

2017 Homeless Count at Highest Level Since 2014

Since 2007, the Indiana Public Policy Institute (PPI) and the Coalition for Homelessness Intervention and Prevention (CHIP) have worked together to conduct the Marion County Point-in-Time (PIT) Homeless Count. The U.S. Department of Housing and Urban Development (HUD) requires that communities conduct an annual count of sheltered and unsheltered homeless persons on a single night in January. The 2017 Point-in-Time Homeless Count (PIT Count) was conducted on Wednesday, January 25, 2017, in accordance with HUD guidelines. The data and findings from the PIT Count explore the issue of homelessness in Marion County and inform policy makers and service providers.

Findings

As Table 1 illustrates, on January 25, 2017, there were 1,783 people experiencing homelessness in Marion County. Compared to the 2016 PIT Count, there was a 10 percent increase in the number of people experiencing homelessness. The increase can be attributed to increases at several shelters, but primarily Wheeler Mission Ministries Men’s and Women’s shelters. HUD’s recent move away from financially supporting transitional housing caused decreased funding for transitional housing in Indianapolis and the loss of several projects. This may have led to the increase in persons in emergency shelters.

Demographics

Table 2 displays the age and gender of those experiencing homelessness in January 2017, which is consistent with previous trends of more males experiencing homelessness than females. The number of transgender people experiencing homelessness also increased from two in the 2016 count to six in the 2017 count. Table 2 also details the age ranges of those experiencing homelessness, which is consistent with data from previous years that

indicate that females experiencing homelessness are generally younger than males experiencing homelessness.

Table 3 displays race and ethnicity of those experiencing homelessness in January 2017. The majority reported being African American/Black with Caucasian/White the second highest reported race. Of the sheltered population, the most common

Table 1: Sheltered and unsheltered individuals, Marion County, January 2013-2017

	2013	2014	2015	2016	2017	% change 2016-17
Low temperature night of the count	19°F	-3°F	15°F	23°F	37°F	
Persons in emergency shelters	861	991	817	877	1,131	+29%
Persons in transitional housing	594	810	715	600	505	-16%
Persons in Safe Havens	24	22	23	12	21	+75%
Persons Unsheltered	120	74	111	130	126	-3%
Number of Families	151	161	136	156	160	+3%
Number of Veterans	320	370	389	326	328	+1%
Total	1,599	1,897	1,666	1,619	1,783	+10%

Table 2: Age and gender of those experiencing homelessness, Marion County, January 2017

	Under 18	18-24	25-34	35-49	50-61	Over 61	Total
Total	317	89	280	486	534	77	1,783
Female	138	39	135	170	112	7	601
Male	179	47	144	316	420	70	1,176
Transgender	0	3	1	0	2	0	6

Table 3: Race and ethnicity of adults experiencing homelessness, Marion County, January 2017

	Hispanic or Latino (any race)	African American/Black	American Indian or Alaskan Native	Asian	White	Native Hawaiian or Pacific Islander	Multiracial
Total unsheltered	6	48	5	2	68	2	5
Total sheltered	44	817	10	12	598	6	46
Emergency	35	511	5	6	318	3	34
Transitional	8	302	5	6	272	3	12
Safe Haven	1	4	0	0	8	0	0
Total	50	865	15	14	666	8	51



race reported was African American/Black, while of the unsheltered population, the most prevalent race reported was Caucasian/White.

Health

Table 4 summarizes the medical conditions reported by people experiencing homelessness in Marion County. Mental illness, chronic health conditions, and substance abuse issues are the most commonly reported medical conditions. Of those who responded, approximately 57 percent of adults experienced either a physical, mental, or developmental disability, with some experiencing more than one.

Table 4: Reported medical conditions of adults experiencing homelessness, Marion County, January 2017 (respondents could choose all that applied)

Medical condition	Sheltered	Unsheltered	Total
Problem with alcohol	276	23	299
Problem with drugs	278	18	296
Physical disability	235	23	258
Developmental disability	79	16	95
Mental illness	440	39	479
HIV	6	0	6
Other chronic health condition	294	13	307

Table 5: Health insurance coverage of adults experiencing homelessness, Marion County, January 2017

Health insurance coverage	Sheltered	Unsheltered	Total
Yes	757	51	808
No	577	70	647
Unsure	2	3	5

Table 5 displays reported health coverage of adults experiencing homelessness. Of adults who responded, 55 percent reported having health coverage.

Government Assistance

Table 6 displays government assistance or aid that people experiencing homelessness reported. Most individuals experiencing

homelessness are eligible to receive different types of assistance. The most common form of assistance reported was food stamps (SNAP), with 27 percent of adults responding receiving it. The second most common was a combination of all forms of Social Security (SSI, SSD, and Social Security), with 14 percent of those responding receiving it. There are several reasons why more people experiencing homelessness do not receive government assistance. Navigating the system to apply for and receive aid can be a complicated and difficult process, especially for people with mental illness, disabilities, substance abuse issues, or other issues like limited education level or language barrier. To receive government aid, individuals must also provide their birth certificate and social security card, which can be difficult to obtain for people experiencing homelessness especially if they do not have identification. Another challenge is that in Indiana, anyone convicted of a drug-related felony loses their right to certain government aid programs such as food stamps (SNAP) and temporary Assistance for Needy Families (TANF).

Having to leave behind a pet is a barrier to entering a shelter for many people experiencing homelessness. In 2017, 20 total households reported 31 total pets: 15 dogs and 16 cats.

Table 6: Aid received by individuals experiencing homelessness, Marion County, January 2017

Aid Received	Sheltered	Unsheltered	Total
Social Security or Social Security Disability	102	11	113
Supplemental Security (SSI)	54	5	59
Temporary Assistance to Needy Families (TANF)	21	0	21
Child Support	18	0	18
Food Stamps (SNAP)	315	26	341
Women, Infants, and Children (WIC)	21	0	21
Unemployment	13	0	13
Workers Compensation	6	0	6
Veterans Benefits	26	2	28
Veterans Disability	59	2	61



Table 7: Count results by subpopulations for persons 18 and older, Marion County, January 2017

TOTALS	Sheltered			Unsheltered	Total
	Persons in emergency shelters	Persons in transitional shelters	Persons in Safe Havens		
Adults with a serious Mental Illness	261	193	20	49	523
Adults with a Substance Use Disorder	198	152	12	30	392
Adults with HIV/AIDS	5	1	0	0	6
Victims of Domestic Violence	204	92	8	40	344
Felony Conviction	177	125	10	46	358
Foster Care	58	19	3	17	97
Veteran	58	253	2	15	328

Subpopulations

Table 7 displays subpopulations identified by the 2017 PIT Count. Of adults who responded, 45 percent reported having a serious mental illness, 34 percent reported a substance use disorder, and 30 percent reported being victims of physical, sexual, or emotional abuse. Of adult women, 50 percent have suffered abuse. However, the numbers for physical, sexual, or emotional abuse may be even higher than reported here due to common underreporting of abuse. Of adults who responded, 29 percent are veterans, 9 percent had been in foster care, and 31 percent reported felony convictions. In addition, of adults who responded, 77 percent had at least a high school degree or equivalency and 9 percent had at least a bachelor’s degree.

Chronic Homelessness

HUD defines chronic homelessness as an individual who is homeless either four or more times in the last three years (episodic) or is continually homeless for a year or more (long term) and has a disabling condition. Data collected in the PIT Count show that of adult respondents, approximately 18 percent of adults experiencing homelessness are considered chronically homeless. Additionally, 22 percent of responding adults who are not considered chronically homeless reported having at least one disability, and 9 percent of responding adults who are not considered chronically homeless reported being homeless more than 300 days but less than a year or being homeless three previous times.

Table 8: Individuals and families considered chronically homeless, Marion County, January 2017

	Sheltered		Unsheltered
	ES	SH	
Chronically Homeless Individuals	122	17	42
Chronically Homeless Families	7	0	0
Persons in Chronically Homeless Families	24	0	0
Chronically Homeless Veteran Individuals	11	0	8
Chronically Homeless Veteran Families	0	0	1
Persons in Chronically Homeless Veteran Families	0	0	2
Chronically Homeless Unaccompanied Youth	5	0	2
Chronically Homeless Parenting Youth	0	0	0

Table 8 displays the demographics breakdown of 181 individuals experiencing chronic homelessness, including chronically homeless individuals, families, veterans, and youth. There were 19 chronically homeless veteran individuals, and 2 people in one chronically homeless veteran family. Most people experiencing chronic homelessness tend to be older Caucasian/White males and are long term (i.e., continuously homeless for a year or more).

Table 9: Number of families without permanent housing, Marion County, January 2017

	Emergency Shelters	Transitional Shelters	Total Sheltered	Unsheltered	Total
Total number of families	110	48	158	2	160
Number of adults in families	129	56	185	4	189
Number of adults in chronically homeless families	7	0	7	0	7
Number of children in families	214	101	315	0	315
Number of children in chronically homeless families	17	0	17	0	17
Number of people in families	343	157	500	4	504
Total number of people in chronically homeless families	24	0	24	0	24

Families

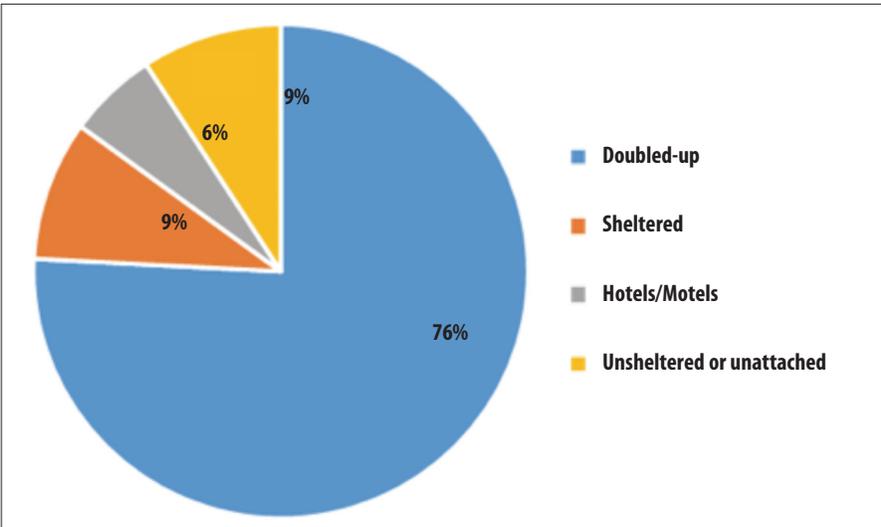
According to Table 9 a total of 160 families experienced homelessness in 2017, a small increase from 156 families in the 2016 count. These families include



Table 10: Children by age, Marion County, McKinney-Vento data, January 2017

School District	8 and under	9-12	13-16	17 and up	Total
Emmerich Manual High School	0	0	8	35	43
Franklin Township	8	12	9	11	40
Indianapolis Public Schools (IPS)	415	384	249	107	1,155
Lawrence Township	44	80	78	28	230
Perry Township	20	23	58	35	77
Pike Township	38	44	51	22	155
Speedway	10	10	6	3	29
Warren Township	176	179	212	58	625
Washington Township	100	122	119	45	386
Wayne Township	61	125	58	54	298
Totals	872	979	848	398	3,038

Figure 1: Reported location of children experiencing homelessness by McKinney-Vento liaisons, Marion County, January 2017



504 people, with 189 adults and 315 children. Additionally, 18 women reported being pregnant. Of those reporting pregnancies, 17 women were sheltered and one was unsheltered.

In addition to data gathered from HMIS and the PIT Count surveys, PPI and CHIP collected data on the number of school-

aged children served under the McKinney-Vento Homeless Assistance Act. This Act provides funding that assists in school registration and offers transportation to students experiencing homelessness so they can have continuity of schooling, even if their current housing is not in the same district as their school. The McKinney-Vento data uses the U.S. Department of Education’s definition of homelessness, which differs from HUD’s definition by including children who are “doubled up,” or living in shared housing with friends or family members other than their parents.

Because doubled up families are not counted in the PIT Count, neither the PIT data nor Department of Education data include families with children not of school age who are doubled up. The data also exclude families with school-aged children who do not report their homelessness to the school. Therefore, the data do not capture the full extent of the number of families experiencing homelessness or at risk.

Table 10 displays the McKinney-Vento data. In January 2017, 10 districts reported a total of 3,038 children living in non-permanent housing. This is an increase from 2016, when 2,947 children were reported. The highest number of children was reported by Indianapolis Public Schools (IPS). The most common age range is 9-12 years old.

Figure 1 shows percentages of locations reported in McKinney-Vento data. Of children whose location was reported, 76 percent were reported as doubled up, 9 percent were reported to be living in shelters, 9 percent were reported as unsheltered, and 6 percent were staying in hotels/motels.

**Table 11: Challenges facing sheltered and unsheltered youth (18-24), Marion County, January 2017**

	Sheltered (79)	Unsheltered (10)
Alcohol abuse	9%	0%
Drug abuse	15%	0%
Developmental disability	13%	20%
Mental illness	28%	30%
Physical disability	5%	10%
Domestic violence/abuse	27%	50%
Chronic health issues	6%	0%
Felony	14%	0%

Table 12: Sheltered and unsheltered youth, Marion County, 2013-2017

	2013	2014	2015	2016	2017
Number of Unaccompanied youth under 18	20	13	0	4	2
Number of youth 18-24	113	150	121	120	89
Total	133	163	121	124	91

Youth

The PIT Count revealed 89 youth ages 18-24 experiencing homelessness in Indianapolis. Table 11 reveals challenges faced by these youth. Of the 89 youth, 79 were sheltered and 10 were unsheltered. Thirty percent of youth reported a mental illness. Over one-quarter of sheltered youth and 50 percent of unsheltered youth reported physical, sexual, or emotional abuse.

In national data reported by HUD in 2016, there were 50,001 young adults aged 18-24 experiencing homelessness in the United States. Young adults aged 18-24 made up nine percent

of the homeless population in the United States compared to six percent in Indianapolis in 2017.

As Table 12 indicates, the number of youth (unaccompanied under 18 and 18-24) has been declining since 2014.

According to “Gaps in Services for People Experiencing Homelessness in Marion County”¹, young adults experiencing homelessness often face unique challenges. There is a stigma surrounding homelessness that can isolate and ostracize youth experiencing homelessness. They can be at a higher risk for abuse, sexual exploitation, victimization, violence, substance abuse, and health issues than their housed peers. They also are at greater risk of mental health issues such as anxiety, depression, and suicide. Youth experiencing homelessness also have an increased likelihood of high-risk behaviors, including unprotected sex, multiple sexual partners, and drug use, and have a high risk of being trafficked or exploited.

There are additional barriers if young adults are currently in school or want to access secondary education. Access to transportation is an issue in the overall homeless population but especially for students trying to commute to school. In addition, most shelters are not a setting conducive for studying and completing schoolwork. If a young person wants to pursue secondary education, completing Financial Aid forms presents a barrier to students who do not have contact with their parents and/or may not be aware of application deadlines and available funding.

On the night of January 25, 2017, 8 people stayed in vehicles. Of those, 1 person stayed in a U-Haul.

¹Littlepage, L. (2015) Gaps in Services for People Experiencing Homelessness in Marion County (15-C21) Indianapolis: Public Policy Institute.



Methodology

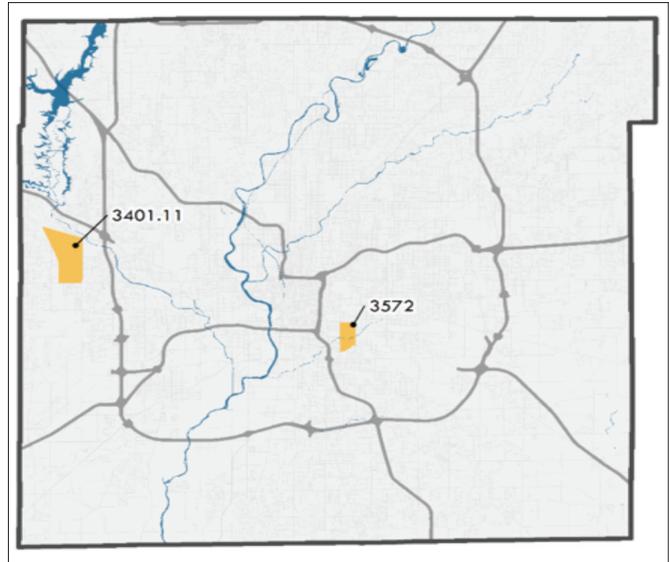
In the months and weeks preceding the 2017 PIT Count, PPI contacted Indianapolis shelters and outreach organizations and discussed logistics. Each shelter chose and scheduled a time for volunteers to arrive at their location on the night of the PIT Count. Surveys and instructions were mailed to locations conducting the surveys in-house. Collaborative meetings including PPI, CHIP, and local outreach workers identified known homeless camps and survey “zones” for each team of volunteers. Volunteer teams were created for each shelter and zone. All volunteers were trained on how to operate tablets used for data collection and administer the survey instrument.

This year, the PIT Count included two randomly selected census tracts as an experiment to determine if the PIT Count methodology requires adjustment. A map of all census tracts in Marion County was overlaid with a map of known homeless camp locations. All census tracts containing known camp locations were removed, and a random number generator was used to select two of the remaining census tracts. (Figure 2) Two teams completely covered those census tracts (every street, alley, stream, railroad track, etc.) over several hours and found one person experiencing homelessness. This finding will be considered for planning purposes for the 2018 Count.

On the night of the PIT Count, January 25, 2017, 22 volunteer teams met at Horizon House and then reported to their respective locations to conduct surveys. Teams included a team leader and other volunteers. One volunteer on each team conducted the surveys. Volunteers included outreach workers, Indianapolis Metropolitan Police Department officers, IUPUI students, and community volunteers. Veteran’s Affairs staff were on hand to assist any veterans experiencing homelessness, and outreach workers offered to link residents experiencing homelessness to services. Volunteers also distributed supply kits including blankets and cold weather apparel.

After the PIT Count, all survey data were gathered and merged with existing data in the Homeless Management Information System (HMIS), which collects and maintains client data from certain shelters and programs. These combined data represent homeless individuals that are both unsheltered and sheltered, and include emergency shelters, transitional housing, and safe havens on January 25, 2017.

Figure 2: Map of Random Census Tracts, 2017



The U.S. Department of Housing and Urban Development (HUD) defines emergency shelters as facilities with the primary purpose of providing temporary shelter for homeless people. HUD defines transitional housing as providing people experiencing homelessness with a place to stay combined with supportive services for up to 24 months. Safe Havens are projects that provide private or semi-private long term housing for people with severe mental illnesses.

HUD defines homelessness as individuals or families that meet one of two conditions:

- 1) Individuals and families who lack a fixed, regular, and adequate nighttime residence. This definition includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution.
- 2) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.



Thoughts for Policymakers

Awareness and acknowledgement of the limitations of an adult-focused safety net is an important first step in creating appropriate services for homeless young adults. Ideally, resources should be targeted to adolescents to aid in the transition from childhood to adulthood. Youth have specific needs, such as learning to drive, that adults may not face. In addition, life skills such as shopping, cleaning, laundry, paying bills, etc., can be a barrier for youth who did not have adequate role models for these behaviors. While the opening of Outreach, Inc.'s new facility will allow them to serve more youth with programming, creating a youth-specific shelter, including transitional housing programs, suited to meet their needs can help to protect vulnerable youth. In addition, there should be more permanent housing options for youth, who often don't qualify for permanent supportive housing, yet can't afford market-rate housing.

While the data provided by the McKinney Vento liaisons indicated that there were over 3,000 children experiencing homelessness on the night of the count, the liaisons acknowledge that they are not reaching the full population of homeless youth. According to "Hidden in Plain Sight: Homeless Students in America's Schools"², research indicates that homeless students are more likely to change schools, fail classes and drop out of school even when compared with housed low-income students. Effective October 1, 2016 all states are required to report graduation rates for homeless youth as part of the Every Student Succeeds Act (ESSA). ESSA reauthorizes the Elementary and Secondary Education Act (ESEA) and the education subtitle of the McKinney-Vento Homeless Assistance

Act, including new provisions related to the education of homeless children and youth. ESSA expects schools to do a better job of making students and families aware of their McKinney-Vento rights and the services and supports available to them inside and outside of school. ESSA also wants to see schools address the problems associated with keeping students in class by being more flexible with policies about attendance and homework deadlines, helping them work around legal issues that require parental consent. While the policy changes took effect in the 2016-2017 school year, making changes in schools will take longer because schools need to learn about their new responsibilities and there will need to be more training of a wider portion of school staff to help them identify and work with their homeless students.

Currently, McKinney-Vento data is not integrated with HMIS data. We recommend that the two data sets be integrated, which would allow for greater understanding of the issue of homeless youth.

In 2017, Indiana passed two laws aimed at helping youth in the foster care system. One law requires the Department of Child Services and the Medicaid office to make sure that Medicaid covers youth aging out of the foster system until they are 26. The other law makes it easier for youth formerly in the foster system to obtain their driver's license. While these laws positively impact youth formerly in the foster system, consideration should be given to expanding them to aid other youth experiencing homelessness, particularly unaccompanied youth.

²Ingram, E. S., Bridgeland, J. M., Reed, B., & Atwell, M. (2016). Hidden in Plain Sight Homeless Students in America's Public Schools. A Report by Civic Enterprises & Hart Research Associates.



Indiana University Public Policy Institute

The IU Public Policy Institute (PPI) delivers unbiased research and data-driven, objective, expert policy analysis to help public, private, and nonprofit sectors make important decisions that impact quality of life in Indiana and throughout the nation. As a multidisciplinary institute within the IU School of Public and Environmental affairs, we also support the Indiana Advisory Commission on Intergovernmental Relations (IACIR) and house the Center for Civic Literacy.

PPI thanks the many people who volunteered and helped make the 2017 Point-in-Time Count a success. We are grateful to Horizon House for acting as Count headquarters, the IUPUI Center for Service and Learning for Service Learning Assistant support, and the students from IUPUI's Do the Homeless Count? service learning course for assisting with data collection. We also wish to thank the Coalition for Homelessness Intervention and Prevention (CHIP) for their financial and technical support. Both PPI and CHIP especially want to thank the Professional Blended Street Outreach Team workers from local organizations. Finally, we thank the Lilly Endowment, Inc., and the Central Indiana Community Foundation for significant annual support of CHIP and the Count.

Authors: Sydney Teal, graduate assistant, IU Public Policy Institute; **Laura Littlepage**, lecturer, IU School of Public and Environmental Affairs and IU Public Policy Institute

