

No Place Like Home



Porter County, Indiana Plan to End Homelessness

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SOCIAL IMPACT RESEARCH CENTER

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Mental Health America of Porter County

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Porter County Aging and Community Services
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The plan can be downloaded from:

Housing Opportunities
Porter County Community Foundation
Porter-Starke Services
United Way of Porter County
Social IMPACT Research Center

www.housing-opportunities.com
www.portercountyfoundation.org
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EXECUTIVE SUMMARY: NO PLACE LIKE HOME

Faced with an increase in the number of people experiencing homelessness and a system strained doing what it can to address the issue, service providers, shelter and housing providers, community members, faith-based organizations, and funders created *No Place Like Home*, a Plan to End Homelessness for Porter County. The plan lays a foundation to retool the homeless service system to most effectively prevent homelessness and rapidly re-house people experiencing homelessness.

THE PROBLEM

Homelessness is growing in Porter County:

- 154 adults and 75 children were experiencing homelessness in January 2011.
- Nearly 1 in 5 people homeless in Porter County had been homeless for longer than 3 months and 15 percent report they had experienced homelessness more than one time.
- In 2010 there were 215 homeless students in Porter County schools. Homeless students in Indiana have higher rates of suspensions and a 20 percent lower graduation rate.

Recent and current poverty and economic trends illustrate how financial and housing stability have eroded for many people in Porter County, putting them at greater risk of homelessness:

- In 2009, 10,673 individuals in Porter County had incomes below the official poverty line and over 2,200 Porter County children are living in poverty.
- Poverty is steadily deepening in Porter County: since 1989, the number of people living below half of the poverty line has grown by 44 percent.
- Median annual earnings have dropped by \$2,466 since 2000 and median household income has also declined, falling \$8,905 since 2000.

Porter County lacks certain types of housing key to preventing and ending homelessness, and some housing market activity is increasing housing instability:

- The vast majority of housing in Porter County is single unit (i.e. single family home); only 17.2 percent of housing has 2 or more units (such as a duplex or apartment building).
- Rents rose by 38 percent in Porter County from 2000 to 2011. In 2009, 12.8 percent of renters paid over 30 percent of their income for rent, considered an unaffordable rent burden.

Top Reasons People Experience Homelessness in Porter County (survey results)

Personal Reasons		System/Structural Reasons	
Inadequate income	92.3%	Lack of good paying jobs	73.1%
Lack of job skills	73.1%	Lack of affordable housing	65.4%
Credit problems	61.5%	Transportation issues	57.7%
Substance use issues	53.8%	Long housing waiting lists	46.2%
Domestic violence	46.2%	Limited supply of housing for families	30.8%
Criminal record/felony convictions	38.5%	Lack of housing with supportive services	23.1%
Disability	38.5%		

These trends, which are often out of the control of those experiencing them, influence people’s housing stability in profound ways. Having stable housing is one of the most basic human needs. In its absence, it becomes difficult to be a productive member of society – to find and hold a job, access education, or take care of health and family needs.

THE 10-YEAR PLAN VISION

All residents will have access to a safe, affordable home in Porter County, including resources and support services necessary to prevent and end homelessness.

PLAN STRATEGIES

- ❖ **Increase Access to Stable and Affordable Housing**
Incorporate a Housing First approach at every possible opportunity, increase inventory and access to permanent supportive housing and more broadly affordable housing.
- ❖ **Focus on Homelessness Prevention**
The most cost effective way to address homelessness is to prevent it from ever happening to an individual or family. Expand outreach and service delivery to households at risk of becoming homeless.
- ❖ **Increase Economic Security**
Increase earning potential for households at risk of or currently experiencing homelessness, and mitigate the employment barriers that block households from success at work.
- ❖ **Improve Health and Stability**
Coordinate better access to physical and mental health care systems to improve quality of life and increase stability.
- ❖ **Increase Leadership, Collaboration and Civic Engagement**
Seek full engagement across the spectrum of community stakeholders to ensure the effective implementation of this plan.
- ❖ **Retool the Homeless Crisis Response System**
Develop a ‘single front door’ process through which all households entering the system can enter. Focus programs on rapid re-housing, and promote greater participation in the Homeless Management Information System to better assess the populations at risk and retool programs and processes to best meet needs.

Participation in the development of this plan was extraordinary, and there is no doubt Porter County can grow that participation and keep the momentum moving to accomplish this plan’s vision. Delivering the appropriate services, support, and housing to people in need improves the quality of life for those households and the community at large. It is important that communities develop strong systems of response and actively plan to address the needs of those both facing homelessness and those at risk of becoming homeless. With the advent of its Plan to End Homelessness, Porter County is doing just that—developing solutions in the face of the many challenges confronting the community.

DEVELOPMENT OF PORTER COUNTY'S PLAN

Plan Inception

Porter County, Indiana has an innovative group of leaders committed to addressing the issues of homelessness and affordable housing through the Coalition for Affordable Housing (the Coalition). The Coalition is comprised of service providers, shelter and housing providers, community members, faith-based organizations, and funders. It was formed in 1999 by the Caring Place, Christian Community Action, United Way of Porter County, the Porter County Community Foundation, Opportunities Enterprises, and Porter-Starke Services. While Porter County is part of the larger statewide homeless planning system called the Balance of State Continuum of Care¹, this local coalition works specifically to plan around issues facing Porter County.

In the course of its work in Porter County, the Coalition agreed that a plan to end homelessness was essential to focus the County's efforts on addressing the issue. The Coalition and funders throughout the County – including the Porter County Community Foundation and the United Way of Porter County – initiated an intensive planning process in February 2011. The Coalition hired the Social IMPACT Research Center (IMPACT) to develop and write Porter County's Plan to End Homelessness. IMPACT has worked on plans to end homelessness for other counties in Indiana and Illinois and on evaluating best practices in addressing homelessness.

Planning Process

While developing this plan, IMPACT researched other plans and best practices in addressing the issues of ending homelessness. It also drew heavily on guidance from the federal plan to end homelessness² for its priorities and recommendations on strategies. The Porter County Plan is modeled after the format of the most current federal plan to align future applications for and reporting on future federal funding.

To get a picture of current and future need, IMPACT gathered data specific to Porter County. The data identified influencing trends such as poverty, housing costs, rental units, and income, that have contributed to the existence of homelessness in Porter County and which need to be accounted for in order to successfully implement the plan.

IMPACT used a dynamic, interactive approach to develop the plan in order to engage and get feedback from a broad range of perspectives throughout the community:

- Ten key stakeholders were interviewed, including elected officials, service providers, law enforcement officials, community leaders and faith organization representatives. Each stakeholder was asked questions about how they perceive trends in homelessness in the last 10 years, obstacles in the community to addressing homelessness, and prioritizing populations to be served and objectives to be pursued.

¹ Since 1994, the federal government has required the Continuum of Care model which brings together service and housing delivery agencies that serve the homeless community.

² http://www.usich.gov/PDF/OpeningDoors_2010_FSPPPreventEndHomeless.pdf

- The business community was surveyed at a Porter County Chamber Coalition luncheon in May 2011, with more than 100 business representatives participating in a keypad survey process.
- IMPACT distributed a survey throughout the county to service providers, housing developers, hospitals, elected officials, and community leaders to assess the dynamics of the issue of homelessness, identify barriers and opportunities to addressing the issue, assess current system capacity, and solicit innovative ideas to improve the system.



- IMPACT conducted a focus group with four people who either were currently experiencing or had previously experienced homelessness. The focus group was designed to hear directly from clients in the system what they thought was working, where they encountered barriers, and how the system of service and housing delivery could be improved.

Finally, IMPACT worked with the Coalition to conduct four Strategic Planning Committee meetings, and subcommittees met and worked outside of those meetings. IMPACT presented the preliminary data findings to the Committee, reviewed the issue of homelessness, presented some best practices and recommendations from national advocacy agencies, and reviewed changes to the system of care which will be necessary to comply with changes to federal funding for the homeless system.³ The Coalition prioritized key goals for the plan, with the subcommittee and the full Coalition identifying goals for specific action steps and strategies to accomplish them. Participation in this process was high, with at least 20 people attending each of the meetings.

Challenges Identified

Throughout this process, some key issues were raised about the system of care in Porter County that had bearing on what ultimately made it into the plan:

- Despite emergency, transitional, and permanent housing available in the county, supply does not meet demand. Permanent, affordable housing was identified as a high priority, but there is a great shortage in the county. While there are community health centers which offer free or reduced-fee services, people who had experienced homelessness indicated having to pay for expensive health care and medical treatment is a significant barrier to being able to house themselves adequately.
- While the agencies within the county interact, especially at the Coalition, the system of care is not coordinated. Client referrals are inconsistent, and clients report having to go through

³ The McKinney-Vento Act was amended by the HEARTH Act in 2009 which changes definitions, priorities, and measures for homeless services.

redundant application processes, make several visits, and place multiple calls to get access to the services they need.

- Awareness of the issue of homelessness has increased in recent years, but the Coalition has a lot of work ahead to both broaden the awareness of the issue and address some common misconceptions held in Porter County.

Adding to the challenge of developing this plan, the Coalition worked amidst the realities of a devastating national recession. The cuts to programs and funding which were going on while this plan was being formed challenged participants' abilities to vision where the county needs to be heading and how it should get there. The unstable funding environment will continue to be a barrier throughout the foreseeable future, but the Coalition is poised to use its resources well to make progress on the plan's implementation.

Best Practices Applied

Best practices in the homeless field were used to inform the development of the plan. These are drawn from tested solutions to homelessness and are included in many plans to end homelessness. Examples of some of the practices explored from across the county are highlighted here.

Housing First

Housing First's vision is just as its name implies – getting clients first into housing and then assessing their case management plans and strategies to become permanently and stably housed. It removes many if not all of the barriers in place which traditionally filter clients out of housing. It focuses on crisis intervention, housing placement and intensive case management tailored to each client's individual needs.⁴

Providers offer housing without conditions (such as having to complete treatment or become healthy first) then work with clients to improve their mental and physical health. For example, the Chicago Housing for Health Partnership used rapid placement of long-term homeless in apartments where they could then work on the underlying causes of their homelessness. A four-year study of their program found that moving homeless people with chronic medical conditions into permanent housing quickly can improve their lives and save taxpayer money.⁵

Housing with Supportive Services

Housing combined with support services, often called permanent supportive housing, combines affordable housing with services that help people address physical health, mental health, and other needs. Supportive housing is designed to help residents remain housed and achieve long-term housing stability. Individuals and families in supportive housing include people who are homeless and people at risk of homelessness due to serious and persistent issues such as mental illness and substance use. A growing body of research suggests that stabilizing individuals in supportive

⁴ National Alliance to End Homelessness. (n.d.). *Housing First*. Retrieved January 20, 2012, from http://www.endhomelessness.org/section/solutions/housing_first

⁵ Sadowski LS, Kee RA, VanderWeele TJ, & Buchanan D. (2009 May). Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial. *Journal of the American Medical Association*, Volume 301, 1771-8.

housing can reduce their use of expensive public crisis services such as emergency rooms, psychiatric hospitals, jails, and substance use treatment programs.⁶

The most well-known study about the cost savings associated with supportive housing is the NY/NY Initiative, which studied the changed use of public services for homeless individuals with a mental illness living in supportive housing. Comparing the individuals living in supportive housing to the control group that did not, the study found that a homeless person with a mental illness placed in supportive housing reduced their use of publicly funded services by an average of \$12,145 a year.⁷

Discharge Planning

Discharge planning is focused on planning for the housing and supportive services needs for people who are being released from mental health facilities, residential recovery programs, and incarceration and who have no residence identified. Successful models of discharge planning provide an early, comprehensive assessment of clients' needs while they are still housed in the facility. Completing this assessment and linking these clients to actual services and housing prior to discharge is essential to program success.

The Corporation for Supportive Housing's Returning Home Initiative is designed to deliver effective discharge planning and program placement for chronically homeless individuals leaving incarceration. CSH's model is based on data-driven problem solving to identify high-cost populations; developing and advocating for systems reform to better meet client needs; and targeting supportive housing to serve clients once they are released from incarceration.⁸

Critical Time Intervention

Critical time intervention (CTI) is an essential component of discharge planning, especially for clients with a serious mental illness. Relationships are built with clients while they are still housed in mental health, hospital, or correctional facilities, and a comprehensive plan is developed prior to their release to prevent homelessness and a repeat of the cycle which often brought them into a facility in the first place. The goal is on maintaining a continuity of care, maintaining their stable mental health, and successfully integrating clients into community living.

A research trial of clients with severe mental illness being discharged from mental health facilities indicated that clients in the CTI sample group had higher success rates in long-term housing stability after release from facilities.⁹

Income Security

It is essential to connect those at risk of or currently experiencing homelessness to resources which will increase their income security. Whether it is connecting them to Food Stamps, Social Security

⁶ Corporation for Supportive Housing. (n.d.). *Supportive Housing FAQs*. Retrieved January 20, 2012, from <http://www.csh.org/supportive-housing-facts/supportive-housing-faqs>

⁷ Culhane, D. et al. (2002). *The New York/New York Agreement Cost Study: The impact of supportive housing on services use for homeless mentally ill individuals*. Philadelphia: Center for Mental Health Policy and Services Research, University of Pennsylvania.

⁸ Corporation for Supportive Housing. (n.d.). *Frequent Users Service Enhancement Initiative (FUSE)*. Retrieved January 20, 2012, from http://documents.csh.org/documents/policy/Reentry/Reentry_NY_FUSE_2009.pdf

⁹ PsychiatryOnline. (2011 July). *Randomized trial of critical time intervention to prevent homelessness after hospital discharge*. Retrieved January 20, 2012, from <http://ps.psychiatryonline.org/article.aspx?articleid=116245>

income, or job training and education, clients who see an increase in income security have a better success rate at not re-entering homelessness. Programs assess clients' current needs and resources and develop a comprehensive strategy to maximize their income to its highest ability.¹⁰

Soldier On is a Massachusetts-based veterans service organization with a strong job training program which helps increase participants' income earning potential and job competitiveness. Soldier On's program interconnects housing with services and job training. It provides a comprehensive assessment of a client's vocational needs and offers several programs to enhance their income potential. Their Veteran Skills Development Center, combined with community service, partnerships with local employers, and client business development and management training offers participants diverse opportunities to enhance their income and self-sufficiency.¹¹

Coordinated System of Care

A coordinated system of care can either have one front door or multiple front doors which use a uniform tool to assess client need and determine eligibility in the programs most appropriate to meet that need. It requires a comprehensive understanding of programs offered by all service providers in the system as well as populations they serve and program placement availability. Regardless of where a client enters the system, the assessment tool and response is consistent. Clients entering the system then only need to produce documents and respond to questionnaires at entry into the system. Developing this central intake assessment process requires the inclusion of all documents and information necessary to meet each agency's funding and program requirements, to meaningfully measure clients' progress and inclusion in HMIS and to assess proper placement in the full spectrum of potential services available.¹²

A centralized intake system (one front door) model is in place in Hennepin County, Minnesota, located around the Minneapolis-St. Paul area. The central agency responsible for intake of all referrals determines where households last stayed, their participation in mainstream services, and their immediate needs. Intake representatives develop a response focused on shelter placement only as a last resort.

A decentralized but coordinated intake system was developed successfully in Dayton/Montgomery County, Ohio. The leadership in Dayton/Montgomery called their reform moving from a program-centered system to a client-centered system. Its goals were to rapidly exit people from homelessness to stable housing, make the most effective and efficient use of resources in the system, ensure that all clients (especially those hardest to serve) are served, and maintain transparency and accountability throughout the assessment and referral process. They established solid deadlines for how quickly the initial and full assessment processes had to be completed. They also established criteria that agencies had to accept at least 1 in 4 clients referred to them through the central intake system.

¹⁰ National Transitional Jobs Network. (n.d.). *WEH project & briefs*. Retrieved January 20, 2012, from <http://www.heartlandalliance.org/ntjn/weh-project-briefs.html>

¹¹ Soldier On. <http://www.wesoldieron.org/>

¹² National Alliance to End Homelessness. (2011 May). *One way in: The advantages of introducing system-wide coordinated entry for homeless families*. Retrieved January 20, 2012, from <http://www.endhomelessness.org/content/article/detail/3974>

HOMELESSNESS AND RISK FACTORS IN PORTER COUNTY

The homeless system is affected by a multitude of environmental factors including poverty, employment, housing, migration, and the economy. There are currently many economic challenges in Porter County that affect the homeless service system and put people in precarious situations. Poverty is steadily deepening in Porter County: since 1989, the number of people living in extreme poverty has grown by 44 percent, outpacing population growth. During this time of declining wages and incomes, prices for essential goods and services rose substantially, making it more difficult for families to make ends meet.

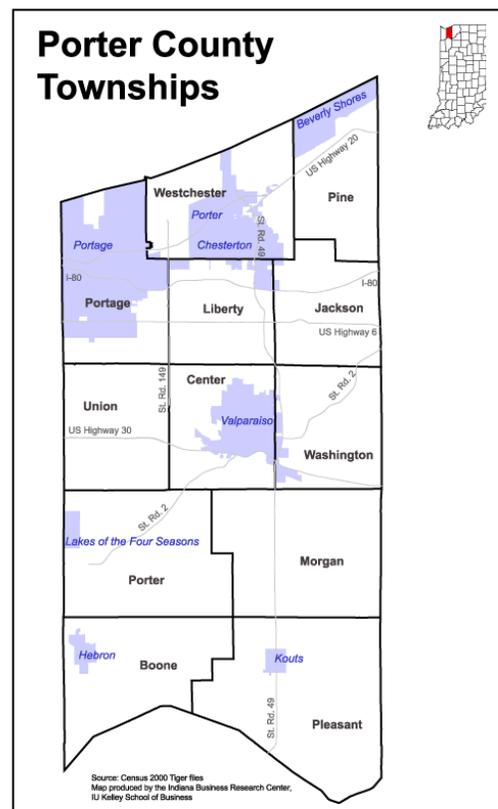
This snapshot is designed to identify the current realities in Porter County in order to inform discussions of demands on the homeless system, unmet needs in the county, and service expansion and evolution. The information presented here is drawn from the most current and local data available on these key issues.

Porter County Overview

Porter County, Indiana is located approximately 40 miles southeast of Chicago.¹⁴ Larger towns and cities include the City of Valparaiso, City of Portage, Town of Chesterton, Kouts, Hebron, Lakes of the Four Seasons, Burns Harbor, Ogden Dunes, Porter, Beverly Shores, Dune Acres, and Pines. The county consists of 12 townships covering a total area of 418.1 square miles.¹⁵

Porter County has experienced steady population growth in the past few decades, growing at a faster rate than the state as a whole. While the state of Indiana as a whole had a 16 percent population growth rate from 1989 to 2009, Porter County's population rose 27 percent or by 34,666. As of July 1, 2009, the county has a population of 163,598 people.¹⁶ Population projections indicate that Porter County will continue to experience population growth in the next 20 years. By 2030, the population in Porter County is projected to grow to 179,675.¹⁷

Figure 1: Porter County¹³



¹³Stats Indiana. (n.d.). *Porter County townships*. Retrieved April 23, 2011, from http://www.stats.indiana.edu/maptools/maps/boundary/townships_2000/porter_township.gif

¹⁴ Porter County Government. (n.d.). *Economic Development*. Retrieved April 23, 2011 from <http://www.porterco.org/index.php?id=econdev>

¹⁵ Porter County, Indiana. (n.d.). *Porter County Indiana*. Retrieved April 24, 2011, from <http://www.inportercounty.org/>

¹⁶ Social IMPACT Research Center's analysis of the U.S. Census Bureau's Population Estimates Program, *Table 1. (CO-EST2009-01-18) Annual estimates of the resident population for counties of Indiana: April 1, 2000 to July 1, 2009 and (CO-99-2) County population estimates for July 1, 1999 and population change for April 1, 1990 to July 1, 1999.*

¹⁷ Stats Indiana. *Indiana population projections*. Retrieved April 24, 2011, from http://www.stats.indiana.edu/pop_proj/

HOMELESSNESS IN PORTER COUNTY

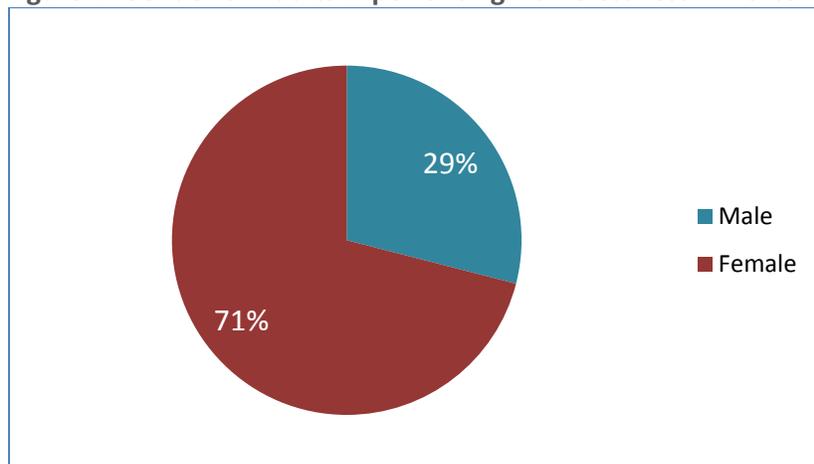
By the U.S. Department of Housing and Urban Development's (HUD) definition, a person is homeless if they lack a fixed, regular, and adequate nighttime residence and if a person has a primary nighttime residence that is a temporary shelter, an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for regular sleeping accommodation.

Adult and Family Homelessness

A total of 154 adults in Porter County were counted as homeless in the 2011 point-in-time homeless count,¹⁸ significantly higher than the 91 individuals found to be homeless in 2010.¹⁹ With those adults were 75 children experiencing homelessness. This point in time count represents the number of people homeless on a cold winter night and does not represent the number of people homeless during the course of a full year.

The majority of adults homeless on that night were women (Figure 2), and 83 percent were white and 12 percent African American.²⁰ Many were unemployed but a significant portion was working (29 percent). About half reported owning a car.

Figure 2: Gender of Adults Experiencing Homelessness in Porter County, 2011



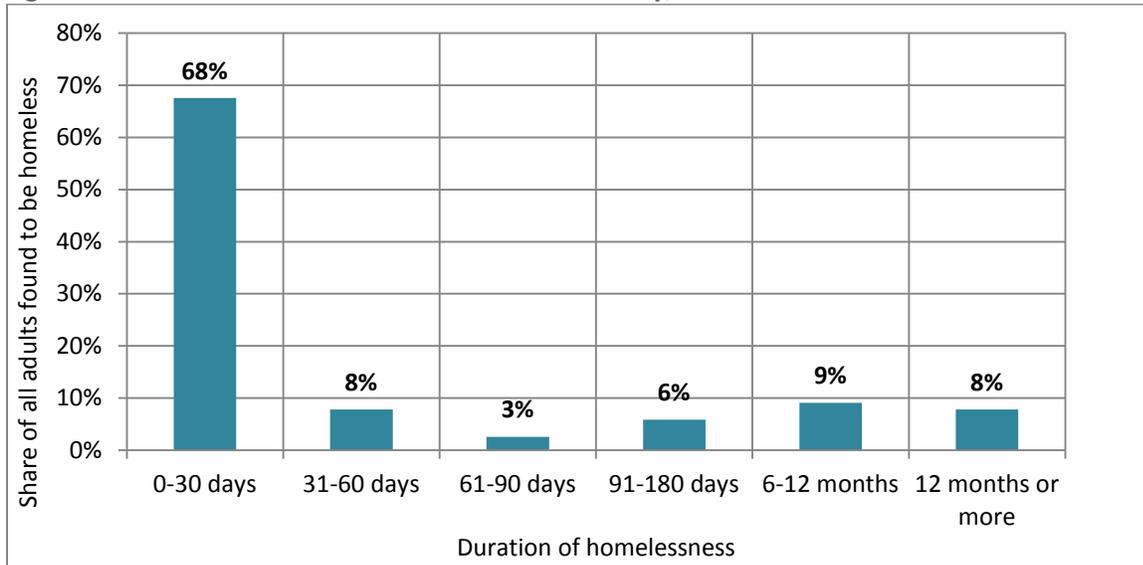
The majority of the adults found to be homeless in Porter County during the count in 2011 had been experiencing homelessness for 30 days or less (Figure 3). However, a significant portion was also experiencing longer bouts of homelessness: nearly 1 in 5 had been homeless for longer than 3 months.

¹⁸ Housing Opportunities. (2011, February). [PIT Porter County April 27 2010]. Unpublished raw data.

¹⁹ Housing Opportunities. (2011, May). [HIC Chart by Region May 11 2010]. Unpublished raw data.

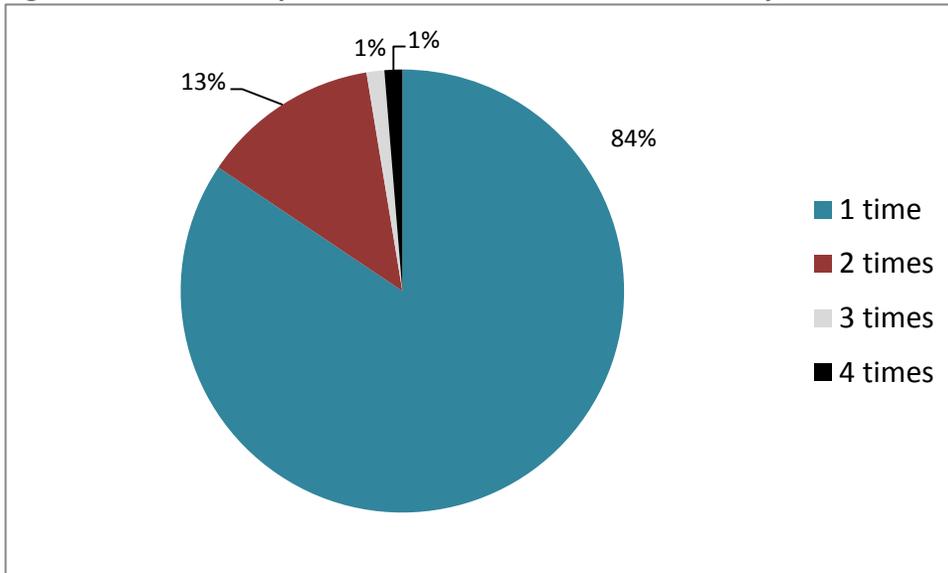
²⁰ Housing Opportunities. (2011, February). [PIT Porter County April 27 2010]. Unpublished raw data.

Figure 3: Duration of Homelessness In Porter County, 2011



Most of the people found to be homeless in Porter County during the count in 2011 had experienced homelessness once in their lifetime, with 15 percent reporting they had been homeless more than once (Figure 4).

Figure 4: Number of Episodes of Homelessness Porter County, 2011



The HUD definition of homelessness is narrow and can be thought of as an extremely conservative measure of homelessness. There are millions of families and individuals in the United States who do not meet the HUD definitions of homelessness but are doubled up, meaning that they are living with relatives, friends, or others because of economic reasons. Additionally, there are many methodological challenges with the point-in-time homeless count that result in an undercount of homelessness.

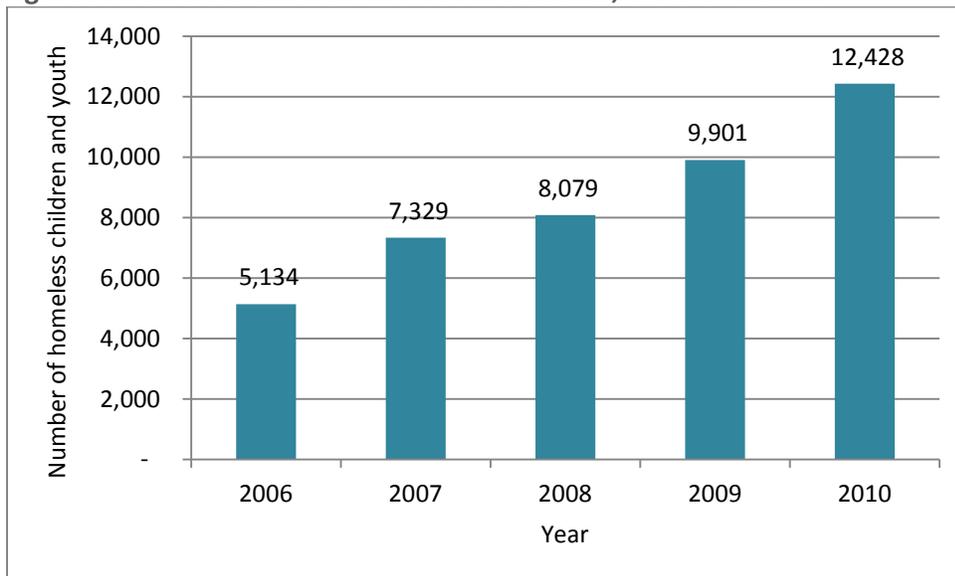
Child and Youth Homelessness

There has been steady growth in the number of homeless students in schools across Indiana – the number of homeless students increased an astounding 142 percent from 2006 to 2010 (Figure 5). In 2010 there were 215 homeless students in Porter County schools.²¹

Experiences and characteristics of homeless students in Indiana include the following:²²

- Over half of the homeless students in 2009 and 2010 were in Kindergarten through 4th grades.
- One in every five homeless students in Indiana were suspended in 2010.
- Homeless students in Indiana are more likely to be suspended than housed students but no more likely to be expelled.
- Homeless students have a 20 percent lower graduation rate than the state average.
- In 2010, one of every eight homeless students dropped out of high school.

Figure 5: Homeless Children and Youth Students, State of Indiana



RISK FACTORS THAT CAN LEAD TO HOMELESSNESS

Economic Risk Factors

❖ Poverty

In 2011, a family of three was considered poor if their gross annual income fell below \$18,530.²³ People living in poverty are at extreme risk of homelessness largely as a result of having incomes too low to support covering the costs of housing. The poverty measure has long since failed to give

²¹ Indiana Department of Education. (n.d.). *2010 report on Indiana's homeless children and youth*. Indianapolis: Author.

²² Indiana Department of Education. (n.d.). *2010 report on Indiana's homeless children and youth*. Indianapolis: Author.

²³ U.S. Department of Health & Human Services. (2011). *The 2011 HHS poverty guidelines*. Retrieved April 24, 2011, from <http://aspe.hhs.gov/poverty/11poverty.shtml>

an accurate picture of what families need to realize a decent, though modest, standard of living (Table 1). Estimates that take into account local costs reveal that it takes \$39,803 in Porter County for a family of three and \$47,395 for a family of four to make ends meet and be self-sufficient,²⁴ meaning they do not have to rely on government income supports to help pay for their basic needs.

Family Size	Federal Poverty Line, 2009	Income Needed to be Self-Sufficient in Porter County, 2010
3	\$18,530	\$39,803
4	\$22,350	\$47,395

In 2009, 10,673 individuals in Porter County had incomes below the official poverty line (Table 2).²⁵ This represents 6.7 percent of the overall population of the county, up from 5.0 percent in 1989. Over 2,200 Porter County children are in poverty (Table 2).²⁶

Age Group	Porter County Poverty 2009	
	Number in Poverty	Poverty Rate
Children (0 to 17)	2,241	6.0%
Adults (18 to 64)	8,068	7.9%
Seniors (65+)	364	1.9%
TOTAL	10,673	6.7%

High rates of poverty in the county can be found both in larger cities (Valparaiso and Portage) and smaller towns (Hebron and Pines) (Table 3).

Table 3: Poverty Rates by City and Town, 2005-2009 5-Year Estimates²⁷

Cities and Towns in Porter County	Percent of people in poverty
Hebron	14.90%
Pines	13.70%
Valparaiso	12.80%
Portage	12.20%
Porter	9.80%
Burns Harbor	7.40%
Chesterton	6.90%
Lakes of the Four Seasons	6.80%
Kouts	5.20%
Ogden Dunes	3.30%
Beverly Shores	2.10%
Dune Acres	0.80%

²⁴ Social IMPACT Research Center's analysis of Alliance 4 Advancement. (n.d.). *Indiana Self-sufficiency Standard Calculator*. Retrieved April 24, 2011, from <http://www.region4workforceboard.org/calculator/SelfSuffCalc.cfm>. Calculated for 3 person family (1 adult household with 1 preschool-age and 1 school-age child) and four person family (2 adults, 1 preschooler, and 1 school-age child). 2005 annual income updated to 2010 dollars with the Midwest all urban consumers Consumer Price Index.

²⁵ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-Year estimates program.

²⁶ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-Year estimates program.

²⁷ The U.S. Census Bureau's 2005-2009 American Community Survey 5-Year estimates program.

Among those living in poverty is a subset of people who live in the most dire form of poverty – extreme poverty. Extreme poverty means living with an annual income below half the poverty line (also called below 50% FPL) – less than \$9,265 for a family of three and less than \$11,175 for a family of four in 2011. At this very low income level, families do not have nearly enough money to pay for the most basic of their needs, such as housing, food, health care, and clothing. This results in families making untenable tradeoffs and going without certain needs being met. Extreme poverty is a reality for 5,216 people in Porter County, nearly half of all people living in poverty in the county. The number of people in extreme poverty has increased 43.7 percent since 1989.²⁸

People who have incomes above the poverty line but under twice the poverty line (also called between 100% and 200% FPL), though not officially poor by the federal government’s definition, still face serious struggles in being able to make ends meet. For a family of three, living under twice the poverty line means having an annual income below \$37,060. For a family of four, it is under \$44,700. In Porter County, 26,776 people or 16.8 percent of the population have incomes between 100% and 200% of the poverty line.²⁹ The number of people falling in this low-income range has skyrocketed 71.9 percent since 1989.³⁰

❖ Economic and Employment Trends

In a survey of Porter County residents in 2007, residents identified employment as the top issue facing the county. Over forty percent of residents feel that the availability of jobs is a moderate or major concern and almost half of residents (49.3 percent) reported that the availability of living wage jobs is a moderate or major concern.³¹

While unemployment rates in Porter County have decreased in the past year, they are still well above their pre-recession rates. The pre-recession unemployment rate in 2007 in Porter County was 3.9%. In February 2011, 8.5% percent of the Porter County labor force was unemployed, representing 6,786 workers.³² These unemployment figures include people who do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work.

This definition of unemployment undercounts the unemployed, as it excludes people who are discouraged from job seeking or only marginally attached to the workforce. Nationally, 2.4 million persons were considered marginally attached to the labor force. These individuals wanted and were available for work, and had looked for a job sometime in the prior 12 months but were not counted as unemployed because they had not searched for work in the 4 weeks preceding the survey. Additionally, 8.4 million people are working part-time due to lack of full-time job availability or adverse business conditions indicating they are underemployed.³³

²⁸ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 1990 Decennial Census and 2009 American Community Survey 1-year estimates.

²⁹ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

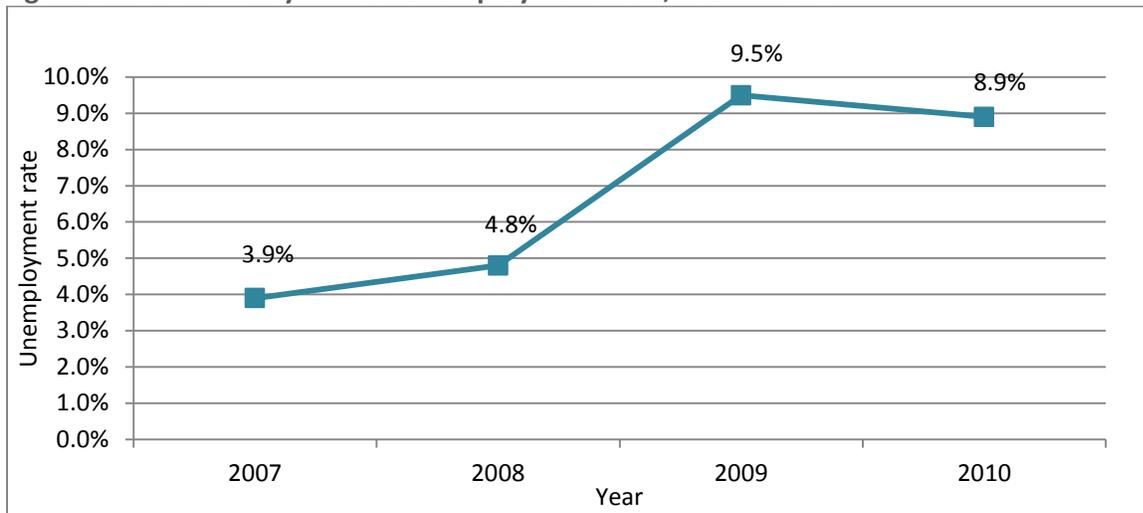
³⁰ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 1990 Decennial Census and 2009 American Community Survey 1-year estimates.

³¹ Perspectives Consulting Group. (2008). *2008 Porter County needs assessment*. Paw Paw, MI: Author.

³² Bureau of Labor Statistics. (n.d.). *Local area unemployment statistics*. Retrieved April 24, 2011, from <http://www.bls.gov/lau/#tables>

³³ Bureau of Labor Statistics. (2011, April). *The employment situation*. Washington, DC: Author.

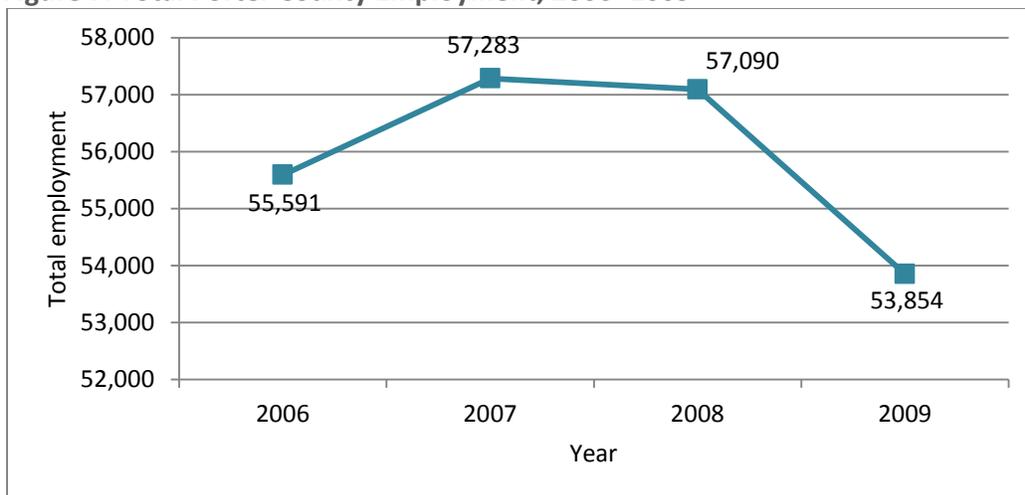
Figure 6: Porter County Annual Unemployment Rate, 2007 – 2010³⁴



Being employed is no guarantee against poverty and hardship. In Porter County, nearly 3,562 people who work (full time, year round or part time or part year) still fall below the poverty line.³⁵

In 2009, Porter County experienced a steep decline in total employment.³⁶ In 2007 and 2008 total employment hovered over 57,000 but in 2009 it fell dramatically to 53,854 (Figure 7).

Figure 7: Total Porter County Employment, 2006- 2009



The employment picture in Indiana as a whole is characterized by a changing economy that continues to lose high-paying manufacturing jobs that historically have provided quality benefits and long-term job security. In 2000, the manufacturing sector accounted for 21.3 percent of Porter County’s total workforce, but by 2009 only 17.0 percent of the workforce was in manufacturing.³⁷

³⁴ Bureau of Labor Statistics. (2010). *Labor force data by county, 2010 annual averages*. Retrieved April 24, 2011, from <ftp://ftp.bls.gov/pub/special.requests/la/laucnty10.txt>

³⁵ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

³⁶ Indiana Department of Workforce Development. (2011). *Quarterly census of employment and wages*. Retrieved April 26, 2011, from http://www.hoosierdata.in.gov/dpage.asp?id=25&page_path=Income%20and%20Wages%20Data&path_id=15&menu_level=smenu3&panel_number=2

³⁷ Indiana Department of Workforce Development. (2011). *Quarterly census of employment and wages*. Retrieved April 25, 2011, from http://www.hoosierdata.in.gov/dpage.asp?id=25&view_number=3&menu_level=smenu3&panel_number=2

Wages and earnings received Porter County residents reflect the reality of a changing economy. The shift from goods-producing to service-providing industries is troubling because of the significant disparity in wages between the two. In 2009, the manufacturing sector in Indiana had average weekly wages of \$1,085 while the average wage in accommodation and food services was only \$219 (Table 4). From 2000 to 2009, wages declined in manufacturing, retail trade, accommodation, and food services sectors.

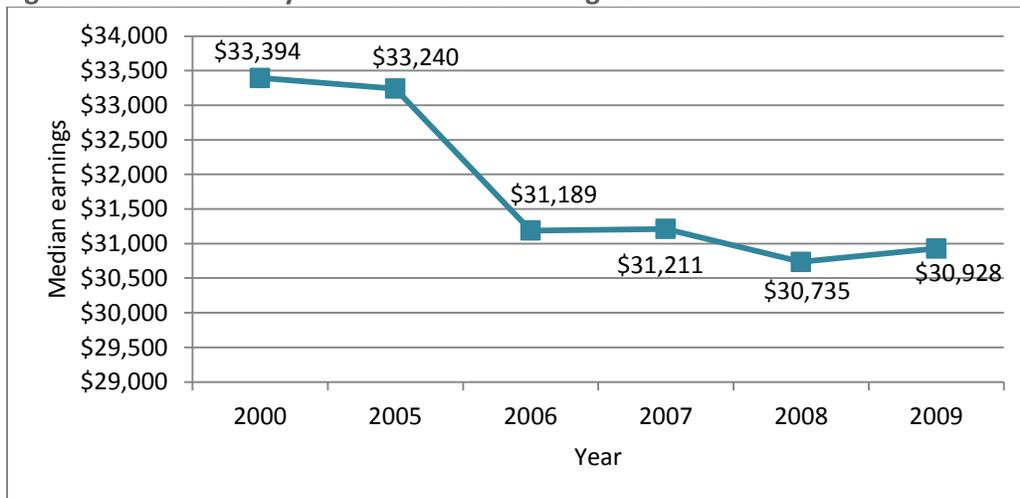
Table 4: Porter County Average Weekly Wages by Sector³⁸

	2000*	2009	Change from 2000-2009
Construction	\$879	\$1,000	13.72%
Manufacturing	\$1,256	\$1,085	-13.58%
Retail Trade	\$455	\$420	-7.62%
Financial Activities	\$710	\$814	14.65%
Health Care & Social Assistance	\$735	\$769	4.64%
Accommodation & Food Services	\$235	\$219	-6.97%

*Adjusted to 2009 dollars.

From 2000 to 2009, annual median earnings declined in Porter.³⁹ The median annual earnings in Porter County in 2000 was \$33,394. In terms of real dollars (adjusted for inflation), median annual earnings have dropped by \$2,466 since 2000 (Figure 8). The median household income in Porter County is \$30,928, meaning half of all households in the county have total annual incomes above \$30,928 and half have total annual incomes that fall below. Similar to earnings, median household income has also declined, falling by \$8,905 since 2000.⁴⁰

Figure 8: Porter County Annual Median Earnings 2000 - 2009



*2000 to 2008 earnings adjusted to 2009 dollars.

Many households in the Porter County are trying to get by with low incomes. Well over one quarter of households (28.9 percent) have an annual income below \$35,000 (Figure 9).⁴¹

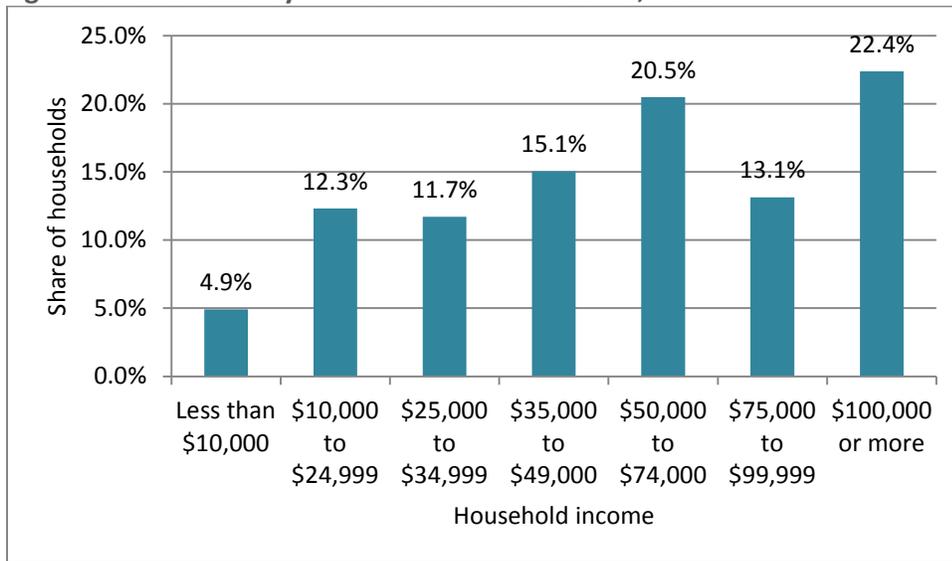
³⁸ Indiana Department of Workforce Development. (2011). *Quarterly census of employment and wages*. Retrieved April 26, 2011, from http://www.hoosierdata.in.gov/dpage.asp?id=25&page_path=Income%20and%20Wages%20Data&path_id=15&menu_level=smenu3&panel_number=2

³⁹ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2000 Decennial Census and 2005, 2006, 2007, 2008 and 2009 American Community Survey 1-year estimates program.

⁴⁰ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2000 Decennial Census and 2005, 2006, 2007, 2008 and 2009 American Community Survey 1-year estimates program.

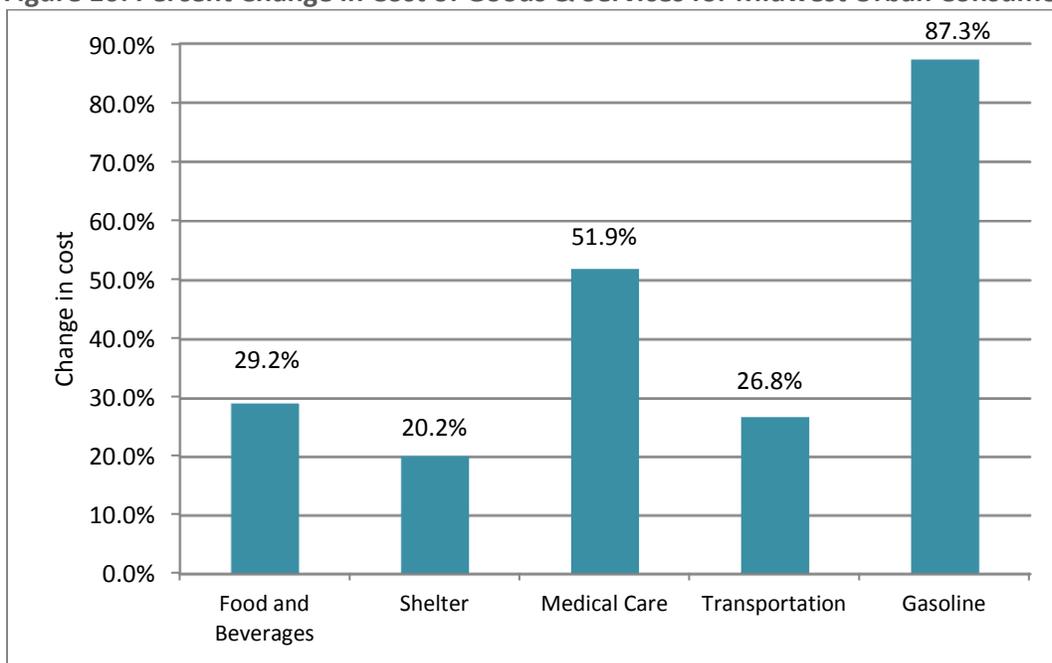
⁴¹ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

Figure 9: Porter County Annual Household Income, 2009



The cost of basic goods and services has risen substantially from 2000 to 2010 in the Midwest (Figure 10).⁴² This reality, combined with a changing economy as discussed below, is putting pressure on Porter County families as they try to make ends meet. This combination of factors increases the likelihood that more individuals and households are at risk of homelessness.

Figure 10: Percent Change in Cost of Goods & Services for Midwest Urban Consumers, 2000 - 2010



❖ Income Support Programs

Federal and state governments have public benefits or income supports programs for families who are struggling with poverty, low-wages, or unemployment and who meet eligibility criteria,

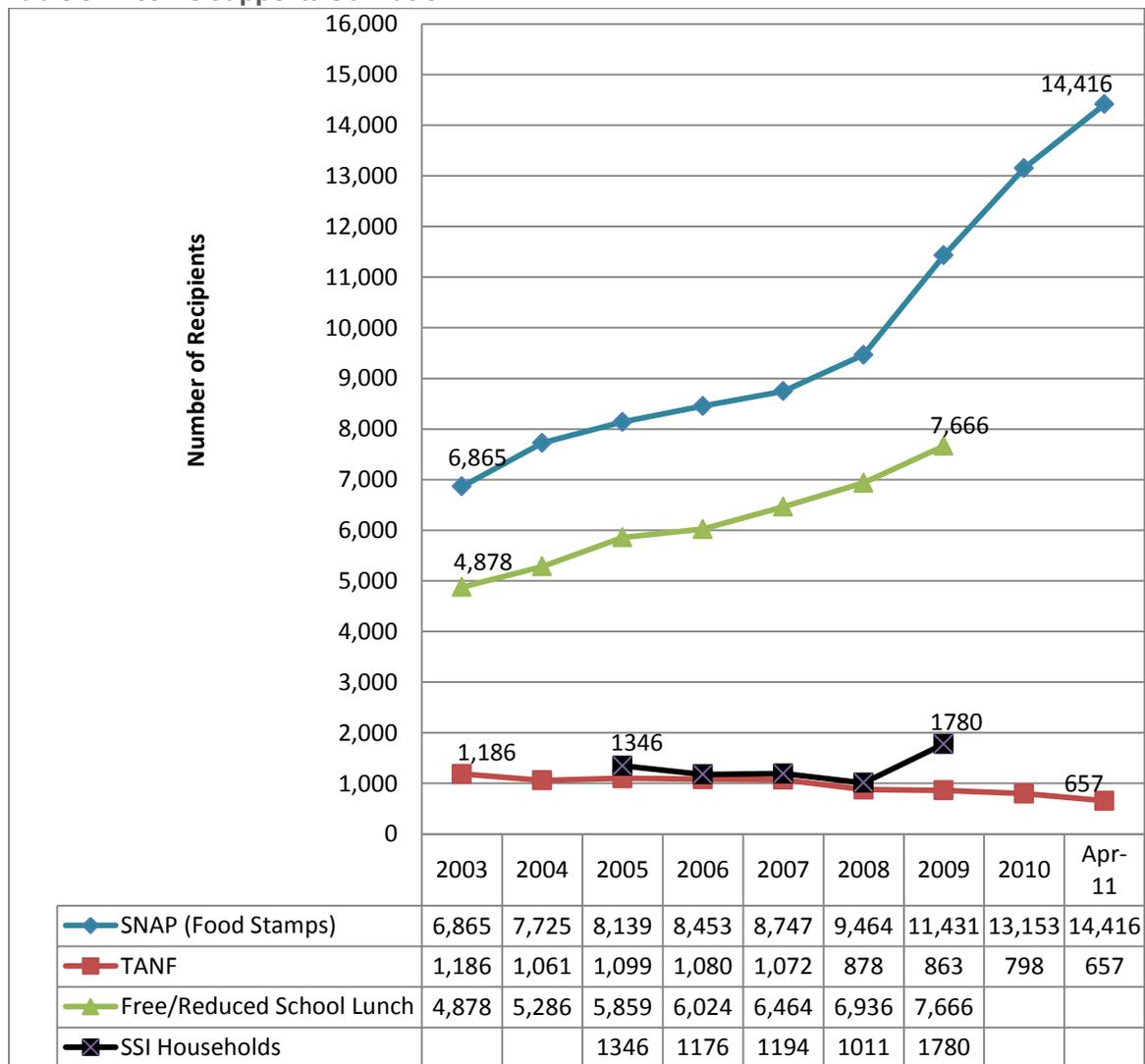
⁴² Social IMPACT Research Center's analysis of the Bureau of Labor Statistics' Consumer Price Index. (2000-2010). Retrieved May 3, 2011, from <http://www.bls.gov/cpi/>. Not seasonally adjusted, annual averages.

including income thresholds and asset limits. These programs provide a lifeline for thousands of families in Porter County who would otherwise have even more difficulty meeting their basic needs.

Trends of receipt of these benefits reflect changing economic conditions, wage declines, and eligibility limitations. For example, the number of individuals receiving SNAP (Food Stamps) in Porter County from 2003 to April 2011 more than doubled (Table 5), and the number of children receiving Free and Reduced Price School lunches increased by over 3,500 children from 2003 to 2009, indicating that many more families had less income to make ends meet.

On the other hand, while earnings and income declined and unemployment rose, the number of families on welfare has not grown, indicating the weakness of the welfare program as a safety net. The number of people in Porter County receiving welfare, also called Temporary Assistance for Needy Families (TANF), has declined significantly since 2003, dropping from 1,186 recipients to 657.

Table 5: Income Supports Utilization^{43 44}



⁴³ SNAP, TANF and Free and Reduced Price School Lunch data from Social IMPACT Research Center's analysis of Stats Indiana. (2000 -2011). *Welfare data*. Retrieved April 29, 2011, from http://www.stats.indiana.edu/dms4/new_dpape.asp?profile_id=314&output_mode=1 and http://www.stats.indiana.edu/fssa_m/index.html

⁴⁴ SSI household data from Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2005, 2006, 2007, 2008 and 2009 American Community Survey 1-year estimates program.

Despite popular perceptions, the average benefit amounts for income support programs are quite low. The monthly payment for Supplemental Security Income (SSI), the main government program for people with disabilities who have little or no income to meet basic needs, is \$674 per month⁴⁵ which translates into just over \$8,000 annually—less than the poverty line for one person (\$10,890). In 2009, there were less than 1,800 households in Porter County receiving SSI.⁴⁶ In February of 2011, the average monthly welfare cash grant (TANF) received in Porter County was even less at only \$210.10, which translates into \$2,522 annually – *far* lower than the poverty line for any size family.⁴⁷ At that same time, the average household SNAP (Food Stamps) benefit in Porter County was \$306 a month.⁴⁸

Population Characteristic Risk Factors

There are a number of life experiences, situations and characteristics that greatly increase the likelihood that someone will experience homelessness. Detailed here are factors related to education, age, presence of a disability, substance use, domestic violence, and incarceration.

❖ Educational Attainment

According to the Indiana Chamber of Commerce, 931,000 Indiana workers have an educational deficiency that limits their employability.⁴⁹ For jobs that are in demand, these workers lack an educational credential needed to obtain an in-demand job, such as a high school, associates, or bachelors degree.

In Porter County:

- 34 percent of residents have low literacy, functioning at a level-one or level-two literacy level (out of five). Having a level-one literacy means an individual can perform only basic reading and writing tasks, such as signing a document or locating an expiration date on a drivers license. Having a level two literacy means that the person can locate two features of information in a sports article, but cannot integrate multiple pieces of information from one or more sources. Having a low literacy level severely limits the type of work a person can get.⁵⁰
- 6,911 people (8 percent) ages 25 and over do not have a high school diploma. 39,916 people, or 36 percent, have only a high school diploma. Approximately one in four residents attended some college but have not received a degree.⁵¹
- Approximately one in five (19 percent) of all people living in poverty in Porter County have not completed high school, and 41 percent have only a high school education. One third have some college or an associates degree.⁵²

⁴⁵ Social Security Administration. (2011). *Understanding Supplemental Security Income*. Retrieved May 3, 2011, from <http://www.ssa.gov/ssi/text-benefits-ussi.htm>

⁴⁶ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

⁴⁷ Stats Indiana. (n.d.). *FSSA Monthly Reports*. Retrieved April 22, 2011, from http://www.stats.indiana.edu/fssa_m/index.html

⁴⁸ Family & Social Services Administration. (2011, June). *Porter County monthly management report*. Indianapolis: Author.

⁴⁹ Schoeff, M. (2008, August). *Ambitious plan for workforce education faces Washington inertia*. Retrieved May 11, 2011, from <http://www.workforce.com/section/11/feature/25/70/56/index.html>

⁵⁰ Perspectives Consulting Group. (2008). *2008 Porter County needs assessment*. Paw Paw, MI: Author. (citing Literacy in Northwest Indiana, Needs Assessment).

⁵¹ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

⁵² Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

There is potential for Porter County to develop jobs that pay decent wages but the workforce needs skills required for such jobs. Low educational attainment and low literacy levels are challenges to recruiting good jobs and helping families work their way out of poverty. Not having skills to compete in the workforce can be detrimental to individuals and families.

❖ Children and Youth

Certain groups of youth are more at risk of becoming homeless:

- **Being involved in the juvenile justice system:** Youth who have had contact with the juvenile justice system have an increased chance of becoming homeless. In 2010, nine youth from Porter County were admitted to state correctional facilities,⁵³ and eleven youth were released from state correctional facilities into Porter County.⁵⁴ Re-entering their communities after release can prove challenging due to barriers related to jobs, education, and housing as well as lack of acceptance by their family.
- **Running away from home with no other place to go:** Youth who have been physically, mentally, or sexually abused may run away to escape the trauma. Approximately 40 to 60 percent of homeless youth have experienced physical abuse, and between 17 and 35 percent have experienced sexual abuse.⁵⁵ Lacking alternative places to stay, these youth often find themselves homeless.
- **Experiencing discrimination and hardship associated with being LGBTQ:** Nationally, 1 in 5 homeless teenagers self-identify as lesbian, gay, bisexual, transgendered, or questioning. Research shows that for this population, being kicked out of their homes because of their parent's disapproval is the reason most LGBTQ youth become homeless.⁵⁶
- **Youth exiting foster care:** 205 Porter County children and youth were in state care (e.g. foster care, residential homes) in 2009 and 10 were emancipated from care (up from 1 youth emancipated in 2005).⁵⁷ Children and youth with a history of foster care are more likely to become homeless at an earlier age and remain homeless for a longer period of time.⁵⁸
- **Having children at a young age:** Porter County's teen birth rate has hovered around 25 births per 1,000 females age 15 to 19 for the past decade.⁵⁹ These teens and their children are at higher risk of homelessness: they are often kicked out of their homes, have trouble making ends meet, and often need supports.
- **Dropping out of school:** Each year, over 4,000 youth are suspended in Porter County schools and 260 were recently expelled (Figure 11).⁶⁰ These students are at higher risk of

⁵³ Indiana Department of Corrections. (2010). *Indiana Department of Correction-2010 new admissions*. Indianapolis: Author.

⁵⁴ Indiana Department of Corrections. (2010). *Indiana Department of Correction-2010 releases*. Indianapolis: Author.

⁵⁵ Fosburg, L.B., & Dennis, D.L. (1999, August). *Practical Lessons: The 1998 National Symposium on Homelessness Research*. Washington, DC: U.S. Department of Housing and Urban Development, U.S. Department of Health and Human Services.

⁵⁶ National Alliance to End Homelessness. (2009). *A national approach to meeting the needs of LGBTQ homeless youth*. Retrieved May 11, 2011, from <http://www.endhomelessness.org/content/article/detail/2240>

⁵⁷ Indiana Department of Child Services. (2009). *Department of Child Services demographics and trending report state fiscal year 2009*. Indianapolis, IN: Author.

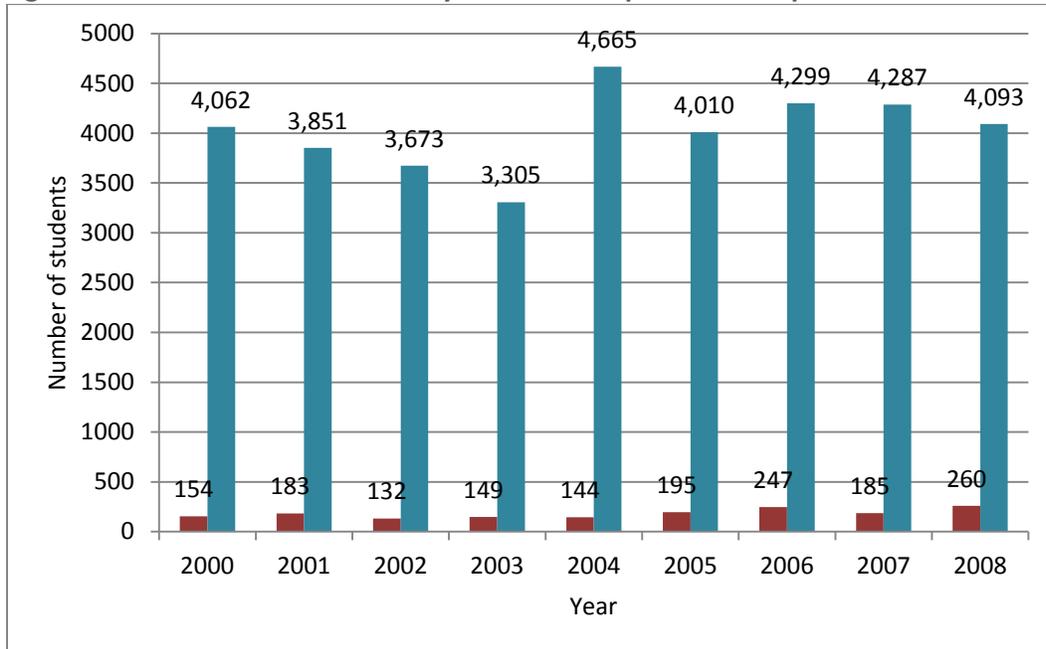
⁵⁸ Roman, N., & Wolfe, P. (1995). *Web of failure: the relationship between foster care and homelessness*. Washington, DC: National Alliance to End Homelessness.

⁵⁹ The Annie E. Casey Foundation. (n.d.). *Kids count data center*. Retrieved May 11, 2011, from <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=IN&group=Grantee&loc=2355&dt=1%2c3%2c2%2c4>

⁶⁰ The Annie E. Casey Foundation. (n.d.). *Kids count data center*. Retrieved May 11, 2011, from <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=IN&group=Grantee&loc=2355&dt=1%2c3%2c2%2c4>

dropping out. During the 2009-2010 school year, 9.8 percent of seniors did not graduate from high school.⁶¹ Without a high school diploma, finding a job with a living wage is extremely difficult and can put youth without other supports at risk for homelessness.

Figure 11: Number of Porter County Students Suspended or Expelled



These circumstances often create situations in which youth are forced to support themselves, usually with no income. There is a lack of housing specifically for youth, and they often end up living doubled up with friends and other family members, in shelters, or on the streets.

❖ Physical and Mental Disabilities

People with disabilities are disproportionately represented among those in poverty and are at high risk of becoming homeless. Due to the instability of severe mental illnesses, people with a disabling mental illness can cycle in and out of homelessness if there are not services and housing specialized to their needs. In addition, it can be difficult for people with physical disabilities to find appropriate housing that is accessible and affordable.

In Porter County, 11 percent of people age 5 and over (17,189 people) have a disability.⁶² People with a disability are disproportionately represented among those in poverty (Table 6), and are at high risk of becoming homeless. In Porter County, people with a disability are far more likely to be poor than those without.⁶³

⁶¹ Indiana Department of Education. (n.d.). *Porter County overview*. Retrieved May 11, 2011, from <http://compass.doe.in.gov/compass/Dashboard.aspx?view=COUNTY&val=Porter&desc=Porter>

⁶² Social IMPACT Research Center’s analysis of the U.S. Census Bureau’s 2009 American Community Survey 1-year estimates program.

⁶³ Social IMPACT Research Center’s analysis of the U.S. Census Bureau’s 2009 American Community Survey 1-year estimates program.

Table 6: Poverty Status by Disability Status for Noninstitutionalized People Age 5 and Over, 2009

	With a Disability		With No Disability	
	Number in Poverty	Percent in Poverty	Number in Poverty	Percent in Poverty
Age 5 and over	2,210	13.0%	7,844	5.9%

People with a disability are less likely to work than those without a disability. In Porter County, nearly two thirds of people with a disability are not working compared to just over a quarter of those without a disability (Table 7).⁶⁴

When people with a disability are able to work, they earn considerably less than their counterparts without a disability. The median annual earnings for people with a disability in Porter County are \$13,167 less than the median earnings for people with no disability.⁶⁵

Table 7: Employment Status by Disability Status for Noninstitutionalized People Ages 16 to 64, 2009

	With a Disability		No Disability	
	Number	Rate	Number	Rate
Employed	3,678	38.2%	68,470	72.8%
Unemployed	275	2.9%	7,639	8.1%
Not in the Labor Force	5,682	59.0%	17,888	19.0%
Total	9,635		93,997	

Certain disabilities are more prevalent among those who experience homelessness. About one on five people who were homeless during the count in January 2011 in Porter County reported having a physical disability and 19 percent reported having a mental illness (Table 8).⁶⁶

Table 8: Disability Reported During Porter County Homeless Count 2011

Disability Type	Percent
Physical disability	21%
Mental illness	19%
Development disability	4%

Those experiencing severe and persistent mental illness often have limited financial resources and are most in need of housing and services. National research reveals that 5.8 percent of all adults in the U.S. have a severe and persistent mental illness.⁶⁷ Serious mental illness results in serious functional impairment, which substantially interferes with or limits one or more major life activities. A particular serious mental illness, schizophrenia, affects 1.1% of the population. Schizophrenia is a chronic, severe, and disabling mental disorder characterized by deficits in thought processes, perceptions, and emotional responsiveness.⁶⁸

⁶⁴ Social IMPACT Research Center’s analysis of the U.S. Census Bureau’s 2009 American Community Survey 1-year estimates program.

⁶⁵ Social IMPACT Research Center’s analysis of the U.S. Census Bureau’s 2009 American Community Survey 1-year estimates program.

⁶⁶ Housing Opportunities. (2011, February). [PIT Porter County April 27 2010]. Unpublished raw data.

⁶⁷ National Institute of Mental Health. (2010, July). *Any disorder among adults*. Retrieved May 5, 2011, from http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml

⁶⁸ National Institute of Mental Health. (2010, July). *Schizophrenia*. Retrieved May 5, 2011, from <http://www.nimh.nih.gov/statistics/1SCHIZ.shtml>

Nearly 13 percent of adults age 18 and older in Indiana reported experiencing serious psychological distress in the past year and 8.8 percent report having at least one major depressive episode in the past year.⁶⁹ In Porter County, one in ten (9.7 percent) of adults have reported that they have been diagnosed with major depression by a physician at some point in their lives; half of them report having sought professional help for their depression. One in four adults in Porter County (25 percent) reported that they had two or more years in their lives when they felt depressed or sad on most days.⁷⁰

In the Northwest Indiana region, people living at or below the poverty level were more likely to report depression that lasted two or more years. In 2005, 43.1 percent of people who lived at or below the poverty level reported depression, compared to 27.7 percent of people who lived between 100 and 200 percent of the poverty level.⁷¹

The National Alliance on Mental Illness grades each state's mental health system, providing a baseline from which to improve. The grades are determined by 65 criteria, divided into four categories. In 2006 Indiana received a "D," and it received the same grade again in 2009. Indiana is one of 20 other states that received a "D" in 2009.⁷² Indiana has many areas to work on; however, there are three areas indicated in the scorecard for immediate improvement: the implementation of Medicaid managed care, reduced barriers to accessing psychiatric medication, and improved post-jail and re-entry diversion programs.

Those receiving mental health care in Porter County come from a broad socioeconomic background. People with mental health and substance use issues often need a type of housing that is different than those without such complexities in their lives, especially if they are also economically vulnerable. If people who have a mental illness lack housing or are in unstable and/or unaffordable housing situations, they have difficulty getting or holding onto a job. People who need intense services and medication to function often cannot use or fully respond to professional services when their housing situation is unstable, exacerbating mental health issues. Additionally, service delivery can be interrupted when people have to move frequently or move too far away.

Precarious housing situations also lead to problems with the police. People who are homeless often get citations for loitering, vagrancy, public urination, and other violations that are not crimes against property or people, but rather a byproduct of being homeless. Others must resort to desperate measures to survive, such as prostitution or theft, and often become the victims of crime themselves. Unstable housing situations can also lead to civil court action such as evictions and foreclosures. These problems are avoidable, but without access to the housing they need to help stabilize their lives, people struggling with a mental illness or substance use issue can become frequent users of services and systems. These problems affect entire communities, imposing monetary costs and impacting quality of life.

Data on the number of people who have a mental illness and who are homeless are not available for Porter County.

⁶⁹ U.S. Department of Health and Human Services. (2007). *2007 State estimates of substance use & mental health*. Retrieved May 5, 2011, from <http://www.oas.samhsa.gov/2k7/State/Indiana.htm#Tab2>

⁷⁰ Professional Research Consultants. (2005). *Epidemiology report on the health concerns of northwest Indiana*. Omaha: Author.

⁷¹ Professional Research Consultants. (2005). *Epidemiology report on the health concerns of northwest Indiana*. Omaha: Author.

⁷² National Association of Mental Illness. (2009). *Grading the states*. Retrieved May 5, 2011, from http://www.nami.org/gtstemplate09.cfm?Section=Grading_the_States_2009&Template=/ContentManagement/ContentDisplay.cfm&ContentID=74871

❖ Substance Use and Abuse

Substance use and abuse can be both a precipitating factor and a consequence of being homeless.⁷³ Further, individuals who are homeless rarely have substance abuse disorders alone—many have serious mental illnesses and physical health problems which can be intensified by the use of substances. Nationally, about half of homeless individuals who use substances also have a mental illness, referred to as co-occurring disorders. Individuals with co-occurring disorders are more likely to be homeless due to their complex needs.⁷⁴

In a survey of Porter County residents in 2007, residents identified substance abuse as the number two issue facing the county. Over half (54.4 percent) of residents feel that alcohol and/or drug abuse is a moderate or major concern and over half of residents (54.6 percent) reported that underage drinking is a moderate or major concern.⁷⁵ The most current information on drug and alcohol use for adults is only available at the state level. In 2007 in Indiana, 1.69 percent of adults age 26 and up reported illicit drug dependence or abuse in the past year and 5.83 percent reported alcohol dependence or abuse (Table 9).⁷⁶

Table 9: Selected Drug and Alcohol Use Measures by Age, State of Indiana

	Age	12-17	18-25	26+
ILLICIT DRUGS				
Past Month Illicit Drug Use		10.54	20.11	6.09
Past Year Marijuana Use		12.41	27.59	6.42
Past Month Marijuana Use		7.36	16.19	4.06
Past Month Use of Illicit Drugs Other Than Marijuana		5.2	9.27	2.97
Past Year Cocaine Use		1.41	6.37	1.57
Past Year Nonmedical Pain Reliever Use		7.74	15.48	4.39
Perception of Great Risk of Smoking Marijuana Once a Month		36.02	22.72	40.47
Average Annual Rate of First Use of Marijuana		5.95	7.63	0.11
ALCOHOL				
Past Month Alcohol Use		14.83	60.78	52.96
Past Month Binge Alcohol Use		9.51	41.48	20.73
Perception of Great Risk of Drinking Five or More Drinks Once or Twice a Week		37.38	28.34	39.7
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT				
Illicit Drug Dependence		2.69	5.68	1.23
Illicit Drug Dependence or Abuse		4.66	8.78	1.69
Alcohol Dependence		2.09	7.72	2.82
Alcohol Dependence or Abuse		4.92	17.26	5.83
Alcohol or Illicit Drug Dependence or Abuse		7.46	21.26	6.71
Needing But Not Receiving Treatment for Illicit Drug Use		4.37	8.11	1.38
Needing But Not Receiving Treatment for Alcohol Use		4.75	16.13	5.35

⁷³ Zenger, S. (2002). *Substance abuse treatment: What works for homeless people? A review of the literature*. Nashville, TN: National HCH Council.

⁷⁴ Winarski, J. (1998). *Implementing interventions for homeless individuals with co-occurring mental health and substance use disorders*. Rockville, MD: CMHS.

⁷⁵ Housing Opportunities. (2011, February). [PIT Porter County April 27 2010]. Unpublished raw data.

⁷⁶ U.S. Department of Health and Human Services. (2007). *2007 State estimates of substance use & mental health*. Retrieved May 5, 2011, from <http://www.oas.samhsa.gov/2k7State/Indiana.htm#Tab2>

Information on adults in Porter County is available for 2005. In 2005, 6.3 percent of adult alcohol drinkers in Porter County reported they were chronic drinkers, drinking 60 or more drinks in the last month. Chronic drinkers were mostly men. Also in 2005, 2.7 percent of Porter County adults acknowledged using an illicit drug in the past month.⁷⁷

Information on youth is the most current, with data available from 2009. There is a general pattern of increased daily alcohol and marijuana use as students' progress through grades (Table 10).⁷⁸

Table 10: Porter County Students Reporting Daily Use of Alcohol and Marijuana, 2009

Grade	6th	7th	8th	9th	10th	11th	12th
Alcohol	0.4%	0.7%	2.2%	3.2%	4.1%	4.1%	4.1%
Marijuana	0.2%	0.7%	2.7%	5.4%	6.5%	8.4%	7.5%

There has been a steady increase in the number of people in Porter County treated for alcohol abuse at Porter Starke Services, a behavioral treatment provider in the area. Alcohol treatment numbers increased from a low of 392 patients in 2005 to 619 in 2008, an increase of 58%. There were 219 treatments for marijuana related issues, 144 for heroin related issues, and 114 for cocaine related issues in 2008.⁷⁹ A small percentage of people who were homeless during the count in January 2011 in Porter County report abusing alcohol (5 percent) or drugs (6 percent).⁸⁰

❖ Domestic Violence

When a person flees an abusive situation, they inevitably leave their housing behind. Without an alternate place to stay or adequate income to rent another apartment, women, especially those with children, and occasionally men, find themselves immediately homeless. About one third (32 percent) of people who were homeless during the count in January 2011 in Porter County report being victims of domestic violence.⁸¹

In a 2005 survey, 2.1 percent of all adults in Porter County acknowledged being a victim of domestic violence in the past five years.⁸² More recent data available statewide from the Indiana Coalition Against Domestic Violence Program shows a high volume of domestic violence victims (over 11,000) being served in shelters and almost 64,000 calls being handled via a crisis line (Table 11).⁸³

Table 11: Domestic Violence Services Received/Denied in Indiana, July 1, 2009- June 30, 2010

Service Detail	Numbers Served/Denied
Victims Served in Emergency Shelter	Adults 5,805, Children 5,390
Denied because program was over capacity	2,395
Total Number of Crisis Line Calls	63,773

⁷⁷ Professional Research Consultants. (2005). *Epidemiology report on the health concerns of northwest Indiana*. Omaha: Author.

⁷⁸ Community Research and Service Center Valparaiso University. (2010, August). *The consumption and consequences of alcohol, tobacco, and drugs in Porter County: A local epidemiological profile*. Valparaiso, IL: Author.

⁷⁹ Community Research and Service Center Valparaiso University. (2010, August). *The consumption and consequences of alcohol, tobacco, and drugs in Porter County: A local epidemiological profile*. Valparaiso, IL: Author.

⁸⁰ Housing Opportunities. (2011, February). [PIT Porter County April 27 2010]. Unpublished raw data.

⁸¹ Housing Opportunities. (2011, February). [PIT Porter County April 27 2010]. Unpublished raw data.

⁸² Professional Research Consultants. (2005). *Epidemiology report on the health concerns of northwest Indiana*. Omaha: Author.

⁸³ Indiana Coalition Against Domestic Violence. (2010, June). *Program statistics: July, 1 2009 –June 30, 2010*. Indianapolis, IN: Author.

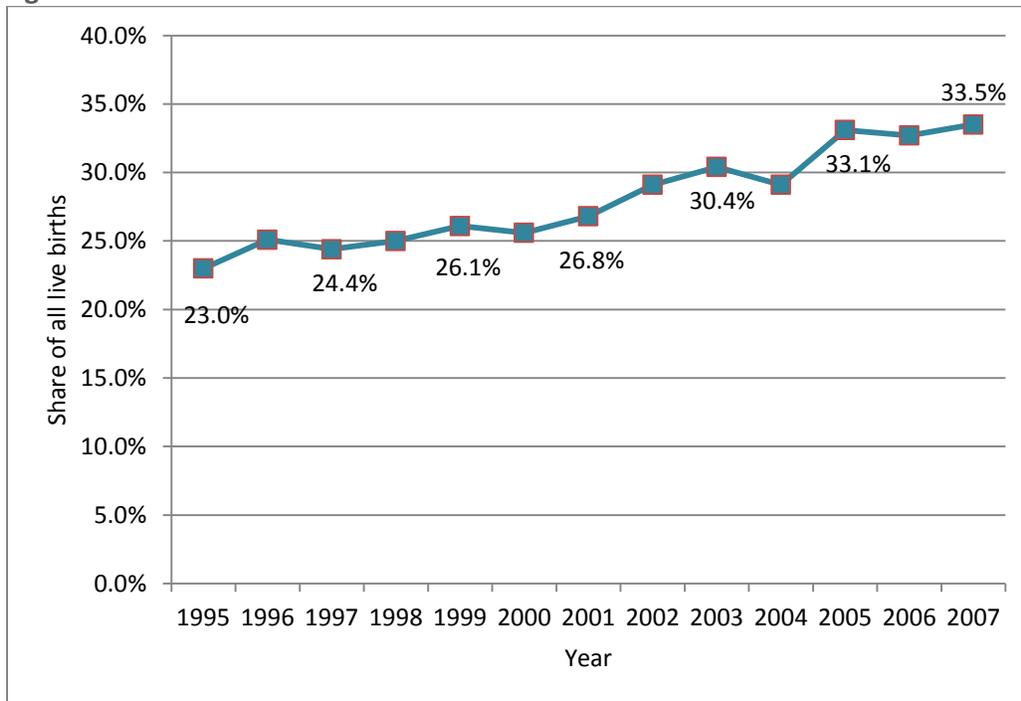
❖ Single Parenthood

Poverty rates for single mothers are far higher than for married-couple parents, indicating the importance of having two incomes to meet the cost of living in the county. This problem is even more prevalent among single teen parents. Especially for those without a high school degree, finding higher-paying employment to support themselves can be challenging and they must often rely on their support system to help with childcare.

Over 17,000 families in Porter Counties have children under 18. Of these, 4,023 families (23.2 percent) with related children under 18 are run by a single head of household; 4.3 percent are run by a male householder and 18.8 percent are run by a female householder.⁸⁴ Single-mother households have the highest poverty rate (20.4 percent), while 7.6 percent of single-father families and 17.1 percent of married-couple families with children are poor.⁸⁵

In 2007, 33 percent of all births in Porter County were to a non-married mother, a 10.5 percentage point increase from 1995.⁸⁶ Seventy-one of these births were to single mothers under the age of 20 without a high school diploma.⁸⁷

Figure 12: Percent of Live Births with Unmarried Parents



The housing needs of single parents are similar to those of other low-income groups. However, there is a particular need for this group to be in good school districts, to retain stable, quality housing for the health and well-being of their children, and to receive adequate wages.

⁸⁴ U.S. Census Bureau 2009 American Community Survey 1-year estimates program.

⁸⁵ U.S. Census Bureau 2009 American Community Survey 1-year estimates program.

⁸⁶ The Annie E. Casey Foundation. (n.d.). *Kids count data center*. Retrieved May 11, 2011, from <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=IN&group=Grantee&loc=2355&dt=1%2c3%2c2%2c4>

⁸⁷ The Annie E. Casey Foundation. (n.d.). *Kids count data center*. Retrieved May 11, 2011, from <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=IN&group=Grantee&loc=2355&dt=1%2c3%2c2%2c4>

❖ Incarceration and Re-Entry into the Community

People who were incarcerated face a number of barriers to successful reintegration into the community. In 2010, 90 people from Porter County were admitted to a state corrections facility, most of them adults.⁸⁸ In Indiana, people who have a drug-related felony on their record are not able to access the Supplemental Nutrition Assistance Program (Food Stamps) or TANF for the rest of their lives.⁸⁹ In addition, people with prior criminal convictions cannot have their felony expunged (removed from their record) in Indiana.⁹⁰ This can make it extremely difficult to rent an apartment since many landlords perform background checks and are unwilling to rent to people with a record.

Information from 15 corrections facilities in Indiana shows that 34 percent of prisoners were deemed illiterate.⁹¹ Low educational attainment is another barrier to successful reintegration; without the ability to secure a job, it can become nearly impossible to pay rent.

When someone is discharged from a correctional institution, they are returned to the county where the crime was committed. In Indiana, there are numerous institutions from which people are returned to Porter County. In 2010, there were 143 prisoners released from Indiana Department of Corrections facilities across the state back into Porter County.⁹² Most of those released were adults.

Housing Unit Factors

The existence of appropriate types of housing, as well as housing affordable to people with different income and wage levels, is key to preventing and ending homelessness in Porter County. This sections looks at housing stock and affordability in Porter County.

❖ Housing Stock

There are a total of 61,645 occupied housing units in Porter County; 14,297 (23.2 percent) are renter occupied and 47,348 (76.8 percent) are owner occupied.^{93 94} There are 4,947 vacant housing units. The vast majority of housing in Porter County is single unit (e.g. single family home) (Figure 13).⁹⁵ Only 17.2 percent of housing has 2 or more units (such as a duplex or apartment building) and 4.7 percent are mobile homes. Multi-unit housing can be more affordable due to lower taxes and can also offer a more maintenance-free lifestyle for certain populations such as seniors.

⁸⁸ Indiana Department of Corrections. (2010). *Indiana Department of Corrections: 2010 new admissions*. Indianapolis: Author.

⁸⁹ Legal Action Center. (2004). *After prison: Roadblocks to entry*. Washington, DC: Author.

⁹⁰ Indiana Legal Services. (2004, October). *What is expungement?* Retrieved May 11, 2011, from http://www.indianajustice.org/Data/DocumentLibrary/Documents/1098360036.49/view_article_publicweb?topic_id=2040000

⁹¹ Indiana Department of Corrections. (2010). *Snap shot adult education: IDOC school year 2008-2009*. Retrieved May 5, 2011, from <http://www.in.gov/idoc/2319.htm>

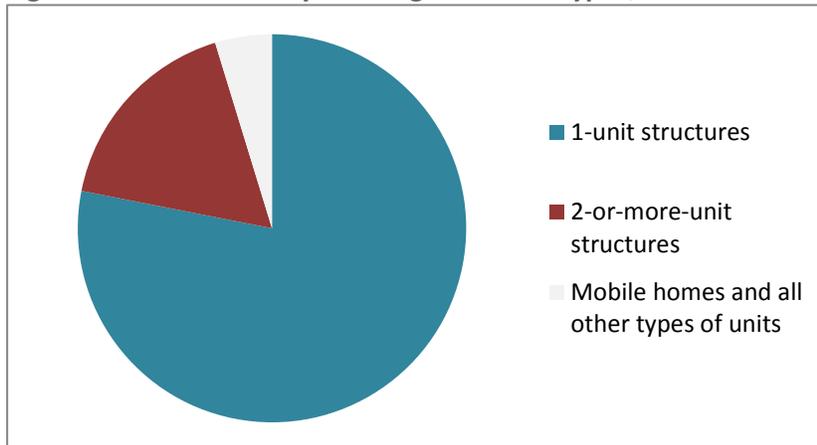
⁹² Indiana Department of Corrections. (2010). *Indiana Department of Corrections: 2008 releases*. Indianapolis: Author.

⁹³ The U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

⁹⁴ A housing unit is owner occupied (owner housing) if the owner or co-owner lives in the unit. A unit is considered renter occupied (rental housing) if no owners lives there and the unit is rented for cash rent or occupied without payment of cash rent.

⁹⁵ The U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

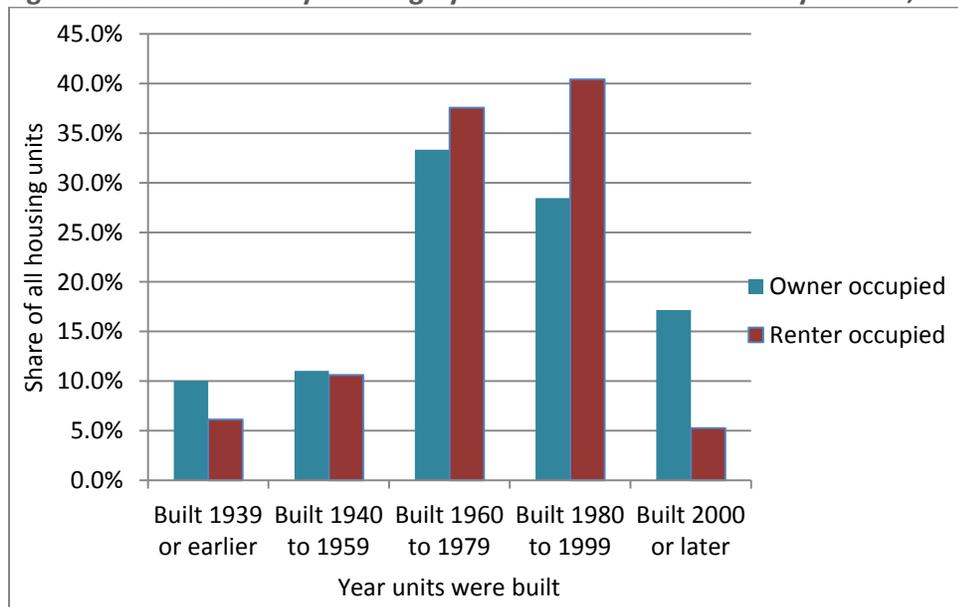
Figure 13: Porter County Housing Structure Types, 2009



Housing in Porter County is generally in good condition, though a small portion of the stock is not adequate. Nearly 300 housing units in the county lack complete plumbing facilities, meaning they do not have hot and cold piped water, a flush toilet, or a bathtub or shower in the unit. Nearly 300 housing units lack complete kitchen facilities, meaning they lack a kitchen sink, a stove, and a refrigerator in the unit – most likely the same units as those without complete plumbing.⁹⁶

The majority of housing units in Porter County were built between 1960 and 1999. Newer construction is much more likely to be owner-occupied housing (Figure 14).⁹⁷

Figure 14: Porter County Housing by Year Structure was Built by Tenure, 2009



Nearly 1,070 households in Porter County are living in crowded conditions.⁹⁸ A housing unit is considered crowded if there is more than 1 person per room. Renter households have much higher

⁹⁶ The U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

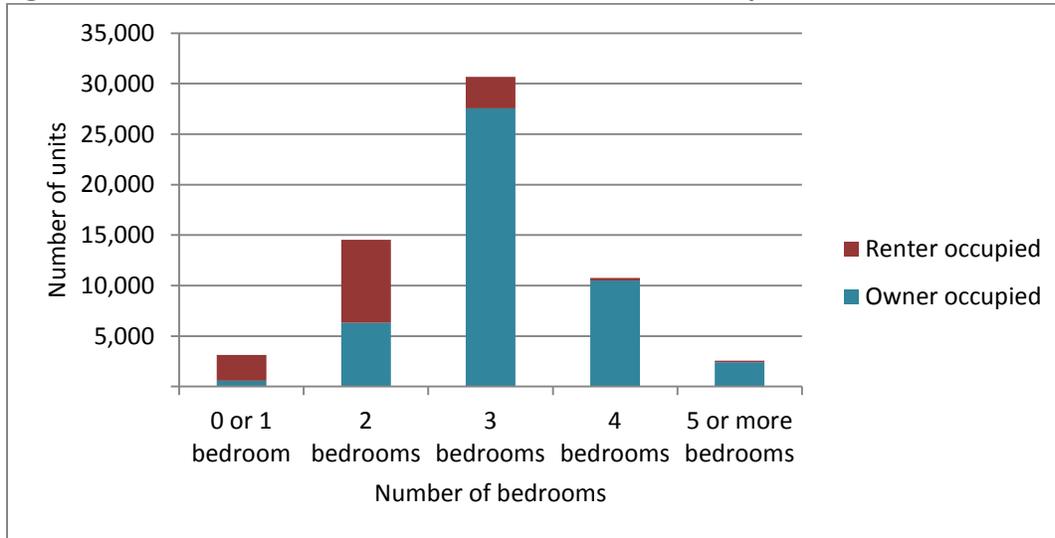
⁹⁷ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

⁹⁸ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

rates of crowding than owner households. In Porter, 7.7 percent of all renter households are crowded and 0.8 percent of owner households are crowded.⁹⁹

The average household size is 2.75 people for owner occupied units and 2.12 people for renter occupied units. Owner occupied units in the county are far more likely than rental unit to have 3 or more bedrooms. Most rental units have two bedrooms or less (Figure 15), indicating a lack of rental units for housing larger families.

Figure 15: Number of Bedrooms in Renter and Owner Occupied Units



The distribution of housing stock varies by city and town across the county, with the most units in Portage and Valparaiso and the fewest units in Pines and Dune Acres (Table 12). Valparaiso by far has the most rental housing, with 42.1 percent of housing units identified as rental. More than half of the cities and towns have less than 20 percent of their housing stock as rentals.¹⁰⁰

Table 12: Housing Information by City and Town, 2005-2009 5-Year Estimates

	Total Housing units	Vacant units	Owner occupied	Renter occupied
Portage	15,057	745	70.8%	29.2%
Valparaiso	13,102	996	57.9%	42.1%
Chesterton	5,377	209	70.5%	29.5%
Lakes of the Four Seasons	2,667	132	97.4%	2.6%
Porter	2,352	190	70.1%	29.9%
Hebron	1,601	88	72.4%	27.6%
Kouts	815	53	85.0%	15.0%
Ogden Dunes	696	130	93.6%	6.4%
Beverly Shores	639	251	83.8%	16.2%
Burns Harbor	439	68	95.4%	4.6%
Pines	389	65	80.9%	19.1%
Dune Acres	168	51	94.0%	6.0%

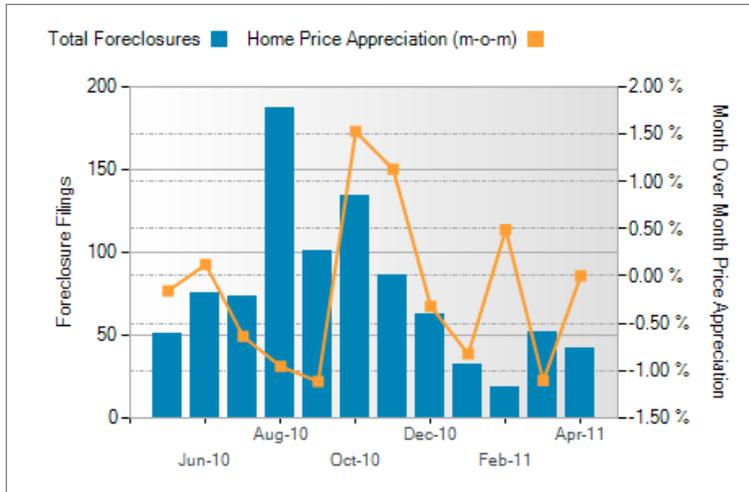
⁹⁹ Social IMPACT Research Center’s analysis of the U.S. Census Bureau’s 2009 American Community Survey 1-year estimates program.

¹⁰⁰ The U.S. Census Bureau’s 2005-2009 American Community Survey 5-Year estimates program.

❖ Foreclosures

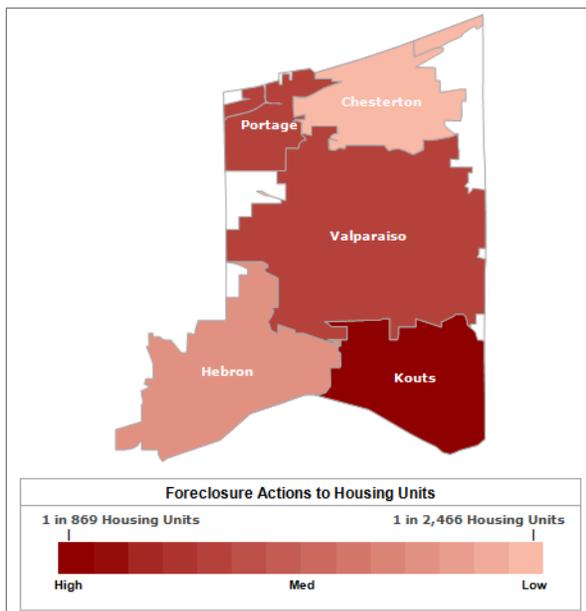
Foreclosures have implications beyond displacement of families. Foreclosures negatively impact surrounding home values. The declining value of the foreclosed home and surrounding homes leads to less tax revenue when properties are reassessed, leaving less revenue to support schools and other community services. When a foreclosed home remains vacant, municipalities do not receive sewer and water revenue on that home resulting in a further erosion of revenue. Foreclosures push families into an already tight rental market.

Figure 16: Foreclosure Activity and Home Price Index, Porter County



Recent foreclosure activity in Porter County has fluctuated substantially within the last year and a half, with almost 200 foreclosure filings in August of 2010 to fewer than 25 in February 2011 (Figure 16). Forty-two properties in Porter County received a foreclosure filing in April 2011 (Figure 17).¹⁰¹

Figure 17: April 2011 Foreclosure Rate Heat Map



¹⁰¹ Data and graphics from RealtyTrac. (2011, July). *Porter County, IN real estate trends*. Retrieved May 17, 2011, from <http://www.realtytrac.com/trendcenter/default.aspx?address=Porter%20county%2C%20IN&parsed=1&cn=porter%20county&stc=in>

❖ Housing Affordability

Having an adequate supply of affordable housing is vital for reducing homelessness and housing instability for low-income households. Although the housing market has slowed down recently, the serious affordability challenges that low- and even moderate-income families face in Porter County have not been resolved. High housing costs, coupled with stagnating or declining incomes and earnings, result in housing becoming more unaffordable. Housing costs are considered affordable if they consume less than 30 percent of a household's income.¹⁰²

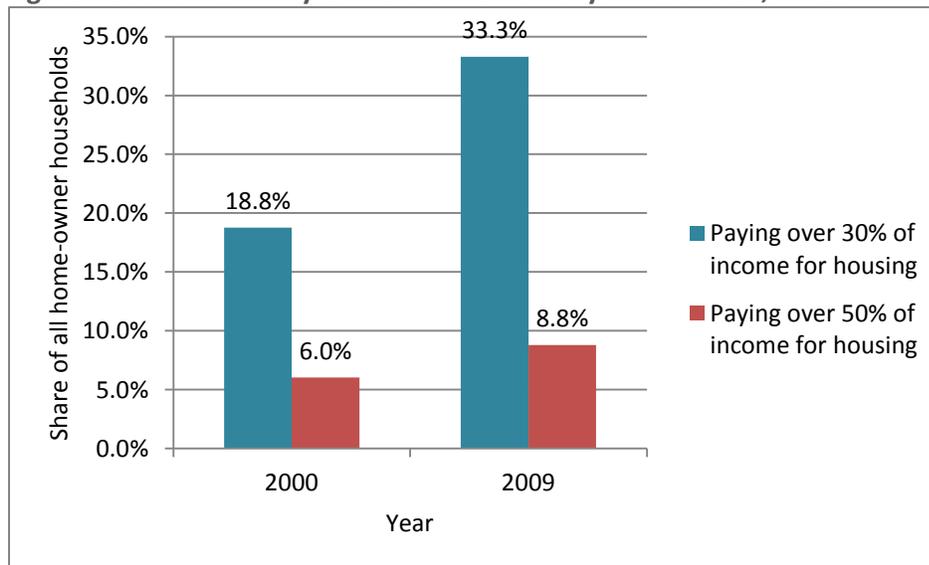
An analysis of Fair Market Rents reveals that rents rose by 38 percent in Porter County from 2000 to 2011.¹⁰³ The 2009 Fair Market Rent (FMR) for a two-bedroom unit in Porter County is \$815. In Porter County, workers need to earn nearly \$16.00 an hour to afford a two-bedroom apartment at the FMR. A worker who gets paid Indiana's minimum wage of \$7.25 an hour would need to work 87 hours a week in Porter to be able to afford a two-bedroom apartment at the FMR (Table 13).¹⁰⁴

Table 13: Porter County Rent Affordability, 2011

Fair Market Rent (FMR) for 2BR	Estimate of Mean Renter Hourly Wage	Wage Needed to Afford 2BR FMR	Work Hours per Week at IN Min. Wage to Afford 2BR FMR
\$815	\$9.69	\$15.67	87

Households are considered cost burdened when they spend 30 percent or more of their income for housing. Among all Porter County households, 76.8 percent own homes.¹⁰⁵ From 2000 to 2009, the share of homeowners paying over 30 percent of their income toward housing costs increased by almost 14.5 percentage points to one third of homeowners (33.3 percent) (Figure 18).¹⁰⁶ This change left families with less money for other essential such as food, medication, and transportation.

Figure 18: Porter County Owner Households by Cost Burden, 2000 and 2009



¹⁰² U.S. Department of Housing and Urban Development. *Affordable Housing*. Retrieved January 22, 2012, from <http://www.hud.gov/offices/cpd/affordablehousing/>

¹⁰³ Social IMPACT Research Center's analysis of National Low Income Housing Coalition. (2011 and 2000). *Out of reach 2010 and 2000*. Washington, DC: Author.

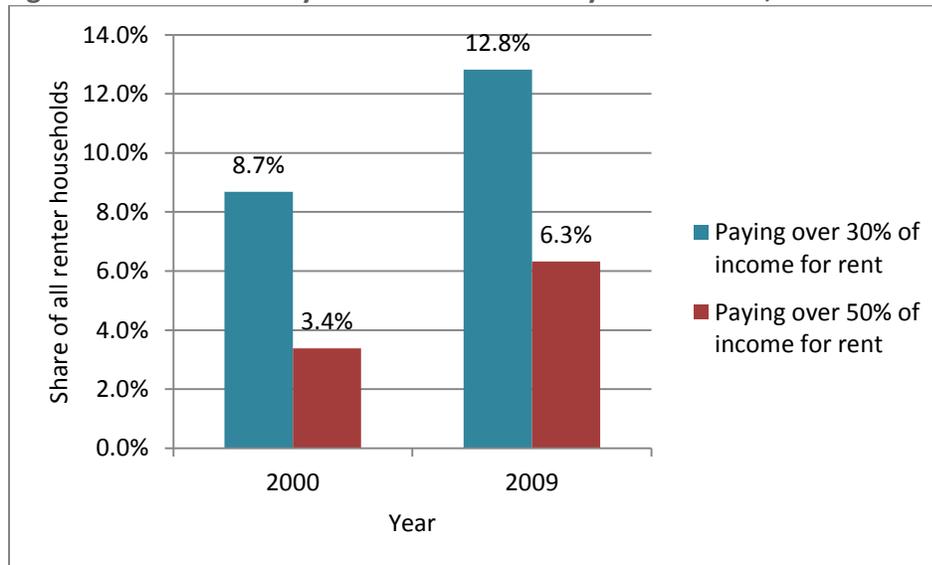
¹⁰⁴ Social IMPACT Research Center's analysis of National Low Income Housing Coalition. (2011 and 2000). *Out of reach 2010 and 2000*. Washington, DC: Author.

¹⁰⁵ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

¹⁰⁶ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2000 Census and 2009 American Community Survey 1-year estimates.

The remaining 23.2 percent of households rent. In 2009, 12.8 percent of all renter households were paying over 30 percent of their income toward rent.¹⁰⁷

Figure 19: Porter County Renter Households by Rent Burden, 2000 and 2009



In Porter County, 18 percent of renter families are poor. Renter families are 9 times as likely to be poor as owner families. Of all families that are poor in Porter, 64 percent are renter households and the remaining 36 percent are owner households.¹⁰⁸

One of the most common living situations prior to entering homelessness is living with friends or family due to economic need, known as doubling up. In 2009, 110,924 people were living doubled up in Indiana, up 15.9 percent from 2008.¹⁰⁹

❖ Affordable Housing Inventory

The federal government provides housing assistance to low-income renters, largely through public housing, tenant-based subsidies, and project-based subsidies. These programs are for low-income tenants who generally pay rent equal to 30 percent of their incomes, with the government paying the rest.

- There are 2,233 subsidized housing units in Porter County.^{110 111}
- Eleven percent (245) of these subsidies are scheduled to expire by December 2015, putting affordable rental housing at risk if those units are returned to market rate rents.¹¹²

In addition to housing subsidies, there are also temporary shelter, transitional shelter, and permanent supportive housing units that are operated by various agencies and organizations throughout Porter County (Table 14).¹¹³

¹⁰⁷ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

¹⁰⁸ Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2009 American Community Survey 1-year estimates program.

¹⁰⁹ National Alliance to End Homelessness. (2011, January). *State of homelessness in America 2011*. Retrieved May 5, 2011, from <http://www.endhomelessness.org/content/article/detail/3668>

¹¹⁰ BBC Research and Consulting. (2010, April). *State of Indiana consolidate plan*. Denver: Author.

¹¹¹ These units include Public Housing units, Section 8 Housing Choice Vouchers or Certificates, Section 8 Moderate Rehabilitation units, Section 8 New Construction or Substantial Rehabilitation (including 202/8 projects) units, Section 236 Projects (FHA-Federal Housing Administration), Low Income Housing Tax Credit units and all other multifamily assisted projects with FHA insurance or HUD subsidy (including Section 8 Loan Management, Rental Assistance Program (RAP), Rent Supplement (SUP), Property Disposition, Section 202/811 capital advance, and Preservation.

¹¹² BBC Research and Consulting. (2010, April). *State of Indiana consolidate plan*. Denver: Author.

Table 14: Available Homeless System Beds in Porter County

BEDS	2011
Shelter individual beds	27
Shelter family beds	33
Transitional housing individual beds	2
Transitional housing family beds	68
Permanent supportive housing individual beds	17
Permanent supportive housing family beds	75
Total beds	222

Transitional housing is affordable housing that is time-limited, meaning the family or individual can only live there for a certain period of time. During their stay in transitional housing, an individual or family can receive supportive services that will ready them to move into a permanent housing unit. In Porter County, there are 70 transitional beds (not including halfway house beds), with the majority reserved for families.

Permanent supportive housing is affordable housing for homeless persons with disabilities that is not time-limited and is linked with case management services that enable residents to remain housed. Residents generally are required to pay no more than one third of their income for the housing. Supportive housing providers offer case management, which includes life skills training and linkages to other needed services such as physical and mental health services, substance use treatment and support, and employment services. In 2011 there were 92 permanent supportive housing beds in Porter County.

The trends described in this section, which are often out of the control of those experiencing them, profoundly influence housing stability. Stable housing is a basic human need. Lack of stable housing makes functioning as a productive member of society –finding and holding a job, accessing education, taking care of health and family needs—difficult, if not impossible.

It is important that communities develop the capacity to plan for and respond to the needs of those facing homelessness and those at risk of becoming homeless. With its Plan to End Homelessness, Porter County is developing solutions in the face of the many barriers and challenges described here.

¹¹³ Housing Opportunities. (2011, May). [HIC Chart by Region May 11 2010, R1 as of January 28, 2011]. Unpublished raw data.

KEY COMMUNITY INPUT FINDINGS FOR THE PLAN

A plan to end homelessness is only as strong as the community that stands behind it. To ensure that such a plan is most effective, community members must be engaged in identifying barriers to housing. From initial concept to final plan, the Porter County process included a diverse cross-section of the community.

Community input was solicited for the Porter County Plan to End Homelessness in four key ways:

1. In-depth **interviews** were conducted with 10 key stakeholders, including business leaders, elected officials, municipal employees, faith-community representatives, law enforcement personnel, and service providers in the homeless and health care arenas.
2. A **focus group** was held with Porter County residents who were experiencing homeless, had experienced homelessness, or were at risk of becoming homeless.
3. The Porter County Community Foundation hosted an interactive **lunch event with the 5 chambers of commerce** in the county. Approximately 100 people attended. Members of the Valparaiso chamber comprised 74 percent of attendees, and most of the rest came from the Portage chamber and the Chesterton/Duneland chamber.
4. An **electronic survey** was distributed to residents on the mailings lists of Porter County Community Foundation, United Way of Porter County, and Housing Opportunities. Ninety-five people responded, 35.8 percent of who provide a wide spectrum services, including case management, employment, food assistance, legal aid, emergency shelter, and homeless prevention. The rest of the survey respondents included interested residents, funders, and government officials. All of the tables and figures in this chapter are from the survey responses. Many of the questions reported in here were only asked of the service providers.

The results of this community input is summarized in terms of three key themes: trends impacting homelessness in Porter County, barriers to ending homelessness, and opportunities and solutions for ending homelessness.

“Because homelessness can be caused by a variety of issues including substance abuse, mental health, job loss and others, it is vital that a community wide, coordinated approach to homelessness be developed.” *Community member*

“There is as [sic] great need to have a coordinated effort in a 10-year plan to end homelessness in Porter County. There are currently too many piece-meal programs operating, many of them well meaning, that only result in a band-aid approach to the problem. A serious effort to address this problem requires at least a more coordinated effort to be more effective and eliminate duplication.” *Community member*

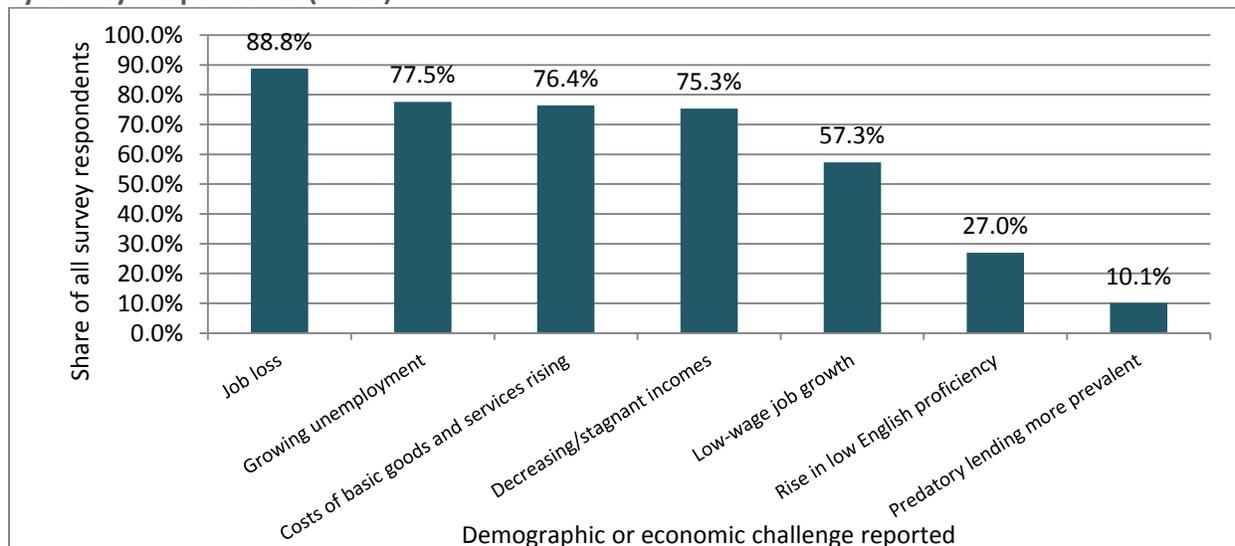
Key Trends Impacting Homelessness in Porter County

Overall, stakeholders agreed on the causes and consequences of homelessness in Porter County over the last decade. Specifically, they report the following:

- The number of people living in poverty is increasing.
- The only shelter for men in the county is regularly full.
- New Creations men’s day center had a tent city in 2010 with people camping outside in tents who were in need of shelter. That would not have happened 10 years ago.
- The number of single parents (especially women) experiencing homelessness has increased; the number of couples who are experiencing homelessness and who have one partner with a serious mental illness has also increased.
- The homeless system frequently serves parents who have lost custody of their children and lost their housing, and subsequently, have been placed in housing that cannot accommodate their children once they become stable and can regain legal custody of their children.
- The number of people “crashing” on other’s couches and living doubled up with other households has increased.
- There are long waiting lists for the affordable housing units that exist in the county.
- The homeless system is serving more people with mental illness.

Stakeholders agreed that the weak economy contributed to these conditions. They reported that many families must work two or three jobs to make ends meet, and that those who lose a job are at higher risk of experiencing homelessness. Low-wage employees are the most likely to have their jobs or hours cut. Those able to find work after a layoff are often hired at a lower wage. A reduction in hours or a job less can often push families who were marginally surviving before the economic downturn into homelessness.

Figure 20: Demographic and Economic Challenges in Porter County in the last 5 years as Reported by Survey Respondents (N=89)

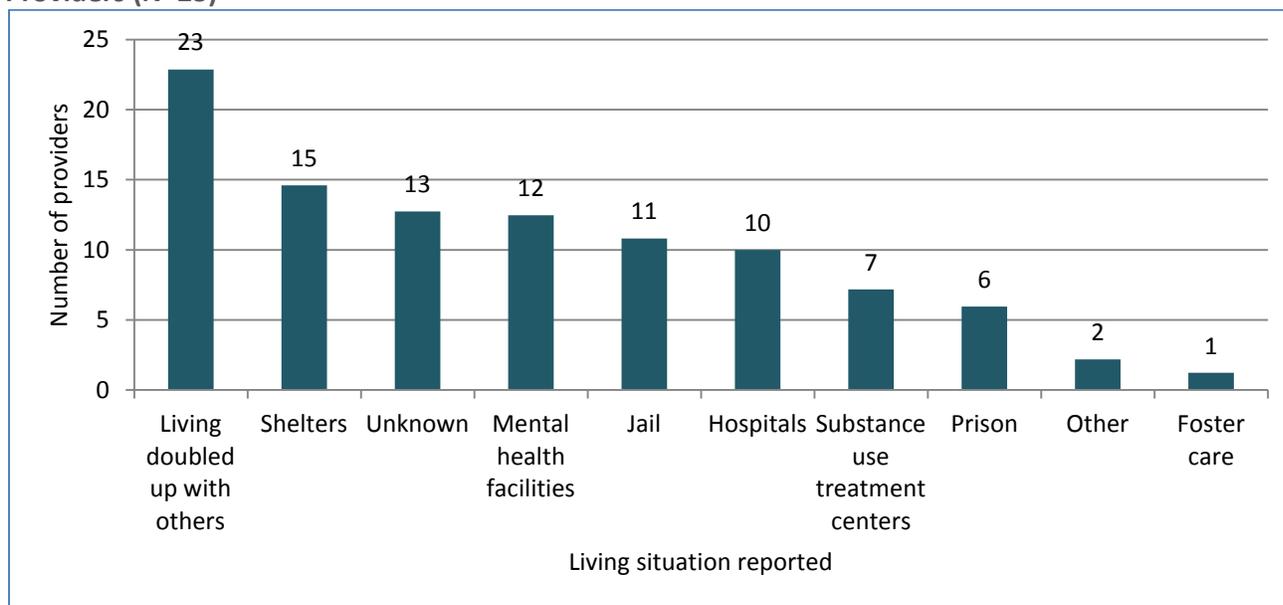


The growth in foreclosures has led to more people doubling up in housing. Identifying and reaching out to doubled-up people those who are housed so precariously is challenging. Most do not report their condition for fear of landlord retaliation or child welfare intervention. Multi-family housing such as apartments and townhomes is often the most affordable option for people with low wages or financial hardship; however, most Porter County communities lack multi-family housing or are working to prohibit expansion of multi-family housing.

Stakeholders also reported that inability to access healthcare exacerbates homelessness. When a family member lacks the resources or access to quality healthcare, their health may suffer, their ability to work is diminished, and their healthcare costs may increase. These conditions may drain a family’s resources, reducing its ability to pay for housing. One stakeholder reported that there was a shortage of primary care providers in Porter County, and that some existing providers have become reluctant to accept patients who pay out-of-pocket or with Medicaid. While organizations like HealthLinc Community Health Services, NorthShore Health Centers, and Porter-Starke Services exist to serve people without health insurance, their capacity is limited and their funding for providing mental health services has been reduced.

The majority of homelessness services providers who responded to the survey reported that they had some clients who became homeless after living doubled up with other families. Most providers also reported that some of their clients had lived in institutions—such as mental health facilities, jails or prisons, hospitals, substance abuse treatment facilities, or foster care facilities—before becoming homeless. Providers reported that the closure of institutions contributed to homelessness, forcing residents to leave their institutions with no alternative place to stay and no clear discharge planning process designed to prevent homelessness.

Figure 21: Living Situation Prior to Becoming Homeless as Reported by Homelessness Services Providers (N=23)



Stakeholders also reported that social and behavioral factors contributed to homelessness, including changes in the American family structure, drug issues, rising out-of-wedlock birth rates, low graduation rates, and lack of work readiness.

Survey respondents reported that Porter County residents who have previously or are currently experiencing homelessness report a number of reasons for their homelessness when they entered the homeless system. Having low incomes, lacking job skills and receiving low pay come up as key factors. Additionally they cite bad credit, substance use, domestic violence, criminal records, and disabilities, including mental illness and physical impairments, as contributing factors.

Table 15: Top Reasons People Experience Homelessness in Porter County (N=26)

Personal Reasons		System/Structural Reasons	
Inadequate income	92.3%	Lack of good paying jobs	73.1%
Lack of job skills	73.1%	Lack of affordable housing	65.4%
Credit problems	61.5%	Transportation issues	57.7%
Substance use issues	53.8%	Long housing waiting lists	46.2%
Domestic violence	46.2%	Limited supply of housing for families	30.8%
Criminal record/felony convictions	38.5%	Lack of housing with supportive services	23.1%
Disability	38.5%		

Challenges to Ending Homelessness

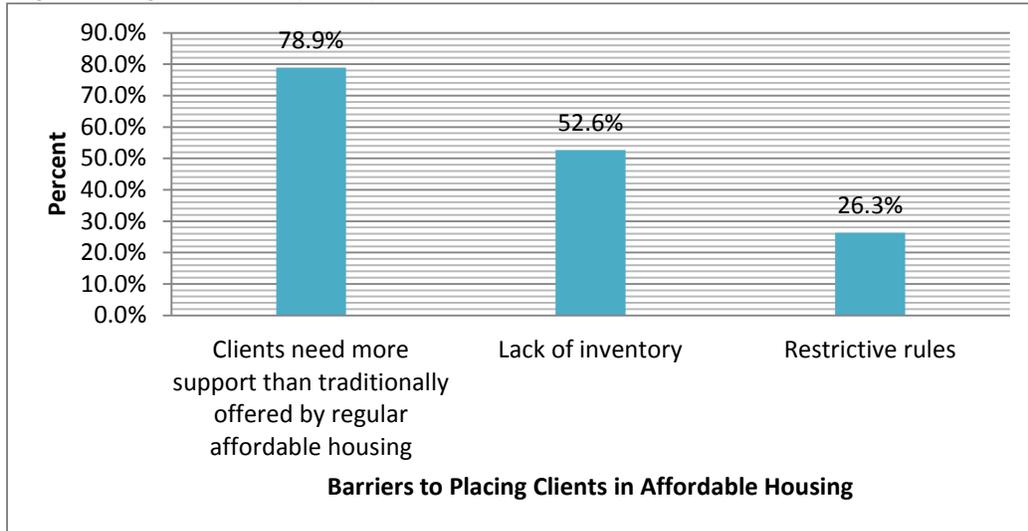
Stakeholders agreed that Porter County lacks enough affordable and transitional housing to help residents experiencing homelessness move into permanent housing. Additionally, they identified economic challenges, supportive services challenges, capacity, issues and community barriers to moving residents experiencing homelessness into permanent housing.

Housing Challenges

Stakeholders reported that the number of people requesting housing assistance exceeds the amount of housing assistance (i.e., the number of housing units and vouchers) available. Additionally, they reported that multiple factors complicate placement of people into housing that is available.

Nearly all providers (94.4%) reported that it is ‘very difficult’ or ‘difficult’ to place their clients in affordable housing in Porter County. Among these providers reporting difficulty placing people, 78.9 percent reported that placement is very difficult or difficult because their clients need more supportive services than offered by available affordable housing units, and 26.3 percent reported that restrictive eligibility, funding and tenancy rules make placement difficult or very difficult; 52.6 percent reported that lack of affordable housing units (i.e., inventory) makes placement difficult or very difficult. As a result, some providers end up placing clients in housing outside of Porter County when necessary.

Figure 22: Barriers to Placing Clients in Adequate Affordable Housing in Porter County as Reported by Providers (N=19)



Stakeholders reported that the following factors complicate placement of people into housing that is available:

- Some stakeholders were concerned that increased crime and police presence will follow people formerly experiencing homelessness who settle in or near residential neighborhoods. Property managers are concerned about their ability to enforce leases and ensure peace, safety, and security at properties where people formerly experiencing homelessness reside.
- Landlords and property managers are often reluctant to rent to people with mental illness, bad credit, and criminal records. Additionally, they often require a one-month security deposit that is difficult for people experiencing homelessness to provide.
- Challenging clients – described by stakeholders as previous state hospital patients and group home residents – are especially hard to place in housing.
- The typical 60-day limit for transitional housing is not enough time to stabilize a person’s life in this economy.

In addition to factors that complicate placement of people into housing that is available, providers reported that the number of people requesting housing assistance exceeds the amount of housing assistance available. Providers reported that 800 people requested some form of housing assistance within the last year but that they lacked the capacity to provide this assistance (Table 16).

Table 16: Number of People who Requested Housing Assistance within the Last Year but for whom Housing Assistance was Not Available as Reported by Providers (N=16)

Supportive Housing	265
Housing Vouchers	227
Emergency Shelter	181
Transitional Housing	127

Specifically, providers identified shortages of the following types of housing in Porter County:

- Low-demand housing for mental illness/substance use clients (e.g., Safe Haven)
- Emergency shelter
- Transitional housing
- Supportive housing for single individuals
- Supportive housing for families
- Permanent affordable housing

Providers reported the following reasons why the number of people requesting housing assistance exceeds the amount of housing assistance available:

- Shortage of funds to subsidize housing units
- Shortage of funds to provide services that help people move into permanent housing
- Difficulty finding a facility that fit the person's needs
- Lack of capital to invest in a new facility
- Zoning that restricts development of a new facility
- High property taxes

Other stakeholders reported additional reasons:

- Resistance to the development of more rental housing has appeared in some cities. Resistance is greatest in cities like Valparaiso, with the best transportation and other services.
- Hotels that once housed people without permanent homes have been closing down.
- Temporary shelters operated by churches relocate frequently, making them unattractive to people experiencing homelessness who must move their belongings.

Economic Challenges

Stakeholders agreed that limited availability of jobs, particularly jobs that pay living wages, is a significant barrier to ending homelessness. They reported that there are very few employment programs in Porter County targeted at people experiencing homelessness or at risk of becoming homeless. Stakeholders stated that placing people with a mental illness in employment is especially challenging, as employers feel safer hiring people with developmental disabilities than people with a mental illness or other disability.

Focus group participants who were experiencing homelessness pointed out that some public benefits programs penalize adults for working. For example, when one participant took a job, her children lost their Medicaid benefits. In addition, lack of affordable childcare was a substantial barrier to employment for households with children. Stakeholders also reported that there are no financial counseling services to help them learn make ends meet on low incomes.

Supportive Service Challenges

Service providers reported that the number of people who requested five key services in the last year was greater than the number of people to whom they could provide the services. These included financial assistance, mental health care services, homeless prevention funds, health care services, and outreach to unsheltered people (Table 17). The most important reasons that need for these services exceeded their capacity to provide them were lack of funding, breadth of needs, limited staff capacity, and eligibility criteria (Table 18). Stakeholders also stated that coordination of services among providers should be improved.

Table 17: Number of People who Requested Services within the Last Year but from whom Services were Not Available as Reported by Providers (N=16)

Financial Assistance	210
Mental Health Care Services	155
Homeless Prevention Funds	137
Health Care Services	60
Outreach to Unsheltered	35

Table 18: Barriers to Offering Services to All who Request Them as Reported by Providers (N=28)

Lack of Funding to Expand Programs	60.7%
Breadth of Client Needs	57.1%
Staff Capacity	50.0%
Eligibility Criteria Dictated by External Requirements	35.7%

The vast majority of providers believe that mental health and medical care, substance use treatment, income supports, and job training and search services should be available to more people experiencing homelessness.

Stakeholders emphasized the importance of mental health services, as mental illness is a common barrier to ending homelessness. Services to ensure that clients take prescribed medication are especially important. Stakeholders also stated that providing mental health services for clients with dual mental-health and substance-abuse diagnoses is especially challenging.

Stakeholders identified other supportive service challenges:

- Focus group members who had experienced homelessness reported that lack of a safe place to gather during the day after the shelters close in the morning is a barrier to ending homelessness.
- While faith-based organizations have become involved, there was a sense of the need for greater collaboration and extending outreach directly to congregants within the faith community.
- There are significant barriers to transportation access given the limited public transportation that exists, and the prohibitive cost of owning a car for many low-income Porter County residents, making it hard to get to jobs and to services.

- Institutions such as mental health facilities, substance abuse treatment facilities, jails, and prisons should help plan for housing of residents before they are released. Far too often, residents who leave these institutions are released and left to fend for themselves.

Stakeholders recognized that the unique circumstances of individuals and families preclude “one size fits all” solutions to end homelessness. Individuals and families experiencing homelessness or at risk of becoming homeless need assessment and programs tailored to their unique situations.

System Barriers

Focus group members who had experienced homelessness encountered the following barriers to obtaining the help they needed:

- Trouble getting referred to the correct agency
- Each agency required them to fill out laborious paperwork
- Each agency required them to assemble multiple documents demonstrating their eligibility for services (e.g. Social Security Card, case numbers in legal proceedings, birth certificates)
- They lacked a telephone to make initial contact and follow up with agencies
- They lacked transportation to the agencies

Focus group members reported that each agency required them to jump through a series of hoops to access services and housing, and that going through this process multiple times compounded their stress and feelings of helplessness.

Focus group members who had experienced homelessness identified legal assistance and medical care as critical services but very difficult for them to access.

- Legal assistance in evictions and other proceedings may prevent homelessness; however, focus group members described finding an affordable or pro bono attorney as a huge struggle.
- Healthcare, medical supplies and medication are cost-prohibitive for most people experiencing homelessness. One focus group member described having to choose between eating and filling a prescription. For people with a chronic physical or mental illness, lack of health care heightens the crisis brought about by homelessness.

Organizational Capacity to Address Homelessness

Most stakeholders agreed that agencies in Porter County are working diligently to serve the growing needs of the County’s homeless population. The expansion of the men’s shelter, the reopening of Spring Valley, and expanded services at HealthLinc reflect efforts to expand capacity. Stakeholders acknowledged that there is both a shortage of funds to meet the growing service and housing needs of people experiencing homelessness and people at risk of becoming homeless and unnecessary duplication of programs targeting this population. Stakeholders advised weighing the pros and cons of creating a new non-profit to deliver services versus adding a new program within an existing agency to fill the service gaps. While they recognized that agencies have their hands full

addressing the needs of those experiencing homelessness, stakeholders agreed that agencies should shift their focus “upriver” to homelessness prevention.

Stakeholders expressed concern that the shelter system in the county, for which multiple churches trade off responsibility, is unsustainable. The shelter, which “rotates” among churches, overburdens the smaller congregations and only a relatively small number of volunteers from each church are participating.

Community Barriers

Stakeholders varied in their opinion as to how well-informed Porter County residents are about homelessness and on how committed they are to ending homelessness:

“I never knew about homelessness before this happened to me.”

Porter County resident who formerly experienced homelessness

- Some stakeholders stated that residents are unaware of or in denial about extent of homelessness in Porter County.
- Some stakeholders suggested that residents lack compassion for people experiencing homelessness; believe that negative effects are associated with housing and services for people experiencing homelessness; and are unwilling to commit funds to eliminate homelessness.
- Some stakeholders believed awareness of homelessness was growing but still had a long way to go.
- No stakeholders believed that the community was sufficiently aware of or engaged in ending homelessness.

Focus group members who were experiencing homelessness felt that other Porter County residents often look upon them negatively and judge them harshly (one described being treated like a “cockroach”). They felt that other residents wrongly believe that they choose homelessness and have no desire to improve their lives.

“This is not what I want. I want to get on my feet. I don’t want to be here.”

Comment from a Porter County woman who is currently experiencing homelessness

The recent location of the Spring Valley shelter in Valparaiso, the closing and reopening of Spring Valley, and the tent city that developed behind the New Creations day center raised awareness of homelessness in Porter County. The tent city evoked opposition from some Porter County residents; the reopening of Spring Valley evoked support, although some stakeholders expressed concern that support would disappear since Housing Opportunities has committed to operating the facility.

Stakeholders identified multiple misperceptions held by Porter County residents that represent obstacles to ending:

- Affordable housing results in higher crime rates.
- Affordable housing results in lower property values.

- The cost of subsidized housing for renters is lower in Porter County than in surrounding counties. Consequently at-risk people move to Porter County for subsidized housing, lose their jobs, and become homeless.
- Affordable housing means the kind of high-rise public housing developments once seen when driving to downtown Chicago.
- People experiencing homeless from outside Porter County, including former public housing residents from Chicago, are “imported” into Porter County.
- People experiencing homeless come to Porter County to take advantage of services such as soup kitchens and shelters. If these services disappeared, people experiencing homelessness would also disappear.
- People experiencing homeless, especially the chronically homeless, choose their lifestyle.

Opportunities and Solutions for Ending Homelessness

While the barriers to ending homelessness seem formidable, the stakeholders and people experiencing homelessness identified proven solutions to ending homelessness. Stakeholders were asked to identify the three most important steps to ending homelessness in Porter County (Table 19).

Table 19: Top Ways to End Homelessness in Porter County (N=93)

Create more affordable permanent housing	46.2%
Help individuals to earn income through employment	41.9%
Provide additional funding for homeless services	37.6%
Increase availability of support services (healthcare, substance use services, etc)	29.0%
Create more transitional housing	29.0%
Establish emergency prevention funds	26.9%
Conduct more outreach to unsheltered homeless	17.2%
Help more people access to mainstream benefits	16.1%
Establish a central data management for the homeless system	15.1%
Create more subsidized public housing	9.7%
Improve discharge planning programs and policies	6.5%
Create more permanent supportive housing	5.4%

Housing Solutions

All stakeholders said that increasing the number of housing units affordable to people with low incomes is essential to ending homelessness. Nearly all attendees at the business forum (94 percent) felt that people should have the right to decent, safe, and sanitary housing. While all stakeholders stated that more emergency shelter and permanent locations for shelter sites are needed, focus group participants who had experienced homelessness emphasized the need for more permanent supportive housing units. They explained that time limits for staying in transitional housing do not afford people experiencing homelessness sufficient time to find permanent housing.

Additionally, all stakeholders stated that more housing units with sufficient space to accommodate families are needed.

In addition to increasing the number of affordable housing units, stakeholders stated that initiatives to prevent crime and promote good property management at affordable housing developments would be desirable. They proposed having discussions with landlords about renting to people experiencing homelessness and advocating that landlords rent to them. Finally, stakeholders saw a need to expand resources for rapid re-housing programs like the one Housing Opportunities currently administers so effectively to facilitate as quick as possible a transition from emergency shelter to permanent housing.

Economic Solutions

Stakeholders identified steps to increase the incomes of disadvantaged residents and help them manage their incomes:

- Create a HUD-certified credit counseling agency in Porter County that can provide advice on buying a home, renting, defaults, foreclosures, and credit issues.
- Create more higher-paying jobs.
- Improve the quality of pre-kindergarten through twelfth-grade education.
- Expand vocational and job-specific training, enabling Porter County residents to enter higher-paying jobs.

Services Solutions

Stakeholders identified steps to improve service delivery to people experiencing homelessness:

- Develop a full continuum of services model to bring clients into permanent housing with decent jobs and stable physical and mental health, integrating behavioral/mental health and primary care.
- Expand collaboration between programs and agencies facilitated by local funders.
- Agencies should create a central intake and assessment system. Through such a system, a client could enroll and begin receiving services at any location, and subsequently, receive services at a different location without undergoing the enrollment process again. A central computer system, a common intake form, and a common process for determining the services for which a client is eligible would be necessary for such a system.

If you had resources what would you do to end homelessness?

Quotes are from survey respondents

“Ensure all those able to work had a job, and those with mental health issues are provided a shelter to live in with supervision.”

“Identify all steps in the process for an individual to be successfully housed, and make sure all the non-profits are working together to avoid duplication of effort.”

“Provide a shelter facility for families that include men. We currently have very few resources for homeless men.”

“If I had a dollar to spend, I’d spend it on prevention.”

- Public and private agencies should provide information about services available for people experiencing homelessness through a comprehensive internet portal or a 211 phone line. The internet portal or phone line would incorporate prompts that direct people to the services more appropriate for them. Focus group members who had experienced homelessness stated that up-to-date information about services should also be available on paper.
- Agencies should provide more staff training and reduce case loads for their case managers. Focus group members who had experienced homelessness stated that case managers have a high burnout rate due to large case volume.
- Agencies should empower people experiencing homelessness to find permanent housing and hold them accountable for their behavior.

In addition to improving the delivery of services, stakeholders identified services they believe should be provided to more people:

- Create programs to prevent homelessness
- Expand affordable in-patient and out-patient mental and physical health care services.
- Provide assistance with the cost of prescriptions

Community Solutions

While stakeholders had varying perceptions on the extent to which Porter County residents are committed to ending homelessness, they agreed greater awareness and compassion for people experiencing homelessness would help them achieve this goal. Stakeholders hope that Porter County residents would be willing to devote more local/private funding to services for people experiencing homelessness in order to compensate for reductions in public funding for such services.

The Coalition for Affordable Housing was encouraged by community stakeholders to:

- Ensure its work covers the county and not just the city of Valparaiso.
- Educate Porter County residents about homelessness in order to increase their awareness of the problem and inspire them to finding solutions.
- Involve more public and private organizations in planning to end homelessness. The Coalition should seek involvement from police departments, businesses, school board representatives and other education leaders, local governments, Rotary Club members, Habitat for Humanity of Porter County, Valparaiso University leadership, Visiting Nurse Associations (VNAs), landlords and housing developers, and church members.

If you had resources what would you do to end homelessness?

Quotes are from survey respondents

“Provide people with basic skills they need to obtain better employment and plan for the future.”

“Create central hub for intake and direction to appropriate resources. Would include computer access, copier, phones for client use as needed for accessing services, transportation and case management on site; direct link to health and mental health providers for expedited services-avoid abuse of emergency room.”

Community education efforts could seek to:

- Counteract negative stereotypes and misconceptions about homelessness. Programs should explain how people become homeless and illustrate the difficulties that people experiencing homelessness face every day.
- Produce videos with people experiencing homelessness explaining how they became homeless, what kind of help they need to gain permanent housing, and how they are attempting to get out of their homeless situation.
- Highlight services aimed at preventing homelessness among those at risk of becoming homeless. Program could advertise these services through churches and social media.
- Encourage college and university students to take internships in which they work with service providers to address homelessness.

This community input ensured that the Porter County Plan to End Homelessness responds to real-life conditions in Porter County. It informed the Plan's goals and strategies, and it will help those who implement the Plan anticipate where negative stereotypes about homelessness or misconceptions about services for people experiencing homelessness may impede implementation.

PORTER COUNTY'S 10-YEAR PLAN TO END HOMELESSNESS

Porter County's Plan to End Homelessness, *No Place Like Home*, was developed through an extensive and well-attended community planning process. It incorporates as well best practices utilized through the country, outcomes and strategies supported by federal homeless programs, and recommendations and prioritizations from *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

In order to meet the great need of the community and stay in line with federal plan and funding priorities, Porter County has incorporated strategies aligned with the federal plan goals to end chronic homelessness, prevent and end homelessness among veterans, prevent and end homelessness for families, youth and children, and set a path to ending all types of homelessness.

The plan is directed by its vision:

All residents will have access to a safe, affordable home in Porter County including the resources and support services necessary to prevent and end homelessness.

The focus of the plan is on prevention, housing, income and services. There are a total of 15 goals in the plan with action steps detailed under each goal. It includes goals in six key areas:

1. Increase access to stable and affordable housing
2. Focus on homelessness prevention
3. Increase economic security
4. Improve health and stability
5. Increase leadership, collaboration, and civic engagement
6. Retool the homeless crisis response system

❖ **Increase Access to Stable and Affordable Housing**

The greatest priority for Porter County is on permanent affordable housing for its populations of people experiencing or at risk of homelessness. At every opportunity, the county is encouraged to develop programs which adopt a Housing First approach to placement of clients in housing. This model seeks to eliminate program barriers to immediate placement in housing for those experiencing homelessness. Emergency shelters will remain a key part of the system of response available to people experiencing homelessness. With a greater federal priority on permanent and rapid rehousing, Porter County should focus new programs on those models of housing as well.

Goal 1: Increase the amount of adequate, affordable and safe housing including the opportunity for home ownership.

1. Develop a comprehensive inventory of emergency, transitional, permanent supportive, low-income, and affordable housing in Porter County.
2. Using the inventory and most recent homeless point in time count, estimate the number of units required for specialized housing types needed by people experiencing homelessness, such as transitional housing and permanent supportive housing.
3. Secure new funding for adequate, affordable and safe housing units.
4. Identify and preserve existing low-income housing units that are at risk of being lost (especially tax credit deals that are expiring).
5. Expand homebuyer down payment assistance programs.
6. Seek opportunities to house clients in real estate owned foreclosed properties.
7. Transfer foreclosed properties to not-for-profit agencies for affordable rental, ownership, and lease-to-own development uses.

Goal 2: Ensure an adequate supply of housing with supportive services for disabled populations.

1. Identify funding opportunities to increase the number of units available to people with disabilities.
2. Partner with private landlords through master lease agreement to deliver new units of housing with supportive services.

Goal 3: Increase affordable housing through existing rental units in Porter County.

1. Host meetings with private landlords to identify barriers to renting to vulnerable tenants.
2. Host meetings with tenants to identify barriers to renting from area landlords.
3. Develop a master lease template for use between landlords and service agencies.

❖ **Focus on Homelessness Prevention**

The most cost effective way to combat homelessness is to prevent it from ever happening to an individual or family. This plan calls for further expansion of outreach efforts to promote services and programs to those at risk of experiencing homelessness. A growing number of individuals and families currently experiencing homelessness would never have appeared in an 'at-risk' category a decade or so ago, so the plan calls for expanding program outreach beyond just those identified now as at-risk. It outlines strategies to increase life skills education to children and adults regardless of risk level of becoming homeless.

Goal 4: Expand life skills education for children, youth and adults to prevent their becoming homeless.

1. Identify and expand renter/homeowner trainings (maintenance, upkeep, dealing with landlords, leases, roommates, housekeeping, safe and sanitary housing).
2. Identify and expand job readiness trainings (resume writing, conflict management, organization, timeliness).
3. Identify and expand adult financial literacy training (budgeting, saving, credit counseling, bill paying) and access to banking.
4. Engage the education system in meeting the goals of this plan to end homelessness, expanding skill development, income development, money management, and self-esteem building classes.

5. Offer community-wide nutrition classes and health education two times each year to people in the homeless system, to those receiving housing assistance, and to groups at risk of becoming homeless.

Goal 5: Promote prevention options to individuals and families who are marginally housed or at risk of becoming homeless.

1. Promote existing foreclosure prevention programs/early intervention.
2. Develop new foreclosure prevention programs where need exists.
3. Provide regular credit repair counseling sessions.
4. Promote availability of foreclosure prevention programs through realtors, lenders, municipalities.
5. Explore creation of an eviction prevention warning process through collaborations with legal services, and the court system.

Goal 6: Prevent clients being released from health, mental health or substance abuse facilities from becoming homeless.

1. Adopt a Critical Time Intervention approach to targeting support and resources at those critical times to prevent clients from becoming homeless.
2. Establish protocols upon entry into health care, mental health, and substance abuse facilities to screen people for homelessness.
3. Expand coordination between facility and support services prior to release.
4. Create meaningful discharge plans with clients beginning from when they enter facilities.
5. Provide follow-up services for clients once housing is in place.

Goal 7: Prevent those reentering society from jails and prisons from becoming homeless.

1. Adopt a Critical Time Intervention approach to targeting support and resources at those critical times to prevent clients from becoming homeless.
2. Establish protocols upon entry at jails and prisons to screen people for homelessness.
3. Establish a re-entry readiness program for inmates at Westville and Porter County jails.
4. Offer life skills and re-entry training (housing, employment, substance abuse, money management, literacy, education) throughout incarceration.
5. Create meaningful discharge plans with clients beginning from when they enter facilities.
6. Provide follow-up services for clients once housing is in place.

❖ Increase Economic Security

Expanding opportunities for program participants to increase their successful employment potential is integral to this Plan to End Homelessness in Porter County. Education, skills and mentoring opportunities need to be increased to raise their income earning potential. While there are job training programs available through agencies serving Porter County, a greater collaboration of efforts and expansion of programs are key to successfully addressing the complex economic stability issues that people in Porter County experience.

Goal 8: Improve access to income supports, ensuring households in the homeless system are linked up to all the benefits for which they may be eligible.

Goal 9: Provide job training, education and employment opportunities to people experiencing homelessness or at risk of becoming homeless to increase income earning potential.

1. Coordinate and collaborate with workforce development system in Porter County to increase services available for people experiencing homelessness within the workforce system.
2. Enhance referral and training readiness programs for clients to be prepared to enter into Ivy Tech, Purdue University, Valparaiso University, and alternative high schools.
3. Expand outreach to the community about literacy training and services available.
4. Explore best practices in employment services for people experiencing homelessness such as transitional jobs, supported employment, mentoring programs, and apprenticeships for client employment
5. Identify best practices with employers to retain employment and increase wage earning potential for employees experiencing or at risk of homelessness.

❖ **Improve Health and Stability**

Getting access to reduced-cost or free health care provides one level of stability for clients, as does access to reduced-fee or free prescription refills. Coordinating such access to health care and prescriptions with housing will improve the quality of life for individuals and families, and will improve healthy progress toward achieving their goals.

Goal 10: Increase participation in and programs to assist community with managing their physical and mental health, treatment programs and prescription drug assistance.

1. Expand outreach to community about affordable healthcare options, mental health services, substance abuse treatment, and recovery resources available.
2. Identify barriers which prevent people in need from accessing existing services and programs and develop plans to address those barriers.
3. Expand access to affordable in- and out-patient recovery services.
4. Increase access to prescription drug assistance.
5. Expand peer support programs and provide opportunities for people to share their experiences breaking through the cycle of homelessness.
6. Monitor implementation of the Affordable Care Act in Indiana to ascertain opportunities to increase health insurance coverage for people experiencing homelessness and to identify homeless system services that can be reimbursed.

❖ **Increase Leadership, Collaboration, and Civic Engagement**

The success of this plan lies on the community's ability to put it into action and maintain momentum. Engaging the appropriate stakeholders to strengthen the Coalition for Affordable Housing is essential to ensuring the full spectrum of insights and ideas are included in the Coalition's work. Full engagement across the spectrum of community stakeholders ensures the effective implementation of this plan. Community awareness and acceptance of the plan's strategy is essential to overcoming a lack of understanding about the issue of homelessness and the people and families who find themselves experiencing it.

Goal 11: Grow the Coalition for Affordable Housing.

1. Identify and recruit from the field of education at least one person from each level: early childhood, primary/secondary, and higher education.
2. Identify and recruit at least one early childhood education representative.
3. Identify and recruit at least one higher education representative.
4. Identify and recruit at least one local government representative, from municipal, county, and township leadership.
5. Identify and recruit at least one Veterans Administration representative.
6. Identify and recruit at least one local health care representative.
7. Identify and recruit at least one workforce development representative.
8. Identify and recruit at least one law enforcement leadership representative.
9. Annually reassess what key stakeholders should be asked to participate in CAH and secure a commitment from all CAH members as to their annual participation in full coalition and subcommittee meetings.
10. Create relevant standing and ad-hoc subcommittees as needed to drive the work of the Plan to End Homelessness.

Goal 12: Increase awareness of and engage appropriate partners needed to effectively champion and implement plan.

1. Create a Coalition for Affordable Housing Communications Committee.
2. Host a Plan to End Homelessness kick-off event.
3. Plan a series of publicity strategies in the first month following the plan's acceptance.
4. Identify and educate key business leadership to endorse the plan.
5. Identify and educate key health care industry leadership to endorse the plan.
6. Identify and educate key real estate industry leadership to endorse the plan.
7. Identify and educate key state agency administrators leadership to endorse the plan.
8. Identify and educate key education leadership to endorse the plan.
9. Identify and educate key workforce development leadership to endorse the plan.
10. Identify and educate key municipal leadership to endorse the plan.
11. Identify and educate key local government leadership to endorse the plan, including municipal, county, state legislature and township leadership.
12. Identify and educate key Congressional representatives to endorse the plan.
13. Identify and educate key law enforcement representatives to endorse the plan.
14. Identify and educate key faith community leadership to endorse the plan.
15. Identify and engage school homeless liaison representatives in the plan.
16. Promote Title I requirements to school homeless liaison representatives.
17. Develop marketing materials to raise awareness of homelessness and the plan.
18. Host community events to raise awareness such as with churches and libraries.

❖ Retool the Homeless Crisis Response System

Organizations within the county are encouraged to collaborate in the development of more effective, efficient ways to serve the needs of clients in the system of care. Key to retooling its homeless crisis response system is creating a front door process by which to intake all clients entering the system. Such a front door approach would best utilize the resources of each agency in the system, would focus resources on where they are most needed, reduce the time it takes clients to get through the intake process and program placement and ultimately reduce the amount of

time a client experiences homelessness. Additionally, the county would benefit from developing a system which works to rapidly re-house individuals and families who are experiencing homelessness. Finally, increased participation in the Homeless Management Information System will better enable the county to assess the population at risk of or experiencing homelessness and evaluate the effectiveness of program engagement on that population.

Goal 13: Establish a coordinated system of care.

1. Increase participation in HMIS. When all agencies are regularly utilizing the HMIS system, the county will develop a better sense of how many people are in its system, what services they are connecting with, and how long they stay in the system. This provides the county the ability to evaluate its program effectiveness and target approaches to reduce returns to homelessness, length of time homeless, and connect clients with mainstream services.
2. Create a coordinated intake for adding new clients into the system. Develop one intake form for all agencies to use, collecting information for high level assessment and placement in programs. Rather than having one front door in a coordinated system of care, Porter County should develop a process where any agency can be the 'front door', assessing people entering and referring them to the most appropriate programs for support.
3. Develop assessment process as part of a coordinated system of care intake to assess clients' needs and refer to appropriate programs.
4. Promote participation in the coordinated intake system county-wide and from all types of providers that touch homelessness.
5. Streamline assessment process to expedite clients getting needed referral to mainstream programs (SNAP, Veterans Administration, Section 8, Medicaid, Social Security income)
6. Increase provider agency involvement in the Coalition for Affordable Housing to better monitor programs, issues and intake of clients entering the system.
7. Investigate feasibility of developing a Benefit Bank, an on-line resource which can be integrated into a coordinated system of care to connect clients with mainstream program assistance for which they may be eligible, local community resources, as well as connecting clients to resources in their community and help filing tax returns.

Goal 14: Adopt a Housing First model within the system whenever possible. While requiring a Housing First model in all programs poses challenges and issues of its own, striving to adopt the Housing First model in more programs will have a significant positive outcome for those experiencing homelessness. Eliminating possible barriers to program acceptance should be a high priority.

Goal 15: Seek new funding to support the new system of care through the Department of Housing and Urban Development, the Department of Health and Human Services, the Department of Labor, and the State of Indiana.

The direction of the plan is intended to mirror the federal priorities of reducing length of stay in the homeless system, reducing re-entry into the system, and increasing outreach to people experiencing homelessness. As with the federal plan, its focus is on collaboration between stakeholders in the community, best practices in program design, cost effective implementation, and development of user friendly systems. If done well this will pave a robust path to ending homelessness in Porter County.

This plan can serve as an essential resource to focus the county's work on growing its homeless service delivery system and develop strategies over the coming years. It is essential that the Coalition continue to grow participation to carry out the goals and tasks identified within this plan. It will only be as strong as the people who stay engaged to carry it through. If the broad and active engagement throughout the planning process is any indication of future success, the implementation will go well for Porter County. It has a clear vision of who needs to be at the table, how the system of care needs to be improved, and what resources are necessary to carry it out.

Community Collaboration and Engagement

Beyond the partnerships which need to be formed to carry out this Plan's implementation, planning bodies outside the parameter of this Plan are encouraged to incorporate homeless prevention objectives in their own long-range planning.

Specifically transportation planning must explore ways to increase access to public and private transportation for low-income households in Porter County. Additionally, childcare needs are high for households at risk of or experiencing homelessness and agencies advancing work in this area are encouraged to make plans to accommodate those needs.

Similarly the workforce system should plan for serving people with very low-incomes and experiencing homelessness in their programming through partnerships or development of new programs.

Coalition for Affordable representatives are well suited to serve as liaisons to these systems and planning bodies to help craft community-wide solutions for Porter County's most vulnerable residents.

IMPLEMENTATION OF THE PLAN TO END HOMELESSNESS

Porter County participated in a comprehensive process to develop this Plan to End Homelessness. Over the course of nine months, it engaged the appropriate stakeholders in identify key goals and steps necessary to achieve the mission of ending homelessness in Porter County.

Equal determination and focus will be necessary to ensure this plan stays relevant and is carried out in Porter County. A plan is only as strong as the people charged with carrying it out.

The Coalition for Affordable Housing is positioned to continue to be the leadership which drives this plan implementation forward.

The following are key next steps to advance the plan:

1. Establish subcommittees to implement, assess, and evaluate programs and annual action steps to achieve the plan goals. The Coalition should identify the specific subcommittee structure which is most effective for the working style of this group. Subcommittees should be specifically charged with developing implementation strategies, assessing current systems, and evaluating plan implementation.
2. Focus objectives by assigning performance indicators which have measurable outcomes for each year of action planning.
3. Establish a regular, fixed evaluation process to track progress on the plan's implementation.
4. Seek funding to support a portion of staff person to own plan follow-up responsibilities.

In the first year of plan implementation, the Coalition will focus on the following:

❖ Increase Access to Stable and Affordable Housing

1. Conduct comprehensive inventory and assessment of continuum of housing available in Porter County: emergency shelters, transitional housing, permanent supportive housing, and affordable housing.
2. Using the inventory and most recent homeless point in time count, estimate the number of units needed by housing type: emergency shelters, transitional housing, permanent supportive housing, and affordable housing.
3. Identify tax-credit financed housing developments in Porter County and determine date credits are due to expire.
4. Convene planning meetings on non-profit led uses for foreclosed properties in Porter County.
5. Identify largest REO title holders in Porter County. Convene meetings to solicit buy-in on transfer of properties for non-profit uses.
6. Convene meeting, inviting 40 private landlords, to identify barriers to renting to vulnerable tenants.
7. Convene meeting, inviting tenants, to identify barriers to renting from area landlords.

❖ Focus on Homelessness Prevention

1. Develop relationships with decision makers at local mental health facilities, substance abuse programs and county jails.
2. Develop relationships with decision makers in the public school system to lay foundation for prevention-focused programs offered at schools.
3. Identify agencies best suited to develop adult training curriculum needed to meet goals focused on prevention.
4. Develop a detailed foreclosure prevention strategy, identifying agencies to take the lead.
5. Explore best practices of prevention strategies throughout the United States to identify models feasible for implementation in Porter County.

❖ Increase Economic Security

1. Assess existing job training programs and services available in Porter County.
2. Develop relationships with decision makers at Ivy Tech, Purdue University, and Valparaiso University about client placement in programs.
3. Develop relationships with decision makers at larger local employers about mentoring and apprenticeship possibilities.
4. Pursue funding for emergency auto repair assistance.
5. Explore businesses that may offer car maintenance and repair training.
6. Conduct inventory of childcare providers in Porter County.
7. Explore funding for childcare subsidy program.

❖ Improve Health and Stability

1. Inventory full spectrum of existing programs and services available in Porter County.
2. Identify barriers to participation in existing programs.
3. Promote outreach to existing services.
4. Research best practices in peer support groups.

❖ Increase Leadership, Collaboration, and Civic Engagement

1. Establish a Communications Subcommittee.
2. Identify key stakeholders to target for involvement in the plan implementation.
3. Identify key stakeholders to target for involvement in the Coalition for Affordable Housing.
4. Develop print materials targeted to raise community awareness.
5. Host an annual fair to promote programs which serve people in need and to raise awareness of the homelessness issue.

❖ Retool the Homeless Crisis Response System

1. Establish single intake process for all clients entering the system.
2. Develop strategy to increase participation in HMIS.
3. Research best practices in Housing First approach which may be appropriate for adoption in Porter County system of care.
4. Apply for grant funds to support retooling of crisis response system.

CALL TO ACTION

The goals of *No Place Like Home* are ambitious, and broad community support and participation is needed for them to be realized. The monumental task of ending homelessness becomes less overwhelming when the community is richly engaged in the process.

10 Things You Can Do to Join In

1. **Help raise funds:** for the plan to succeed additional resources are needed to support innovations in service delivery, expansion of key services, and creation of new responses. Help raise funds for the plan by hosting fundraisers or making personal donations to local foundations or service providers.
2. **Spread the word:** share the plan with your social networks, keep solutions in the discourse, and write letters to the editor about the importance of the plan.
3. **Volunteer your time:** attend the Coalition on Affordable Housing monthly meetings, join a Plan to End Homelessness committee, help out at service providers, or become a board member of a non-profit working to end homelessness.
4. **Develop affordable housing:** a key contributor to the growth in homelessness is a lack of affordable rental units in Porter County. Builders and housing developers can work to create or set-aside affordable housing units in new developments to help end homelessness in Porter County.
5. **Sponsor a talk on homelessness:** raising awareness is a first step in the solution. Help raise awareness of homelessness by focusing a talk, meeting, sermon, or event with groups you are affiliated with such as your church, library, book club, Rotary Club, Kiwanis, or Junior League.
6. **Link those in need to services:** If you know someone who is struggling connect them with 2-1-1 to learn about what services they may be eligible for. 2-1-1 is a three-digit phone number anyone can call to get information on health and human services.
7. **Advocate:** Raise the issue with people running for local office, respond to state and federal action alerts about funding and policy for homeless programming and affordable housing.
8. **Assess your business:** If you have employees assess the wages you pay relative to the local cost of housing. If you are a landlord, think about ways to maintain quality housing while lowering rents. Think about how your business expertise can help advance the plan to end homelessness.
9. **Garner donations:** people experiencing homelessness in Porter County often lack even the most basic things needed to get by from day to day. Work with a local nonprofit to determine what items are needed and collect donations.
10. **Treat people experiencing homelessness with dignity and respect:** People often fall into homelessness when a crisis occurs that could happen to any of us: a job loss, a health crisis, poor mental health, alcohol/substance addiction, or domestic abuse. It is important not to judge as you don't know what that person has experienced, make eye contact and give them the same respect as you would to any other person that you come across during your day.

Participation Commitment

I commit to helping to end homelessness in Porter County through the following activities
(check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Help raise funds | <input type="checkbox"/> Link those in need to services |
| <input type="checkbox"/> Spread the word | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Volunteer your time | <input type="checkbox"/> Assess your business |
| <input type="checkbox"/> Develop affordable housing | <input type="checkbox"/> Garner donations |
| <input type="checkbox"/> Sponsor a talk on homelessness | <input type="checkbox"/> Treat people with dignity and respect |

Sign Up Contact Information

Full Name: _____

Street Address: _____ City: _____ Zipcode: _____

Phone Number: _____

Email address: _____

Preferred method of contact: Mail Email Phone

Please mail or fax this completed sheet to:

Housing Opportunities
2001 Calumet Avenue
Valparaiso, IN 46383
406 Franklin
Michigan City, IN 46360
Fax: (219) 548-2807

Thank you for your contributions to ending homelessness in Porter County!

