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CENTER FOR HEALTH POLICY
RESEARCH FOR A HEALTHIER INDIANA
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2009 Summer Count Finds Economy Affecting Homeless

The U.S. Department of Housing and Urban Development (HUD) provides federal funds and resources for programs to aid the homeless. Any county that applies for federal funds for the homeless in their community is required by HUD to complete a county-wide count of homeless individuals every other year and a housing inventory annually. While a count is only required every other year, the Coalition for Homelessness Intervention and Prevention (Coalition) has decided to conduct one each year so that they will have information to help guide informed policy decisions. In January of 2007, 2008, and 2009, the Indiana University Center for Health Policy (Center) worked with the Coalition to conduct winter counts. On July 23, 2009, a team coordinated by the Center under contract with the Coalition conducted the first summer point-in-time count of homeless individuals throughout Marion County. The Coalition decided to conduct a summer count to determine if there are significant differences between the population in winter and summer. This issue brief discusses the details and background of the first summer count as well as findings and thoughts for policymakers concerned with improving services for the Indianapolis community's homeless population.

Using the HUD definition of homelessness, 1,545 individuals experiencing homelessness were counted in Marion County on the night of July 23, 2009, an increase of 91 individuals from the winter count.

Methodology

There are two parts to the count of individuals experiencing homelessness (as defined by HUD): the shelter count (individuals at emergency shelters and transitional housing programs) and the street count (individuals residing in a place not meant for human habitation, such as a car, park, sidewalk, abandoned building, or on the street). The shelter count was conducted by employees of the facility or by a survey assistant—an Indiana University–Purdue University Indianapolis (IUPUI) student from a service learning class, *Do the Homeless Count*. The street count was carried out by a number of teams pre-assigned to different areas of the county. Typically, each team consisted of one IUPUI student and three or four professional outreach workers. The outreach workers initiated contact and facilitated the interaction with the individual experiencing homelessness. The job of the student was to act as a recorder, filling out a survey on each individual experiencing homelessness who the student encountered. IUPUI students and teams also were sent to local emergency rooms and to public places such as libraries to search for homeless individuals and then complete surveys. Four teams, consisting of two officers from the Indianapolis Metropolitan Police Department, one IUPUI student, and one employee from the Coalition, searched abandoned buildings and assisted the outreach teams with the areas outside of the downtown area.

Findings

Using the HUD definition of homelessness, 1,545 individuals experiencing homelessness were counted in Marion County on the night of July 23, 2009, an increase of 91 individuals from the winter count. As shown in Table 1, there was an increase in the street count of 114 individuals and a decrease of 127 in emergency shelters. One reason for the increase in the street count and the decrease in those in shelter is the winter contingency program. This program ensures that every person experiencing homelessness in the Indianapolis area can find a place to sleep from November 1

through March 31 (if it is below 32 degrees and dry or below 40 degrees and wet, except for January and February when every night is a winter contingency night). Wheeler Mission Ministries works with all participating agencies to see that their sites are filled to capacity and then provides overflow/seasonal lodging (approximately 186 seasonal beds in winter 2009) and meals to men (at Wheeler Mission downtown) and women (at Wheeler Mission Center for Women and Children) when all other area shelters are full.

Table 1: Sheltered and Unsheltered Individuals Experiencing Homelessness Winter 2007, 2008, 2009, and Summer 2009

	Winter			Summer
	2007	2008	2009	2009
Persons in emergency shelters	691	758	712	585
Persons in transitional housing	943	633	555	659
Persons unsheltered/ "street"	234	133	187	301
Total	**1,868**	**1,524**	**1,454**	**1,545**

Two-thirds of the individuals experiencing homelessness are male. As in previous counts, approximately one-half (51 percent) of the population experiencing homelessness is African-American. Approximately one-fourth (24 percent) of the population experiencing homelessness is under 18. Of the adults with a known age, the largest percentage fall in the 41-51 age range (20 percent).

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

As Table 3 illustrates, using HUD's definition of homelessness, 183 families with a total of 234 adults and 362 children were experiencing homelessness. It should be noted that the HUD definition does not include families "doubled-up" with other families. If we use a wider definition of homelessness that includes families who are doubled-up, we have a much larger population of families experiencing homelessness. In the winter count we included data collected from the schools, but those data are not available for the summer count. While the number of families is less than the winter count (213), the size of the families counted in the summer was larger, leading to almost the same number of people in families experiencing homelessness (605 in the winter count). There were 21 families experiencing homelessness with four or more children in the summer count.

As Table 4 indicates, many people are not receiving aid for which they are possibly eligible (some respondents may have indicated that they receive more than one type of aid). The types of aid received most often mentioned by both groups were food stamps and health coverage (Wishard Advantage and Medicaid). The sheltered population had a higher rate of receiving aid than the unsheltered population, possibly indicating assistance provided by the shelters in obtaining aid. A total of 237 people identified themselves as veterans, yet only 92 indicated that they are receiving any veterans' benefits. This represents an opportunity for those who work with this population to assist veterans in obtaining benefits that they have earned.

Table 2: Homeless Count Results by Subpopulations, Summer 2009

Homeless subpopulation	Persons in emergency shelters	Persons in transitional shelters	Persons unsheltered (street)	Total
TOTAL COUNTED	**484**	**760**	**301**	**1,545**
Chronically homeless*	66	120	65	261
Severely mentally ill	70	175	79	324
Persons with chronic substance abuse problems	108	324	78	510
Veterans	45	165	27	237
Persons with HIV/AIDS	5	9	2	16
Victims of domestic violence	106	159	34	299

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

Table 3: Number of Families Experiencing Homelessness, Summer 2009

Homeless	Emergency shelters	Transitional shelters	Unsheltered (street)	Total
TOTAL FAMILIES	**93**	**81**	**9**	**183**
Number of adults	116	109	9	234
Number of children	185	167	10	362
Total number of people	301	276	19	596

Table 4: Aid Received by Individuals Experiencing Homelessness, Sheltered and Unsheltered, Summer 2009

Aid Received	Sheltered	Unsheltered (street)	Total
Total	1,244	301	1,545
Food stamps	420	62	482
Wishard Advantage	234	38	272
Medicaid	144	8	152
Veterans' benefits	85	7	92
TANF	73	3	76
Hoosier Healthhwise	59	6	65
SS Disability	47	9	56
SSI	47	8	55
Medicare	42	4	46

Table 5: Individuals Experiencing Homelessness Recently Released from Prison or Other Institution, Summer 2009

	Sheltered	Unsheltered (street)	Total
Total number	1,244	301	1.545
Prison	142	41	183
Other institution	77	18	95

We asked if in the past year the respondent had been released from a prison, state institution, hospital, or other facility following a stay of more than one (1) week. As Table 5 indicates, 183 had been released recently from prison or other institutions. When compared to the winter count, there were 40 more people who indicated that they had been recently released from prison.

Table 6: Reasons Not Employed or in School

	Sheltered	Unsheltered (street)	Total
No available jobs	251	62	313
Lack of transportation	176	38	214
Disabled or for other health reasons	167	43	210
Need training or vocational rehabilitation	111	19	130
Laid off or discharged due to economy	90	37	127
Lack of child care	39	4	43
Other	83	27	110

When asked, 21 percent of the adults indicated that they were employed (down from 25 percent in the winter count), and another 13 percent (compared to 14 percent in the winter count) indicated that they were in school. Those who answered no to both questions were asked about the reasons why they were currently not employed or in school. As Table 6 illustrates, the most frequent response (313 individuals) indicated *no available jobs* (up from 234 in the winter count), while the second most frequent response was *lack of transportation* (214, up from 143 in the winter count). Two common responses included in the other category were *needing recovery from drugs or alcohol* (38) and *being a felon* (24).

As Figure 1 illustrates, lost employment was the number one reason the adult respondents gave for their homelessness (522, up from 385 in the winter count), followed by a problem with alcohol and drugs (408, up from 275 in the winter count). In addition to the choices listed in the table, there was also an *other* category. Within this other category, 48 people cited being a felon as the reason for homelessness, 40 people stated abuse as the reason, while 33 indicated that family problems led to their homelessness.

Mental illness and substance abuse

As detailed in Table 2, there were 324 adults who indicated that they have been diagnosed with a mental illness

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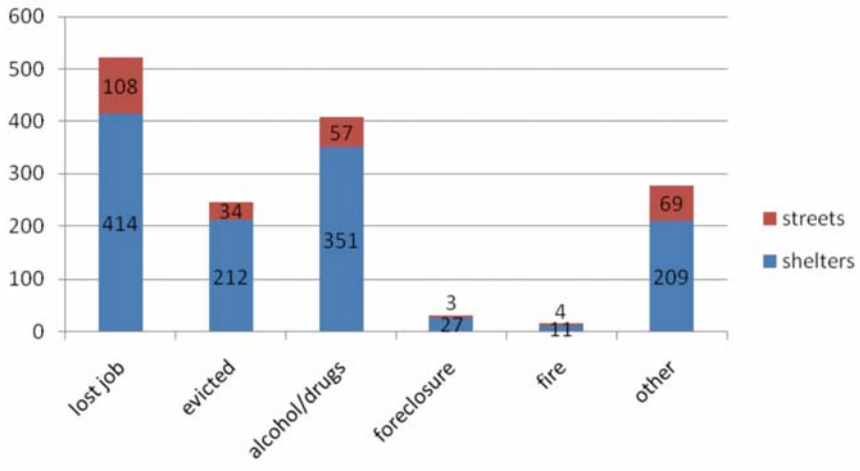
Figure 1: Reasons for Homelessness, Summer 2009



(compared to 306 in the winter count) or were observed to have mental illness, and 510 who indicated that they had a problem with drugs or alcohol (up from 414 in the winter count). Of those two groups, a total of 593 (or 50 percent of adults experiencing homelessness) indicated that they had one or the other (up from 486 in the winter count), with a majority suffering from both mental illness and substance use/abuse. As Figure 1 above illustrates, over 400 adults indicated that one of the reasons for their homelessness is alcohol or drugs (up from 275 in the winter count).

Mental illness and substance abuse interrupt an individual's ability to build relationships, maintain a healthy lifestyle, and take care of their everyday needs. Both mental illnesses and substance use impair judgment, conceptual understanding, and the capacity to make appropriate decisions. If left untreated, both mental illness and substance abuse in the homeless population can lead to worsening of symptoms, trouble obtaining housing, incarceration, victimization, and suicide. The research of Richard C. Christensen, M.D., and Lorrie K. Garces, M.D., states that:

> "…we have found that most of the homeless persons we evaluate acknowledge having suicidal thoughts or plans during some stage of their painful odyssey. Far too many, whether or not they are in formal treatment, have made serious attempts to kill themselves. Nearly all meet the classic criteria that place them into that nebulous category of being a high suicide risk: social isolation, serious mental illnesses, active substance use, extreme poverty, and previous attempts." (Psychiatric Services 57:447, April 2006)

Stable housing is crucial to the treatment plan of the homeless with mental health and substance abuse issues.

Of the adults who indicated that they were part of a family, 22 percent admitted that they had a mental illness, while 26 percent said they had a problem with drugs or alcohol, with a total of 32 percent indicating one or the other. Families are greatly impacted by the health of each family member. Adult family members with addiction issues or mental illness can endanger a child's access to secure housing.

People experiencing homelessness have been affected by the economic downturn. There is a significant increase in those who are homeless because of lost jobs and evictions, fewer are employed, and more indicate that the reason they are not employed is that there are not available jobs.

What is being done to address these issues?

Case management is provided by Midtown Community Mental Health Center's Homeless Resource Team (HRT) in Indianapolis. This program serves homeless individuals with mental health concerns. The HRT, located at Horizon House and funded primarily by Medicaid, provides mental health services for the purpose of stabilizing psychiatric symptoms while assisting clients with entitlements and housing for homeless adults who experience serious mental illness (SMI). The HRT also engages homeless individuals with SMI through participation in street outreach in collaboration with the Homeless Initiative Program (HIP) in Indianapolis. HIP provides healthcare for the homeless which allows HIP to provide a physician and nurse practitioner that visit 11 shelters in Indianapolis. They also do street outreach as part of a team. HIP is sometimes able to cover the Salvation Army's fee for detoxification through discretionary spending or donations. The funding for other services usually comes from Medicaid and veterans' benefits. However, covering the cost of only substance abuse clients is more difficult. The individuals who fit this profile often do not qualify for Medicaid. Community mental health centers work with shelter and transitional housing to treat those that are considered to have a serious mental illness.

There seems to be a gap in services available for families dealing with mental health and substance abuse problems. While adults in families access the services mentioned above, there are no emergency shelter beds for families dealing with these issues. There are 50 permanent supportive housing units (Shelter Plus Care by Midtown Mental Health) and 12 transitional housing family units at Wellspring Cottage run by Dayspring Center that can serve families struggling with these issues.

Thoughts for policymakers

People experiencing homelessness have been affected by the economic downturn. There is a significant increase in those who are homeless because of lost jobs and evictions, fewer are employed, and more indicate that the reason they are not employed is that there are not available jobs. This seems to indicate a need for more job placement assistance as well developing job opportunities. Half of the adult homeless population has a mental illness and/or a substance abuse issue. Since some of these adults suffering from illness are homeless with families, these problems affect more than just the individual with the illness. More transitional and supportive housing for families struggling with these issues is needed. There is also a need to expand services for people who do not qualify for Medicaid.

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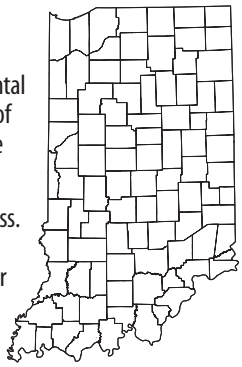

The Indiana University Center for Health Policy is a nonpartisan applied research organization in the School of Public and Environmental Affairs at Indiana University–Purdue University Indianapolis. Researchers at CHP work on critical policy issues that affect the quality of health care delivery and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

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