

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

2008 ANNUAL REPORT
TO THE INDIANA GENERAL ASSEMBLY
REGARDING THE
NUMBER OF HOMELESS PERSONS IN THE STATE OF INDIANA

www.indianahousing.org

Introduction

The Indiana Housing and Community Development Authority (IHCDA) is the quasi-governmental housing finance authority for the State of Indiana. IHCDA's mission is to provide all Hoosiers the opportunity to live in safe, affordable, good-quality housing in economically stable communities and assist those communities in building upon their assets to create places with ready access to opportunities, goods, and services. IHCDA promotes, finances, and supports a broad range of housing solutions, from temporary shelters to homeownership.

IHCDA's work is done in partnership with developers, lenders, investors, and nonprofit organizations that use our financing to serve low- and moderate-income Hoosiers. More information on IHCDA and our programs may be found at www.indianahousing.org.

In 2008, the Indiana General Assembly overwhelmingly passed House Enrolled Act 1165 to address the needs of Indiana's homeless population and charged IHCDA with aiding homeless persons in accessing local resources and services, and collecting data to better determine the number of homeless individuals in the state. Specifically, the General Assembly asked that the IHCDA annually determine the number of the following:

- (A) Individuals in Indiana who are homeless;
- (B) Individuals in Indiana who are homeless and less than eighteen (18) years of age; and
- (C) Individuals in Indiana who are homeless and not residents of Indiana.

In addition to providing the aforementioned data, this report details what it means to be homeless, how data is gathered about the homeless population, and how the state is addressing the issue.

This report is broken down into the following sections:

- I. About Homelessness**
- II. Tracking Homelessness**
- III. Homelessness in Indiana**
- IV. Addressing Homelessness in Indiana**

I. About Homelessness

HUD divides the official homeless population into two segments: sheltered and unsheltered. Sheltered homeless individuals are defined by HUD as persons who: "a) have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; b) live in an institution that provides a temporary residence for individuals intended to be institutionalized; or c) a public or private place not designed for, or



ordinarily used as, a regular sleeping accommodation for human beings.”¹ In other words, sheltered homeless individuals live in emergency shelters or transitional housing— places intended for temporary and crisis use only, not as a long term residences. Unsheltered homeless individuals are defined as lacking a fixed, regular, and adequate nighttime residence. These people reside in places not intended for human habitation, such as a car, a park, an abandoned building, or on the street.

The official definition of homelessness used by the Indiana Department of Education is extended in the McKinney-Vento Homeless Assistance Act education subtitle. It adds “doubling-up”— living with family members or friends on a temporary basis—and residing in a hotel or motel as conditions for homelessness.² This means that many children with adequate shelter would be counted as homeless because of a non-traditional living arrangement.

Tracking homelessness

IHCDA will use two primary methods to estimate the state homeless population: the computer-based Homeless Management Information Systems (HMIS) and a biennial point-in-time (PIT) homeless survey. We will also discuss and include within this report information from the Indiana Department of Education on homeless students.

HMIS

HMIS are secure, web-based, electronic data collection systems used by homeless service providers to enter basic demographic information about their consumers, such as age, race/ethnicity, gender, educational level, and other related questions. The data collected tracks the nature, scope, and history of human service needs of the homeless individuals who utilize the participating shelters. Only those homeless individuals who visit a shelter are counted and entered into the HMIS system. This means that unsheltered homeless persons and individuals utilizing non-participating shelters are absent from all HMIS counts.

PIT Survey

The PIT survey is conducted nationwide during one of the last ten days in January. The timing is typically when shelters are at capacity due to cold weather, and the ten day window promotes consistency in the data. The survey counts both sheltered and unsheltered adults, children, and unaccompanied youth experiencing homelessness. The survey also collects demographical information for both sheltered and unsheltered homeless individuals. Those who are chronically homeless, seriously mentally ill, chronic substance abusers, veterans, persons with HIV/AIDS,

¹ U.S. Department of Housing and Urban Development, “Federal Definition of Homeless”, <http://www.hud.gov/homeless/definition.cfm>

² Indiana University Center for Health Policy, “2008 Homeless Count Shows Need for Programs in Indianapolis”, June 2008, pg. 3



victims of domestic violence, and unaccompanied youth are subpopulations required to be counted by HUD.³

Counting the Homeless Population

To estimate the number of homeless persons in each state, HUD devised a formula that draws upon both HMIS and PIT data to determine a population figure. Because Indiana's last PIT survey was conducted in January 2007, the estimated number of homeless persons extrapolated by HUD is not current. The state's next PIT survey will be conducted January 29, 2009, the results from which will be detailed in next year's report.

For this document, both HMIS and PIT data will be reported. Bear in mind that the HMIS data is longitudinal and provides a more current picture of homelessness in Indiana. The HMIS system count is based upon the calendar year of 2007 and includes only people who are qualified as homeless under the HUD definition. Furthermore, the number includes only the sheltered homeless, because a person must visit a shelter to be entered into HMIS in the first place. This means that Indiana's unsheltered homeless population is unaccounted for in HMIS numbers. The reported PIT survey results are from the January 2007 PIT survey and show a snapshot of homelessness on one night. Again, the PIT survey counts sheltered and unsheltered persons and a more comprehensive report of homeless numbers will be submitted once the next count is complete.

Because HMIS entry is required only for those shelters receiving federal funds, the resulting homeless population number only accounts for 50 percent of the state's emergency homeless shelters, transitional housing and day shelters. Reasons for the other 50 percent of homeless service agencies across the state not entering data into the system are twofold: 1) these are usually shelters that do not receive HUD federal funds and, as such, are not required to use the system; or 2) they are domestic violence shelters and, because of confidentiality issues are not allowed to enter data under the Violence Against Women Act (VAWA).

The nature of non-reporting agencies leads to certain demographics going underrepresented or missing from HMIS data. These agencies often serve distinct populations or deal with groups that are the hardest to serve, such as the chronically homeless. Additionally, HUD requires a 70 percent shelter participation rate before data collected from HMIS can be generalized to the entire homeless population. Currently, about 30 percent of the agencies in Marion County and 62 percent of shelters in the balance of state use HMIS.

The Indiana Coalition on Housing and Homeless Issues (ICHHI) was selected to be the lead agency in implementing the HMIS system for the State of Indiana (91 counties). Similarly, the

³ Indiana University Center for Health Policy, "2008 Homeless Count Shows Need for Programs in Indianapolis", June 2008, pg. 2



Coalition for Homeless Intervention and Prevention (CHIP) was selected as the lead agency for the Marion County, Indianapolis HMIS. Because these two organizations began using HMIS at different times, there are two different vendors. This was accounted for and the count results were compiled using both sets of data.

II. Homelessness in Indiana

The following estimated homeless populations are based on a 50 percent state HMIS participation rate and include only sheltered individuals:

- A. Estimated number of homeless individuals: 22,002
- B. Estimated number of homeless individuals under age 18: 4,362
- C. Estimated number of homeless individuals who are not residents of Indiana: 1,073⁴

IHCDA is working with HMIS vendors to increase shelter participation.

The January 2007 PIT results are as follows:

- A. Estimated number of homeless individuals: 7,358
- B. Estimated number of homeless individuals under age 18: 119
- C. Estimated number of homeless individuals who are not residents of Indiana:
Impossible to determine from this information⁵

As mentioned earlier in this report, the McKinney-Vento definition of homeless is used by the Indiana Department of Education. According to IDOE, there are 29,000 students in Indiana that are estimated to experience homelessness each year. It is important to bear in mind that many of these students do have adequate shelter and would not be considered homeless by the standards of HMIS or the PIT.

III. Addressing Homelessness in Indiana

Indiana is taking the initiative to eradicate homelessness in our state. Permanent Supportive Housing is a new model of providing services to the chronically homeless. It combines social services (medical, mental, addiction treatment, etc.) with housing. The initiative is an effective strategy to support persons who cannot find housing without proper services, and cannot obtain the services they need without proper housing.

⁴ Indiana Coalition on Housing and Homeless Issues, "The State of Homelessness in Indiana" 2008, p. 5

⁵ Third Annual Homeless Assessment Report to Congress, July 2008, pg. C-3



Indiana Permanent Supportive Housing Initiative

Under the leadership of Lt. Governor Becky Skillman, Indiana is implementing the Indiana Permanent Supportive Housing Initiative (IPSHI). This initiative is a private/public venture cutting across state agencies, nonprofit constituencies, private foundations and the for profit sector. IPSHI is spearheaded by Indiana Housing and Community Development Authority, Division of Mental Health and Addiction, Corporation for Supportive Housing and Great Lakes Capital Fund. IPSHI includes the following:

- Goal of creating 1,100 units of permanent supportive housing in the state of Indiana over the next 6 years.
 - First three year Demonstration Project (2008 – 2010): 500 units
 - After initial three year Demonstration Project is evaluated, long-term funding mechanisms and policies will be in place to support the development of an additional 600 units (2011 – 2013).
- Goals of the Initiative
 - Extend the reach of PSH to new communities
 - Increase the capacity and the number of non-profits providing supportive housing at the local level
 - Improve the connection between behavioral health, housing, employment, and healthcare systems.
 - Reduce the number of individuals and families who are chronically homeless and cycling in and out of systems
 - Improve the quality and cost-effectiveness of the homeless delivery system
- Key Strategies
 - Develop financial models for housing and services
 - Develop effective State policies for permanent supportive housing
 - Develop a public/private partnership to fund and support PSH
 - Create a pipeline and build local capacity through the Indiana Permanent Supportive Housing Institute
 - Convene a funders council to support pipeline of projects

Indiana Permanent Supportive Housing Initiative Partners

- **IHCDA**
 - Changed their funding commitments and systems to support IPSHI
 - Designated staff to support IPSHI
 - HOME set aside for PSH demonstration projects
 - Development Fund set aside (can be used for services)
 - Created 5% PSH set aside in the Qualified Action Plan (QAP)
 - Changed Administrative plan to be able to project base of up to 20% of the balance of state Section 8 vouchers for PSH (\$3,600,000 annually – implementation over next six years)
 - Neighborhood Assistance Program (NAP) preference for service demonstration project.



- Commitment of \$500,000 project initiation loan pool for permanent supportive housing projects.
- 50 units of Tenant Based Rental Assistance for Tippecanoe Reentry Court Project
- Neighborhood Stabilization Program – capital funding for institute

- **The Department of Mental Health and Addiction and Medicaid**
 - DMHA is advancing the project through the Division's Transformation Initiative. Goal: transform Indiana's Mental Health and Addiction system to a Recovery Based Model that focuses on providing meaningful, consumer and family-centered services.
 - Across-system Transformation Work Group identified housing as a critical component for individuals with mental illness and chronic addiction, invited IHCDA and CSH to join the group, and adopted the Indiana Permanent Supportive Housing Initiative.
 - DMHA and IHCDA are working jointly to achieve the Permanent Supportive housing goals identified as part of the plan.
 - Crafting plan to utilize Medicaid as a service funding source in permanent supportive housing in Indiana. Looking at what services are needed for PSH; what is eligible under the current and envisioned Medicaid plan; and then identify how we can fill the gap between what is needed and what can be funded. A working group among CSH, Medicaid, TAC, and DMHA has been established.

- **Indiana Department of Corrections**
 - DOC is engaged in dialogue with IHCDA and CSH. IHCDA is encouraging re-entry projects to apply to the next Institute. We have two coming out of the current institute and will continue to align our local efforts to create re-entry programs with the efforts at the State level.
 - DOC and IHCDA working with reentry courts to coordinate transition from prison to community
 - Create a State level impact committee to assist in cross agency dialogue on policy and funding.
 - Create a format for how to identify the number of individuals coming through re-entry that need PSH and assist local organizations to gather the data.

