have no degree beyond a high school degree or GED. The statistic intends to capture a population of young adults having difficulty making the transition to adulthood. In 2002, 93,000 Hoosier youth (17 percent of all young adults) were reported by Census data to be “disconnected.” This is slightly higher than the 15 percent of young adults who are considered disconnected nationally.³

Outstanding need. In December 2003, the Social Science Research Center of Ball State University of Indiana completed a study, *Indiana Independent Living Survey of Foster Youth*. The survey asked 247 youth in foster care (ages 14 to 18 years) from more than 40 of the 92 counties in Indiana information regarding the characteristics, experiences and needs of young people and offered these individuals the opportunity to voice their opinions regarding needs and resources. Approximately 28 percent of the youth lived in rural areas and the remaining in urban areas.

Over half (52.5 percent) of the youth stated that they did not know where they were going to live when emancipated. Additionally, 108 youths (44.3 percent) indicated they were *not* aware of housing options available upon emancipation. The youth who did know of housing options said they were

¹ *An Amendment to the Indiana Child and Family Services Plan for FY 1999-2004, Education and Training Vouchers for Youths Aging out of Foster Care Program*, July 30, 2003.

² This number is from the balance of the state and does not include St. Joseph, Marion, Knox, Daviess, Gibson, Pike, Dubois, Posy, Vanderburgh, Warrick, Spencer and Perry counties in the count.

³ *KIDS COUNT 2003 Data Book Online*, Profile for Indiana, <http://www.aecf.org/cgi-bin/kc.cgi?action=profile&area=Indiana>.

informed mostly by their Division of Family and Children case manager (37.5 percent) or their independent living program staff (25.7 percent).

Almost three-fourths (74 percent) stated that they would prefer to stay with their foster parents. When asked if they would like to stay with their foster parents after emancipation or aging out, on average, the youth wanted to stay 2.06 years.

The study also reported that Indiana youths participating in focus groups in 2002 expressed an interest in better housing options when they left care. They stated they would need furnished housing and possibly roommates to share the bills. A suggestion by the participants included housing similar to the secure housing provided for seniors.

National studies have shown that most youth transitioning from in-home care to self-sufficiency do not appear to have the needed supports to be self-sufficient. These studies have found that of the youth leaving foster care, within 12 to 18 months:

- 40 percent end up homeless (which would equate to 315 Indiana youth per year).
- 50 percent are unemployed (394 Indiana youth per year).
- 37 percent do not have a high school diploma or GED (291 Indiana youth per year).
- 33 percent are on public assistance (260 Indiana youth per year).
- 30 percent have children (236 Indiana youth per year).
- 27 percent of the males and 10 percent of the females have been incarcerated.

Research also shows that three out of ten of the nation's homeless are former foster children, and homeless parents who have a history of foster care are almost twice as likely to have their own children placed in foster care as homeless people who were never in foster care. Several studies document that anywhere from 10 to 25 percent of former foster youth are homeless for at least one night after they leave foster care.

In February of 2004, the Midwest Study, a collaboration of state public child welfare agencies in Illinois, Iowa, and Wisconsin, the Chapin Hill Center for Children at the University of Chicago and the University of Wisconsin Survey Center produced a report entitled the *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care*. The team gathered data from 732 adolescents in the aforementioned states to assess how former foster care youth handle the transition to adulthood. This study was the first comprehensive look at former foster care youth since the enactment of the Chafee Act in 1999.

The 732 interviewed youths were 17 years old and still under the jurisdiction of the state child welfare system. The youth respondents were almost split evenly between male and female. The majority of youths (57 percent) were African American and 31 percent were White. Before entering foster care, most youth lived with at least one birth parent, the birth mother in the majority of cases. Youth were asked to identify their primary caregiver's problems. Seventy-one percent said that their caregiver had one or more problems — 43 percent cited drug abuse, 39 percent cited inadequate parenting skills and another 35 percent cited alcohol abuse. When asked if they had been abused or neglected, the majority (59 percent) said they had been neglected. Twenty-five percent of youth reported only one foster home placement; however, almost 40 percent reported living in four or more foster homes since entering the system (315 of the 787 Indiana youth aging out each year).

The Midwest Study assessed the physical and mental health of the youth participants. Of the 732 youths, 230 (31 percent) suffered from one or more mental or behavioral health disorder, over one-third had received counseling, almost 25 percent had been prescribed drugs for a psychological or psychiatric condition and 7 percent had been in a psychiatric hospital for at least one night in the past year. In comparison to the general population, foster youth reported more serious physical injuries in the past year.

The foster youth in the Midwest Study “were much more likely than the national sample to have been pregnant and to have carried a pregnancy to term, but less likely to have had an abortion. Altogether, 100 of the youth (13.7 percent) reported having at least one child.”

Foster youth in the study were much more likely than the average population to engage in delinquent behavior, particularly theft, serious fighting, causing injury and running away. In all crime categories, males were much more likely to be involved in the juvenile justice system than females.

Resources and solutions. As noted above, one of the greatest needs of youth transitioning from the foster care system—and, by definition, of youth who are homeless—is affordable housing. The need for safe, affordable housing is a central need consistently identified by young adults who have aged out of foster care. These young adults need to have transitional housing with supportive services, rental vouchers with supportive services and affordable housing.

There are several programs in Indiana that assist youth with housing needs. However, these programs are all transitional, providing temporary assistance, as outlined below.

Family Unification Program. HUD’s Family Unification Program (FUP), managed by the Indiana Family Social Services Administration, provides housing assistance for youth ages 16 to 21 who have left foster care. These vouchers are time-limited; a youth can only have the voucher for 18 months. The agency that refers a youth to this program provides aftercare to each youth. There are an array of services available to youth in housing to promote their successful transition to adulthood.

Transitional Living Program. The Transitional Living Program (TLP) is a part of the U.S. Department of Health and Human Services Family and Youth Services Bureau’s Runaway and Homeless Youth Program. Youths ages 16 to 21 experiencing homelessness are eligible for residential services for up to 18 months. The TLP provides funding to the Children’s Campus, Inc. in Mishawaka. The Children’s Campus treats severely emotionally disturbed children, adolescents and their families who require compassionate and specialized care in residential environments ranging from secure care to independent living.

John H. Chafee Foster Care Independence Program. Indiana is using the John H. Chafee Foster Care Independence Program funding for Room and Board, Independent Skill Services and Youth Advisory Boards for youth ages 14 to 21 who are transitioning from foster care. Services are available based on availability of funding in each county. All 92 counties have included IL services in their budgets to manage the 20 percent match but all have limited funds. Except for Room and Board, IL skill services are available to youth that were in foster care at any time after the age of 14 and probation youth that were in foster care after that age of 14 and were IV-E eligible. Room and Board services have been capped at \$3,000 per eligible youth between age 18 and 21. When youth receive Room and Board services, it is expected that the youth will be capable of becoming self-sufficient within a 6-month period with skill services being provided. The Chafee allotment for Indiana was \$2,288,567 in 2005 and is distributed by the Division of Family and Children.

Youth shelters. There are six youth shelters in Indiana for persons 17 years and younger that receive ESG funds. In Indiana, persons 18 years and over are considered an adult and can receive services at any shelter for adults. IHCD has given three awards for youth shelters for a total allocation of \$980,000. The awards were made to the following counties:

- Harrison County was awarded \$200,000 in CDBG funds in January 2004 for ten units of a youth shelter;
- The Bashor Home in Elkhart County was awarded \$480,000 in January 1999 to provide permanent housing to children under the age of 21 that are either wards of the State or homeless; and
- Dearborn County was awarded \$300,000 in November 1998 for rehabilitation of a youth shelter.

In addition to housing, there are a number of resources available to youth ranging from education about basic living skills to job training. The following is a description of primary programs in Indiana.

Emancipation Goods and Services. Emancipation Kits (including items, such as a tool kit, towels, pot and pans, etc.) are given to youth aging out of the foster care system. Services may include GED prep classes, driver's education, specialized testing application fees, and services needed to make the transition to independence successful. A Resource Card, listing important telephone numbers of agencies, is provided to youth upon discharge from care. Helpful numbers listed on the laminated card include the Family Helpline, FSSA General information, Runaway National Switchboard and Indiana Workforce Development.

Other services. Many agencies providing housing services to youth, either directly or by referral, include the following services:

- Education regarding the range of housing options, budgeting for consistent payments of rent to assure a positive rental history;
- Education on tenant rights and responsibilities;
- Education to develop understanding of the importance of following apartment communities rules and regulations policies;
- Advocacy on behalf of youth for affordable appropriate housing;
- Assistance with obtaining safe, growth enhancing living environment suitable to the needs of the youth and his/her level of functioning; and
- Receives formal supervised independent living services where the youth is under the supervision of an agency and receiving agency financial support, but without 24-hour adult supervision, as appropriate and outlined in the case plan.

Workshops and conferences. Each year workshops and youth conferences are held throughout the State. Two computer workshops are held to increase self-sufficiency. Upon successful completion, the youth leaves with the computer, printer, software, power strip, and textbook. There are also two youth conferences held each year discussing employment services, housing, post secondary and training opportunities, budgeting and living independently.

Education and Training Voucher Program. The Education and Training Voucher Program (ETV) that began in 2003 offers financial assistance, up to \$5,000 per year not to exceed the cost of attendance, to eligible Indiana youths to help with post secondary education (college) or job training.

Energy Education Training. Young adults (18 to 20 years of age) voluntarily receiving independent living services, must undergo Energy Education Training. The training covers such topics as overall home energy use, space heating, adjusting thermostats, water heating, hot water heaters, lighting appliances and heating leaky space. In addition to training, each youth is also given an Energy Conservation Kit that includes such items as an energy efficient shower head, faucet aerators, compact fluorescent light bulbs and a Conservation Action Kit booklet to guide the young adults through the installation and assessment of energy savings potential.

Solutions to address needs. In 2002, the Casey Family Programs Foundations for the Future released a framework for youths transitioning from foster care to successful adulthood. It mentioned finding and maintaining good living situations as one of the biggest challenges for youths leaving foster care. The framework for housing includes:

- Provide life skills classes that teach youths how to live independently.
- Provide opportunities for youths to practice living on their own.
- Increase staff knowledge of housing issues, including knowledge of available resources to accommodate housing needs.
- Create alliances with housing providers.
- Ensure that youths have a safe, affordable place to live when leaving care.

The Governor's Commission on Home and Community-Based Services released a report June 2003 discussing the many barriers and action steps needed to shift the balance of long-term care services in Indiana. Twenty-eight actions were presented to serve as a blueprint for reform in Indiana. Two of the actions focused on children at-risk and are as follows:

- The Family and Social Services Administration should assist each Indiana community to implement an integrated and unified system of care that is organized to respond to the needs of children who are at-risk of long-term out of home placements. A system of care is a "comprehensive spectrum of services and supports that are organized into a coordinated network to meet the multiple and changing needs of individuals and their families."
- The Governor must issue a clear statement that identifies an on-going commitment by the State of Indiana to early identification and assessment of children who need services as well as a comprehensive prevention and early intervention strategy for Hoosier children.

The Elderly

Total population. The U.S. Census Bureau has two statistical units that estimate population in-between the decennial Census, the Population Division and the American Community Survey (ACS) Office. The American Community Survey data do not include those persons residing in institutions, college dormitories and other group quarters. Therefore, population estimates from both sources can vary considerably. According to 2004 estimates from the Population Division, there were 772,010 persons 65 years and over living in Indiana in 2004, a 2.5 percent increase over the 2000 total of 752,831. However, according to the ACS, only 715,268 persons 65 years and over were living in Indiana in 2004 (a difference of almost 57,000 from the Population Division number). Because many elderly persons live in group quarter settings (not reflected in ACS data), the estimate from the Population Division likely reflects the elderly population in Indiana more accurately. In addition, comparing the 2000 Census number of 752,831 to the 2004 ACS estimate (715,268) would indicate a decrease in the elderly population, which is unlikely given national trends and projection data from the Indiana Business Research Center.

According to Indiana Business Research Center Data forecasts, the State's elderly population is expected to grow to 809,460 in 2010. The elderly made up 12.4 percent of the State's population in 2004; by 2010, this is expected to increase to 12.6 percent. Nationally, the elderly constituted 12.4 percent of the total population in 2004, but this share is projected to increase to 20 percent by 2030 as the baby boomers continue to age.

Housing. According to the 2000 Census, 50,034 seniors, or 6.6 percent of the State's elderly population, lived in group quarters (nursing homes included). This is nearly one percentage point higher than the 5.7 percent of seniors nationwide living in group quarters. Nationally, about 4.5 percent of the 65 and older population lived in nursing homes in 2000, with percentages increasing dramatically with age.⁴ For example, only 1.1 percent of those aged 65 to 74 nationwide lived in nursing homes in 2000, while 4.7 percent among those aged 75 to 84 years and 18.2 percent of those 85 years and older lived in nursing homes.

Of the seniors residing in group quarters in Indiana, 44,402 lived in nursing homes and the majority of the remaining 5,632 lived in noninstitutionalized group housing. This noninstitutionalized housing most likely represents congregate care and assisted living settings, which are less care-intensive than nursing homes.

Of the senior households in Indiana not residing in group settings, 79 percent owned their homes in 2000. This was similar to nationwide statistics that showed 78 percent of older residents owning their homes. For individuals 85 years and older, the State homeownership rate dropped to 66 percent, which was slightly higher than the nation at 65 percent. Declining homeownership is indicative of both increasing needs for assisted living and the difficulty supporting the burden of homeownership as individuals age. Exhibit V-2 on the following page presents the housing situations of the senior populations in Indiana and the U.S.

⁴ U.S. Census Bureau, "The 65 Years and Over Population: 2000 Census, Census 2000 Brief, October 2001," <http://www.census.gov/prod/2001pubs/c2kbr01-10.pdf>.

Exhibit V-2.
Senior Housing In the
State of Indiana and the
United States, 2000

Note:

Group home figures represent individuals while renter and owner figures are households.

Source:

U.S. Census Bureau, 2000.

Housing Type	State of Indiana	United States
Group quarters population	50,034	1,993,621
Nursing homes	44,402	1,557,800
Other institutionalized	1,478	83,276
Non-institutionalized	4,154	352,545
Owner occupied households	395,565	17,553,827
Renter occupied households	102,486	5,080,863

Exhibit V-3 displays the tenure of seniors by type of living arrangement. The Census defines a family to include the householder and one or more other people living in the same household who are related to the householder by birth, marriage or adoption. The Census further classifies families as either a “married-couple family” or an “other family.” The “other family” category includes households where the spouse of the householder is missing. Non-family households are those householders living alone or with non-relatives.

Exhibit V-3.

Elderly Living Arrangement by Tenure, Type and Age, March 2000

Living Arrangement and Tenure	65 to 74 Years	Percent 65 to 74 Years	75 Years and Over	Percent 75 Years and Over
Total Elderly Living in Family Arrangements				
Owner Occupied	146,217	92%	89,771	89%
Renter Occupied	12,642	8%	11,656	11%
Married Couple Families				
Owner Occupied	127,447	94%	71,404	90%
Renter Occupied	8,334	6%	8,095	10%
Male Householder, No Spouse Present				
Owner Occupied	3,581	82%	3,628	89%
Renter Occupied	788	18%	463	11%
Female Householder, No Spouse Present				
Owner Occupied	15,189	81%	14,739	83%
Renter Occupied	3,520	19%	3,098	17%
Total Elderly Living Alone or with Non-family Members				
Owner Occupied	68,372	70%	91,205	65%
Renter Occupied	29,547	30%	48,641	35%
Male Householder, Living Alone				
Owner Occupied	16,448	67%	18,596	71%
Renter Occupied	8,079	33%	7,656	29%
Male Householder, Not Living Alone				
Owner Occupied	2,072	77%	952	76%
Renter Occupied	633	23%	297	24%
Female Householder, Living Alone				
Owner Occupied	48,088	70%	70,410	64%
Renter Occupied	20,362	30%	40,349	36%
Female Householder, Not Living Alone				
Owner Occupied	1,764	79%	1,247	79%
Renter Occupied	473	21%	339	21%

Note: The data in this table do not include individuals in group quarters.

Source: U.S. Bureau of the Census, 2000 Census.

Exhibit V-3 highlights several important features of elderly living arrangements:

- Homeownership declines as seniors age.
- Elderly persons living alone or in non-family arrangements are less likely to be homeowners than elderly living in family arrangements.
- Females and males living alone had the lowest homeownership rates.

In most communities, seniors prefer to stay in their own homes as long as possible. If they are nearby, family members can assist with basic care needs, which enables seniors to remain in their homes longer than they would otherwise. However, the increased work demands and increased transience of the population in recent years has made family assistance more challenging.

Outstanding need. Given the variety of housing options available to serve the elderly, and the fact that much of this housing is privately produced, it is difficult to assess the sufficiency of housing for the State's elderly households without undertaking a comprehensive market analysis. However, according to the data and research conducted for this section on elderly housing needs, the largest issues faced by the elderly in the state include cost burden, housing condition and need for accessible housing, especially as seniors age.

Cost burden and poverty. Households paying more than 30 percent of their income for housing are considered to be cost burdened. Data from the 2004 ACS indicate that 22 percent of homeowners 65 years and over were cost burdened, equaling 86,750 cost burdened elderly-owned households. This statistic is much higher for seniors who are renters: In 2004, 58 percent of renters 65 years and over were cost burdened, equaling 46,293 cost burdened elderly renter households. Overall, the State's percentage of owners who were cost burdened was 20 percent in 2004; the percentage of renters who were cost burdened was 41 percent. Therefore, elderly renters have a higher incidence rate of cost burden than households overall in the State⁵.

The elderly poverty rate in Indiana, those over the age of 65 whose total income was less than the threshold, was 8.1 percent in 2004 and 7.2 percent in 2000. The 2000 Census provides more detail of persons in poverty and discussed here. Of the 54,287 elderly in poverty as of the 2000 Census, 801 (or 1.5 percent) were male householders with no wife present and 3,724 (or 6.9 percent) were female householders with no husband present. In 1999, over 52,500 elderly households—or 9 percent of all elderly households—had incomes of less than \$15,000 and an additional 54,000 (also about 9 percent) had incomes ranging from \$15,000 to \$24,999.

Housing condition. HUD's 1999 *Housing Our Elders Report* provides the latest national data available for seniors living in housing in need of repair or rehabilitation. HUD reports that in 1999, 6 percent of seniors nationwide lived in housing that needed repair or rehabilitation. Applying this estimate to Indiana, it is estimated that approximately 27,000 elderly residents of nonentitlement areas in Indiana were likely to live in substandard housing in 2000.

HUD also recently released special data from the 2000 Census that estimate the number of elderly living in housing units with condition problems. A housing unit "with condition problems" is defined as a household having at least one of the following conditions: lacking complete plumbing, lacking complete kitchen facilities, having more than 1.01 persons per room, or housing costs exceeding 30 percent of household income.

⁵ Cost burden for elderly is sometimes defined as 50 percent of household income, rather than 30 percent because of the assumption that elderly people have lower household costs than non-elderly households. HUD applies the 30 percent threshold to elderly households.

Exhibit V-4 compares the number of elderly households living in units with conditions by tenure, income and age.

Exhibit V-4.
Elderly Housing Condition by Tenure, Age and Income, 2000

	Grand Total	Living in Housing With Conditions		Living in Housing Without Conditions	
		Total	Percent	Total	Percent
Owners					
<i>Householder between 62 and 74 years old</i>	283,991	50,428	18%	233,563	82%
Earning less than \$25,000 per year	94,058	35,530	38%	58,528	62%
Earning more than \$25,000 per year	189,933	14,898	8%	175,035	92%
<i>Householder 75 years old and more</i>	180,971	32,827	18%	148,144	82%
Earning less than \$25,000 per year	96,158	28,989	30%	67,169	70%
Earning more than \$25,000 per year	84,813	3,838	5%	80,975	95%
All Households in State	1,669,072	291,090	17%	1,377,982	83%
Renters					
<i>Householder between 62 and 74 years old</i>	55,603	20,876	38%	34,727	62%
Earning less than \$25,000 per year	38,063	19,280	51%	18,783	49%
Earning more than \$25,000 per year	17,540	1,596	9%	15,944	91%
<i>Householder 75 years old and more</i>	60,287	27,723	46%	32,564	54%
Earning less than \$25,000 per year	47,117	24,674	52%	22,443	48%
Earning more than \$25,000 per year	13,170	3,049	23%	10,121	77%
All Households in State	667,190	235,629	35%	431,561	65%

Source: Economic and Market Analysis Division, Special Tabulation of 2000 Census Data, Department of Housing and Urban Development.

The data reveal the following about housing conditions of the elderly:

- Elderly renters are much more likely to be living in housing units with condition problems than owners and all households overall. In 2000, 38 percent of renters aged 62 to 74, and 46 percent of renters aged 75 years and above lived in housing units with condition problems, compared to 18 percent of all elderly owners and 35 percent of all the State's renters.
- Approximately half of all elderly renter households earning less than \$25,000 per year live in housing units with condition problems.
- A very small percentage of elderly households earning more than \$25,000 per year live in units with condition problems. The exception is elderly renter households who are 75 years and older: In 2000, nearly one-fourth of these households lived in units with condition problems.

Accessible housing. Many seniors also live in homes that need modifications to better serve their physical disabilities or other mobility limitations. This trend is reflected by the 33 percent of seniors age 65 to 74 who indicated disability status in the 2000 Census. The percentage rises dramatically to 54 percent of seniors age 75 years and older. Seniors who indicated disability status had a sensory, physical, self-care, going-outside-the-home or employment disability.

Resources and solutions. Numerous federal programs, although not targeted specifically to the elderly, can be used to produce or subsidize affordable elderly housing. These include CDBG, HOME, Section 8, Low-Income Housing Tax Credits, mortgage revenue bonds, credit certificates and public housing. There are also several federal programs targeted specifically at the elderly. A description of the programs widely available to the elderly in the State, along with the utilization of the programs, follows.

Section 202 housing. Section 202 is a federal program that subsidizes the development of affordable housing units specifically for very low-income elderly, including frail elderly. The program also provides rental subsidies for housing developments to help make them affordable to their tenants. The developments often provide supportive services such as meals, transportation and accommodations for physical disabilities. The units are targeted to very low-income elderly. The Section 202 program has supported over 300,000 units in over 7,800 housing developments nationwide since 1959. For FY 2004, four Indiana nonprofits received grants to fund 133 units for very low-income elderly.

Section 8. FSSA administers the State tenant-based rental assistance/Section 8 program, which provides rent subsidies to low-income households including households with disabilities. The State FSSA program funding for Section 8 is \$19.8 million in 2005. Local PHAs also administer local Section 8 programs. In 2004, the total amount of Section 8 funds coming into the State through PHAs and FSSA was \$181 million.

Equity conversion. The Home Equity Conversion Mortgage Program (HECM) supports repair and rehabilitation of housing and the ongoing needs of individuals by allowing elderly homeowners (62 years or older) to recapture some of their home equity. Individuals who own their homes free and clear, or have very low outstanding balances on their mortgages, are eligible for the program as long as they live in their homes. The HECM became a permanent HUD program in 1998.

As of February 2006, more than 193,000 elderly homeowners had chosen HECM loans to help them with their financial needs. Lenders originated a record 43,131 HECM loans during the federal fiscal year 2005 ending September 30, a record number of reverse mortgages for a fifth consecutive year. The increase in loans was driven by record low interest rates that reduced monthly income to seniors from CDs and similar investments, plus other factors.

Since January 2004, seniors have been able to qualify for larger reverse mortgages due to higher loan limits. The loan limit increase enables seniors to convert a greater portion of the equity in their homes into cash to address their financial needs through retirement. In December 2005, the U.S. House of Representatives passed legislation that eliminates the cap on the number of reverse mortgages that can be insured by HUD.

A study of the HECM program, conducted in March 2000, found the following trends:

- HECM borrowers tend to be older and are more likely to be single female households;
- HECM properties are more valuable and owners have a higher equity share;
- HECM properties have a higher share in the West and Northeast regions of the country;
- The program is increasingly located in the center city; and
- Highest penetration is in Utah, Colorado, the District of Columbia and Rhode Island.

Specifically in Indiana, the study found that HECM loans grew 611 percent from 76 loans in 1995 to 540 loans in 1999. Overall, as of October 1999, 694 HECM loans had been originated in Indiana.

In May 2003, an update to the 2000 report was completed to address several issues that may be inhibiting the reverse mortgage market in general and the HECM market in particular. The report updated the actuarial analysis presented in the 2000 HECM report and examined the potential impact of three legislated changes to FHA's Home Equity Conversion Mortgage Program. Between the 2000 report and the update in May of 2003, the HECM program originated 14,000 new loans.

Thirty-five entities in the State of Indiana are HUD approved mortgage counselors for the HECM program, 160 lenders who do business in Indiana and have done reverse mortgages and 11 HUD approved lenders are physically located in Indiana.⁶ The lenders are located in Elkhart, Granger, Indianapolis, Merrillville, Mishawaka and West Lafayette, which could limit program access for some elderly individuals.

Rural home improvement. The United States Department of Agriculture, through its Rural Housing Service, offers loans of up to \$20,000 with very favorable repayment terms (currently 1 percent with a 20-year term) to very low-income rural residents to repair major health and safety related housing issues. Grants up to \$7,500 are also available for very low-income rural residents who are 62 years and older and do not have sufficient funds to repay the rehabilitation loans offered.

Medicaid. Another important federal support for elderly housing is the Medicaid program. Typically, Medicaid is used to pay for room and board in nursing homes or other institutional settings. States can seek approval from the Centers for Medicare & Medicaid Services (CMS), previously named Health Care Financing Administration (HCFA), to allow Medicaid to be applied to in-home and assisted living services (excluding rents) of assisted living facilities. As of May 2002, there were 484 nursing facilities in Indiana with almost 53,000 beds, of which 68 percent utilized Medicaid.⁷

Currently in Indiana, Medicaid can be used for in-home services for the elderly and disabled in cases where without the services, an individual would need to be institutionalized. Medicaid waivers can also pay for "environmental modifications" to the homes of elderly or disabled individuals. The State recently received approval from CMS to be able to use Medicaid for assisted living services. During FY 2004 Medicaid waivers served a total of 5,050 people and 4,637 of these were Aged and Disabled waivers.

In October 2003, the State received a grant of \$500,000 to enhance community-based services for senior citizens and people with disabilities. During 2002 and 2003, Indiana's Family & Social Services Administration (FSSA) helped create options for more than 4,800 seniors and 2,000 people with disabilities to live in their homes and communities. In the next two years, FSSA plans to help create options for 1,000 more seniors and 1,000 more people with disabilities.

⁶ The list is limited to Lenders who have done a HECM within the past 12 months, as of March 2006.

⁷ *Office of Medicaid Policy and Planning, County Listing Summary, Data Set: Latest RED Set as of 05/17/02*, Prepared by Myers and Stauffer LC.

Individuals apply for a Medicaid waiver through their local Area Agency on Aging offices, Vocational Rehabilitation offices, Bureau of Developmental Disabilities Services field offices, and/or Division of Family and Children offices. The lifetime cap for use of Medicaid waivers is currently \$15,000 for disabled individuals and the elderly.

CHOICE. The State of Indiana offers a home health care program (Community and Home Options to Institutional Care for the Elderly and Disabled, or CHOICE), which provides a variety of services, including minor home modifications. There are no income limits for the CHOICE program. After certain allowable deductions, individuals pay a portion of the cost of services. However, individuals earning 150 percent or less of the poverty limit and individuals on Medicaid are exempt from the cost-sharing provisions. The goal of the program is to enable the elderly and persons with disabilities to live independently. To be eligible, a person must be 60 years or older, or of any age with a disability that inhibits the person from performing two or more daily living activities. Similar to the Medicaid waivers, individuals apply for the program through Area Agencies on Aging. In fact, the State has combined funding from the various State and federal programs into a bundled program that provides “one stop shopping” for the elderly and disabled. There is currently a \$5,000 lifetime limit for Medicaid funding of CHOICE services for the elderly.

In FY 2004, 10,488 Indiana residents benefited from the CHOICE program, a decrease of 7 percent from FY 2003. However, the original projections of CHOICE program use have been exceeded. Between 1998 and 2004, the number directly served by CHOICE increased by 10 percent. In FY 2004, there were 9,296 people on the waiting list to receive CHOICE services, an increase of 5.6 percent from FY 2003, which is approximately a three to four month wait from the first date of contact.⁸

The 2002 *Statewide IN-Home Services* report stated that 80 percent of CHOICE beneficiaries served were 60 years and over and 20 percent were persons with disabilities only (not 60 years and over).⁹ During FY 2002, individuals 85 and over accounted for 27 percent of all CHOICE beneficiaries. In 2002, most CHOICE recipients lived alone and had incomes of less than \$10,000 per year.

Home modifications. Funding for home modification projects is available to owner occupied households through IHCDA’s Housing from Shelters to Homeownership program, which uses HOME and CDBG.

The Governor’s Planning Council for People with Disabilities (GPCPD) recently completed a survey of the scope, status and character of home modification services in Indiana with a grant from IHCDA. Developed by the Indiana Institute on Disability and Community (Center on Aging and Community), the primarily web-based survey was conducted from November 11, 2002, to January 12, 2003. Forty-five organizations providing services in 91 of 92 Indiana counties responded to the extensive questionnaire. One hundred fifty individuals completed a second survey of 1,700 professionals in the building and trades industry. The results of both surveys were consolidated and interpreted in a final report published April 2003.

⁸ Indiana Family & Social Services Administration, *Statewide IN-Home Services 2004 Annual Report, July 1, 2003 – June 30, 2004*.

⁹ The *2003 and 2004 Statewide IN-Home Services* report did not break down recipients by age.

Exhibit V-5 presents the current status and future trends of home modification and proposed changes to public policy and programs to better accommodate needs of Hoosiers, as derived from the survey and interviews with service providers.

Exhibit V-5.

Results of Indiana Home Modification Survey

Current State of Home Modification in Indiana	
°	A wide range of non-profit and for-profit providers, varying in size and organizational base, provides home modification services in Indiana.
°	Home modification services are not equally available to consumers throughout the regions of the State.
°	Medicaid, Medicaid waiver, private pay and CHOICE are the most frequently utilized sources of funding for home modification services in Indiana.
°	Housing rehabilitation funding sources of federal origin are significantly underutilized for specialized home modification services.
°	Successful home modification programs depend upon a creative blending of funds from effective collaboration with multiple players, including local grass-roots and faith-based organizations.
°	Home modification services are needed and utilized by a broad population across the lifespan, from one to multi-person households, with very low- to moderately high-income.
°	The large majority of home modification services target owner occupied homes and not rental households.
°	In-home assessments for home modification are highly non-standardized throughout Indiana and draw upon a wide range of disciplines and professions.
°	Home modification providers regularly supplement their services with education for individuals, communities and other professions.

Future Trends and Barriers to Development	
°	The demand for home modification services in Indiana is increasing while the funding base is decreasing or, at best, remaining stable.
°	The greatest barriers to the delivery of public home modification services to Indiana residents include lack of public funding, overly burdensome administrative requirements of funding sources, and lack of consumer information.
°	Local public home modification programs have created some innovative response to cope with barriers and expand services.
°	Home modification for private households is still rarely accomplished. Only 30 percent of private industry respondents provide accessibility features often or very often in their work.
°	The large majority of private industry respondents (66 percent) have never received specialized training in areas related to home modification.
°	A significant number of private industry respondents (58 percent) seek further education about home modification.

Exhibit V-5. (continued)
Results of Indiana Home Modification Survey

Program and Policy Recommendations

Based on the previous observations, a number of recommendations are offered to help improve the status of home modification services in Indiana and enable more Hoosiers to become and/or remain independent in their homes and active in their neighborhoods and communities.

- Public home modification services should be supported to network with one another to share best practices and collectively advocate for greater awareness of their needs and capacities.
- State and local housing and housing rehabilitation funding sources should contribute to the expansion of services through developing categorical grants for accessibility and visibility improvements to agencies that do not provide comprehensive housing development.
- Training for professionals involved with the home modification industry, both public and private, should be greatly expanded. The training should provide certification in accessibility specialties and include information to enable the effective utilization of public funding sources by private providers.
- Administrative requirements for private providers to access public funding should be streamlined and made user-friendly, with reimbursements provided on a timely basis.
- The home modification movement in Indiana should be supported to create local or regional “staying put” coalitions to build community capacity and expand awareness among consumers, policy makers, the building and trades industry as well as the general public.

Source: Home Modification Services in Indiana: Statewide Survey Results and Recommendation for Public Policy and Programs, April 2003.

Since the survey results and policy recommendations were published, IHCDA and the Indiana Governor’s Planning Council for People with Disabilities have organized training workshops for builders and trades people, home designers care givers, and others who deal with home modification in their work. The trainings began in March 2004. Luncheons were also planned during the day of the workshops for participants and others who want to know more about home modification.

Persons Experiencing Homelessness

Definition. HUD’s definition of homelessness is fairly comprehensive. In addition to defining individuals and families sleeping in areas “not meant for human habitation,” the definition includes persons who:

- “Are living in transitional or supportive housing for homeless persons but originally came from streets or emergency shelters;
- Ordinarily sleep in transitional or supportive housing for homeless persons but are spending a short time (30 consecutive days or less) in a hospital or other institution;
- Are being evicted within a week from private dwelling units and no subsequent residences have been identified and they lack resources and supportive networks needed to obtain access to housing; or
- Are being discharged within a week from institutions in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing.”

This definition demonstrates the diversity of people experiencing homelessness. The numerous locations in which people experiencing homelessness can be found complicates efforts to estimate an accurate number of the population.

Total population. Estimating the total population of persons experiencing homelessness on a nationwide, Statewide or even local level, is challenging because of the various types of homelessness and difficulty in locating the population. For example, an individual living with friends on a temporary basis can be considered homeless but would be unlikely to be identified in a homeless count.

Indianapolis count. The most recent and comprehensive count of persons experiencing homelessness anywhere in the State was conducted in Indianapolis on January 25, 2005, by the Coalition for Homelessness Intervention and Prevention (CHIP). CHIP first conducted this survey in 1999 and again in 2003. The survey found that an estimated 9,000 to 13,000 people in Indianapolis experience homelessness during one year. The single night street count estimated that between 2,000 and 3,000 people on any given night in Indianapolis may experience homelessness. If this incidence of homelessness is applied Statewide, approximately 72,000 to 104,000 Hoosiers have experienced homelessness over the period of one year.

CHIP's 1999, 2003 and 2005 surveys produced similar results. However, interviews with local service providers indicated that homeless numbers are slightly worse than in 1999 and continue at a steady rate compared to 2003. Indeed, actual street counts in 2005 were 150 fewer people than in 2003 and in 2003 there were 156 fewer people than in 1999. A variety of factors may contribute to this phenomenon. For the first time in 2005 CHIP did not include those living in permanent supportive housing in the count. The street count numbers may be lower because of the nature of the "hidden homeless" and the greater number of shelters and beds.

Continuum of Care. The 2005 State Continuum of Care application estimated a total of 6,460 persons experiencing homelessness in the Balance of the State. The Indiana Coalition on Housing and Homeless Issues (ICHHI) coordinated the point-in-time survey on January 27, 2005.¹⁰ More than 55 shelters and transitional housing providers helped in the shelter and street count in 2005. Results were reported through the ICHHI website. ICHHI reviewed the data and compared it against population estimates provided by the U.S. Census Bureau. Through this comparison, ICHHI was able to determine the number of emergency and transitional housing beds per capita, and the percentage of the general population that received shelter.

The 2004 Continuum estimated a need for 11,351 beds, excluding metropolitan areas, for individuals and persons in families with children who are experiencing homelessness in Indiana, which exceeds the current and under development supply by 5,963 beds. After adjusting for beds per capita, the study estimated that 0.21 percent of the general population were homeless at any point-in-time. This number translates to 9,690 persons needing some type of shelter per night. This number correlates well with the City of Indianapolis, who has estimated nearly 3,500 homeless persons per night in their own CoC.

¹⁰ HUD requires a homeless count at least once every three years. The next homeless count occurred in January 2006.

Census count. The Census provides a point-in-time estimate of the number of people in emergency and transitional shelters as identified by group quarters.¹¹ However, the Census stresses that these data do not constitute and should not be construed as a count of people without conventional housing, as the tabulation is not comprehensive. This count only includes people without conventional housing who stayed overnight in permanent and emergency housing, missions, Salvation Army shelters, transitional shelters, hotels and motels and similar places known to have people without conventional housing staying overnight. On March 27, 2000, the Census identified approximately 2,384 persons staying in emergency and transitional shelters of this type Statewide. Of these persons, 63 percent were male and 26 percent were under 18 years of age.

Agency report. Another way to estimate the number of persons experiencing homelessness is by using counts of persons experiencing homelessness served by State and local assistance. The Family and Social Services Agency (FSSA) reported serving 3,244 persons who had experienced homelessness at some point during FY 2003. Of these persons, 315 were located in rural areas and 2,929 were in urban areas.

Homeless at any point in time. As part of the State's Five-Year Consolidated Plan, a statistically significant telephone survey was conducted of Indiana residents in nonentitlement areas throughout the State. Three percent of respondents to the survey reported being homeless at some point in time in their lives. These data suggest that, based on 2004 population numbers for the State, as many as 109,000 Hoosiers in nonentitlement areas have ever been homeless.

Hidden homelessness. When assessing the extent of homelessness in nonentitlement areas, it is important to note the degree to which it may be hidden. That is, in areas where there are limited social service providers, it might be more common for those at risk of experiencing homelessness to move in with friends and relatives rather than to seek local services or housing at a shelter. Furthermore, when individuals have exhausted all other alternatives, they are likely to move to larger cities with institutional supports such as homeless shelters and soup kitchens. This progression makes it difficult to detect the extent of homelessness in nonentitlement areas. According to the Federal Interagency Council on the Homeless, if 1 percent of the population is homeless during the year and 10 percent of the homeless is chronically homeless, then there is a large undercount of chronically homeless persons and persons in need of Permanent Supportive Housing.¹²

The study conducted by CHIP in 1999 further illustrates this point. It found that only 2 percent of the general population said they would go to a shelter or the street if they lost their home, which implies that 98 percent of people considered homeless by definition are not in shelters or on the street. The 1999 study also indicated that over 110,000 Indianapolis residents, or about 7 percent of the population, were temporarily homeless and relying on relatives for housing in the past year. If this figure is applied to Statewide population statistics, approximately 400,000 Indiana residents defined as homeless were staying with friends or relatives at one point over the year. These people are considered to be the hidden homeless.¹³

¹¹ Census 2000 PHC-T-12. Population in Emergency and Transitional Shelters, <http://www.census.gov/population/cen2000/phc-t12/phc-t12.pdf>.

¹² 2004 Continuum of Care, Exhibit 1: Indiana Balance of State.

¹³ The 2003 and 2005 CHIP study did not ask survey respondents these questions.

Characteristics of persons experiencing homelessness. While the only consistent characteristic of persons experiencing homelessness is the lack of a permanent place to sleep, there are a number of subgroups that are typically part of the homeless population. These include the following:

- **HIV/AIDS.** National estimates place the proportion of persons experiencing homelessness who are HIV positive at 15 percent. Other estimates place the total between 1 and 7 percent. Providers of HIV/AIDS services in Indiana believe the actual count is closer to the national figure. The 2003 CHIP report stated that 6 percent of the sheltered population was living with HIV/AIDS.
- **Substance abuse.** A recent HUD report found that 38 percent of individuals experiencing homelessness who contact shelters, food pantries or other assistance providers have an alcohol dependence, 26 percent have a drug dependence, and 7 percent have both. Applying these percentages to the estimate of the 109,000 persons experiencing homelessness in the State during any one-year results in a total of approximately 62,000 individuals experiencing homelessness who also have substance dependencies. The 2003 CHIP study reported that 50 percent of the sheltered population in Indianapolis had a chronic substance abuse issue. However, recent studies have concluded that addiction rates among persons experiencing homelessness have been greatly overstated. The 2004 U.S. Conference of Mayors' report cited the prevalence of addition disorders among adults experiencing homelessness at 30 percent.¹⁴ Using this prevalence rate, 33,000 (compared to 62,000) persons experiencing homeless have an addiction problem.
- **Persons with mental illness.** CHIP's Indianapolis study indicated that approximately 24 percent of the homeless population suffers from some form of severe and persistent mental illness. National estimates suggest this may be closer to 40 percent. However, in a U.S. Conference of Mayors' report in 2004, 23 percent of homeless single adults suffered from a severe and persistent mental illness.¹⁵ Using the above estimate of 109,000 persons experiencing homelessness in Indiana over the course of a year, this would indicate that between 25,000 and 44,000 of those individuals have a mental illness.
- **Families.** The *Blueprint to End Homelessness* in Indianapolis reported 40 percent of the local homeless population were families in 2002. Applying the 40 percent rate to the estimated 109,000 Hoosiers who have experienced homelessness during one year suggests that 44,000 were families. A 2004 study conducted by the U.S. Conference of Mayors found the same results—families constituted 40 percent of the homeless population, a significant increase over the last decade. Twenty years ago it was rare to find families who were homeless. Nationally, families comprise the fastest growing group of homeless people. In rural areas, the proportion of homeless families, single mothers and children make up the largest group of people who are homeless.¹⁶ The *Blueprint* also reported 4,500 children experience homelessness annually in Indianapolis. Homeless children are more likely to suffer from mental and physical health problems and they are at greater risk of failing in school. In the 2003 Indianapolis CHIP survey, 30 percent of people counted were families with children. However, single night counts tend to underestimate homeless persons in families with children. Over the course of a year, more than half of persons experiencing homelessness may be families with children.

¹⁴ *Who is Homeless?* National Coalition for the Homeless, June 2005, <http://www.nationalhomeless.org/publications/facts.html>

¹⁵ Ibid.

¹⁶ Ibid.

- **Domestic Violence.** Women who experience domestic violence are often forced to choose between an abusive relationship and homelessness. According to the Indiana Coalition Against Domestic Violence, there were 4,513 adults and 4,251 children who were victims of domestic violence served in emergency shelters throughout Indiana from July 2005 through June 2005. Over half (56 percent) earned an income of \$5,000 or less and an additional 28 percent earned an income of \$5,000 to \$15,000. Thirty-six percent of the victims were between 26 to 35 years of age, with an additional 24 percent ages 18 to 25 years and 25 percent 36 to 45 years. Shelters provide immediate safety to persons experiencing abuse. There are 46 domestic violence shelters located throughout Indiana and 32 crisis centers that assist with sexual assault.
- **Prisoner reintegration.** According to a study conducted for the *Blueprint to End Homelessness* in Indianapolis approximately 15 percent of adult homeless people living in emergency shelters in Indianapolis said they had recently been released from a prison or jail. Others said they had recently left a jail or prison and were living on the street. Most of the people who reported that they had been recently released from the criminal justice system were men. Besides having criminal histories – often a barrier to finding a job or housing – many people released from incarceration face additional challenges, according to the survey. About one-fourth admitted to having serious mental health problems, though fewer than half said they received treatment for those problems. And nearly all said their current homelessness was caused by problems related to rent affordability, job loss, or eviction. Former criminal offenders released into the community often commit new crimes or violate probation or parole. State and national prison data indicate that about 40 percent of the population released from custody re-offends within a year. Many of these former offenders need treatment for addictions or other mental health problems.

At risk of experiencing homelessness. In addition to those who have experienced homelessness in the past or who show up on a point-in-time estimate of current homelessness, it is important to understand the size of the population that is at risk of future homelessness. In general, the population at risk of experiencing homelessness includes persons who are temporarily living with friends or relatives (also known as hidden homeless) and individuals at risk of losing their housing (usually very low-income).

The 1999 Indianapolis study of persons experiencing homelessness conducted by CHIP found that 69,000 Indianapolis residents reported that they were in danger of becoming homeless in the past year. Applying this incidence rate to Statewide population data, it is estimated that over 560,000 (or about 9 percent) of Indiana residents may have been in danger of experiencing homelessness in the past year.

The share of the population that has very low-incomes or is severely cost-burdened (e.g., paying more than 50 percent of income in housing costs) is also useful in estimating the number of persons at risk of experiencing homelessness. The 2004 ACS reports that 20 percent of all homeowners (348,000 households) in the State were paying more than 30 percent of household income for housing, and 7 percent (119,000 households) were paying more than 50 percent. The 2004 ACS also estimates that 41 percent of Indiana renters—or 256,600—paid more than 30 percent of household income for gross rent, with just under half of these (20 percent of renters, or 122,000) paying more than 50 percent of their incomes. Rentals constitute only 28 percent of the State's occupied housing units in 2004; however, there were more cost burdened owner households (348,000) than cost burdened renter households (256,000).

The Indiana Information & Referral Network received almost 15,500 calls in 2005 requesting help with a housing issue. This represents 17 percent of all callers in 2005, similar results in reported housing needs compared to 2004 (15 percent). In 2004 the three largest needs in the housing category were: rent/mortgage assistance, shelter and low-cost/subsidized housing. Rent/mortgage assistance accounted for 38 percent of all housing needs. Of the 4,086 rent requests, 5,098 (95 percent) were recorded as “unmet.” This places these people at risk of becoming homeless if they are unable to pay their rent. Federal Emergency Management Agency (FEMA) money for rent assistance continues to be a very scarce resource. The only recourse for most people needing rent is to apply to their township trustee. Allocation amounts and eligibility requirements vary widely among trustees; most people needing help do not qualify for assistance. There are simply not enough financial resources in the community to meet this need.

Housing for homeless. According to the 2004 Balance of Indiana Continuum of Care, the State had a total of 3,048 beds or units available to individuals, and 2,031 for person in families with children, who are homeless (excluding metropolitan areas).

Outstanding need. The 2004 Balance of Indiana Continuum of Care application estimated a need for a total of 5,847 beds or units for individuals and 5,504 beds or units for persons in families with children who are experiencing homelessness. State shelters will support a total of 3,227 beds or units for individuals and 2,161 for persons in families with children by the end of 2004. As seen in Exhibit V-6 (which is also HUD table 1A), this total still leaves unmet needs for all types of housing, totaling 2,620 beds or units needed for individuals and 3,343 beds or units for persons in families with children.

Exhibit V-6.
Housing Gap Analysis
Chart, Balance of
Indiana, 2004

Source:
2004 Continuum of Care, Exhibit 1: Indiana
Balance of State.

Beds	Current Inventory in 2004	Under Development in 2004	Unmet Need/Gap
Individuals:			
Emergency Shelter	1,188	0	495
Transitional Housing	923	49	583
Permanent Supportive Housing	<u>937</u>	<u>130</u>	<u>1,542</u>
Total (number of beds)	3,048	179	2,620
Persons in Families with Children:			
Emergency Shelter	852	40	678
Transitional Housing	821	66	739
Permanent Supportive Housing	<u>358</u>	<u>24</u>	<u>1,926</u>
Total (number of beds)	2,031	130	3,343

There are a total of 6,460 persons who are homeless in Indiana, excluding metropolitan areas. Approximately 63 percent are sheltered and the remaining 37 percent are unsheltered. The following exhibit shows the breakdown of homeless population and subpopulations and if they are sheltered or unsheltered.

Exhibit V-7.

Homeless Population and Subpopulations Chart, Balance of Indiana, 2005

Homeless Populations:	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Homeless Individuals	1,086	1,028	1,238	3,352
Homeless Families with Children	334	381	419	1,134
Persons in Homeless Families with Children	921	1,039	1,148	3,108
Total (number of persons)	2,007	2,067	2,386	6,460
Homeless Subpopulations:	Sheltered		Unsheltered	Total
Chronic Homelessness	756		443	1,199
Chronic Substance Abuse	965			
Persons with HIV/AIDS	13			
Seriously Mentally Ill	680			
Veterans	275			
Victims of Domestic Violence	1,029			
Youth (under 18 years of age)	1,093			

Source: 2005 Continuum of Care, Exhibit 1: Indiana Balance of State.

In 2004, the Information & Referral Network responded to 3,706 calls from people needing shelter. This represents a 37 percent increase in the number of shelter calls compared to 2003 (2,713). There are 27 shelters in central Indiana that serve families as well as men and women in domestic violence situations. Despite existing resources, finding shelter space remains difficult. In fact, the Information & Referral Specialists were unable to help 26 percent of those calling for shelter. In 2005 there were 2,449 callers who were involved in a domestic violence situation. This accounts for 3 percent of the callers and is a 31 percent increase compared to 2004. Of those calling involved in a domestic abuse situation 10 percent (245) called about shelter, 92 percent of the caller needs were met.

In 2001, a study of 27 cities found that 37 percent of all requests for emergency shelters were denied due to a lack of resources. Fifty-two percent of requests from families were denied, a much higher rate than the general population. “The “hidden homeless,” those who stay in places not easily found by researchers, include those living in cars, campgrounds or with other individuals and families. A survey of formerly homeless individuals found that 59 percent stayed in vehicles and another 25 percent lived in makeshift housing like tents, boxes, caves or boxcars. Because this homeless subgroup is not easily found, the “hidden homeless” are frequently missed in homeless counts and are less likely to be receiving necessary services?¹⁷

Resources and solutions. Indiana’s strategy for meeting the needs of persons experiencing homelessness includes outreach/intake/assessment, emergency shelters, transitional housing, permanent housing and supportive services. The State employs a number of resources to support this strategy, including State agencies, regional planning commissions, county welfare planning councils, local continuum of care task forces, county step-ahead councils, municipal governments and others.

¹⁷ *How Many People Experience Homelessness?* <http://nationalhomeless.org/numbers.html>

Continuum of Care. The Continuum of Care has prioritized the projects it will fund in the 2005 application. The first project is for new Shelter Plus Care units in Lake, Porter and LaPorte counties. The project is for 45 units of permanent housing for chronically homeless individuals with HIV/AIDS. The second project is a renewal of a Supportive Housing Program (SHP) project sponsored by Community Mental Health Center, Inc. providing transitional housing units. The third priority is a renewal of a SHP project proposed by Lafayette Transitional Housing Center, Inc.

The State's Continuum of Care notes that there are numerous barriers to ending chronic homelessness. Examples of barriers include a lack of supportive services, shortages of matching funds, few incentives to operate permanent supportive housing and negative attitudes—i.e., “not in my backyard” (NIMBY). To combat these barriers, the State aims to create more permanent housing for chronically homeless persons and to implement the *Plan to End Chronic Homelessness*. The State strategy to achieving such goals include enhancing prevention activities and strategies, increasing organizational capacity, supply and revenue for supportive housing development, enhancing and coordinating support systems, optimizing use of existing mainstream resources and developing a policy and planning infrastructure to create accountability for plan implementation.

Additionally, the State's Continuum of Care has been implementing the Homeless Management Information System (HMIS) since July 2004. Since July 2004, 16 training sessions have been offered in 8 of the 13 CoC Regions, resulting in 95 new agencies participating in HMIS. The Pilot Phase trained 15 agencies during 4 training sessions held April through May 2004. Additionally, the CoC has successfully engaged special populations, including domestic violence programs and the school systems.

Action Plan to End Chronic Homelessness. In May 2003, a team representing the State of Indiana participated in a policy academy entitled "Improving Access to Mainstream Services for People Experiencing Chronic Homelessness." The event was a collaborative effort of U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, and U.S. Department of Veterans Affairs to assist State and local policymakers to develop an action plan to end chronic homelessness. As the result of the strategic planning process initiated during the policy academy, the Indiana Interagency Council on the Homeless has drafted an Action Plan to End Chronic Homelessness. The plan priorities are to:

- Enhance prevention activities and strategies
- Increase supply of supportive housing
- Enhance and coordinate support systems
- Optimize use of existing mainstream resources
- Develop a policy and planning infrastructure

Other activities. For the past several years, ICHHI, on behalf of the State through the Indiana Housing and Community Development Authority, has applied for HUD funding for Continuum of Care projects. In the 2003 SuperNOFA, 20 out of 22 Continuum of Care projects were funded, totaling over \$8.3 million. The Continuum of Care has carried forth this momentum and applied for 39 projects in the 2004 application totaling over \$10.2 million. For FY 2005, the Balance of the State was awarded \$10,043,154 in CoC grant. CoC grants fund transitional housing, permanent supportive housing, domestic violence shelters, and housing for special needs populations. In addition to the Continuum of Care funding, IHCD has a goal of dedicating \$3.5 million annually for the development, construction, and/or rehabilitation of emergency shelters, transitional housing

and youth shelters. IHCDA also administers HOPWA funds, which are allocated each year based on regional needs. A large percentage of HOPWA funds generally go toward transitional housing programs and shelters. Additionally, the Office of Community & Rural Affairs provides planning grants and infrastructure funds to homeless assistance providers.

Emergency Shelter Grant. IHCDA administers the Emergency Shelter Grant (ESG) program, which funds emergency shelter and transitional services in shelters throughout the State.¹⁸ For FY 2005, the State of Indiana received an Emergency Shelter Grant of \$1,890,425 to use for homeless shelter support, services and operations, homeless prevention activities and limited administrative costs.

As in past years, the State chose to allocate this funding to three primary activities: essential services, operations, and homelessness prevention activities. These types of activities are described below.

- **Essential services.** Essential services consist of supportive services provided by shelters for persons experiencing homelessness. These services vary, as they are tailored to client needs. In general, essential services consist of the following: employment services (job placement, job training and employment counseling), health care services (medical and psychological counseling, nutrition counseling and substance abuse treatment) and other services (assistance in locating permanent housing and income assistance, child care and transportation).
- **Shelter operations.** Funds allocated to shelter operations are used by shelters for operating and maintenance costs, shelter lease costs, capital expenses, payment of utilities, purchases of equipment and furnishings, provision of security, and purchase of food.
- **Homeless prevention.** The State believes in taking a proactive approach to the problem of homelessness. Once a person becomes homeless, it can be very difficult to move them back into permanent housing. The State assisted those at risk of experiencing homelessness through short-term rental and mortgage subsidies to prevent evictions or foreclosures, payment of apartment security deposits, mediation of landlord/tenant disputes and provision of legal services for tenants in eviction proceedings.

Shelter Plus Care. One goal of the State's FY 2000 Consolidated Plan was to enhance resources such as FSSA's Shelter Plus Care grants that provide rental assistance for persons who are homeless *and* have a severe disability, including a serious mental illness. The State has successfully applied for and received two Shelter Plus Care grants from HUD. The first grant was awarded to Community Action of Northeast Indiana; it will provide \$900,000 over 5 years to produce approximately 50 vouchers for housing and utility payments. Populations to be served include persons who are homeless and disabled and may have other special needs. The State recently received another Shelter Plus Care grant of \$2.2 million. On April 28, 2003, FSSA held a statewide Shelter Plus Care training about the program and the additional funds. In the 2004 NOFA, 45 new Shelter Plus Care units were funded, some units serving chronically homeless individuals. The 2005 NOFA grant proposed to provide 45 Shelter Plus Care units of permanent housing specifically targeted to chronically homeless persons.

¹⁸ The grant was previously administered by FSSA.

Persons with Developmental Disabilities

Definition. According to the Indiana Bureau of Developmental Disabilities, five conditions govern whether a person is considered to have a developmental disability:

- Three substantial limitations out of the following categories: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living and economic self-sufficiency;
- Onset of these conditions prior to the age of 22;
- A condition that is likely to continue indefinitely;
- The condition is attributable to a mental or physical impairment or a combination of both (other than a sole diagnosis of mental illness); and
- The person needs a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

Total population. The Association of Rehabilitation Facilities of Indiana's 2000 *Assessment of Developmental Disabilities Services* estimates that 70,787 people in Indiana, or 1.2 percent of the State's population had a developmental disability in 2000. In 1995, the Governor's Council for People with Disabilities estimated the number to be 0.8 percent of the population, or about 48,000. Based on the 1.2 percent assumption, the total number of people in Indiana that have developmental disabilities is projected to grow to 74,055 in 2005. Approximately 65 percent of the 70,787 people with developmental disabilities had some degree of mental retardation, 9 percent had cerebral palsy, 17 percent had epilepsy and 10 percent had other physical and mental disabilities including autism.

In July of 2005, the University of Minnesota published a report entitled *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2004*. This study reported that, not including nursing homes or psychiatric facilities, in 2004, 9,868 Hoosiers with intellectual disabilities (ID) and/or developmental disabilities (DD) were receiving residential services from the State or a non-state agency.

The Division of Disability and Rehabilitative Services (DDARS) reported in 2005 there were 14,137 persons with developmental disabilities on their waiting lists for services.¹⁹

Housing. There are a wide variety of housing options for persons with developmental disabilities in Indiana. These range from highly structured, institutionalized care to living in a community with various supportive services. The type of housing that best meets the needs of persons with developmental disabilities varies from person to person depending on each person's ability to live independently. Nationwide, there has been an increased focus on providing persons with developmental disabilities with needed supports to enable them to live in community settings.

The trend away from large institutional settings for those with developmental disabilities is evident in the recent closures of such facilities as Muscatatuck Development Center in Butlerville (closed in 2005), New Castle Developmental Center and Northern Indiana State Developmental Center.

¹⁹ DDARS Monthly Management Report, duplicated count (individuals may be on more than one waiting list). As of 9/30/05, the duplicated total on waiting lists is 29,497, and the unduplicated total of individuals is 18,137.

Since 1979, six of the 11 large state facilities have closed. After 2005, only six state-run facilities will remain: a large developmental disability center in Fort Wayne and four specialized hospital units (Madison, Logansport, Richmond and Evansville) to serve persons with severe developmental disabilities.²⁰

As the State has shifted away from institutional settings for people with developmental disabilities, the number of individuals served in smaller settings of six or fewer people (group homes, supervised apartments and supported living settings) has increased. According to the University of Minnesota's Institute of Community Integration, as of June 30, 2004, 6,336 of the total 9,868 persons with developmental disabilities served by State and non-State agencies lived with six or fewer persons, which represents a 60 percent increase from 2002. Nationwide, in 45 states, more than half of the persons with such disabilities receiving residential services lived in settings with six or fewer people.

Exhibit V-9 shows the number of facilities and residents in State-owned and non-State facilities, by size of facility for 2004. The number of facilities for one to six people has increased by almost 1,500 facilities since 2000. This reflects the trend away from large institutional settings to smaller community-based facilities.

Exhibit V-9.

Facilities and Residents in State and Non-State Facilities for Persons with Intellectual and Developmental Disabilities, June 30, 2004

	Number of Facilities *			Percent Change 2000 to 2004	Number of Residents			Percent Change 2000 to 2004
	State	Non-State	Total		State	Non-State	Total	
1 - 6 People	0	1,685 *	1,685 **	755%	0	6,336 **	6,336	511%
7 - 15 People	0	338	338	-4%	0	2,652	2,652	-4%
16+ People	6	3	9	-44%	559	321	880	-46%
Overall	6	2,026	2,032	260%	559	9,309	9,868	82%

Note: * Indiana did not furnish complete data for Number of Facilities in the 2004 report. Therefore, all data under Number of Facilities is from 2002.
** Contains an estimate.

Source: *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2004*. University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

As shown in Exhibit V-10 on the following page, the largest number of persons served in 2004 resided in congregate care facilities (5,423), followed by those living in their own homes or apartments (4,815), and those living with host families or in foster homes (543).

²⁰ *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2004*, Research and Training Center on Community Living, Institute on Community Integration/UCEDD, The College of Education and Human Development, University of Minnesota.

Exhibit V-10.
Residents by Type of Facility for People with
Intellectual and Developmental Disabilities, 2000 and 2004

	2000	2004	Percent Change
Congregate Care	5,423	4,510	-17%
Host Family/Foster Home	490	543	11%
Homes Owned/Leased by Persons with ID/DD	<u>1,447</u>	<u>4,815</u>	233%
Subtotal	7,360	9,868	34%
Persons with ID/DD Receiving Services While Living With Family Member	<u>1,358</u>	<u>4,815</u>	255%
Total Services Recipients in Family Homes and Residential Settings	8,718	14,683	68%

Note: Unable to separate "own home" and "family home" data; using 50 percent of total of 9,173.

Source: *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2004*. University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

Outstanding need. There are two primary needs of non-institutionalized persons with developmental disabilities—the need for a variety of supportive services to enable them to live in community settings and the need for affordable housing. Persons with developmental disabilities who want to work may also find barriers in finding adequate employment opportunities.

Need for services. There are a number of methods used when estimating the outstanding need of services for people with developmental disabilities in Indiana. Simple estimates place the number of adults in need of services at 50 percent of the entire population with developmental disabilities. This estimate suggests that of the 70,000 individuals with developmental disabilities in Indiana, approximately 35,000 need services. According to the Governor's Planning Council on People with Disabilities, 12,000 individuals are currently receiving services, suggesting that approximately 24,000 of those who were estimated to need services are not receiving them.

A more conservative estimate can be reached by examining the waiting lists for various types of services. According to the *Residential Services for Persons with Development Disabilities: Status and Trends Through 2004* report, there were 5,629 persons with developmental disabilities not receiving residential services who were on waiting lists for such services on June 30, 2004.

Lack of affordable housing. A critical need for people moving out of institutions is finding an alternative place to live. In 2004, an estimated 99 persons with developmental disabilities were discharged from State hospitals and institutions.²¹ These individuals likely faced housing needs upon discharge. Section 8 tenant-based vouchers remain the primary mainstream resource available for housing people with disabilities and will likely continue to be a critical source of housing subsidies.

In many communities, the rent burden for people with disabilities moving from institutional settings would be more than 50 percent of their monthly Supplemental Security Income (SSI) benefit. Data from the recent study *Priced Out in 2004* indicate that people with disabilities were priced out of every market in the U.S.; nationally, a person receiving SSI needed to pay 109.6 percent of their

²¹ *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2004*, Research and Training Center on Community Living, Institute on Community Integration/UCEDD, The College of Education and Human Development, University of Minnesota.

entire monthly income in order to rent a modest one bedroom unit. In Indiana, the monthly SSI benefit of \$564 in 2004 represented 16.9 percent of Statewide one-person median income. A person with disabilities receiving SSI income support in Indiana would have to pay 88.7 percent of this monthly benefit to be able to rent a modestly priced one-bedroom unit.

When considering future need, it is also important to note that the families and caregivers of persons with developmental disabilities are aging. Approximately 30 percent are 60 years and older and 40 percent are 40 years and older. As these primary caregivers become less able to care for their family members with developmental disabilities, alternative housing options will be needed. This could cause the needs for housing and other community resources to increase significantly in the next 10 to 15 years.

Employment. According to the 2000 U.S. Census, 14.5 percent of the populations aged 16 to 64 years who are employed had a disability. This is slightly lower than the national average of 14.8 percent of the employed populations aged 16 to 64 years with a disability. The National Organization on Disability State of the Union 2003 for Americans with Disabilities reported employment was the largest gap area, with 68 percent unemployment despite the fact that two out of three individuals with disabilities wanted to work. According to a Harris Poll, 32 percent of Americans with disabilities ages 18 to 64 were working versus 81 percent of non-disabled adults.

Resources and solutions. Indiana provides many types of support available to individuals with developmental disabilities, as described below.

Intermediate Care Facilities. Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) are large facilities or small group homes that provide intensive support services. A subset of these are Supervised Group Living (SGL) arrangements that provide 24-hour supervision overseen by paid staff in a home-like setting, which is often a single family dwelling. Nursing facilities are long-term health care facilities providing in-patient care and nursing services, restoration and rehabilitative care and assistance meeting daily living needs. In 2004 there were 4,447 persons living in ICF/MRs and 1,739 individuals living in nursing homes with ID/DD in 2004.²²

Through the State's Division of Disability Aging and Rehabilitation Services (DDARS), the Bureau of Developmental Disabilities Services (BDDS) administers several programs that assist individuals with developmental disabilities and their families. The programs are as follows.

Supported Group Living. Supported Group Living consists of homes with four to eight individuals residing in a group home. In 2001, 3,791 Indiana residents with developmental disabilities resided in SGL homes.

Supported Living. Supported Living consists of one to four individuals residing in a house or apartment with individualized supports. The former Semi-Independent Living Program (SILP), the Alternative Family Program (AF) and family support/respite services are now administered by BDDS through Supported Living. As of the end of 2003, 3,877 individuals benefited from Supported Living services and Medicaid waivers.

²² *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2004*, Research and Training Center on Community Living, Institute on Community Integration/UCEDD, The College of Education and Human Development, University of Minnesota.

Supplemental Security Income. Supplemental Security Income (SSI) is a federal income support program that is available to people who have disabilities and limited income and resources. Effective January 2004, the SSI basic benefit payment is \$564 a month for an eligible individual and \$846 a month for an eligible couple. The State of Indiana does not add any money to the basic benefit.

CHOICE. Community and Home Options to Institutional Care (CHOICE) for the Elderly and Disabled is a State funded program that supports the elderly and persons with disabilities. It can cover financial assistance for home modifications and various in-home supports (e.g., personal attendant care). The goal of the program is to enable the elderly and disabled to live as independently as possible. A 2000 analysis of CHOICE beneficiaries found that more than 15 percent of individuals in the program were persons with disabilities. CHOICE dollars are all State funds, and CHOICE may fund up to \$15,000 per person for home modifications. The original projections for the use of the CHOICE program were far exceeded. Between 1998 and 2003, the number directly served by CHOICE increased by nearly 13 percent each year. In FY 2004, 10,488 persons were served by the CHOICE program. There is currently a waiting list for the services.

Home and Community-Based Services. The Home and Community-Based Services (HCBS) program makes Medicaid waivers available for community support services in noninstitutional environments. They cannot be used to cover the cost of housing, although up to \$10,000 can be used for environmental modifications. As of the end of June 2004, 9,307 Hoosiers with developmental disabilities had been helped through the HCBS program.²³

Section 811. The U.S. Department of Housing and Urban Development's Section 811 program provides grants to nonprofit organizations to develop or rehabilitate rental housing. Nonprofit developers of such housing are granted interest free capital advances and rental assistance. The goal of the program is to increase the supply of rental housing with supportive services for people with disabilities, allowing them to live independently. The target population of the Section 811 program is very low-income individuals with physical or developmental disabilities who are between the ages of 18 and 62.

New housing development. CDBG, HOME and tax credit funds can also be used to support the development of new housing, the construction of group homes, and provide rental assistance for people with developmental disabilities.

HomeChoice Program. The HomeChoice Program, offered by Fannie Mae and administered by housing finance authorities (including IHCDA), offers conventional mortgage loan underwriting tailored to meet the needs of people with disabilities.

Indiana Conversion Task Force. The Indiana Conversion Task Force (CTF) is a group comprised of representatives of state agencies, advocacy organizations, Independent Living Centers, Community Rehabilitation Programs, and the Indiana Institute on Disability and Community. The purpose of the CTF is to promote a shift in philosophy, policies, funding, and services from facility-based to community-based employment and supports for adults with disabilities in Indiana.

²³ *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2004*, Research and Training Center on Community Living, Institute on Community Integration/UCEDD, The College of Education and Human Development, University of Minnesota.

The group has been meeting since 1997 in an advisory capacity. All of the goals listed in Exhibit V-11 reflect the priority of integrated community-based services and a reduction of congregate, segregated services. These priorities mesh with federal legislation (e.g., ADA, Workforce Investment Act/Rehabilitation Act) and State plans (e.g., FSSA work plan and 317 Task Force plan).

Exhibit V-11.
Indiana Conversion Task Force Priorities for FY2002-2003

Fiscal Recommendations
<p>Fiscal Incentives:</p> <ul style="list-style-type: none">◦ Provide fiscal incentives for community-based day services. Rates for supported employment and related community supports must be higher than for facility-based services.◦ Eliminate new Title 20 funding to sheltered facilities. <p>Individualized Budgets:</p> <ul style="list-style-type: none">◦ Tie funding to individuals to purchase integrated, community-based services and supports (including MRO, Title XX, Ticket-to-Work, group home day services money, Medicaid Waivers).

Philosophy/Practice Recommendations
<p>Shift People from Facilities to Community:</p> <ul style="list-style-type: none">◦ The number of people and the hours they are served in integrated employment and community activities will exceed the number and hours people spend in facility-based day services by the year 2006. <p>State Leadership:</p> <ul style="list-style-type: none">◦ FSSA will promote a clear and consistent message prioritizing community and integrated employment services across all divisions. <p>Provider Standards:</p> <ul style="list-style-type: none">◦ Provider Standards should make it very difficult for someone to enter and stay in facility-based services. Providers need to utilize person-centered planning and emphasize integrated services. <p>Medicaid Waivers & SE:</p> <ul style="list-style-type: none">◦ Significantly increase use of Medicaid Waivers for supported employment with adequate funding. <p>Training & Technical Assistance:</p> <ul style="list-style-type: none">◦ Provide training to agencies, case managers, etc. regarding integrated employment and community services.

Source: Indiana Conversion Task Force Priorities, FY2002-2003.

The Olmstead Supreme Court ruling. In June 1999, in the Olmstead V. L.C. case, the U.S. Supreme Court ruled that under the Americans with Disabilities Act, States are required to support individuals with disabilities in community settings rather than in institutions when it has been determined that community settings are appropriate and can be reasonably accommodated.

As a result, Indiana has formed the Governor's Commission on Home and Community-Based Services Housing Task Force. Its purpose is to coordinate existing resources and develop new housing solutions for persons at risk of being institutionalized. The final commission meeting was held December 2003 after the release of the final report of June 2003.

The Homeless Task Force has also addressed the change from State institutions to smaller settings. The Homeless Task Force learned of an Indiana Code requiring that residency must be considered in discharge planning. Currently, persons in developmental disability and mental health institutions that are being released cannot be released into homelessness. One of their 2002 goals was to ensure that State and local institutions do not discharge people into the homeless system. FSSA's Division of Mental Health has reviewed and written a policy concerning this issue; however, many local institutions do not have formal written policies in place.

In June 2003, the Governor's Commission on Home and Community-Based Services released its report. The report includes a list of 28 new actions to serve as a blueprint for reform in Indiana. The actions are organized into four categories: rebalancing the long-term care system; the removal of barriers; community capacity; and children at-risk.

A few of the Actions include:

- Raising the monthly income eligibility standard for the Medicaid Aged and Disabled Waiver (and all other applicable waivers) to the federally allowed limit of 300 percent (i.e., \$1,692) of the SSI amount. This Action is further supported by a similar provision included in Senate Bill 493 (2003). FSSA responded to this action by raising the monthly income standard for the Medicaid Aged and Disabled Waiver to the federally allowed 300 percent of the SSI.
- Appointing a Housing Task Force by the Governor to focus on the housing issues of the elderly, disabled, and mentally ill populations. Membership should include: representatives of the housing industry, especially builder and contractors who have expertise and experience in new construction; consumers; advocacy groups; legislators; representatives of public/private funding sources; and service providers.
- Working with the Indiana General Assembly, the Governor should establish a real estate transaction fee to be assessed in the transfer of all commercial, farm, and residential real estate. The proposed fee per transaction would be dedicated to the Indiana Low Income Housing Trust Fund.
- Developing a Business Leadership Network in Indiana to establish and further strengthen the link between business and employment at the local and state levels. Business Leadership Networks assist employers by exploring methods to more effectively recruit, market, and hire the talents of job applicants with disabilities. Business Leadership Networks have been developed across the country as part of an initiative started by the Office of Disability Employment Policy (ODEP) and supported by the U.S. Chamber of Commerce.

The report also concludes that affordable and accessible housing is in very short supply. The study reported that there are 3,700 households receiving housing assistance through Indiana's Housing Choice Voucher Program (Section 8), two-thirds of which have elderly or disabled members.²⁴ The PHA survey conducted for the 2005-2009 Consolidated Plan found that approximately one-fifth of persons on waiting lists for Section 8 vouchers in nonentitlement areas are non-elderly persons with disabilities.

Persons with HIV/AIDS

Total population. Among the 50 States and the District of Columbia, Indiana ranked 33rd in reported AIDS cases, with an annual case rate of 6.3 per 100,000 people in 2004.²⁵ According to the Indiana State Department of Health, 815 new HIV and AIDS cases were reported in Indiana during 2005.

In February 2003, AIDS Housing of Washington completed the *Indiana HIV/AIDS Housing Plan* for the Indiana Housing and Community Development Authority, the City of Indianapolis and The Damien Center. The study found that as of June 2002, there were a reported 3,368 people living with AIDS and another 3,668 people living with HIV Statewide (7,036 total). Since data have been collected on the epidemic, 11,994 people have been diagnosed with HIV and/or AIDS in Indiana.

Estimates from the Center for Disease Control and Prevention's (CDC) *HIV Surveillance Report* are slightly higher. As of December 2004, CDC estimated that 3,675 persons were living with HIV and another 3,731 persons were living with AIDS in Indiana (7,406 total).

The State has divided its service areas for people with HIV/AIDS into 12 geographic regions. As of June 2004, Region 1 (Gary) and Region 7 (Indianapolis) accounted for almost 60 percent of people living with HIV in Indiana. Exhibit V-12 presents the number of people living with HIV by region as of June 2004.

²⁴ Governor's Commission on Home and Community-Based Services, June 30, 2003 Report.

²⁵ Center for Disease Control and Prevention, *HIV Surveillance Report, Cases of HIV Infection and AIDS in the United States 2004, Vol. 16*.

Exhibit V-12.
Number of People
Living with HIV
by Region,
June 2005

Source:
Indiana HIV/STD Quarterly
Report, June 2005.

Region	Counties	People living with HIV
1	Lake, LaPorte, Porter	1,048
2	Elkhart, Fulton, Marshall, Pulaski, St. Joseph, Starke	500
3	Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, Whitley	421
4	Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White	154
5	Blackford, Delaware, Grant, Jay, Randolph	160
6	Cass, Hamilton, Hancock, Howard, Madison, Miami, Tipton	443
7	Boone, Hendricks, Johnson, Marion, Morgan, Shelby	3,201
8	Clay, Parke, Putnam, Sullivan, Vermillion, Vigo	273
9	Dearborn, Decatur, Fayette, Franklin, Henry, Ohio, Ripley, Rush, Union, Wayne	141
10	Bartholomew, Brown, Greene, Lawrence, Monroe, Owen	233
11	Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Orange, Scott, Switzerland, Washington	268
12	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick	314
	Total	7,156

Of cumulative cases of HIV and AIDS reported through December 31, 2005 (3,891), by the Indiana State Department of Health, 78 percent of persons in Indiana were male, while approximately 49 percent of the population as a whole is male. In addition to males, African Americans are disproportionately more likely to have the disease. Although White residents of Indiana account for 88 percent of the State's population, only 61 percent of the State's residents with HIV and AIDS are White. Meanwhile, African Americans comprise only 9 percent of the State's population, yet account for one-third of residents living with HIV and AIDS. A study prepared for the National Resource Center on Homelessness and Mental Illness in 1998 stated that HIV infection "is rapidly spreading to the poorest and most marginalized sectors of the U.S. population. It is impacting particularly hard on minority African American and Latino communities."²⁶

According to the *Indiana HIV/AIDS Housing Plan*, although AIDS originated in the metropolitan areas, the epidemic is quickly spreading to rural areas with constrained resources and often a lack of knowledge. In 1999, 6 percent of all new AIDS-related cases were in rural areas.

²⁶ *HIV, Homelessness, and Serious Mental Illness: Implications for Policy and Practice*. National Resource Center on Homelessness and Mental Illness.

Housing. The 11 regions of the State that are covered by the State HOPWA funds (Region 7, which includes Indianapolis, is funded separately through the City of Indianapolis) provide a total of 143 housing units dedicated to persons living with HIV/AIDS as of 2001. In addition to the units set aside for persons with HIV/AIDS Statewide, each of the 11 geographic service areas are available to assist persons with HIV/AIDS through short-term rental assistance, long-term rental assistance, housing referrals and other supportive services. From July 2004 to June 2005, there were 223 tenant-based rental assistance vouchers. Exhibit V-13 shows, by geographic service area, the number of persons with HIV/AIDS who were supported through either short-term or long-term rental assistance and/or supportive services between July 2004 (the beginning of the 2004 HOPWA awards) and July 2005.

Exhibit V-13.

Short- and Long-Term Rental Assistance and Supportive Services
for Persons with HIV/AIDS by Service Region, July 1, 2004 to June 30, 2005

HIV Care Coordination Region (City)	Region Name	Long- Term Rental Assistance	Short-Term Rent, Mortgage and/or Utility Assistance	Supportive Services
Region 1 (Gary)	Greater Hammond Community Services, Inc.	35	55	-
Region 1 (Gary)	Brothers Uplifting Brothers	24	4	-
Region 1 (Gary)	AIDS Task Force of LaPorte and Porter Counties	15	1	48
Region 2 (South Bend)	AIDS Ministries/AIDS Assist of North Indiana	45	50	-
Region 3 (Fort Wayne)	AIDS Task Force Fort Wayne	32	166	-
Region 4 (Lafayette)	The Center for Mental Health	7	44	23
Region 5 (Muncie)	The Center for Mental Health	7	52	30
Region 5 (Muncie)	Open Door Community Services	2	-	-
Region 6 (Elwood)	The Center for Mental Health	11	39	17
Region 8 (Terre Haute)	Area VII Agency on Aging	11	22	-
Region 9 (Richmond)	The Center for Mental Health	5	25	12
Region 10 (Bloomington)	Positive-Link	12	46	41
Region 11 (Jeffersonville)	Hoosier Hills AIDS Coalition	2	9	-
Region 12 (Evansville)	AIDS Resource Group and Evansville Housing Authority	15	48	-
Region 12 (Evansville)	Matthew 25 AIDS Services	-	-	<u>27</u>
	Total	223	561	198

Note: Region 7 (Indianapolis) is funded separately through the City of Indianapolis.

Source: 2004 Indiana CAPER .

Outstanding need. The National Resource Center on Homelessness and Mental Illness reported that between one-third and one-half of people with HIV/AIDS are either experiencing homelessness or at imminent risk of homelessness. Using this estimate, providers of services to people with HIV/AIDS estimate that between 30 and 50 percent of the number of people with HIV/AIDS need housing. This suggests housing needs for between 2,150 and 3,580 people living with HIV/AIDS in the State.

Part of the *Indiana HIV/AIDS Housing Plan* study included focus groups of people living with HIV/AIDS in Indiana. These focus groups cited housing affordability as the primary housing challenge. Other concerns noted by the focus group participants included the quality of housing that is affordable to them, the desire to live independently and confidentiality when accessing services. AIDS Housing of Washington also conducted a survey of 418 people living with HIV/AIDS throughout the State. Survey findings were as follows:

- Survey respondents had very low-incomes;
- Many survey respondents received some housing assistance, but most still pay a large portion of their income for housing;
- Consistent with the preferences expressed, the majority of respondents lived alone and rented their homes;
- Behavioral health issues, such as mental health and substance abuse, affected a small but considerable percentage of people living with HIV/AIDS; and
- Many respondents had experienced homelessness.

The survey also collected income and cost burden data of respondents. Exhibit V-14 on the following page summarizes median income, median housing costs and the cost burden of respondents by region.

Exhibit V-14.
Income and Cost Burden
of HIV/AIDS Survey
Respondents, 2001-2002

Source:
AIDS Housing of Washington, *Indiana
HIV/AIDS Housing Plan*, February 2003.

Region	Median Income	Median Housing Costs	Cost Burden
Region 1 (Gary)	\$665	\$415	52%
Region 2 (South Bend)	\$597	\$371	54%
Region 3 (Fort Wayne)	\$601	\$398	52%
Region 4 (Lafayette)	\$653	\$309	52%
Region 5 (Muncie)	\$595	\$500	53%
Region 6 (Anderson)	\$787	\$467	38%
Region 7 (Indianapolis)	\$591	\$413	44%
Region 8 (Terre Haute)	\$551	\$513	78%
Region 9 (Richmond)	\$635	\$314	37%
Region 10 (Bloomington)	\$764	\$453	50%
Region 11 (Jeffersonville)	\$617	\$293	45%
Region 12 (Evansville)	\$598	\$350	43%

The *Indiana HIV/AIDS Housing Plan* reported there were 143 existing housing units for persons with HIV/AIDS in 2001 and 190 persons receiving long-term rental assistance with HOPWA dollars. Assuming the total number of persons with HIV/AIDS and a need for housing assistance is 2,276 (30 percent of the State's HIV/AIDS population), the State faces an outstanding need of over 2,086 housing units for persons with HIV and AIDS. Surveys indicate that among persons living with HIV/AIDS, most desire to live in single family homes rather than apartments. The most desired types of housing subsidies are mortgage or rental assistance, followed by subsidized housing and units with some supportive services.

For persons experiencing homelessness who also have HIV/AIDS and a mental illness, fragmented services creates the largest barrier to receiving adequate care. As a whole, there is a “lack of integration of housing, mental health, substance abuse, and health services...”²⁷ The nature of case management has been to specialize in one particular service area. Therefore, even if case managers want to address the various needs of an individual, often they lack the expertise to do so.

A report entitled *Epidemiological Profile for HIV/AIDS in Indiana 2003* completed for the Indiana State Department of Health in May 2004, reported that in 2002, 4,726 people who were HIV positive had medical and service needs that were not met.

²⁷ *HIV, Homelessness, and Serious Mental Illness: Implications for Policy and Practice*. National Resource Center on Homelessness and Mental Illness.

In addition to living with their illness and inadequate housing situations, persons with HIV and AIDS in need of housing face a number of barriers, including discrimination. According to the 1998 report from the National Resource Center on Homelessness and Mental Illness, persons with HIV/AIDS and persons with a mental illness have long faced discrimination to safe and affordable housing. Landlords and housing providers sometimes fear that physical and architectural elements of their building might create an unsafe environment. Oftentimes, the discrimination is merely based on the stigma associated with the illness.

The co-occurrence of other special needs problems with HIV/AIDS can make some individuals even more difficult to house. For example, 10 percent of *Indiana HIV/AIDS Housing Plan* survey respondents indicated alcohol or drug use. Approximately 12 percent of HIV/AIDS survey respondents indicated mental health or psychiatric disability. Among people with mental illness, a high rate of infection is attributed to several factors such as social circumstances, psychopathology, medications and substance abuse. Persons with serious mental illness tend to cycle in and out of homelessness, affecting behaviors in ways not completely understood. Because of the frequent concurrence of substance abuse and mental illness with HIV/AIDS and the need for health care and other supportive services, many of those with HIV/AIDS can be very difficult to serve.²⁸

Additionally, the study's Housing Plan Steering Committee, consumers, providers of HIV/AIDS services and survey respondents identified the following barriers to achieving and maintaining housing stability:

- Poor credit;
- Recent criminal history;
- Poor rental history, including prior eviction and money owed to property managers; and
- Active substance abuse.

Resources. The following section described programs and services available to persons with HIV/AIDS.

HOPWA. The primary source of funding for HIV/AIDS housing in the State is the Housing Opportunities for People with AIDS (HOPWA) program. IHADA has awarded \$858,614 of HOPWA funds for July 2005 to June 2006 to 12 agencies in 11 of the State's 12 regions (Region 7, which includes Indianapolis, is funded separately through the City of Indianapolis). These funds are available for use as rental subsidies, as well as emergency services, such as utility assistance and emergency medicine. Awards of HOPWA funds are made on an annual basis. Exhibit V-15 displays the HOPWA awards made for July 2005 through June 2006.

²⁸ *HIV, Homelessness, and Severe Mental Illness: Implications for Policy and Practice*, National Resource Center on Homelessness and Mental Illness.

Exhibit V-15.
HOPWA Awards by
Category of Services,
July 2005 to June 2006

Source:
IHCDA.

Category of Service	Award Amount	Percent of Total
Rental Assistance	\$471,396	55%
Short-term Rental, Mortgage and Utility Assistance	\$169,256	20%
Support Services	\$145,955	17%
Project Sponsor Administration	\$36,126	4%
Operating Costs	\$11,701	1%
IHCDA Administration	<u>\$24,180</u>	<u>3%</u>
Total	\$858,614	100%

Exhibit V-16 presents the allocation of funds by counties served, projects sponsors, allocation amount and percent of total HOPWA funding from July 2005 to June 2006, outside of the Indianapolis MSA.

Exhibit V-16.
HOPWA Program Awards by Region and Activity, July 2005 to June 2006

Region	Counties Served	Project Sponsor	Award Amount	Percent of Total
1	Lake, LaPorte, and Porter Counties	Greater Hammond Community Services, Inc.	\$192,000	23%
1	Lake, LaPorte, and Porter Counties	Brothers Uplifting Brothers, Inc.	\$70,662	8%
2	Elkhart, Fulton, Marshall, Pulaski, and St. Joseph Counties	AIDS Ministries/AIDS Assist of North Indiana, Inc.	\$119,205	14%
3	Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, and Whitley Counties	AIDS Task Force, Inc.	\$115,505	14%
4	Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, and White Counties	The Center for Mental Health, Inc.	\$38,228	5%
5	Blackford, Delaware, Grant, Jay, and Randolph Counties	The Center for Mental Health, Inc.	\$41,516	5%
6	Cass, Howard, Madison, Miami, and Tipton Counties	The Center for Mental Health, Inc.	\$55,081	7%
8	Clay, Parke, Sullivan, Vermillion, and Vigo Counties	West Central Indiana Economic Development District	\$50,559	6%
9	Decatur, Fayette, Henry, Ripley, Rush, Union, and Wayne Counties	The Center for Mental Health, Inc.	\$18,908	2%
10	Bartholomew, Greene, Lawrence, Monroe, and Owen Counties	Bloomington Hospital, Inc.	\$50,148	6%
11	Crawford, Jackson, Jefferson, Jennings, Orange, and Switzerland Counties	Hoosier Hills AIDS Coalition, Inc.	\$7,811	1%
12	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick Counties	AIDS Resource Group of Evansville, Inc.	<u>\$74,811</u>	<u>9%</u>
	Total		\$834,434	100%

Note: Region 7 (Indianapolis) is funded separately through the City of Indianapolis.

Source: IHCDA.

In addition to HOPWA funds, through various State agencies, Indiana administers five additional programs for people living with HIV/AIDS, as described below.

Care Coordination Program. The HIV/AIDS Care Coordination Program is State-funded. This program pays for Care Coordination at 15 sites throughout the State addressing medical, financial, psychosocial and other needs. Funding for grant year 2004-2005 is \$2,452,500. Exhibit V-17 lists 15 organizations in the Care Coordination network in Indiana.

Exhibit V-17.
HIV Care
Coordination Sites

Source: Indiana State Department of Health,
<http://www.in.gov/isdh/programs/hivstd/care.htm>.

Organization	City
AIDS Ministries/AIDS Assist	South Bend
AIDS Resource Group of Evansville	Evansville
AIDS Task Force of Northeast Indiana	Fort Wayne
Aliveness Project of Northwest Indiana	Gary
Area VII Agency on Aging and the Disabled	Terre Haute
Bloomington Hospital Positive Link	Bloomington
Center for Mental Health - Central	Elwood
Center for Mental Health -Southeast	Richmond
Center for Mental Health - West	Lafayette
Clark County Health Department	Jeffersonville
Concord Center Association	Indianapolis
Damien Center	Indianapolis
LifeCare Program of Clarian Health	Indianapolis
Open Door Community Services	Muncie
Wishard Health Services	Indianapolis

Special Population Support Program. The Special Population Support Program is a State-funded program administered by the FSSA. This program provides substance abuse and mental health support services throughout the State. Funding for grant year 2004-2005 is \$900,000.

HIV/AIDS Education Program. The HIV/AIDS Education Program is a State-funded program that pays for prevention and education programs. Funds are sub-granted to community action programs throughout the State. Funding for grant year 2004-2005 is \$674,802.

Social Services Block Grant. The Social Services Block Grant is federally funded. This program also provides care coordination at two of the 15 sites throughout the State. Funding for grant year 2005 is \$561,206.

HIV Medical Services Program. The Ryan White CARE Act – HIV Medical Services Program is federally funded and awarded to the State. Title II of the Ryan White CARE Act in Indiana is primarily used to purchase HIV medications, services and insurance coverage for eligible HIV positive State residents. Indiana received \$11,402,950 for FY 2004 (April 1, 2004 to March 31, 2005). Eligible applicants must be living below 300 percent of the federal poverty level and must not have access to public or private health coverage. The program is administered centrally by the State Department of Health and a contracted third-party claims payer. Participants are required to enroll in the State’s case management program (Care Coordination) as well. A portion of the award covers normal administration costs, quality management projects, advisory council expenses, and special set-aside projects (i.e., Emerging Communities and Minority AIDS Initiative).

Persons with Physical Disabilities

Total population. Estimates of the total population in Indiana with physical disabilities vary according to the definition of disability. The 2000 Census definition of disability encompasses a broad range of categories, including physical, sensory and mental disability. The Census classifies individuals as having a disability if any of the following three conditions are true:

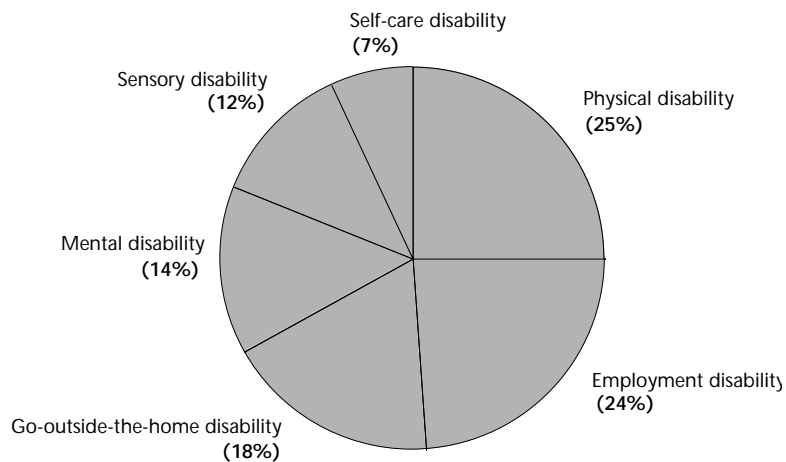
- They were five years old and over and, on the 2000 Census survey, had a response of “yes” to a sensory, physical, mental or self-care disability;
- They were 16 years old and over and had a response of “yes” to going outside the home disability; or
- They were 16 to 64 years old and had a response of “yes” to employment disability.

The Census definition of people with disabilities includes individuals with both long-lasting conditions, such as blindness, and individuals that have a physical, mental or emotional condition lasting 6 months or more that makes it difficult to perform certain activities. In 2000, 1,054,757 Hoosiers over the age of five indicated disability status. According to a 2002 publication *Opening Doors* produced by the Technical Assistance Collaborative and the Consortium for Citizens with Disabilities Housing Task Force, 23 percent of all rural area residents and 18 percent of all urban area residents are people with disabilities. Based on 2000 Census data, this indicates that nearly 775,000 persons in urban areas have a disability and almost 409,000 persons with disability status resided in rural areas.

The 2000 Census also reports total disabilities by type of disability for the population five years and older. Exhibit V-18 below displays the distribution of *types of disabilities* in Indiana in 2000.

Exhibit V-18.
Types of Disabilities, 2000

Source:
U.S. Bureau of the Census, 2000.



Of all disabilities, physical disability is the most prevalent, comprising one-quarter of all types of disabilities. According to the U.S. Census, seniors aged 65 and over compose 45 percent of persons with a physical disability, and 28 percent of all elderly had some form of physical disability.

Housing. Much like the elderly, it is difficult to estimate the housing situations of persons with physical disabilities because they often live independently or rely on family and friends for assistance. Furthermore, specific data on the housing needs of persons with physical disabilities is lacking.

Census data provide estimates of persons with disabilities who are living in poverty, which can be somewhat of a proxy for housing need. In 2000, 232,000 Hoosiers who had a disability lived in poverty. Census data suggest that persons with physical disabilities comprise roughly 44 percent of all persons with disabilities, and that 70 percent of persons with disabilities reside in rural areas. Applying these assumptions to the poverty data, an estimated 71,000 persons with physical disabilities in rural areas are living in poverty and, as such, are likely to have some type of housing need (e.g., cost burden, substandard housing).

Meeting housing needs of persons with disabilities in rural communities can be especially challenging. Challenges include poor quality housing, fewer accessible units and limited transportation options.²⁹

The latest *Five Year State Plan for People with Disabilities* reported that persons with disabilities want to live in a community with privacy, safety, and without fear of being raped, abused or belittled. They need supportive services to make this possible. Some require the support of assisted living, but not regimentation. Those who are married expect to be able to live together. Group homes and Independent Living Centers are helping people become more self-sufficient, but they need well-trained, permanent staff who can teach life skills.

Outstanding need. The Governor's Planning Council for People with Disabilities (GPCPD) is currently conducting the "Tell It Like It Is" survey, which will help the Governor's Council understand how people with disabilities and their families feel about the current status of disability-related issues in Indiana. The results from the survey will be used by the Council in shaping a five-year plan for 2007-2011.

A consumer survey of nearly 1,400 Indiana residents with disabilities and various focus groups with representatives from nonprofit organizations and advocacy groups were conducted as part of their *Five-Year State Plan for People with Disabilities* (2001–2005). Through their research, they identified the following "key issues" for Indiana residents with disabilities:

- **Home and community-based services.** Indiana residents with disabilities believe that services delivered to their homes and places of work provide the greatest benefit, and they desire more options and greater investment in the implementation of such services.
- **Waiting lists.** Currently, thousands of Hoosiers with disabilities are waiting for home and community-based care services. According to the GPCPD report, "The issue is not just that waiting is hard, but many people's conditions deteriorate while they are waiting for services."
- **Full utilization of Vocational Rehabilitation Services funds.** Indiana residents with physical disabilities who participated in the survey indicated that they believe the available Vocational Rehabilitation Services programs are currently underutilized.

²⁹ *Opening Doors, A Housing Publication for the Disability Community*, October 2004, Issue 27.

A recent study, *Priced Out in 2004*, compared average monthly SSI payments with rental housing costs at the national level and for each state. The study concluded that persons with disabilities receiving SSI income support lost “buying power” in the nationwide rental housing market over the past two years. The study also found that in Indiana, the monthly SSI benefit of \$564 in 2004 represents only 16.9 percent of Statewide one-person median income. A person with disabilities receiving SSI income support in Indiana would have to pay 88.7 percent of this monthly benefit to be able to rent a modestly priced one-bedroom unit (in January 2006 the SSI benefit was raised to \$603 per month, a 6.9 percent increase).

Resources and solutions. Many of the programs (including CDBG and HOME) available to persons with developmental disabilities and some of the programs for the elderly are also available to persons with physical disabilities. Individuals with physical disabilities also have access to financial and supportive service programs to help meet their housing and support needs.

Supplemental Security Income. Supplemental Security Income (SSI) is a federal income support program that is available to people who have disabilities and limited income and resources. Effective January 2006, the SSI payment for an eligible individual is \$603 per month and \$904 per month for an eligible couple. For January 2005, the SSI payment for an eligible individual is \$579 per month and \$869 per month for an eligible couple. The State of Indiana does not add any money to the basic benefit.

CHOICE. Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) is a State funded program that supports the elderly and people with disabilities. It can cover financial assistance for home modifications and various in-home supports (e.g., personal attendant care). In 1998 (the date of the last available data), approximately 1,800 Indiana residents with physical disabilities received CHOICE funds (18 percent of the total number of CHOICE fund recipients). In FY 2001, there were a total of 12,537 persons served by CHOICE and 2,666 of those residents (21 percent) were under 60 years old with physical disabilities. The number of residents over 60 years old with physical disabilities was not provided.

In FY 2004, 10,488 Indiana residents benefited from the CHOICE program, a decrease of 7 percent from FY 2003. However, the original projections of CHOICE program use have been exceeded. Between 1998 and 2004, the number directly served by CHOICE increased by 10 percent. In FY 2004, there were 9,296 people on the waiting list to receive CHOICE services, an increase of 5.6 percent from FY 2003, which is approximately a three to four month wait from the first date of contact.³⁰

The 2002 *Statewide IN-Home Services* report stated that 80 percent of CHOICE beneficiaries served were 60 years and over and 20 percent were persons with disabilities only (not 60 years and over).³¹ During FY 2002, individuals 85 and over accounted for 27 percent of all CHOICE beneficiaries. In 2002, most CHOICE recipients lived alone and had incomes of less than \$10,000 per year.

Medicaid. Medicaid services are available to meet the needs of individuals living in the community, large and small congregate facilities or who are receiving care in a hospital. Medicaid waivers allow Medicaid to fund home and community-based services that have the support services needed for

³⁰ Indiana Family & Social Services Administration, *Statewide IN-Home Services 2004 Annual Report, July 1, 2003 – June 30, 2004*.

³¹ The 2003 and 2004 *Statewide IN-Home Services* report did not break down recipients by age.

individuals to live in his/her own home. Currently in Indiana, Medicaid can be used for in-home services for the elderly and disabled in cases where without the services, an individual would need to be institutionalized. Medicaid waivers can also pay for “environmental modifications” to the homes of elderly or disabled individuals. Medicaid waiver funding cannot be used to cover the cost of housing, although up to \$10,000 can be used for environmental modifications. The State recently received approval from Centers for Medicare & Medicaid Services (CMS) to be able to use Medicaid for assisted living services. During FY 2004 Medicaid waivers served a total of 5,050 people and 4,637 of these were Aged and Disabled waivers.

Effective July 1, 2003, Medicaid participants receiving institutional care who are clients of the Autism and Developmental Disability waiver programs will have \$1,000 available to them for out-of-pocket expenses when transitioning from institutions to community settings. The allowance will pay for the client’s initial security deposit on an apartment, essential furnishings, pest eradication and set up fees for utilities and telephones.

In October 2003, the State received a grant of \$500,000 to enhance community-based services for senior citizens and people with disabilities. During 2002 and 2003, Indiana’s Family & Social Services Administration (FSSA) helped create options for more than 4,800 seniors and 2,000 people with disabilities to live in their homes and communities. In the next two years, FSSA plans to help create options for 1,000 more seniors and 1,000 more people with disabilities.

Individuals apply for a Medicaid waiver through their local Area Agency on Aging offices, Vocational Rehabilitation offices, Bureau of Developmental Disabilities Services field offices, and/or Division of Family and Children offices. The lifetime cap for use of Medicaid waivers is currently \$15,000 for disabled individuals and the elderly.

Governor’s Planning Council for People with Disabilities. The GPCPD has identified the following four objectives for increasing community inclusion of persons with physical disabilities:

- Increase the number of children with disabilities in inclusive educational settings, including those with emotional disabilities;
- Increase the number and quality of community living supports that enable people with disabilities and families to participate in inclusive community activities of their choice;
- Expand the number of people with disabilities who have accessible, affordable housing; and
- Expand the availability of accessible, affordable public and private transportation throughout the State, especially in rural areas.

GPCPD plans to expand the number of persons with disabilities who have accessible, affordable housing through the implementation of the following strategies:

- Promote interagency coordination around quality housing;
- Build supports that enable people to live in their own houses;
- Educate about and advocate for the benefits of universal design with housing designers, developers and builders as well as the general public; and
- Promote awareness in the housing industry that persons with disabilities are viable customers.

Five-Year Plan for People with Disabilities. The Council is currently developing a five-year plan for 2007-2011. The Five Year Plan identifies a vision for the future of community living for persons with disabilities. This vision includes the establishment of affordable and accessible, individualized and dispersed housing for people with disabilities of all ages throughout the community, and the direction of funding away from services/buildings that congregate people with disabilities. This vision includes the provision of individualized supports to meet people’s needs in their own homes (ownership or rental).

Persons with Mental Illness or Substance Abuse Issues

Total population. It is appropriate to consider persons with mental illness and those with substance abuse issues together because Indiana uses one system to serve both of these populations.³²

Severe mental illness. The most recent estimates (for 2006) developed by the State’s Division of Mental Health place the population of persons with severe mental illnesses at approximately 247,285. A recent actuarial study estimates the target population for State services—that is, the poorest and least able to secure services—at 67,071.

Substance abuse. It is estimated that 0.43 percent of Indiana’s population are substance abuse clients in specialty treatment units on any given day. Given the 2005 population of 6,217,973 people, this would result in a total of 26,969 substance abuse clients Statewide.

If the prevalence of mental illness and substance abuse were the same in nonentitlement areas as the State as a whole, they would be home to approximately 144,000 people with mental illness and 15,600 substance abuse clients.

Characteristics of the populations. Exhibit V-19 displays the number of people served by the Indiana Division of Mental Health and Addiction (DMHA) from July 1, 2004, to June 30, 2005. The clients identified are all adults (18 years and older) who received services through community mental health centers and/or managed providers funded by the Indiana DMHA and Addiction Hoosier Assurance Plan (HAP), the primary funding source for mental health and additional services in Indiana. Included clients met specific income and diagnostic criteria. The number of individuals displayed represents an unduplicated count of persons. Individuals are entered only once into the DHMA database per fiscal year, and may only be categorized in one “agreement type,” (i.e., seriously mentally ill or chronically addicted/substance abuse).

Exhibit V-19.
Consumers Served by the Division of Mental Health and Addiction, FY 2006

Note:
Persons served have income at or below 200 percent of the Federal Poverty Level.
Source:
Indiana and Social Services Administration, Division of Mental Health and Addiction, INDIANA Numbers of Consumers Served Report, FY2006.

	Indiana
Seriously mentally ill adults (SMI)	48,114
Seriously emotionally disturbed children (SED)	28,256
Co-occurring disorder (Adults, SMI with chronic addiction)	4,597
Chronically addicted adults	26,214
Chronically addicted women with children or pregnant	3,001
Total consumers served	110,182

³² Persons with mental illness are also often referred to as “persons with psychiatric disabilities.” This report uses the term “persons with mental illness,” which is currently used by HUD.

During FY 2004, the Division of Mental Health served 21,523 people through the Substance Abuse Prevention Treatment (SAPT) block grant. The SAPT block grant is administered by the federal Department of Health and Human Services Center for Substance Abuse Services, Substance Abuse and Mental Health Services Administration (SAMHSA). To receive these funds, an annual application with public review is necessary. Two of the requirements are that 20 percent of the award must be spent for alcohol and drug abuse prevention services and that treatment services for pregnant women and women with dependent children must be funded. Sixty-nine percent of service recipients in FY 2004 were men, 78 percent White and 18 percent African American. After treatment, 1.2 percent of persons who had been homeless did not return to homelessness, 11 percent of persons abstained from alcohol use and 13 percent abstained from other drug use.

The Division of Mental Health and Addiction's *Biennial Report SFY 2002-2003* released May 2004 estimated the number of Hoosiers in certain populations with incomes at or below 200 percent of the poverty level. The Division focused on prevalence data for the population with incomes at or below 200 percent of the poverty level—this is the population targeted by the Hoosier Assurance Plan (HAP). From July 2002 to June 2003, 77,295 persons with mental illness and/or co-occurring disorder, 28,855 children with a serious emotional disturbance and 87,946 Hoosiers with a chronic addiction were eligible for HAP services.

The National Institute on Mental Health (NIMH) has a department specifically dedicated to rural mental health. A fact sheet from September 2000 states that the prevalence of mental illness, substance abuse and disability in rural areas is equal to and often greater than in urban areas. There are unique barriers in rural areas such as access and availability of services, poverty, geographic isolations and cultural differences. People who do seek help, often only have the option of seeing a primary care physician who may lack the appropriate training and resources. In addition, cost of services is a major barrier to care. Only 25 percent of people in rural areas qualify for Medicaid, compared to 43 percent in urban areas. People living in rural areas have comparable insurance to those in urban areas; however, the coverage is less comprehensive and may not include psychotherapy. Geographic location often requires that SMI people seek treatment in a hospital or facility far from their friends and family—if they do seek help in a facility close to home, they are often in a general medical facility without psychiatric specialists.³³

According to the *AIDS Housing of Washington Spring 2003 Fact Sheet*, among the population with a mental illness, HIV prevalence rates range from 4 percent to 18 percent, compared to a 1 percent prevalence rate among the general population. A 2001 study concluded that nearly half of the population receiving care for HIV also had a psychiatric disorder. People who are mentally ill and abuse substances are at an even higher risk for HIV infection and homelessness. In fact, a study conducted by the American Journal of Addiction in 1998 found that persons with co-occurring disorders have a 19 percent rate of HIV infection—cocaine users were 4.5 times more likely to be HIV positive than non-users.³⁴

³³ Department of Health and Human Services, Public Health Service, National Institute of Health, *Rural Mental Health Research Fact Sheet*.

³⁴ AHW Fact Sheet, Spring 2003, *Living with HIV/AIDS and a Major Mental Illness*.

Housing. Of persons with a mental illness, co-occurring disorders or a gambling addiction served by FSSA in 2003, 76 percent lived in a private residence; 2 percent lived in a foster home; 7 percent lived in residential care; 3 percent in an institutional setting; less than 1 percent in jail/correctional facility; 2 percent were homeless; 2 percent lived in other setting; and 7 percent did not provide data.

It is estimated that there are 97.5 beds available for substance abuse treatment per 100,000 people in the United States. Given this estimate, Indiana would have 5,662 total beds targeted to persons with substance abuse on any given day.

The number of persons being served in state hospitals and the length of stay has steadily declined over the past several years. The number of people served in state psychiatric institutions from SFY 1999 to 2003 has decreased by approximately 500 persons. Additionally, the percentage of patients in state hospitals staying less than one year has increased from 37 percent in SFY 2000 to 45 percent in SFY 2003. This shift in persons served and length of time in state hospitals is attributable to the “increase in community capacity and the efforts to serve consumer in the least restrictive setting that is appropriate for each consumer [Olmstead Act].”³⁵

In 2001, the Indiana division of the National Alliance for the Mentally Ill (NAMI) conducted a residential survey of CMHCs throughout the State. Approximately 30 CMHCs responded to the survey and reported nearly 1,900 beds or units available for people with mental illness. The survey identified units that were owned by CMHCs, in addition to subsidized units or residences for clients they served. Types of units included group homes, HUD apartment complexes, cluster homes, assisted living, emergency housing and home-based services, among other types of living arrangements. Exhibit V-21 below displays the CMHCs who completed the survey and the number of beds or units they had available.

³⁵ Indiana Family and Social Services Administration, Division of Mental Health and Addiction, *Biennial Report SFY 2002-2003*.

Exhibit V-21.
2001 NAMI Indiana Survey of Community Health Mental Centers

Resource	Area Served	Units/Beds
The Center for Mental Health	Anderson	70
Center for Behavioral Health	Bloomington/South Central Indiana	N/A
BehaviorCorp	Marion, Boon, Hamilton Counties	50
Quinco Behavioral Health Systems	Columbus, North Vernon, Seymour	44
Cummins Mental Health Center, Inc.	Greencastle, Brownsburg	13
Tri-City Community Mental Health Center	Hammond, Munster, Whiting, East Chicago	40
Oaklawn Psychiatric Center	Elkhart	33
Southwestern Indiana Mental Health Center, Inc.	Evansville	40
Park Center	Fort Wayne	140
Edgewater Systems Residential Services	Gary	72
Adult & Child Mental Health Center	Indianapolis	N/A
Gallahue Mental Health Center	Indianapolis	57
Midtown Community Mental Health Center	Indianapolis - Center, Wayne Townships	96
Southern Hills Counseling Center, Inc.	Jasper	10
LifeSpring Mental Health Services	Jeffersonville	377
Northeastern Center, Inc.	Kendallville	20
Howard Community Hospital	Kokomo	40
Community Mental Health Center	Lawrenceburg	N/A
Four County Counseling Center	Logansport, Cass County	41
Grant-Blackford Mental Health, Inc.	Marion, Grant County	130
Southlake Center for Mental Health	Merrillville, Schererville, Lake County	85
Swanson Center	LaPorte County, Michigan City	28
Comprehensive Mental Health Services, Inc.	Muncie	91
Dunn Center	Richmond	98
Madison Center and Hospital	South Bend	83
Hamilton Center, Inc.	Terre Haute and Marion	55
Porter-Starke Services, Inc.	Valparaiso	15
Samaritan Center	Vicennes	55
Bowen Center	Warsaw	79
Wabash Valley Hospital	West Lafayette	N/A
<i>Entitlement areas</i>		887
<i>Nonentitlement areas</i>		975
Total		1,862

Note: It is likely that this estimate is slightly lower or higher as the survey was conducted in 2001.

Source: Indiana National Alliance for the Mentally Ill, 2001.

Outstanding need. Provision of housing to persons who are mentally ill or abuse substances in rural areas is difficult due to two factors. First, rental properties, particularly apartments, are less common outside of large cities. Additionally, HUD's scoring system for Section 811 grants use minority participation as a significant factor in evaluations. Given the small number of minorities in the State's nonentitlement areas, this requirement puts applications from such areas at a disadvantage from the outset. Due to these factors, and the fact that all of the State's Mental Health Services for Homeless Persons with Mental Illness (PATH) programs are located in large cities, it seems likely that there is an outstanding need for housing for the mentally ill and for individuals with substance abuse problems in nonentitlement areas in Indiana.

The Division of Mental Health and Addiction's *Biennial Report* tabulated the number of Hoosiers who qualified for HAP during SFY 2003. Exhibit V-22 displays HAP eligible Hoosiers by disability and funding status.

Exhibit V-22.

HAP Eligible Hoosiers by Disability and Funding Status, SFY 2003

	Received DMHA funds for hospital services	Received DMHA funds for community services	Total served with DMHA funds	Received community services without DMHA funds	Unmet need - did not seek treatment or DMHA funds	Total
Adults w/SMI and co-occurring disorder	1,537	24,220	25,757	23,817	27,721	103,052
Hoosiers w/chronic addiction	283	18,882	19,165	6,789	61,992	107,111
Children w/SED	<u>171</u>	<u>9,974</u>	<u>10,145</u>	<u>13,038</u>	<u>6,672</u>	<u>40,000</u>
Total	1,991	53,076	55,067	43,644	96,385	250,163

Source: Indiana and Social Services Administration, Division of Mental Health and Addiction, Biennial Report SFY 2002-2003.

Exhibit V-22 above highlights over 96,000 HAP eligible Hoosiers with unmet needs (persons needing treatment and DMHA funds) in SFY 2003. Additionally, HAP requires that providers serve all eligible people seeking treatment. However, the Division is not able to fund all persons eligible for services. Almost 44,000 persons received unfunded treatment in SFY 2003.

The FSSA completed their third annual *State Operated Facilities (SOF) Community Readiness Report*. The study, also known as the *State Hospital Client Readiness Assessment*, is part of the DHMA mandate to develop plans for the State operated psychiatric facilities. This mandate, which comes from both State and federal resources, requires that the plan be based on individual client assessments relative to the clients' readiness for community-based care. Community Mental Health Centers (CMHC) and State Hospitals evaluated 650 consumers in State operated facilities in August 2002. Consumers with a serious mental illness constituted 510 (or 78 percent) of those evaluated. Consumers were evaluated based on the expected date at which they would be ready to leave the hospital and the availability of the kind of setting that they would need. Exhibit V-23 displays the results of the evaluation.

Exhibit V-23.

Community Setting Availability, 2002

All Populations (SMI, MICA and SED)	Setting Exists	Setting Being Developed	Setting Full with Waiting List	Setting Exists Out of Home Area	Setting Does Not Exist	Total
Ready for discharge	8%	1.2%	3%	1%	1%	14%
1 month to 6 months	20%	3%	6%	1%	0.5%	31%
6 to 12 months	12%	2%	4%	0%	1%	18%
1 to 2 years	8%	0.5%	2%	1%	2%	13%
2 years or more	5%	0.2%	0%	1%	6%	12%
May never be ready	<u>4%</u>	<u>0%</u>	<u>0.5%</u>	<u>1.1%</u>	<u>6%</u>	<u>12%</u>
Total	56%	7%	15%	5%	16%	100%

Note: SMI = Serious Mental Illness, MICA = Chemically Addicted, and SED = Serious Emotional Disturbance.

Source: State Operated Facilities Community Readiness Report. SFY 2003.

As shown in the previous table, 14 percent of the total 650 consumers were determined to be ready for discharge at the time of the assessment. This 14 percent was evenly distributed throughout the State. Overall, 202 or 31 percent of seriously mentally ill (SMI), mentally ill and chemically addicted (MICA) and serious emotional disturbance (SED, includes only children and adolescents) populations were evaluated to be placement-ready within one to six months.

The study found that 56 percent of all consumers assessed had an existing setting available, or would have a setting available at the time of discharge. The majority of the balance of consumers, regardless of their discharge status, were categorized under facilities that were full with a waiting list (15 percent) and/or did not have facilities that would suit their needs (16 percent).

In terms of placement needs, supervised group living (SGL) settings were determined most appropriate for 220, or 43 percent, of the SMI population. Ten percent were determined to need placement within a medical or nursing facility for extended care. A total of 58 MICA consumers were assessed; 26 percent were evaluated to need specialized residential treatment services for substance abusers, and 48 percent were divided equally indicating discharge to their family/personal home or a need for supervised group living. For SED consumers, it was anticipated that 65 percent of these children and adolescents would need to return to a family setting.

In 2006 the National Alliance for the Mentally Ill (NAMI) released a comprehensive survey and grading of state adult public mental health care systems in more than 15 years. Public systems serve people with serious mental illnesses - such as schizophrenia, bipolar illness, and major depression - who have the lowest incomes. The grades were based on surveys and publicly available information. The Nation received a grade of D, which suggests the system is in trouble. Indiana received the grade D- and was described as a state in transition due to the recent changes in leadership with a new vision. The review mentioned that DMHA has a Transformation Work Group that has defined several initiative for immediate action:

- Changes in the state hospital system
- Better management of contract relationships with providers
- Better cross-agency relationships
- Greater consumer and family participation, and
- Measurement of outcomes.

Urgent needs the report suggested for Indiana included caution on scope and speed of changes, greater transparency, consumer and family participation, and waiting list reduction for community services. Recent innovations included commitment to transformation, implementation of Assertive Community Treatment (ACT) partnership with universities, and the prison education program.

The New Freedom Commission on Mental Health Study. President Bush announced the creation of the New Freedom Commission on Mental Health (Commission) on April 29, 2002. The Commission's goal was to study the current mental health service delivery system to identify problems and make recommendations that would enable adults and children to participate fully in their communities. Before the Commission concluded its research, the President identified three obstacles that prevented Americans from receiving quality mental health care—the “stigma that surrounds mental illness, unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance, and the fragmented mental health service delivery system.”

The Commission recognized many barriers and unmet needs in its July 2003 report such as the current fragmentation of the system that creates gaps for children and adults seeking care, high rates of unemployment among persons with mental illnesses, lack of care for older adults with mental illnesses, and the lack of national focus on mental health and suicide prevention.

The Commission identified six goals to transform the mental health system:

Goal 1: Create more awareness among Americans that mental health is essential to overall health.

Goal 2: Develop a system where mental health care is consumer and family driven.

Goal 3: Eliminate disparities in mental health services.

Goal 4: Ensure that early mental health screening, assessment and referrals are common practice.

Goal 5: Provide excellent mental health care and accelerate research.

Goal 6: Improve technology to access mental health care and information.

In developing the above goals, the Commission gathered research that produced the following information pertinent to this report.

Mental illness is the leading cause of disability as identified in a study conducted by The World Health Organization (WHO) in 2000. Almost 25 percent of all disabilities in major industrialized countries are mental illness related. Yet, among the primary mental health service organizations, services and funding are fragmented. Each individual program is an essential part of the mental health system, however, as a whole, the financing approach is complex, fragmented and driven by bureaucratic boundaries that create overwhelmed and bewildered consumers. The Commission recommended that agencies create individualized plans of care that will help overcome the fragmented and uncoordinated service system.

Services for people with co-occurring disorders need to be expanded. Research validates this point, suggesting that half of the adults with a diagnosed mental disorder will also have a substance abuse problem in their lifetime. However, the Commission found that few providers treat both disorders—19 percent of the population with co-occurring disorders are treated for both problems and 29 percent are not treated for either disorder.

Employment needs. According to the New Freedom Commission's report, persons with mental illnesses have a high rate of unemployment *and* underemployment. In fact, persons with mental illness have the lowest levels of employment among all disability types. Only 1 in 3 persons with mental illness are employed, even though surveys show that these adults desire to work and have the capabilities to do so. Seventy percent of persons who have a serious mental illness and have a college degree earn less than \$10 an hour.

Of persons on SSI, 35 percent are individuals with serious mental illnesses, representing the largest diagnostic group. Likewise, 28 percent of all SSDI recipients have a serious mental illness. Many of the individuals with mental illness live below the poverty level. Ironically, SSI recipients returning to work often find they become even poorer, since employment results in loss of Medicaid coverage that is essential for medication coverage and treatment. Therefore, there is a financial disincentive for persons to return to full employment.

According to the DMHA's *Biennial Report*, the two most important factors in successful recovery for persons with mental illness and/or substance abuse are adequate living arrangements and employment. During SFY 2002, 38 percent of adult HAP consumers were unemployed and looking for work. This compares to only 27 percent of adult HAP consumers who had either a part time or full time job.

Housing needs. The New Freedom Commission reported that one of the most significant barriers for persons with mental illnesses is finding decent, safe and affordable housing with supportive services. In fact, people who rely solely on SSI benefits have incomes equal to 18 percent of the median income and are not able to afford decent housing in any one of the 2,703 housing market areas, as defined by HUD. As a result, people often cycle between the jails, institutions and shelter systems. Among the population experiencing homelessness, persons with mental illness are overrepresented; 46 percent reported having a mental health problem within the previous year.

In addition, affordable housing programs are extremely competitive and federal policies often inhibit individuals with substance abuse problems, poor credit and criminal records from qualifying for Section 8 vouchers or public housing units. If individuals are able to qualify for Section 8 vouchers, they are often unable to use the vouchers for various reasons (cost of units may exceed voucher guidelines, units do not meet Federal Housing Quality Standards, landlords refuse to accept vouchers, and housing search assistance is unavailable). Another problem is the lack of available units. Many units have been converted to "elderly only" housing, leaving few units for persons with disabilities. Since 1992, 75,000 HUD units nationwide have been converted to elderly housing.

Consumers tend to be more accepting of treatment if they have a suitable place to live. In order to retain consumers in a home setting, supportive services are vital. A University of Pennsylvania study concluded that persons with mental illness who receive supportive housing services cost the public \$16,282 less per person per year when compared to the costs of mental health, corrections, Medicaid, public institutions and shelters that the same individual would need without supportive housing services.

Resources and solutions. The following section describes the resources and solutions available to persons with mental illness and/or substance addictions.

Hoosier Assurance Plan. Through the Hoosier Assurance Plan, the State's Division of Mental Health contracts with managed care providers to provide services to individuals requiring mental illness or substance abuse treatment and who have annual incomes falling beneath 200 percent of federal poverty guidelines. The Division has statutory authority for 44 managed care providers Statewide. Each provider is reimbursed on a per consumer basis from the State. Since Indiana is consciously trying to downsize its State hospitals and de-institutionalize its mental health system, Community Mental Health Centers (CMHC) are also allowed to "cash in" allocated State hospital beds for additional resources. CMHCs provide the following mandated services: inpatient services, partial hospitalization/psychosocial rehabilitation, residential services, outpatient services, consultation, education and community support. Priority populations are adults with chronic mental illness and children and adolescents who are seriously emotionally disturbed. During SFY 2003, the Hoosier Assurance Plan served approximately 53,000 persons with mental illness and addictions.

PATH and Community Mental Health Centers. The Division of Mental Health supports eight Mental Health Services for Homeless Persons with Mental Illness (PATH) teams and four Community Mental Health Centers (CMHC) with Shelter Plus Care programs. These provide housing, job training, case management, medical services and referrals. In addition, most CMHCs also serve persons experiencing homelessness through referrals from other agencies. It should be noted that the PATH teams are all located in Indiana's six largest cities, meaning that few of these housing services are available in nonentitlement areas. A PATH-like team has recently been funded at the Center for Mental Health in Anderson using Mental Health Block Grant funds.

Substance Abuse Prevention Treatment. The Substance Abuse Prevention Treatment (SAPT) block grant is administered by the federal Department of Health and Human Services Center for Substance Abuse Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and awards organization funds on an annual basis. To receive these funds, an annual application with public review is necessary. Two of the requirements are that 20 percent of the award must be spent for alcohol and drug abuse prevention services and that treatment services for pregnant women and women with dependent children must be funded.

Other services. In addition to State-provided services, Indiana's statutes require employers who provide mental health coverage to provide it in full parity with physical health coverage. Furthermore, the State's Children's Health Insurance Program provides full parity for mental illness.

Homeless Task Force goals. As noted earlier, the State's Continuum of Care recently addressed the needs of people with mental illness who are also homeless. In regard to this population, the Homeless Task Force's 2003-2004 goals aim to:

- Improve working relationships between mental health centers and homeless providers to ensure better access to services by mentally ill homeless persons (ongoing);
- Survey mental health centers by December 2002 (completed);
- Develop model service agreements (ongoing);
- Establish service agreements between at least 75 percent of the mental health centers with homeless service providers by May 2003 (ongoing—DMHA reports that many of the mental health centers have good verbal agreements in place with homeless service providers. DMHA is reviewing how those agreements are working out.); and
- Highlight mental health centers that have established strong relationships with homeless service providers at the March 2003 training sessions (ongoing—Did not do in 2003. Task Force included with 2004 CoC trainings).

Migrant Agricultural Workers

Federal regulations identify “Migrant farm workers” as seasonal farm workers who travel to do farm work and are unable to return to their permanent residence within the same day. “Seasonal farm workers” as agricultural workers who receive over half their yearly earned income from agricultural work, work at least 25 days a year earning that income, and don’t work year round for the same employer.

Total population. By definition, the number of migrant agricultural workers in Indiana fluctuates and, consequently, is difficult to measure. During 2004 the Consolidated Outreach Program staff identified 4,982 farm workers and their dependents in the state of Indiana and were employed by throughout the State. However, this count does not include seasonal workers, which are very difficult to measure due to their transient nature. Thus, the total of migrant and seasonal workers is much higher than this identified count. A 2000 study conducted by the Indiana Commission on Hispanic/Latino Affairs identified approximately 8,000 migrant and seasonal farmworkers employed in Indiana. The 8,000 workers were largely employed in St. Joseph, Howard, Grant and Madison counties.

A Housing Study in Marion County, Indiana, prepared by the Institute for Social and Economic Development (ISED) in 1994, focused on persons living in Marion County and performing farm labor in either Marion, Hendricks, Morgan, Johnson, Shelby or Hancock counties.³⁶ Fifty-eight percent of the growers in the study area expected the future demand for seasonal workers to increase. Although the study is dated, to the extent that the growers’ expectations of future demand for labor hold true, meeting the needs of the migrant population could be increasingly important as the population grows in response to demand.

Characteristics of migrant farmworkers. The Indiana Commission on Hispanic/Latino Affairs report entitled *Latinos in Indiana: Characteristics, Challenges and Recommendations for Action*, reported the following characteristics of migrant farmworkers in Indiana:

- The typical migrant farmworker family consists of 2 adults and 3 children.
- The average family has three full-time workers.
- The median family income is \$4,400.
- 98 percent are Hispanic/Latino.
- 49 percent travel from Texas.
- 10 percent travel from Florida.
- 97 percent of the families live below the poverty line.
- 51 percent speak only Spanish or limited English.
- 80 percent are not enrolled in Medicaid or Medicare.

³⁶ Because a major portion of the study area is urban, including Indianapolis, the study findings may not be applicable to rural areas.

As part of the 2005-2009 Consolidated Planning process, surveys were sent to organizations that work with migrant farmworkers. The following are characteristics of farmworkers identified by survey recipients:

- Farmworkers are from Florida and southern Texas and come to Indiana from June to October to help in the fields and harvest operations.
- Farmworkers are generally under the age of 40.
- Farmworkers leave families in Florida and Texas and send a portion of their earnings back home.

Outstanding need. There are few recent studies of the needs of migrant farm workers in Indiana. State level studies supplemented with national studies offer insight into this population's needs in the State.

Housing. The study conducted by ISED in Marion County found that most grower-provided housing consisted of dormitories, single-family detached and attached structures, and mobile homes. Individuals and families not living in grower-provided housing resided in single-family detached structures, former single family structures converted into multi family units, multi family units located in complexes, and mobile homes. The 2000-2001 by the U.S. Department of Labor's National Agricultural Workers Survey (NAWS) found that 61 percent of migrant farmworkers lived in housing that they rented from someone other than their employer. A 2001 Housing Assistance Council survey indicated that 45 percent of migrant agricultural workers live in either single or multi family housing. Employers owned 25 percent of all units, and 57 percent of employer-owned units were provided free of charge. According to the *Latinos in Indiana* study, grower provided housing is often provided in lieu of higher wages.

The 2001 nationwide survey of the migrant worker population by the Housing Assistance Council found that the median monthly income for migrant worker respondents was \$860, and the median monthly housing cost was \$345. Excluding units where no rent was charged, the median housing cost was \$380. Three in five units were occupied by households with incomes at 80 percent or less of Area Median Income (AMI). Thirty-eight percent of migrant worker households surveyed had incomes of 50 percent or less of the AMI, and 17 percent had incomes 30 percent or less of the AMI.

Serious structural problems, including sagging roofs, house frames or porches, were evident in 22 percent of the units surveyed and 15 percent had holes or large sections of shingles missing from their roofs. Foundation damage was evident in 10 percent of all units and windows with broken glass or screens were found in 36 percent of the units. Unsanitary conditions, such as rodent or insect infestation, were evident in 19 percent of the units surveyed and 9 percent had frayed wiring or other electrical problems present. More than 10 percent of units lacked a working stove, 8 percent lacked a working bath or shower, and more than 9 percent lacked a working toilet.

The 2001 Housing Assistance Council survey found that crowding was extremely prevalent among migrant worker housing units. Excluding dormitories and barracks (structures designed for high occupancy), almost 52 percent of all units were crowded (defined as having a mean of more than one person per room, excluding bathrooms). Among crowded units, 74 percent had children present. Many farm workers face a multitude of housing problems. Twenty percent of substandard units were also overcrowded; 11 percent of all units were substandard *and* the workers were cost burdened; and 6 percent of all units (19 percent of all substandard units) were substandard, cost burdened and overcrowded. Applying these percentages to the 8,000 migrant and seasonal farmworkers in Indiana,

1,760 would live in substandard housing; 4,160 in a crowded environment; and 480 in a substandard, cost burdened and crowded conditions.

The goal of the Marion County study was to determine the feasibility of building a permanent farm labor housing complex within Marion County. As such, in order to qualify there were household residency and income requirements. Of the 78 households surveyed, 61 qualified for this potential housing complex. It is important to note that the needs of these 61 households represent permanent farmworkers and not necessarily the migrant population. Of the 61 households, the most widely needed unit size was a 1-bedroom unit followed by a 2-bedroom residence. The majority of qualifying households were satisfied with one bathroom. The same households indicated that childcare, laundry facilities, playground equipment and a community room were all necessities.

Exhibit V-24 displays market rents by unit sizes reported by the ISED study in Marion County in 1994. The rent levels identified were what a household might expect to pay in 1994 for a “good” quality housing unit.

Exhibit V-24.
Market Rents by Unit Size
for Marion County, 1994

Source:
A Housing Study in Marion County, Indiana,
Institute for Social and Economic
Development.

Unit Size	Average Monthly Rents
Multi-unit Attached Structure	
Efficiencies	\$275 to \$415
1-Bedroom	\$300 to \$500
2-Bedrooms	\$340 to \$650
3-Bedrooms	\$500 to \$750
Single-unit Detached Structure	
Varies by structure	\$300 to \$1,500

In order to afford a \$400 per month 1-bedroom unit—the largest need in Marion County as indicated above—an *individual* would need to earn at least \$16,000 a year. However, 77 percent of ISED surveyed *households* in 1994 earned less than \$11,000 per year—mean household income was \$9,535 and median household income was \$8,000. Of the surveyed households, only 8 percent could afford a \$400 per month 1-bedroom unit.

The Marion County study reported that in recent years, the State has begun to enforce housing regulations in labor camps throughout the State. The standards are increasing housing costs for growers and, ironically, forcing many growers to stop providing housing altogether. Without grower provided housing, an increasing number of farmworkers are searching for housing units in a competitive housing market. Thus, the affordable housing market has seen increasing pressure and decreased housing availability.

The survey results indicated that if farmworker households spent no more than 30 percent of their income on housing (above which would designate a cost burdened household) affordable housing units available to them would be limited to only 12 percent of the rental market in Marion County.

Employment and working conditions. Few of Indiana’s permanent residents seek out seasonal farm work due to the low wages and arduous tasks. Seasonal farm labor usually entails working in the fields and packing plants, generally requiring 6-day workweeks. The 2000-2001 by the U.S. Department of Labor’s National Agricultural Workers Survey (NAWS) found that 20 percent of workers reported not having drinking water and cups at their worksite. Five percent reported not having water with

which to wash, and 7 percent reported that toilets were not available at work. NAWS respondents were asked how many hours they worked in the previous week at their current farm job. In 2001-2002, the average was 42 hours, compared to 38 in 1993-1994.

The majority of workers surveyed in 2000-2001 NAWS were paid by the hour, although this varied by type of work. Approximately 43 percent of workers performing “harvest tasks” were paid piece rates (e.g., paid by amount of units harvested). The average wage earned by a worker in 2000-2001 was \$7.25 per hour compared to \$5.52 in 1993-1994. The survey compared wages over time and found that the average hourly earnings increased by 25 percent in nominal dollars and by nine percent in inflation-adjusted (real) dollars over the ten-year period (single calendar years) 1993-2002.

According to the NAWS survey, for the two calendar-year period 2000-2001, the average individual income range from all sources, as well as from farm work only, was \$10,000 - \$12,499. The average total family income range was \$15,000 - \$17,499. Based on the poverty guidelines that are issued each February by the U.S. Department of Health and Human Services, and which are based on family size, 30 percent of all farm workers had total family incomes that were below the poverty guidelines.

The Marion County study cited numbers from the 1987 U.S. Census of Agriculture, the most recent available data when the study was completed. On average, seasonal farmworkers made \$4.55 an hour in the Lake region and averaged 36.2 hours a week for approximately 13 weeks of the year.

According to the NAWS survey, most workers did not receive benefits as part of their employment. Only 39 percent were covered by unemployment insurance and 48 percent were covered by workers compensation insurance. Twenty-three percent of farm workers reported having some type of health insurance and between 8 and 12 percent of the workers reported the insurance was an employment benefit. The *Latinos in Indiana* study paints a bleaker reality stating that more often than not, workers did not have health insurance and/or workers compensation benefits.

In 1991, a taskforce appointed by the Governor recommended that agricultural workers who are not a member of the grower’s family receive workers compensation benefits. The bill passed the House Labor Committee but failed to receive full support in the House of Representatives. The constitutionality of excluding farmworkers from workers compensation has not been challenged nor has anyone worked to install these benefits since.

Health and community needs. Due to the nature of farm labor, migrant farmworkers often suffer disproportionately from illnesses like upper respiratory infections, injuries, dermatitis, eye infection, dehydration, muscle strain, diabetes and hypertension. For example, spraying insecticides on the fields while workers are present creates severe health problems.

Because migrant workers live and work in remote areas, they are often unable to access the public services that they need and qualify for. Contributing factors include lack of transportation, lack of sick/vacation time, working hours and language barriers.³⁷

Community input. The following is a summary of the issues and needs of migrant farmworkers identified by the 2005-2009 Consolidated Plan survey respondents.

³⁷ *Latinos in Indiana: Characteristics, Challenges, and Recommendations for Action*, Indiana Commission on Hispanic/Latino Affairs, 2002.

Migrant farmworkers living conditions:

- Rental housing: Overcrowded, substandard older homes and apartments. Unsafe and unsanitary living conditions (may be infested with rodents or other animals), units do not meet code and are overpriced.
- Grower-provided housing: Overcrowded mobile homes and manufactured homes.

Home maintenance:

- Owner-occupied units: Those who own their homes, which are very few, often do not have the money to make needed repairs. If repairs are made, it is often a temporary fix.
- Renter-occupied units: Repairs are not kept up and units remain substandard. Language barrier may prevent households from communicating needed repairs. Households are fearful of landlords and eviction and may not voice needs.

Most needed housing:

- Seasonal housing for workers during the growing season with amenities so workers can cook and sustain normal living conditions.
- Permanent and affordable housing.
- Family housing so workers can bring families with them during growing season.

Desired local and State policy changes:

- Tighter regulation of housing.
- Raise Department of Health standards for housing development approval.
- Streamline grant application process for building housing.

Types of discrimination:

- Unreasonable length of lease.
- Charging higher prices to farmworkers than to the general public.
- Assuming migrant worker is illegal.
- Assuming migrant will leave the unit in terrible condition.
- Assuming farmworkers will overcrowd unit.

Priorities given an unlimited amount of money to dedicate to migrant farmworker issues:

- Educate locals on Hispanic/Latino culture.
- Educate Hispanic/Latino culture about banking and other service agencies in the area.
- English literacy training.
- Invest in GED classes, worker training programs and computer operation classes.
- Youth education.
- Build more affordable housing.
- Life skills training to give people the skills to succeed and buy a home.

Other issues:

- Most migrant farmworkers lack an understanding of how the government and other service programs can be beneficial.
- Migrant farmworkers lack an understanding of the importance of the banking system and retirement savings plans. Most refuse to set up checking accounts and establish bank relationships. Many workers end up spending a tremendous amount of money cashing payroll checks simply in order to avoid being entered into any system where they might be tracked.
- Workers need more knowledge of health care and clinic locations.
- Need for specialized education in schools for migrant workers.
- Sex education for adults and children.
- Wage increases.
- Enforcement for crew leaders to submit wage information.
- Safe working conditions.

Resources. The following section identifies housing and outreach services available to migrant farmworkers in Indiana.

Consolidated Outreach Project (COP). The COP project is a collaborative effort to eliminate the duplication of travel and outreach in Indiana's labor camps and to refer farm workers who express a need for assistance to available services. COP outreach staff interview farm workers and their families and conduct a needs assessment prior to referring them to available resources and services (food pantries, clothing, legal aid, medical and dental services, employment and training services, etc.)

During the 2004 agricultural season, COP employed four full-time staff persons and ten seasonal outreach staff. Last year, COP staff identified 4,982 farm workers and their dependents in the state of

Indiana. COP staff conducted interviews with the farm workers at the migrant labor camps, at the worksites, and at the health clinics.

Housing. Historically, growers have provided housing for migrant workers in Indiana. These housing facilities are licensed by the Indiana State Department of Health and are held to minimum standards, including windows and a source of heat. Indoor faucets or plumbing are not required under the standards, and most camps have common showers, restrooms and facilities for washing clothes. It should be noted that structures built before the adoption of these standards are acceptable under a grandfather clause, meaning that some families live in cabins as small as 10 by 12 feet in dimension. According to service providers, grower provided housing is more common in central and northern Indiana, while workers in the southern part of the State typically find housing independently.

As of March 2006, there were 53 State-licensed agricultural labor camps in Indiana.³⁸ The camps are provided by the growers of the agriculture produce, and the migrant workers often pay rent. Anywhere from 50 to 350 live in grower-provided camps. These camps are inspected at least once a month during the growing season by the Department of Health.³⁹

Aside from grower provided housing, migrant workers are left to find housing for themselves in surrounding areas. The funding sources available for the development of migrant worker housing are those used by all developers of affordable housing seeking subsidies and can be very competitive.

Several migrant farmworker housing developments have been built recently using CDBG funding. The following exhibit shows the migrant farmworker housing projects from 1998 to the present.

Exhibit V-25.
Migrant Farmworker Housing Projects, Indiana

Grantee	Current	Date Board Awarded	Status
The Board of Commissioners of the County of Dearborn	\$265,000	August 2005	Open
Town of Geneva	\$500,000	November 2004	Open
Town of Orestes	\$500,000	November 2004	Open
Town of Orestes	\$388,900	January 2003	Closed
City of Elwood	\$499,000	January 2003	Closed
The Board of Commissioners of the County of Knox	\$400,000	September 2002	Closed
The Board of Commissioners of the County of Fountain	\$427,600	August 2001	Closed
Knox County	\$444,500	July 1999	Closed
Elkhart County Government	\$299,998	November 1998	Closed

Source: Indiana Housing and Community Development Authority, April 7, 2005.

In December 2003, USDA Rural Housing Service (RHS) announced a \$250,000 low interest Farm Labor Housing Loan to a farm corporation to build housing in Pulaski County. This is the first time that funding for farm labor housing has been made available by USDA Rural Development in Indiana. The farm labor housing, known as Gollier City Migrant Housing Facility, consists of eight units providing housing for 48 workers. The Farm Labor Housing Loan and Grant 9 (Section

³⁸ Indiana State Department of Health, http://www.in.gov/isdh/regsvcs/saneng/environmental_health/environmental_health.htm#alc.

³⁹ *Indiana Health Centers Serves Migrant Workers*, Indiana State Department of Health – Express, September 24, 2003.

514/516) program provides financing for the development of housing for farm laborers. Loans are granted to a variety of entities including farmers, associations of farmers, Indian tribes, nonprofits, public agencies, associations of farmworkers, etc. Funds can be used to purchase a site or a leasehold interest in a site; to construct housing, day care facilities, or community rooms; to pay fees to purchase durable household furnishings; and to pay construction loan interest. Loans are 33 years at 1 percent interest. Grants can cover up to 90 percent of development costs. RHS grants can be used as a subsidy so tenants pay only 30 percent of their income. The Housing Assistance Council noted that demand for these loans far exceeds the available dollars.⁴⁰

Outreach. In addition, special outreach services are provided to reach migrant worker populations through the Comprando Casa program, a homeownership education program run by Rural Opportunities, Inc. (ROI), designed specifically for the Hispanic/Latino population. In 2002, ROI received an American Express Foundation grant for *Hablemos de Dinero*, a Spanish language based financial literacy program for migrant workers throughout the State. The program also focuses on building basic money management skills. This ROI initiative is designed to help the Hispanic/Latino migrant worker population become familiar with the American banking system, decrease predatory lending, address credit issues and create a stepping stone to homeownership training. While the program provides aid to all migrant/seasonal farmworkers, it specifically targets farmworkers who are settling in Indiana for their homeownership training program. Additionally, ROI offers technical assistance, i.e., information and referral services to promote improvement of farmworker housing, to growers.

An Indiana Task Force on Migrant Affairs has also been formed to provide information sharing and coordination of migrant worker services throughout Indiana. The task force meets monthly and includes the following members:

- Federal Wage and Hour Division;
- Indiana Department of Education – Minority Languages;
- Indiana Department of Family and Social Administration;
- Indiana Department of Workforce Development;
- Indiana Health Centers, Inc.;
- Indiana Legal Services Organization;
- Rural Opportunities, Inc. - Housing Unit;
- Texas Migrant Council Migrant Head Start Program; and
- Transition Resources Corporation.

The members of the Indiana Task Force on Migrant Affairs have the opportunity to share information on new policies or eligibility requirements for their programs with the other members. Task Force members receive the most current updates on recent developments affecting farm workers and their families. They have the most recent information on crop conditions, manpower needs, office closings, and changes in staff positions.

Each spring, the Task Force sponsors a Planning Conference whereby all participating agencies have a forum to introduce their new seasonal staff to others as well as attend workshops to learn more about the services and assistances available for farm workers and their families.

⁴⁰ *USDA Awards Funding for Farm Labor Housing in Pulaski County*, USDA Rural Development, December 15, 2003 and <http://www.ruralhome.org/infoSheets.php?id=192>

Implications

The many needs of the populations discussed in this section, combined with the difficulties in estimating the extent of such needs, can be overwhelming. Furthermore, the dollars available to serve special needs populations are limited, and these groups often require multiple services. Exhibit V-26 on the following page attempts to identify the greatest needs of each special needs population and shows the primary resources available to meet these needs. As discussed in the text, these needs are often more pronounced in rural areas due to the lack of services.

Exhibit V-26.
Summary of Special Needs and Available Resources

Population	Housing Need	Community Need	Primary Resource Available
Youth	Affordable housing Transitional housing with supportive services Rental vouchers with supportive services	Job training Transitional living programs Budgeting	HUD's FUP Medicaid Transitional Living Program Chafee Foster Care Independence Program IHCDA Education and Training Voucher Program
Elderly	Rehabilitation/repair assistance Modifications for physically disabled Affordable housing (that provides some level of care) State-run reverse mortgage program Minimum maintenance affordable townhomes	Public transportation Senior centers Improvements to infrastructure	CDBG CHOICE HOME/IHCDA Home Equity Conversion Mortgage Program Medicaid Public Housing Section 202 Section 8 USDA Rural Housing Services
Homeless	Beds at shelters for individuals Transitional housing/beds for homeless families with children Affordable housing for those at-risk of homelessness	Programs for HIV positive homeless Programs for homeless with substance abuse problems Programs for homeless who are mentally ill Service organization participation in HMIS	ESG CDBG HOME/IHCDA HOPWA OCRA ISDH County Step Ahead Councils County Welfare Planning Councils Local Continuum of Care Task Forces Municipal governments Regional Planning Commissions State Continuum of Care Subcommittee

Source: BBC Research & Consulting, updated 2006.

Exhibit V-26. (continued)
 Summary of Special Needs and Available Resources

Population	Housing Need	Community Need	Primary Resource Available
Developmentally Disabled	Semi-independent living programs Group homes	Smaller, flexible service provisions Community settings for developmentally disabled Service providers for semi-independent Integrated employment programs	CDBG CHOICE HCBS HOME/IHCDA SSI Medicaid Section 811 Olmstead Initiative Grant DDARS BDDS Supported Living Supported Group Living
HIV/AIDS	Affordable housing for homeless people with HIV/AIDS Housing units with medical support services Smaller apartment complexes Housing for HIV positive people in rural areas Rental Assistance for people with HIV/AIDS Short-term rental assistance for people with HIV/AIDS	Support services for AIDS patients with mental illness or substance abuse problems Medical service providers Public transportation Increase number of HIV Care Coordination sites	HOME/IHCDA HOPWA Section 8 ISDH
Physically Disabled	Housing for physically disabled in rural areas Apartment complexes with accessible units Affordable housing for homeless physically disabled	Public transportation Medical service providers Integrated employment programs Home and community-based services	CDBG CHOICE HOME/IHCDA SSI Medicaid Section 811

Source: BBC Research & Consulting, updated 2006.

Exhibit V-26. (continued)
 Summary of Special Needs and Available Resources

Population	Housing Need	Community Need	Primary Resource Available
Mental Illness and Substance Abuse	Community mental health centers Beds for substance abuse treatment Supportive services slots Housing for mentally ill in rural areas	Substance abuse treatment Education Psychosocial rehabilitation services Job training Medical service providers HAP funding Services in rural areas Follow-up services after discharge	CDBG HOME CHIP Division of Mental Health Section 811 Hoosier Assurance Plan Olmstead Initiative Grant
Migrant Agricultural Workers	Grower-provided housing improvements Affordable housing Seasonal housing Family housing Raise standards for housing development approval	Family programs Public transportation Homeownership education Employment benefits Workers compensation Improved working conditions, including worker safety Literacy training Life skills training	CDBG Rural Opportunities, Inc. Comprando Casa Program USDA Rural Development 514 & 516 Programs

Source: BBC Research & Consulting, updated 2006.

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A number of data sources were relied upon in the preparation of this section, including key person interviews with government and non-profit service providers and advocates, and multiple primary and secondary documents. The following documents were used in the preparation of this section:

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Persons Contacted

In addition to the aforementioned data sources, a number of people with specific knowledge of various special needs populations furnished information either electronically or by telephone that were used in preparation of this section. We thank these individuals for their very helpful assistance.

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- Lori Dimick, Indiana Housing and Community Development Authority;
- Gina Eckert, Division of Mental Health and Addiction;
- Jennifer Flora, Mental Health Association in Tippecanoe County;
- Judy Hall, Family and Social Services Administration;
- David Koenig, River Hills Economic Development District & Regional Planning Commission;
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- Deborah McCarty, Indiana University, Indiana Institute on Disability and Community;
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