

DH 2030

Destination: Home

A 5-Year Strategic Plan to End Homelessness in
Evansville & Vanderburgh County

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DH2030

Destination Home: A 5-Year Plan to End Homelessness

Chris Metz, MSW, LCSW, Principal Consultant
Olivia Schmitt-Metz, MPA, MBA, Co-Consultant

Steering Committee

Gayl Killough
Zac Heronemus
Savannah Whicker

Special Thanks

Evansville Vanderburgh Commission on Homelessness
Region 12 Planning Council
Homeless Service Council of Southwest Indiana
Mayor Stephanie Terry
Evansville Department of Metropolitan Development

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Our Purpose

Homelessness in Southwestern Indiana is increasing at an alarming rate. Over 2,800 unique individuals are experiencing homelessness in Evansville every year. On a single night in January 2024, an all-time high of 535 individuals were counted as experiencing homelessness locally. This eclipsed the previous high of 525, recorded only one year before, in 2023. **If the trends observed over the past 10 years continue, over 600 individuals will be experiencing homelessness nightly in our community by 2030.**

Increasing homelessness is not unique to Evansville. In fact, our area has fared better than most. From 2015 to 2024, homelessness increased 15.8% in our community; during that same period homelessness increased 36.6% across the United States. This comparison highlights the importance of our greatest asset: a dedicated network of local nonprofit organizations working in concert with committed partners, across public and private sectors, toward the shared goal of ending homelessness.

Our Process

Our planning process prioritized expertise and efficiency. We began with significant resources from which to draw strategic focus and direction. In 2022, our community reconvened community stakeholders to update our collective 10-year plan to end homelessness for the third time; these efforts yielded the *Destination: Home 2022* report. This updated 10-year plan to end homelessness included 59 recommendations, all of which remain pertinent to our community in 2025. Also in 2022, the United States Interagency Council on Homelessness (USICH) released *ALL IN: The Federal Strategic Plan to End Homelessness*. According to USICH, the framework provided within the report is designed to support communities in developing their own comprehensive, data-driven plans to achieve and sustain functional zero homelessness. Our planning process sought to blend the expertise of current community stakeholders with recommendations from the *Destination: Home 2022* report and current federal policy guidance to create a plan that is immediately actionable.

Electronic surveys were utilized as a primary method of collecting stakeholder feedback. This method was selected to maximize return rate and to more effectively reach hidden groups, such as frontline employees and those with lived experience. Throughout the process 179 stakeholder surveys were collected. Survey respondents included agency staff employed by homeless service organizations (59.78%), individuals who identified as a member of a historically underserved or underrepresented group (22.91%), and individuals with lived experience (22.35%).

The planning process was designed to be both iterative and emergent. Our process was iterative in that data was collected in cycles, with each cycle building on insights gained from the previous cycle.

This approach allowed for continuous refinement of priority areas and objectives. The process was emergent in that the final plan was not subject to predetermination; instead, the plan was allowed to evolve and create shape based solely on the emerging expert feedback of our stakeholders. This approach allowed for maximum flexibility and adaptability throughout the planning process. A funneling process was utilized throughout the various survey versions, beginning with broad themes and priorities before gradually narrowing toward more specific goals and objectives.

Our group of expert stakeholders was defined to include:

- Individuals with lived experience.
- Individuals working directly in the housing and/or homeless service space.
- Individuals working in collaboration with, or adjacent to, housing and homeless service providers.
- Individuals working in government/public sector who are concerned about the issue of homelessness.
- Individuals who are board members or volunteers for nonprofit organizations, and who are concerned about the issue of homelessness.

After the stakeholder survey process concluded, community listening sessions were held on multiple dates, allowing stakeholders the opportunity to review the plan and provide feedback. Throughout the planning process, numerous meetings were held with agency and community leaders to better understand the ecosystem within which this plan will function. A steering committee was utilized throughout to ensure the planning process and direction remained grounded in the specific needs of our community.

Our Past

The community of Evansville committed to stop managing and begin working to end homelessness in 2002 with the creation of our first 10-Year Plan to End Homelessness, *Destination: Home*. This plan focused on strategies that increased housing options, prevention resources, and services for the most vulnerable.

In 2012, stakeholders reconvened to review progress made since 2002 and to develop strategies for inclusion in a new plan, *Update for Destination: Home*. This plan preserved many of the key elements of the 2002 plan, such as access to permanent housing, prevention, and leveraging community level data, while adding emphasis on new areas including coordinated entry, re-entry, and healthcare.

In 2022, stakeholders came together for a third time to update our community response to homelessness. The 2022 report retains similar focus areas as the 2012 report, while underscoring the need for increased attention to racial equity, cultural competence, system capacity, and diversification of funding sources.

DH2030 is positioned not as a new iteration of Destination Home, but rather as updated action plan that exists within the broader context of previous Destination Home planning efforts, most recently in 2022. DH2030 seeks to provide an immediately actionable framework that supports local efforts to end homelessness through 2030.

The histories of our strategic plans to end homelessness and the Evansville-Vanderburgh Commission on Homelessness are inexorably linked. The origin of the Commission can, in fact, be traced to the original 2002 *Destination: Home* report. That plan recommended that a Commission be created for the specific purpose of implementing and facilitating a strategic plan to end homelessness. The original 2002 report stated:

We recommend, therefore, that a commission be established jointly by Evansville and Vanderburgh County to oversee and facilitate the implementation of the ten-year plan. This body would be charged with the responsibility of making recommendations to the city and county on funding priorities for homeless services. It would also advise the city and county on the progress of the plan, barriers to its implementation, and on successful accomplishment of its goals.

The 2012 report reminded the Commission to carefully consider its role in providing oversight and accountability as it set out to create the infrastructure to implement the plan, while the 2022 report noted that meaningful progress of the plan would require the ongoing support of the Commission on Homelessness. In keeping with this history, this plan recommends that the Commission assume the lead role in implementing the objectives contained within.

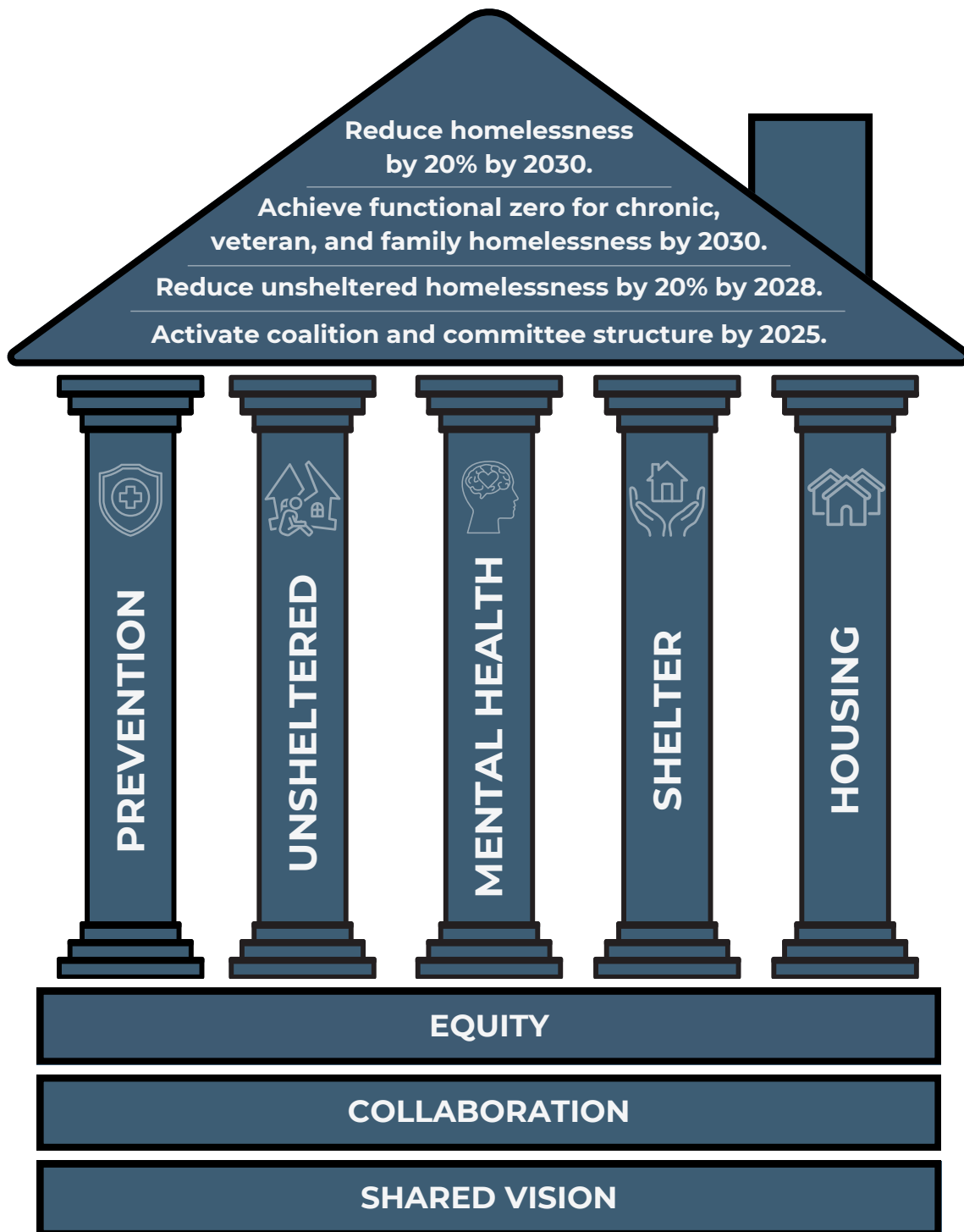
Our Positionality

Our plan recognizes its positionality as reliant on public support, and within an ever-evolving political context. However, just as surgeons do not modify their methods in response to trends in healthcare funding policy, we remain committed to those standards of care and best practices that are grounded in research. Evidence-based practices do not fluctuate with political shifts.

Our Plan

Our plan is built on three foundations: a shared vision, equity, and collaboration. These foundations reflect the values of our stakeholders. To guide our future efforts, we focus on five priorities: prevention strategies, unsheltered strategies, mental health strategies, shelter strategies, and housing strategies. Our plan establishes 1-, 3-, and 5-year stretch goals which serve as north stars for our future progress.

DH2030: 5-Year Plan to End Homelessness



Stretch Goals

According to the USICH, stretch goals are essential for addressing homelessness at a systemic level. Stretch goals are a critical component of homeless planning as they push communities beyond their comfort zones, fostering innovative strategies and more ambitious outcomes. Long-term goal setting fosters a holistic approach, integrating diverse partners from across various sectors and systems, all working toward the shared goal of ending homelessness.



Reduce homelessness by 20% by 2030.

Measurement: Point in Time Count, 2025 and 2030



Achieve functional zero for chronic, veteran, and family homelessness by 2030.

Measurement: Functional Zero is achieved when the number of exits to permanent housing exceeds new entries into the homeless service system for a given period.



Reduce unsheltered homelessness by 20% by 2028.

Measurement: Point in Time Count, 2025 and 2028



Activate coalition and committee structure by 2025.

2025 Goals:

- ☒ Activate Coalition
- ☒ Activate Committee Structure
- ☒ Activate Data Dashboard

Foundation #1 — Shared Vision

Our shared vision of ending homelessness means achieving functional zero. Functional zero is a benchmark used by communities to effectively render homelessness brief, rare, and non-recurring. Our plan conceptualizes a shared vision as a shared language and shared metrics. By aligning our communication and measurement tools, we enhance our collective capacity to achieve functional zero.

Shared Language

Shared language helps foster clear communication and understanding, reducing misunderstandings and facilitating effective collaboration. When all parties use the same terms and have a unified vision, it streamlines decision-making, resource allocation, and problem-solving, accelerating progress toward the goal of functional zero.

Functional Zero

Functional zero is a methodology used by communities to effectively end homelessness. At its core, it means the number of people entering homelessness does not exceed the number of people exiting homelessness for a given period, such as a month or a year. Achieving functional zero requires a community to maintain quality, real-time data on all persons experiencing homelessness. Functional zero is both a one-time metric, and a metric that needs to be re-achieved, usually on a month-to-month basis.

Housing Stability

Housing stability refers to the ability of individuals and families to maintain safe, stable, and affordable housing over time. Our conception of increasing housing stability involves moving individuals toward reduced risk of harm through improved housing outcomes. This includes helping unsheltered individuals access shelter, helping those in shelter access permanent housing, and helping those in permanent housing reduce their risk of recidivism back into homelessness.

Homeless Response System

Our concept of a homeless response system includes various organizations and systems working together, like the departments within a hospital, to move individuals and households through a continuum of services toward increased housing stability. A hospital does not necessarily prevent people from becoming sick. Rather, it ensures that people are prioritized appropriately and efficiently provided with the services they need to resolve their situation.

Objective 0.1: Adopt and implement shared language and terminology to promote clear communication, foster collaboration, and create a unified approach to policy, service delivery, and advocacy.

Shared Metrics

Shared metrics are essential tools in ending homelessness because they provide a common framework for communities to measure progress and outcomes. Emphasized by USICH as a best-practice, shared metrics enable stakeholders to track the effectiveness of interventions to ensure resources are being allocated efficiently. Standardizing data collection and data sharing promotes transparency, accountability, and continuous improvement within our homeless service system.

Prioritize Data

Prioritize data collection and sharing across the system. Identify local data collection priorities and opportunities. Encourage the use of data in improving existing programs and in developing new strategies and opportunities.

Build Infrastructure

Develop the necessary infrastructure to collect, interpret, and distribute community-level data. This may involve assigning a person or team to oversee data management. Ensuring clear accountability will help maintain consistent and effective data practices.

Utilize Dashboards

Begin distributing data dashboard to stakeholders on a monthly basis. Dashboards provide a clear, real-time view of outcomes and system health, allowing for enhanced visibility of local performance measures and helping to raise awareness of community goals and progress.

Objective 0.2: Implement data sharing and collection steps toward creation of a community data dashboard in 2025.

Foundation #2 — Equity

USICH highlights equity as a foundational principle in planning a community-level response to homelessness. An equitable approach ensures that all individuals, particularly those from historically marginalized communities, have access to the resources and support they need to achieve housing stability. By addressing the unique needs of vulnerable populations, such as people of color, LGBTQIA+ individuals, and those with disabilities, our community can develop more inclusive solutions that enhance our community's capacity to end homelessness for all.

22.91% of stakeholders contributing to the development of this plan identified as a member of a historically underserved or underrepresented group.

Ensuring Equity

Solving homelessness means recognizing and confronting the factors that may have led to the tragic circumstance of homelessness. It also means being guided by the data and evidence that some Americans who face ongoing discrimination are disproportionately overrepresented among those experiencing homelessness, especially people of color, LGBTQI+ individuals, and people with disabilities.

Create Learning Opportunities

Develop learning opportunities within the homelessness service delivery system and among member agencies to enhance understanding of racial equity, cultural competence, and cultural humility. Provide training on implicit bias and disability competence to ensure a more inclusive and equitable approach. These initiatives can strengthen the capacity of our system to effectively serve diverse populations.

Identify Outcomes

Define equity outcomes and establish clear measures for tracking progress. Develop plans outlining how programs and agencies responsible for implementing the strategies in this plan will collect and report the necessary data. This will ensure transparency and accountability in assessing equity within our homeless response system.

Establish Tools

Develop evaluation tools and processes to identify policies, practices, and procedures that may hinder progress in promoting equity. Analyze gaps and barriers to ensure they are recognized and addressed. Continuously update the tools and processes to reflect evolving needs and opportunities for advancing equity.

Objective 0.3: Ensure local efforts to prevent and end homelessness lead to equitable outcomes.

Lived Experience

It is critical that individuals with lived experience play a leading role in shaping and implementing policies and programs. Their involvement ensures that solutions are informed by firsthand knowledge of homelessness. Including the perspectives of individuals with lived experience is a key component of creating more effective and equitable systems of care.

22.35% of stakeholders contributing to the development of this plan identified as having the lived experience of homelessness.

Create Learning Opportunities

Develop learning opportunities focused on creating environments where individuals with lived experience can thrive and feel supported, without the risk of being retraumatized. These opportunities will equip staff and agencies with the knowledge and skills necessary to foster safe, healing spaces that promote well-being and resilience.

Ensure Participation

Ensure meaningful participation and fair compensation for people with lived experience, recognizing their time and expertise. Expand the involvement of individuals with lived experience on groups, committees, and workgroups dedicated to preventing and ending homelessness.

Utilize Expertise

Incorporate the expertise of individuals with lived experience into shaping the design of current and future programs, strategies, and objectives. This can be achieved through direct participation, surveys, and focus groups. Centralizing the voice of those with lived experience in decision-making processes can create more effective and responsive housing solutions.

Objective 0.4: Incorporate lived experience into decision making to the greatest extent possible.

Stakeholder Perspectives

"We definitely need more resources for women! Women have historically been underserved when it comes to homelessness."

"There are a vast number of underserved groups. The equity of some of these groups is not considered."

"Many apartments are not truly accessible, and many homes are not accessible without additional renovations. We must remember that disabilities come in many sizes and shapes: blindness, deafness, those who can walk but use wheelchairs for anything outside their immediate home, those who can only navigate with a wheelchair, and many others that I haven't personally experienced. These voices need to be at the table."

"Addressing the language barriers in this community and offering some help to those that may not qualify for services due to their documentation status."

"LGBTQIA+ can in many cases be discriminated against in housing and employment."

Our commitment to equity is grounded in the understanding that systemic inequalities shape housing and homeless services, and we must actively work to address them. We recognize that racism is deeply embedded in society, and the lived experiences of marginalized communities must be at the center of our decision making. We are dedicated to challenging existing structures and ensuring that policies are examined through the lens of how race, class, and other identities intersect to create unique barriers to housing.

Foundation #3 — Collaboration

100% of Agency Staff agreed with the statement: “Improving coordination and collaboration between organizations involved in our community's homeless response system should be a focus of our strategic plan.”

USICH emphasizes collaboration as essential in advancing the goal of ending homelessness. By working together, agencies can leverage resources, share best practices, and coordinate more effective care. This approach helps to reduce service gaps, avoid duplication of efforts, and create more efficient pathways to housing stability. Collaboration also fosters stronger community partnerships, bringing together stakeholders from across sectors to align efforts and address the root causes of homelessness.

Stakeholder Perspectives

“All the agencies who offer homeless services need to have better communication and be on the same page when it comes to how to navigate the ‘system’ towards housing.”

“I think we could benefit from better communication between agencies and better communication, information, and training about available programs and affordable housing options in our community.”

“The homeless services system in the Evansville Vanderburgh area is strong, but could be stronger in areas of communication between agencies.”

Only 37.5% of Agency Staff agreed with the statement: “Coordination and collaboration between organizations involved in our community's homeless response system is excellent.”

Capacity

According to USICH, capacity building in communities is crucial for addressing homelessness and fostering sustainable solutions. By collecting the knowledge and experience contained in these groups into a unified coalition with increased membership, our community can greatly enhance our overall capacity. Our current collective capacity is represented by three distinct bodies:

The **Homeless Service Council of Southwestern Indiana** began in 2000 as the Policy and Planning Council for Homeless Services (PPCHS). For many years, the Homeless Service Council served as our community's regional planning body. The Homeless Service Council is responsible for our community's annual Homeless Connect Event.

The **Evansville-Vanderburgh Commission on Homelessness** was originally created to oversee the administration of the 2002 *Destination: Home* 10-year plan to end homelessness. The Commission on Homelessness has inhabited various roles since and currently exists as a convening body.

The **Region 12 Planning Council** is the current local representative voting body under the structure of the Indiana Balance of State Continuum of Care. The Region 12 Planning Council was created as a new body, independent of the Homeless Service Council, in 2022.

While each group represents dedicated individuals working relentlessly to end homelessness, stakeholder feedback suggests there exists opportunity to enhance the collective alignment of those efforts. By bringing the collective experience, practical knowledge, and expertise from these groups into a unified coalition with increased membership, our community can greatly enhance our overall capacity.

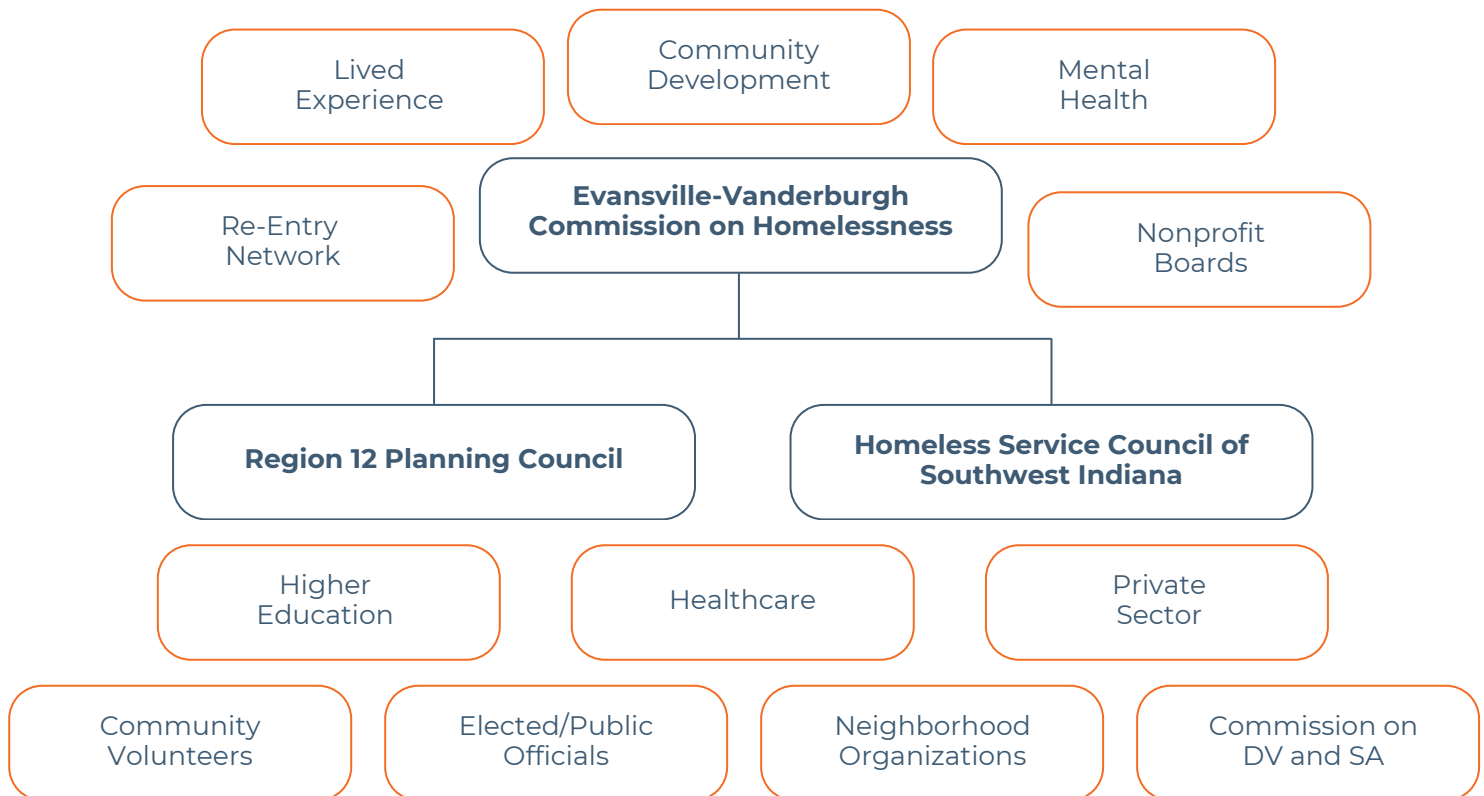
Coalition

Coalition building is essential in the effort to end homelessness, as it fosters collaboration between diverse organizations, government agencies, and community stakeholders. Coalitions enhance advocacy, increase access to critical services, and ensure a coordinated, community-driven approach that strengthens efforts to prevent and end homelessness.

92% of stakeholders believe that organizing a coalition with increased capacity should be established as a Year 1 (2025) goal.

There is opportunity to build a Destination Home Coalition in Evansville in 2025. By aligning the membership of key bodies such as the Homeless Service Council of Southwest Indiana, the Evansville-Vanderburgh Commission on Homelessness, and the Region 12 Planning Council, our community can achieve a substantial and immediate boost to our collective capacity to address homelessness. Expanding the coalition to include neighborhood organizations, adjacent commissions and community groups, concerned citizens, and representation from diverse sectors can further enhance our ability to create systemic change.

Destination Home Coalition



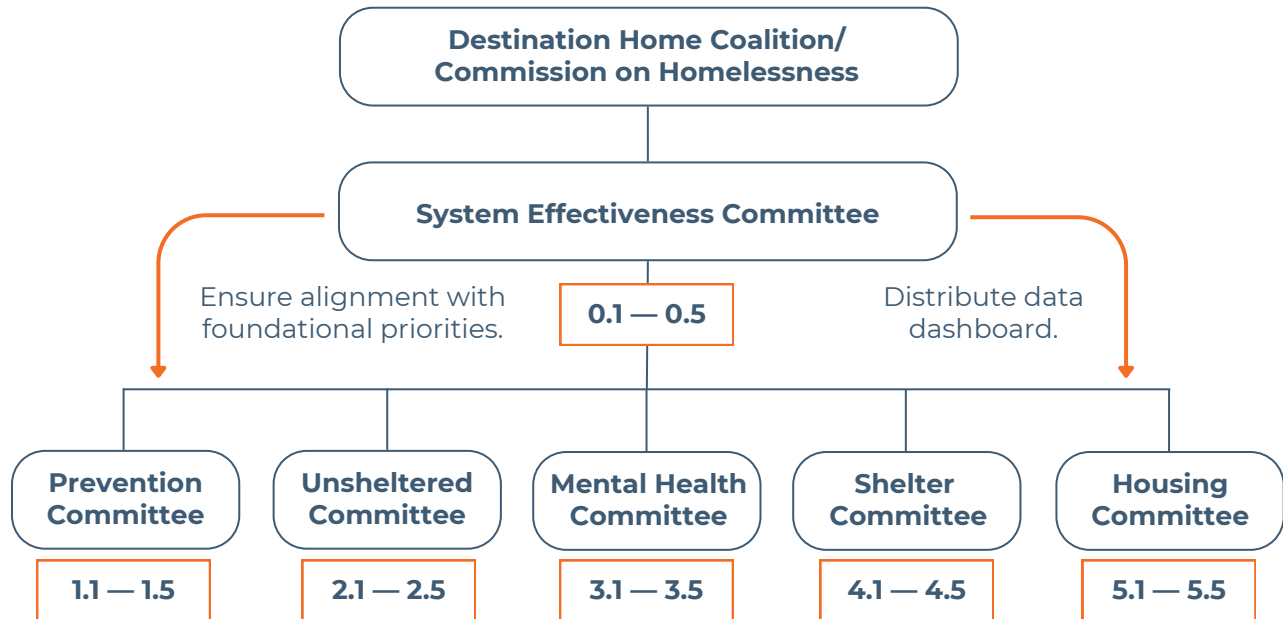
Committee

The original 2002 strategic plan recommended the creation of dedicated committees to focus on specific objectives within plan. The first step in the implementation section of the 2012 strategic plan was to create the infrastructure to carry out the plan. The 2022 strategic plan encouraged the Commission on Homelessness to think strategically about committees committed to the plan. Over 90% of our current stakeholders believe that committees assigned to each strategic priority area (prevention, mental health, unsheltered, shelter, housing), working under a larger coalition, will be required to meaningfully advance the work of ending homelessness. Our plan reaffirms this past guidance and recommends the creation of committees assigned to the strategic priorities identified by stakeholders.

The objectives outlined in this plan are meant to provide initial guidance to the committees. It is expected that the committees will prioritize, adjust, and create new objectives as they respond to emerging needs. Plan objectives should be seen as a general directionality, rather than fixed or final goals.

System Effectiveness Committee — The System Effectiveness Committee is envisioned as a steering committee. A steering committee is a group of leaders responsible for guiding, overseeing, and making strategic decisions to ensure the successful implementation the strategic plan. The System Effectiveness Committee maintains oversight and governance of the five strategic committees and will report on plan progress. The System Effectiveness Committee is responsible for the five foundational objectives (Objectives 0.1 through 0.5).

Strategic Committees — Strategic Committees are envisioned as working committees dedicated to the five strategic priorities: Prevention Strategies, Mental Health Strategies, Unsheltered Strategies, Shelter Strategies, and Housing Strategies. The Strategic Committees should report progress to the System Effectiveness Committee regularly. The five Strategic Committees are collectively responsible for the 25 strategic objectives (Objectives 1.1 through 5.5), with each committee possessing five objectives.



Effective committees go beyond being update groups by focusing on clear action steps, measurable goals, and accountability. Instead of just sharing progress, they set specific objectives, assign tasks with deadlines, and regularly review key performance indicators to ensure progress. This results in a structured, action-oriented approach that drives objectives forward and keeps the committee focused on achieving outcomes. To better achieve this outcome, listening session stakeholders requested that committees be referred to as “workgroups”.

Objective 0.5: Increase collaboration and capacity by activating coalition and committee structure in 2025 to implement and facilitate strategic plan.

Stakeholder Perspectives

“Communication is key.”

“Our system pillars are strong, we just need to elevate to another level overall.”

“Our homeless response system should align expectations and objectives.”

Priority #1 — Prevention Strategies



Objective 1.1 — Prevent homelessness through mental health treatment.

Increase pathways to mental health services for those identified as at-risk of homelessness. Leverage mainstream resources including services from federally funded community mental health center and federally qualified healthcare center, and payer sources such as Medicaid and HIP, to increase access to mental health treatment for individuals who are at-risk of homelessness.

→ **Rationale:** A significant link exists between mental health and the many behaviors that can result in eviction and subsequent homelessness. Mitigating mental health barriers through treatment and access to services increases housing stability for those identified as at-risk of homelessness.



Objective 1.2 — Increase supports for households residing in public/affordable housing.

Enhance availability of supports and services for households who are residing in public or affordable housing, and who are at-risk of homelessness. This may include case management for the households who are most at-risk. Other supports may include community resource navigation to help households identify and access resources prior to eviction, eviction prevention clinics, or participation in programs that provide support to help the household improve their circumstances over time.

→ **Rationale:** Households who qualify for subsidized housing often exist on the brink of housing instability and have a higher likelihood of experiencing homelessness. Increasing access to supports, services, and community resources can directly mitigate their risk of losing housing.



Objective 1.3 — Involve landlords in prevention.

Develop strategies to increase landlord awareness and understanding of prevention and diversion. Suggested focus areas include eviction prevention, the impact of lease restrictions, how to address habitability issues, and how to build stronger landlord/tenant relationships toward reducing evictions.

→ **Rationale:** Landlords lose money when households are evicted. Helping landlords understand how to connect tenants with services can be mutually beneficial for both the landlord and the tenant and can help reduce homelessness.



Objective 1.4 — Expand funds available for emergency rental assistance and other direct prevention.

Identify opportunities to expand the availability and amount of flexible funding available to support at-risk households through one-time or short-term financial assistance to solve acute housing crises and emergencies.

→ **Rationale:** *Emergency rental assistance plays a critical role in preventing homelessness by helping individuals and families facing temporary financial hardship stay in their homes and avoid eviction. Emergency rental assistance can provide a community cost-savings, as a one-time subsidy can offset months or years of publicly funded homeless services.*



Objective 1.5 — Increase diversion activity at frontline touch points.

Develop strategies to increase staffing, training, and funding to enhance diversion activities and services at shelters and other frontline touchpoints including outreach, crisis intervention, mental health and healthcare, and among first responders. Assess previous diversion training provided by the Evansville Network of Diversion (END) for possible replication and expansion.

→ **Rationale:** *Individuals who frequently interact with at-risk individuals are best positioned to divert them away from homelessness; strengthening the capacity of these individuals to provide prevention-oriented services can reduce the number of new entries into the homeless service system.*

Priority #2 — Unsheltered Strategies



Objective 2.1 — Expand behavioral and mental health outreach to unsheltered individuals and households.

Expand behavioral and mental health outreach services to unsheltered individuals/households. This may include mobile mental health units, peer support, crisis intervention, pop up services, and wellness checks. This may also include enhancing the ability of traditional outreach teams to connect unsheltered individuals with mental health services.

→ **Rationale:** *Mental and behavioral health outreach is vital for the homeless population as it addresses underlying issues that cause unsheltered homelessness such as trauma, addiction, and mental illness. Outreach offers critical support in helping individuals connect with services that enable them to break the cycle of homelessness.*

**Objective 2.2 — Strengthen services designed to meet basic needs.**

Align existing community resources, and develop new initiatives where gaps are observed, to ensure that hygiene, shower, laundry service, storage services, and access to resources that meet other basic needs are available daily.

→ **Rationale:** *Basic needs like showers and laundry are essential for people experiencing homelessness as they promote personal dignity, hygiene, and well-being. This helps individuals maintain physical and mental health while also increasing their chances of securing stable housing.*

**Objective 2.3 — Increase safe and supportive sleeping options.**

Provide safe, temporary locations for people to stay. Strategically expand availability of temporary places where unsheltered people can be safe and healthy while promoting overall health and community well-being. This includes safe outdoor spaces such as safe camping or parking areas. On-site case management can create gateways into services.

→ **Rationale:** *These spaces provide immediate relief, ensuring safety, dignity, and a place to stay for those without shelter, while helping connect them to resources like healthcare, food, and housing assistance.*

**Objective 2.4 — Create shelter bed inventory.**

Develop and maintain real-time bed inventory for shelters in the region, that is easily accessible, to support swift transitions of unsheltered individuals and households into available housing options. Utilize HMIS, or another platform, to host inventory.

→ **Rationale:** *A real-time inventory of shelter beds is essential for efficiently allocating resources, coordinating services, and ensuring quick, accurate placement into housing. Early versions of coordinated entry envisioned this as an eventuality.*

**Objective 2.5 — Increase access to permanent housing placement for unsheltered individuals.**

Utilize outreach, coordinated entry, and partnership with other systems to develop more efficient pathways directly into permanent housing programs for individuals experiencing unsheltered homelessness. This may include utilizing inter-agency case conferencing, enhancing the warm hand-off process between agencies, and reducing barriers to enter housing programs.

→ **Rationale:** *Unsheltered individuals and households are exposed to the greatest risks to their health, safety, and well-being. They traditionally also have the greatest difficulty accessing permanent housing. Prioritizing and expanding pathways to permanent housing is an essential step in reducing unsheltered homelessness.*

Priority #3 — Mental Health Strategies



Objective 3.1 — Identify long-term mental health treatment options.

Increase access to long-term and residential mental health treatment for individuals experiencing homelessness. Develop partnerships and processes that foster pathways to long-term mental health treatment for individuals who are unable to live independently in permanent housing due to acute or chronic mental health disorder and are chronically homeless as a result. This can include the integration of models that combine stable housing with on-site mental health care, ensuring individuals receive continuous support and have the resources necessary to maintain housing stability.

Rationale: Access to long-term mental health treatment is vital for individuals experiencing homelessness as it helps manage acute and chronic conditions which are often barriers to stability and successful reintegration into permanent housing.



Objective 3.2 — Increase programs that co-address housing and mental health needs.

Develop and implement collaborative cross-systems approaches to creating housing solutions for those co-experiencing severe mental illness and homelessness. This may include infusing mental health services into existing housing programs, encouraging future housing programs to include a mental health component in their service design, or increasing coordination between housing and mental health providers.

Rationale: Developing programs that address both housing and mental health needs is essential because individuals experiencing severe mental illness often face compound barriers that make it difficult to maintain stable housing.



Objective 3.3 — Infuse mental health services into service sites.

Increase availability of mental health access at service sites such as emergency shelters, domestic violence shelters, and transitional housing programs. This can be achieved by leveraging partnerships with mainstream resources, developing and deploying new initiatives, or increasing funding to agencies to expand their service delivery capacity.

Rationale: Onsite mental health services are important because they provide immediate, accessible care, helping individuals address mental health challenges while they work toward stability and long-term housing solutions.



Objective 3.4 — Assess viability of implementation of an Assertive Community Treatment (ACT) team.

ACT is a community-based model that deploys a multidisciplinary team of mental-health focused professionals such as health care providers, social workers, and peer support workers. Teams have a caseload of approximately 10-12 patients per provider and utilizes a recovery-oriented and person-centered approach. ACT teams are often supported by partnership with community mental health centers.

→ **Rationale:** ACT teams can help reduce homelessness by integrating housing, healthcare, and case management. ACT teams help individuals stabilize, access housing, and maintain long-term stability, which is essential in ending the cycle of homelessness.



Objective 3.5 — Enhance crisis intervention capacity.

Assess and formalize existing crisis intervention (CIT) and outreach efforts toward development of a formalized and collaborative model that can be consistently deployed to assist individuals co-experiencing acute mental illness and homelessness. Identify specific pathways to varying levels of treatment for individuals requiring crisis intervention to ensure the individual moves toward long-term resolution; attempt to stop the revolving door of system involvement for these individuals.

→ **Rationale:** Expanding crisis intervention is crucial because it ensures individuals experiencing acute mental illness and homelessness receive immediate, appropriate support, preventing them from long-term cycling through emergency services.

Priority #4 — Shelter Strategies



Objective 4.1 — Increase Case Management in shelters.

Increase intensive housing-focused case management capacity within emergency shelters. This can be achieved through increasing funding to emergency shelter providers to increase their service delivery capacity, accessing private or philanthropic funds, seeking grant opportunities, or partnership with existing programs. Increase training for case managers and other frontline staff to enhance their ability to navigate their clients through the complex continuum of housing resources.

→ **Rationale:** Housing case management is critical in homeless shelters because it provides personalized support to individuals, helping them navigate the complex process of securing stable housing, accessing services, and addressing any barriers to long-term housing stability.



Objective 4.2 — Expand shelter capacity for families with minor children.

Increase the number of shelter beds that are available for families with minor children. This may include repurposing existing programs, reallocating unused or underused spaces, developing new partnerships, and advocating for the creation of new shelter space dedicated to families. Ensure that these shelters are equipped with family-focused services, such as childcare, educational support, and case management, to address the unique needs of families experiencing homelessness and help them transition to stable housing.

→ **Rationale:** *A stable shelter offers a foundation for children to feel safe, allowing them to focus on their education, develop healthy social skills, and maintain routines, all of which are critical to their long-term development.*



Objective 4.3 — Increase mental health access inside shelters.

Integrate behavioral health services (e.g., mental health, alcohol, and substance use services) into shelters, expanding the wrap around services that are currently provided. This may include developing new partnerships between mental health and shelter providers or by creating new initiatives that create mental health access points within our shelters

→ **Rationale:** *Mental health access is crucial in homeless shelters because it provides individuals with the support needed to address underlying conditions, reduce trauma, and improve overall well-being, which are essential for their recovery and successful transition to stable housing.*



Objective 4.4 — Increase transitional housing capacity.

Expand transitional housing availability for individuals requiring a longer length of stay, and more intensive case management, than offered at emergency shelters. This may include increasing the number of transitional housing beds that are available or repurposing current programs to include a longer-term service plan for individuals with greater barriers to housing. Explore viability of non-congregate shelter; non congregate shelter is a shelter that provides individuals with their own private space.

→ **Rationale:** *Transitional housing is essential in ending homelessness because it provides a stable and supportive environment for individuals and families requiring a longer length of stay than is afforded by emergency shelter. Transitional housing helps build the foundation for long-term stability and self-sufficiency.*

**Objective 4.5 — Create year-round White Flag shelter.**

Assess viability and potential implementation of year-round (365 day) White-Flag shelter. Year-round white flag shelters provide consistent, accessible emergency shelter for individuals experiencing homelessness, ensuring that no one is turned away.

Rationale: *Offering shelter throughout the year ensures that vulnerable individuals have consistent access to warmth, safety, and support services, helping to prevent life-threatening situations and improving their chances of accessing housing.*

Priority #5 — Housing Strategies

**Objective 5.1 — Increase percentage of affordable housing for low-income households.**

Prioritize affordable housing development for low and extremely low[1]income households. Affordable housing is typically developed for households between 30% and 120% of their area median income (AMI). Influencing housing development requires partnership with both local and state elected officials, offices, commissions, and boards to ensure that future policies, funds, and incentives are used to maximize impact.

Rationale: *Those at, and below, 60% AMI represent the greatest risk of becoming homeless. However much, and perhaps most, affordable housing is created for households above 60% AMI. There was no data available as to what percentage of affordable housing units are restricted at each income level; acquiring that data to understand the scope of this problem would be a possible first step.*

**Objective 5.2 — Create more Permanent Supportive Housing.**

Develop strategies that support the development of more units of Permanent Supportive Housing, both project based and scattered site, to serve individuals and households experiencing homelessness. This includes assisting developers in identifying land use opportunities, understanding the specific development needs of our community, and connecting with private and public funding opportunities. This can also include leveraging tenant-based vouchers to increase scattered site supportive housing for individuals and households experiencing homelessness. Supportive housing should be tailored to specific populations based on community need.

Rationale: *Supportive housing combines stable, permanent housing with access to supportive services, such as mental health care and substance abuse treatment, which are essential for long-term success. This holistic approach helps individuals overcome the barriers that contributed to their homelessness, enabling them to regain independence and stability.*



Objective 5.3 — Enhance Coordinated Entry.

Conduct assessment of Coordinated Entry System to ensure housing placement and data collection is occurring at maximum efficiency and to identify opportunities for system improvement. Utilize statewide policies and procedures for Coordinated Entry, as well as national best practices and policy recommendations, to inform assessment and improvement.

→ **Rationale:** *Coordinated Entry is the primary vehicle through which individuals and households experiencing homelessness access permanent housing in our community. In addition, Coordinated Entry is positioned to easily collect key data points that serve as indicators of system health including number of individuals awaiting housing, number of individuals referred to housing, number of individuals placed in housing, denial rate, average length of time from referral to housing, and recidivism rate.*



Objective 5.4 — Increase housing opportunities for formerly incarcerated individuals.

Enhance efforts to expand and enhance the availability of housing options for individuals who have previously been incarcerated, ensuring they have greater access to stable living conditions as they reintegrate into society. This may include partnering with entities who currently provide housing opportunities for formerly incarcerated individuals. This may also include increased coordination with correctional discharge planning processes, outreach to currently or formerly incarcerated individuals, or supporting development of new programs and initiatives.

→ **Rationale:** *Housing programs for formerly incarcerated individuals are crucial in providing stability and reducing recidivism, as stable housing fosters a sense of security and belonging. These programs offer a pathway to reintegration into society, helping individuals access employment, healthcare, and housing stability.*



Objective 5.5 — Increase affordable housing advocacy at all policy levels.

Prioritize advocacy for increased housing resources at the local, state, and federal levels to address the critical need for affordable housing. This can be achieved through organizing public awareness campaigns and collaborating with community organizations to highlight the urgency of expanding housing support. Additionally, engaging in direct advocacy activities, such as participating in legislative hearings and hosting town hall meetings, can help influence policy decisions and secure funding for housing initiatives.

→ **Rationale:** *The Commission is uniquely positioned to increase the awareness of our affordable housing needs among city and county representatives and leverage the expertise and capacity of partners such as Prosperity Indiana and IHCD to multiply the impact of efforts at the state and federal levels.*

Objectives

Number	Committee	Objective
0.1	System Effectiveness	Adopt shared language and terminology.
0.2	System Effectiveness	Implement data sharing and data dashboard.
0.3	System Effectiveness	Ensure local efforts to prevent and end homelessness lead to equitable outcomes.
0.4	System Effectiveness	Incorporate lived experience into decision making to the greatest extent possible.
0.5	System Effectiveness	Activate and sustain coalition and committee structure.
1.1	Prevention	Prevent homelessness through mental health treatment.
1.2	Prevention	Increase support for households residing in public/affordable housing.
1.3	Prevention	Involve landlords in prevention.
1.4	Prevention	Expand funds available for emergency rental assistance and other direct prevention.
1.5	Prevention	Increase diversion activity at frontline touchpoints.
2.1	Unsheltered	Expand behavioral and mental health outreach to unsheltered individuals and households.
2.2	Unsheltered	Strengthen services designed to meet basic needs.
2.3	Unsheltered	Increase safe and supportive sleeping options.
2.4	Unsheltered	Create shelter bed inventory.
2.5	Unsheltered	Increase access to permanent housing placement for unsheltered individuals.
3.1	Mental Health	Identify long-term mental health treatment options.
3.2	Mental Health	Increase programs that co-address housing and mental health needs.
3.3	Mental Health	Infuse mental health services into service sites.
3.4	Mental Health	Assess viability of implementation of an Assertive Community Treatment (ACT) team.
3.5	Mental Health	Enhance crisis intervention capacity.
4.1	Shelter	Increase Case Management in shelters.
4.2	Shelter	Expand shelter capacity for families with minor children.
4.3	Shelter	Increase mental health access inside shelters.
4.4	Shelter	Increase traditional housing capacity.
4.5	Shelter	Create year-round White Flag shelter.
5.1	Housing	Increase percentage of affordable housing for low income individuals.
5.2	Housing	Create more Permanent Supportive Housing.
5.3	Housing	Enhance Coordinated Entry.
5.4	Housing	Increase housing opportunities for formerly incarcerated individuals.
5.5	Housing	Increase affordable housing advocacy at all policy levels.

HUD Point in Time Count Analysis

On a single night each January, the U.S. Department of Housing and Urban Development directs communities to conduct the annual Point-in-Time (PIT) Count to estimate the number of people experiencing homelessness. This one-night count provides crucial data that offers a snapshot of homelessness across the country and within our community. PIT data supplies the metrics most commonly used to guide policy decisions, allocate resources, and measure the effectiveness of programs aimed at reducing homelessness.

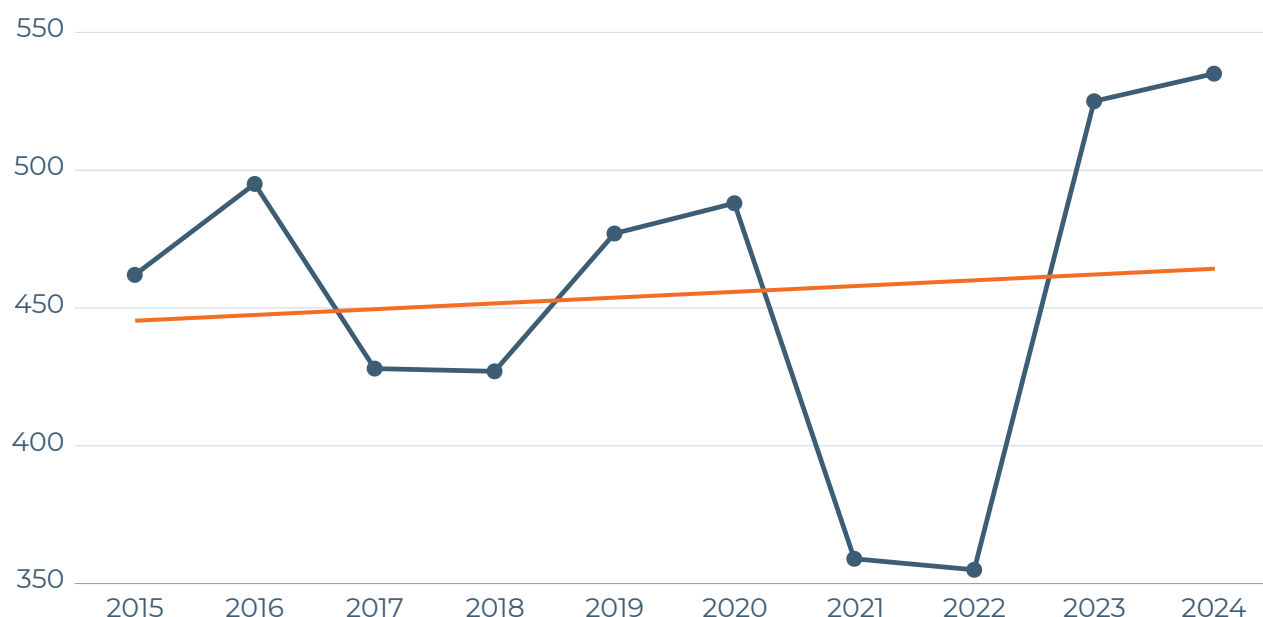
Region 12 represents the 10 counties of southwest Indiana: Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick. Despite encompassing a broad geographic area, the vast majority of homelessness in Region 12 occurs within the city limits of Evansville. Over the five most recent counts (2019 to 2024), Evansville has accounted for 98.29% of those counted regionally as experiencing homelessness. As a result, Region 12 data can be assumed to be representative of the City of Evansville and Vanderburgh County.

Region 12 experienced a 15.8% increase in overall homelessness across the ten counts that occurred from 2015 to 2024. This was a smaller increase compared to the United States as a whole, which experienced a 36.62% rise in homelessness during the same period. However, Region 12 fared worse than both Marion County, which saw a 2.1% increase, and the State of Indiana, which had a 7.2% increase in overall homelessness over the same period.

Area	2015 PIT	2024 PIT	2015 to 2024 % Change
Region 12 (Evansville)	462	535	15.80%
Marion County (Indianapolis)	1,666	1,701	2.10%
State of Indiana	5,863	6,285	7.20%
United States	564,708	771,480	36.62%

In order to effectively address homelessness in Region 12, it is important that we continue to utilize the data provided by the Point-in-Time Count, along with other local metrics, to inform our strategies and decisions. The disparities between Region 12 and other areas in Indiana highlight the need for a tailored, community-driven approach that focuses on our unique challenges. By using Point-in-Time Count data, we can identify those specific areas where resources are needed most and target interventions to where they will have the greatest impact.

PIT Region 12 — All Individuals 2015 to 2024

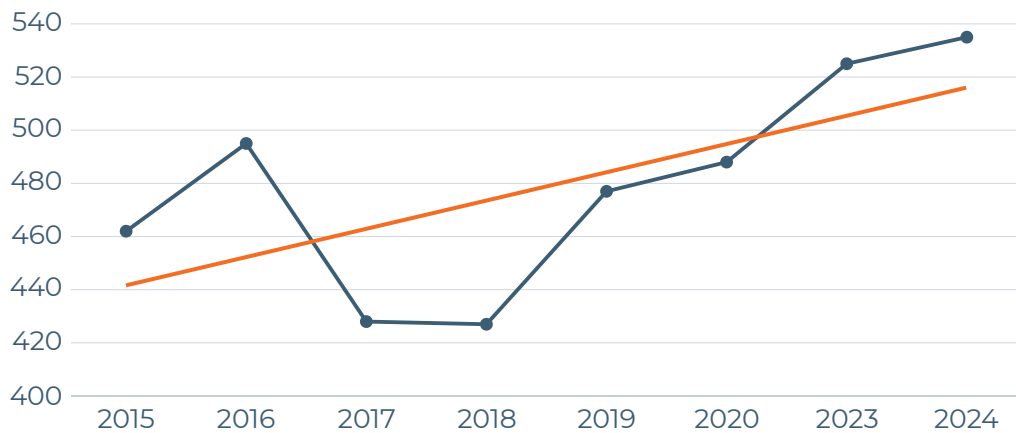


We begin by considering the dataset that includes the total number of individuals experiencing homelessness during the annual Point-in-Time Count over the most recent 10 years (2015 – 2024). This dataset demonstrates significant fluctuations with a large standard deviation (62.854) that indicates a wider distribution from the mean. The volatility associated with such a large standard deviation weakens the predictive power of the data set.

Variable	N	Min.	Max.	Mean	Std. Dev.	Skewness	Kurtosis
PIT Count 2015-2024	10	355	535	455.1	62.584	-0.550	-0.705
PIT Count 2015-2024 <i>Omitting 2021 & 2022</i>	8	427	535	479.6	39.971	-0.064	-1.962

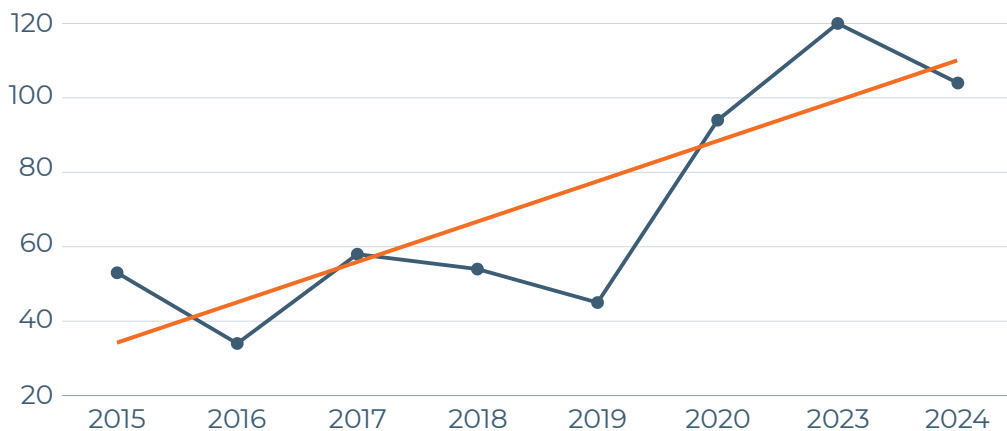
By removing the most significant outliers (2021 and 2022) from the data set, the trend becomes more stable. The standard deviation reduces to 39.871 and the skewness moves from -.550 to -.064, indicating significantly increased predictive power. The change in kurtosis also suggests fewer extreme values, or outliers, are present in the new data set. This less volatile trend supports the generally accepted notion that the 2021 and 2022 counts were artificially depressed due to factors related to COVID-19 including reduced emergency shelter capacity due to social distancing and increased emergency rental assistance availability. Considering both statistical and anecdotal evidence regarding the 2021 and 2022 counts, we conclude that further analysis is more effectively conducted on a dataset that excludes 2021 and 2022.

PIT Region 12 — All Individuals
2015 to 2024 (Excluding 2021 and 2022)



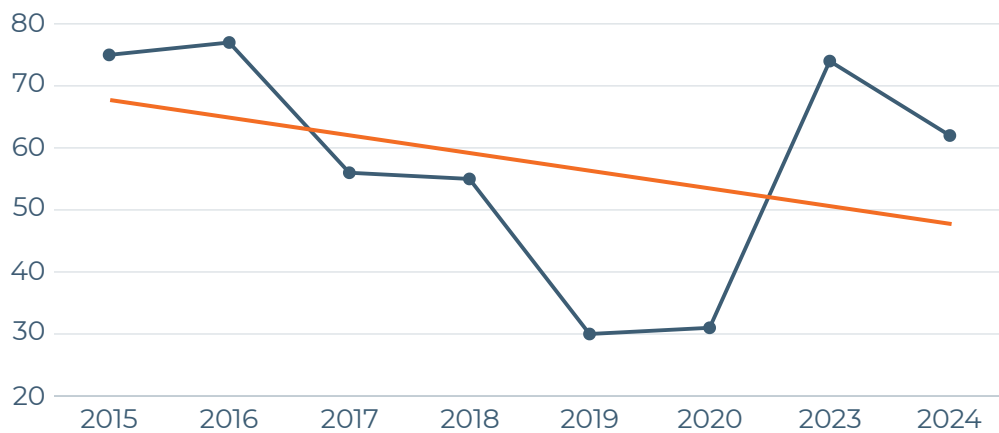
Overall homelessness is increasing in Evansville. By performing a basic linear regression analysis on the number of individuals counted as experiencing homelessness, we can project future counts based on past trends. When analyzing the counts from 2015 to 2024 (excluding 2021 and 2022), we observe a clear upward trend ($y = 10.607x + 431.89$). This increase in total homelessness is statistically significant at a 90% confidence level ($p = 0.081$), with an R-squared value of 0.423. According to this model, if the trends observed over the past ten years continue, we can expect to count 601 individuals experiencing homelessness by 2030. This would represent a 12.34% increase over the 535 counted in 2024.

PIT Region 12 — Unsheltered
2015 to 2024 (Excluding 2021 and 2022)



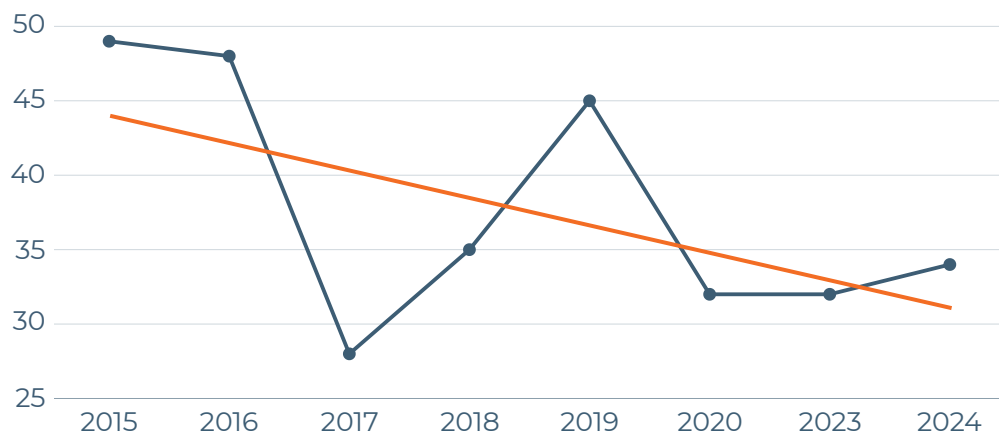
Unsheltered homelessness is increasing in Region 12 at an alarming rate. A linear regression analysis of unsheltered homelessness shows a concerning upward trend ($Y = 10.548x + 22.786$). The relationship between the rise in unsheltered homelessness over time is statistically significant at an 85% confidence level ($p = 0.011$), with an R-squared value of 0.683, indicating strong predictive power. According to this model, if the trends observed over the last 10 years continue, we can expect to count 138 individuals experiencing unsheltered homelessness in 2030. This would represent a 32.69% increase over the 104 counted in 2024.

PIT Region 12 — Chronic Homelessness
2015 to 2024 (Excluding 2021 and 2022)



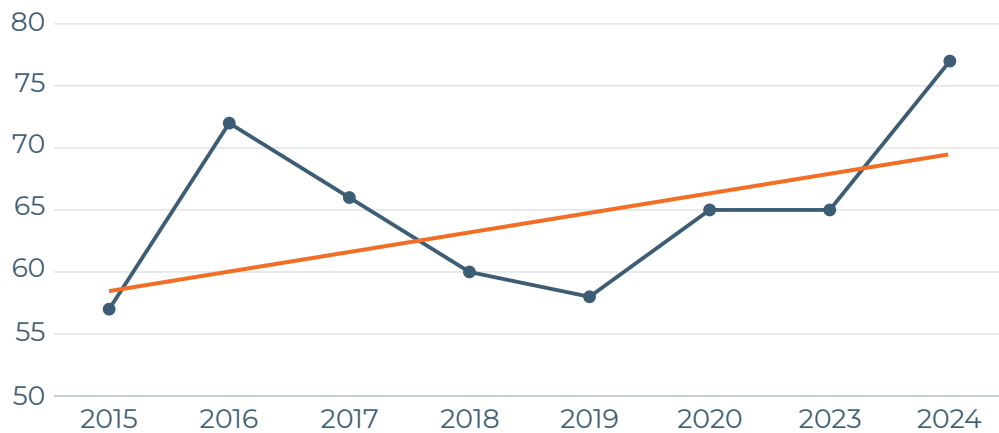
Chronic homelessness is decreasing across an adjusted ten-year trend despite recent spikes. A linear regression analysis of chronic homelessness shows a downward trend, but the relationship is not statistically significant ($p = 0.438$) and has a low R-squared value of 0.103. This indicates that the model has weak predictive power, making it unreliable for projecting future trends ($Y = -2.452x + 68.536$). If we apply the trend despite reduced reliability, we find that 41 individuals may be experiencing chronic homelessness by 2030. This would represent a 33.87% decrease over the 62 counted in 2024. Despite the adjusted 10-year trend being downward, it should be noted that chronic homelessness has been elevated for four consecutive counts (2021, 2022, 2023, and 2024).

PIT Region 12 — Veteran Homelessness
2015 to 2024 (Excluding 2021 and 2022)



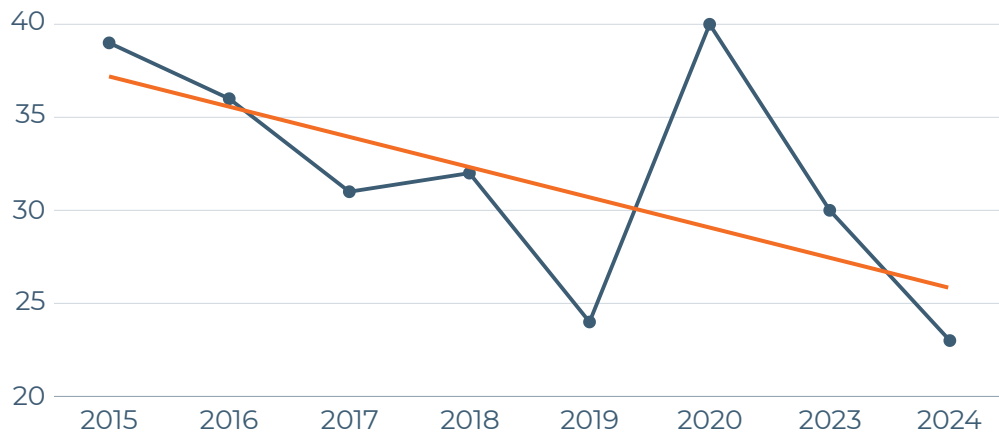
Veteran homelessness is declining slightly in Region 12. A linear regression analysis of veteran homelessness reveals a significant downward trend ($Y = -1.940x + 46.607$), with a p-value of 0.130. This indicates that, although the trend is declining, the relationship between passage of time and veteran homelessness is only moderately significant. The model has an R-squared value of 0.339, suggesting moderate predictive power. According to this model, if the trends observed over the last 10 years continue, we can expect to count 25 Veterans experiencing homelessness in 2030. This would represent a 26.47% decrease over the 34 counted in 2024.

PIT Region 12 — Children Under Age 18
2015 to 2024 (Excluding 2021 and 2022)



The number of children experiencing homelessness hit an all-time high of 77 in 2024, a 18.46% increase over 2023. A linear regression analysis of children experiencing homelessness shows a slight upward trend ($Y = 1.190x + 59.643$). However, both the significance level ($p = 0.296$) and the R-squared value (0.179) are low, indicating that the relationship between passage of time and homelessness among children is weak. If we apply the trend despite reduced reliability, we find that 72 children may be experiencing homelessness by 2030. This would represent an 6.49% decrease over the 77 counted in 2024. However, the model predicts this number would rise to 78, a new all-time high, by 2035.

PIT Region 12 — Youth Aged 18 to 24
2015 to 2024 (Excluding 2021 and 2022)



The number of youths aged 18 to 24 experiencing homelessness reached a 10-year low in 2024 when allowing for removal of outlier years 2021 and 2022. A linear regression analysis of youth aged 18 to 24 experiencing homelessness shows a downward trend ($Y = -1.464x + 38.464$). The significance of the statistical relationship ($p = 0.142$) and an R-squared value of 0.323 suggest predictive power. If the trends observed over the last 10 years continue, we can expect to count 22 youth aged 18 to 24 experiencing homelessness in 2030. This would represent a 4.34% decrease over the 23 counted in 2024.

Variable	2024 PIT Actual	2030 PIT Projected	% Change	Confidence Level
All Individuals	535	601	12.34%	90%
Unsheltered	104	138	32.69%	95%
Chronic Homelessness	62	41	-33.87%	55%
Veterans	34	25	-26.47%	85%
Children (Under 18)	77	72	-6.49%	70%
Youth Aged 18-24	23	22	-4.35%	85%

Applying the trends observed over the past 10 years allows us to reliably predict increases in overall homelessness and unsheltered homelessness, as well as decreases to Veterans and youth aged 18 to 24 experiencing homelessness, with a reasonable degree of reliability. Although we can note modest decreases to children experiencing homelessness and chronic homelessness over the same period, these trends are less effective in making future projections. The most alarming increase based on percentile is to individuals experiencing unsheltered homelessness, although the increase in overall homelessness is also concerning.

Variable	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
All Individuals	462	495	428	427	477	488	359	355	525	535
Unsheltered	53	34	58	54	45	94	28	42	120	104
Chronic Homelessness	75	77	56	55	30	31	61	71	74	62
Veterans	49	48	28	35	45	32	25	30	32	34
Children (Under 18)	57	72	66	60	58	65	40	33	65	77
Youth Aged 18-24	39	36	31	32	24	40	24	19	30	23

Unduplicated HMIS Data Analysis

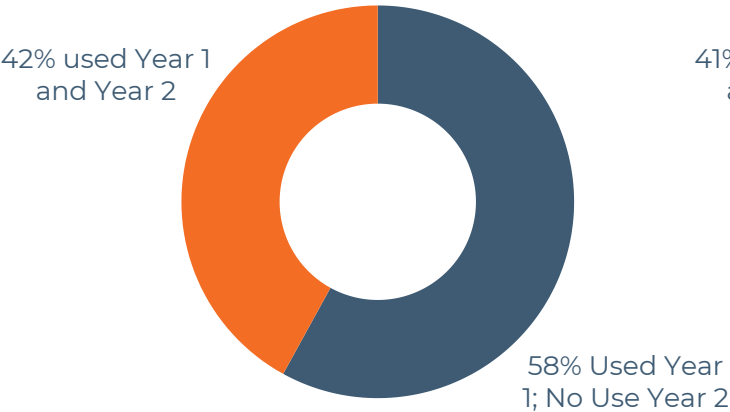
Unduplicated HMIS data provides another framework for assessing homelessness. Unduplicated data ensures that each individual is counted only once, removing any repetitions or duplications. This approach offers the most accurate measure of the number of unique individuals experiencing homelessness over a defined period of time, such as one year. This analysis of unduplicated data considers two consecutive 12-month periods: September 1, 2022, to August 31, 2023 (Year 1), and September 1, 2023, to August 31, 2024 (Year 2).

	Year 1	Year 2
Unduplicated Users	All Individuals	All Individuals
All Programs	2,807	2,868
Permanent Supportive Housing	396	395
Rapid Re-Housing	387	377
Emergency Shelter	2,006	2,126
Street Outreach	403	267

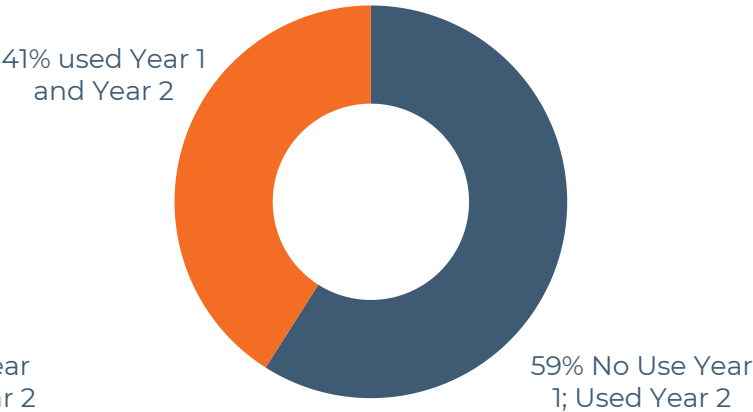
During Year 1, a total of 2,807 unduplicated individuals experienced homelessness and utilized a homeless service in our community. Of those, 1,637 (58%) exited the system and did not return at any point during Year 2 while the other 1,170 (42%) remained in, or returned to, the system from Year 1 to Year 2.

During Year 2, a total of 1,698 new unduplicated individuals entered the system, joining the 1,170 who remained or returned from Year 1, for an unduplicated total of 2,868 system users during Year 2. This represents a slight (2.17%) increase over Year 1 unduplicated totals.

Year 1 Unduplicated System Users
Leavers vs. Stayers/Returners

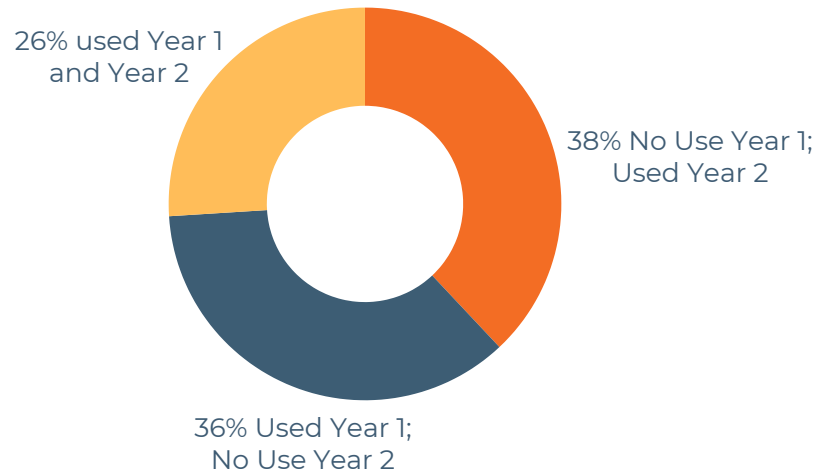


Year 2 Unduplicated System Users
Stayers/Returners vs. New Users



Combining Year 1 unduplicated totals (2,807) and Year 2 new unduplicated entries (1,698) allows us to count 4,505 unique individuals as having experienced homelessness in our community over the two-year period reviewed in this analysis. These 4,505 unique individuals represent those accessing services during Year 1 but not Year 2 (1,637), during both Year 1 and Year 2 (1,170), and during Year 2 but not Year 1 (1,698).

Year 1 and 2 Total Unduplicated System Users



Permanent Supportive Housing Analysis

Our analysis considered our community's primary permanent supportive housing stock consisting of 204 units. Within this stock, units increased from 177 to 204 (15.25%) in July 2024 with the opening of the Promise Home, the newest supportive housing development in our community. Exempted from this analysis are HUD-VASH (Veterans Administration) and HOPWA (AIDS Resource Group) supportive housing units. This analysis of duplicated data considers two consecutive 12-month periods: September 1, 2022, to August 31, 2023 (Year 1), and September 1, 2023, to August 31, 2024 (Year 2).

Organization	Program	Type	Total Units (204)
Aurora	Vision 1505	Single-Site	32
Aurora	Beacon	Multi-Site	22
ECHO Housing	Lucas Place	Single-Site	20
ECHO Housing	Lucas Place II/Renaissance 16	Multi-Site	43
ECHO Housing	Garvin Lofts	Multi-Site	40
ECHO Housing	New Start	Multi-Site	20
ECHO Housing	Promise Home	Single-Site	27

PSH Utilization

Utilization rate refers to the number of units that are occupied compared to the total number of units available at any given time. The average PSH utilization rate over the two-year period reviewed was 84.70%. Over the two years analyzed, PSH utilization rate achieved a high of 90.40% in July 2023 and a low of 72.55% in July 2024.

Organization	Oct. '22	Jan. '23	Apr. '23	Jul. '23	Oct. '23	Jan. '24	Apr. '24	Jul. '24	Average
Total Occupied	149	154	158	160	151	146	153	148	152.375
Utilization Rate	84.18%	87.01%	89.27%	90.40%	85.31%	82.49%	86.44%	72.55%	84.70%
Unoccupied Units	28	23	19	17	26	31	24	56	28

PSH Housing Stability Measure

Housing Stability Measure refers to the percentage of individuals who retain permanent housing after entering permanent supportive housing and is a primary measure of program success. Retaining permanent housing can represent remaining in the PSH program or exiting to other permanent housing. Individuals who exited to a long-term care facility or due to death are excluded from the calculation when determining the Housing Stability Measure.

	Year 1	Year 2	Year 1 and 2
Housing Stability Measure	98.24%	93.38%	95.90%

During Year 1, 98.24% of individuals participating in PSH programs retained permanent housing; during Year 2, 93.38% of individuals participating in PSH programs retained permanent housing; over both years, a total of 95.60% of individuals retained permanent housing. This means that only 4.4% of participating individuals exited PSH into a homeless or an unstably housed situation over the two years reviewed.

PSH Housing Situations Prior to Entry

A review of duplicated data over the two-year period indicates that vast majority of individuals enter PSH from a homeless situation (93.97%). The remainder entered from temporary situations (4.46%), permanent situations (1.12%), or represent data not collected (0.45%).

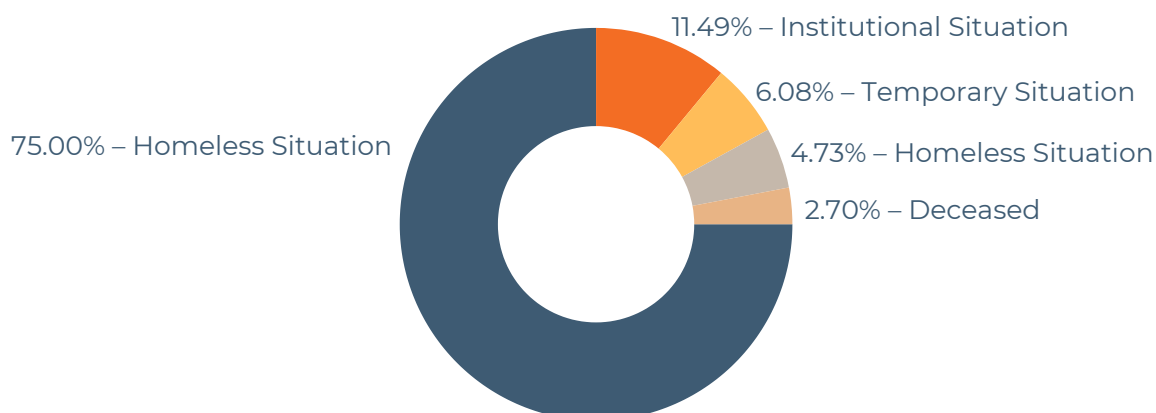
PSH Housing Situation Prior to Entry
Two-Year Duplicated Total



PSH Exit Destination

A review of duplicated data over the two-year period indicates that most individuals departing PSH programs exit to permanent housing situations (75.00%). The remainder exit to temporary situations (6.08%), institutional situations (11.49%), homeless situations (4.73%), or due to death (2.70%). Exits to long-term care facilities and due to death are included in the calculation.

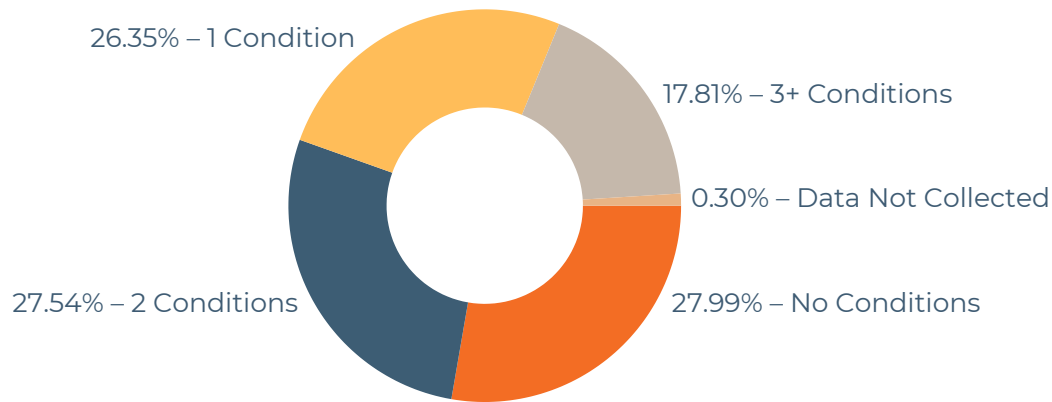
PSH Exit Destination
Two-Year Duplicated Total



PSH Disabling Conditions at Entry

A review of duplicated data over the two-year period indicates that a significant portion of individuals entering permanent supportive housing have at least one disabling condition (71.71%), with nearly half having two or more disabling conditions (45.36%), and some having three or more disabling conditions (17.81%). Specific conditions among those entering PSH included mental health disorder (47.75%), alcohol use disorder (7.78%), drug use disorder (17.07%), both alcohol and drug use disorder (9.28%), chronic health condition (19.91%), HIV/AIDS (2.99%), developmental disability (12.87%), and physical disability (17.37%).

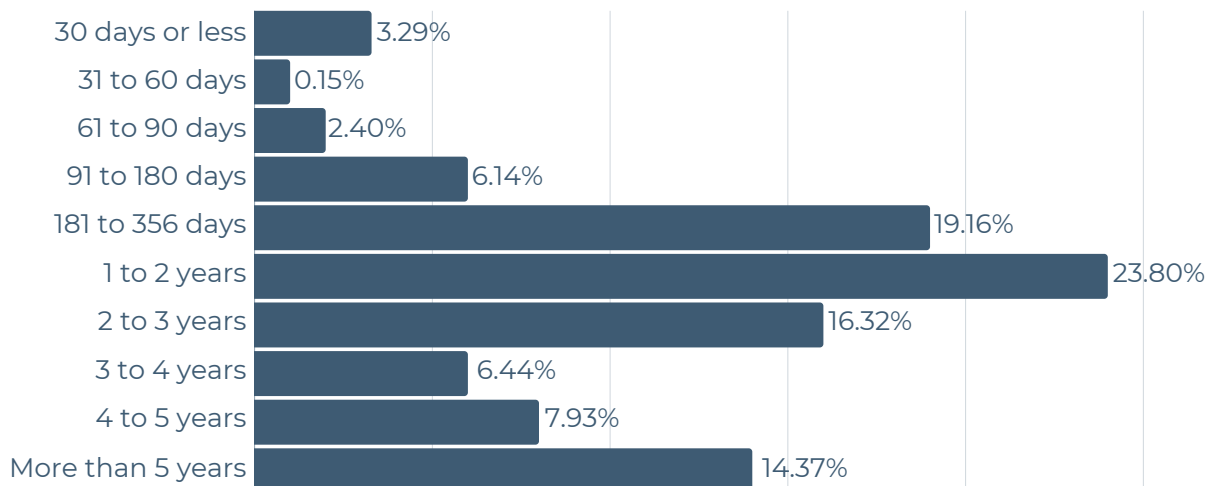
PSH Disabling Conditions at Entry
Two-Year Duplicated Total



PSH Length of Stay

Most individuals (59.28%) participating in PSH have a length of stay between 180 days and three years. Nearly one-third of participants (28.74%) have a length of stay that is greater than three years, while far less participants (11.98%) have a length of stay that is less than 180 days.

PSH Length of Stay



Emergency Shelter Analysis

Our analysis considered our community's emergency shelter bed stock consisting of 371 beds. Exempted from this analysis are medical respite beds, beds reserved for victims of domestic violence, and overflow beds. This analysis of duplicated data considers two consecutive 12-month periods: September 1, 2022, to August 31, 2023 (Year 1), and September 1, 2023, to August 31, 2024 (Year 2).

Shelter	Serving	Beds (371)
Evansville Rescue Mission	Men	185
United Caring Services	Men	50
House of Bread and Peace	Women	26
UCS Ruth's House	Women	22
YWCA	Women	4
Ozanam	Families	84

ES Bed Utilization

Utilization rate refers to the number of beds that are occupied compared to the total number of beds available at any given time. The average emergency shelter bed utilization rate over the two-year period reviewed was 75.34%. Over the two years analyzed, emergency shelter bed utilization rate achieved a high of 90.57% in January 2024 and a low of 67.39% in July 2023.

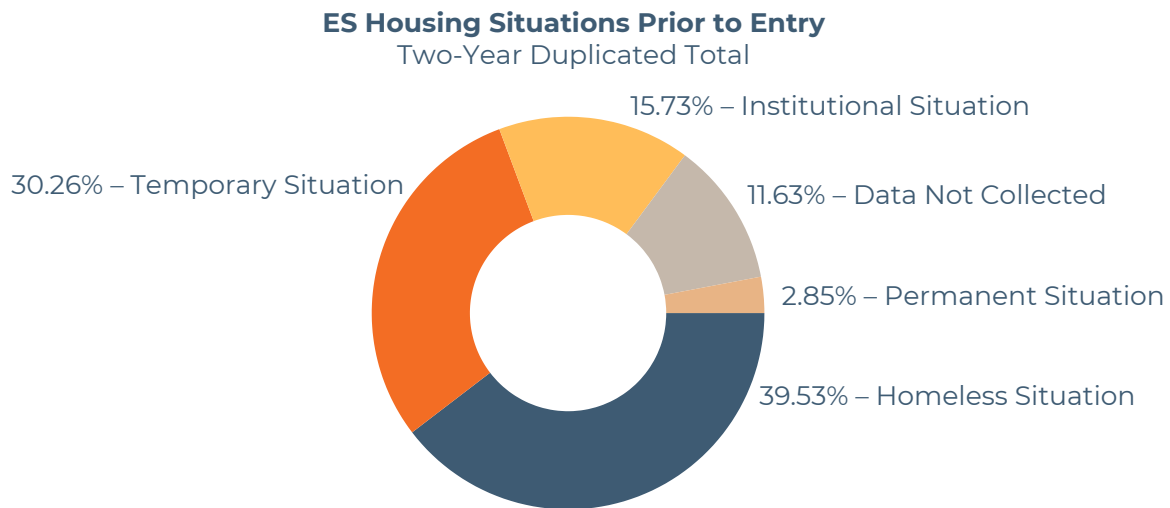
	Oct. '22	Jan. '23	Apr. '23	Jul. '23	Oct. '23	Jan. '24	Apr. '24	Jul. '24	Average
Total Occupied	259	273	260	250	305	336	266	287	279.5
Utilization Rate	69.81%	73.58%	70.08%	67.39%	82.21%	90.57%	71.70%	77.36%	75.34%

Utilization rate among beds that are reserved for individual women indicates a potential need this area. The average utilization rate among ES beds reserved for individual women was 93.75%. Over the two years analyzed, this utilization rate achieved a high of 100% in April 2023 and a low of 69.23% in April 2024. There are only 52 emergency shelter beds available for individual women currently.

	Oct. '22	Jan. '23	Apr. '23	Jul. '23	Oct. '23	Jan. '24	Apr. '24	Jul. '24	Average
Total Occupied	51	50	52	48	51	51	36	51	48.75
Utilization Rate	98.08%	96.15%	100.0%	92.31%	98.08%	98.08%	69.23%	98.08%	93.75%

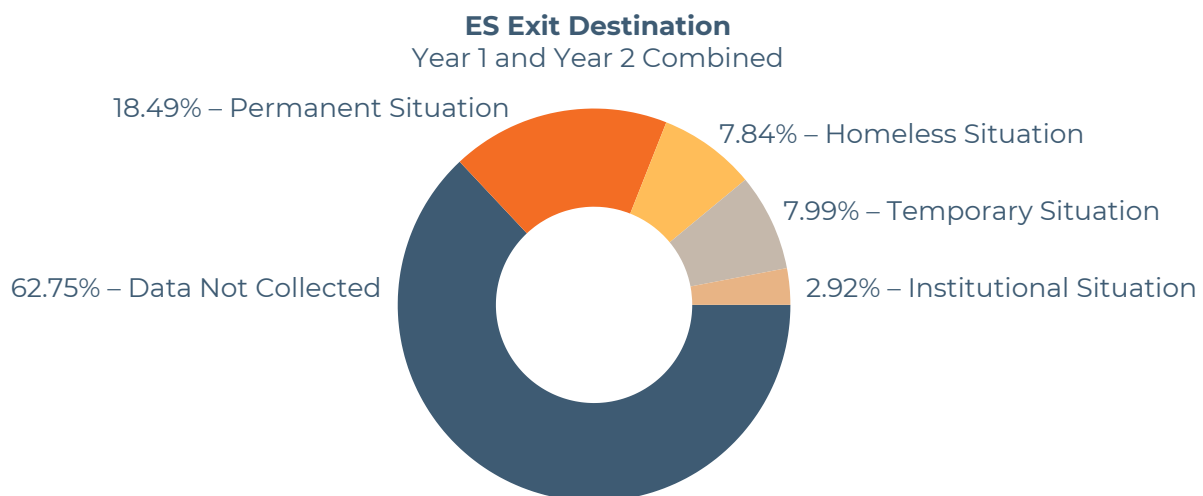
ES Housing Situations Prior to Entry

A review of duplicated data over the two-year period indicates that fewer than half of participants enter emergency shelter from a homeless situation (39.53%). Other participants enter from temporary situations (30.26%), institutional situations (15.73%), permanent situations (2.85%), or represent data not collected (11.63%).



ES Exit Destinations

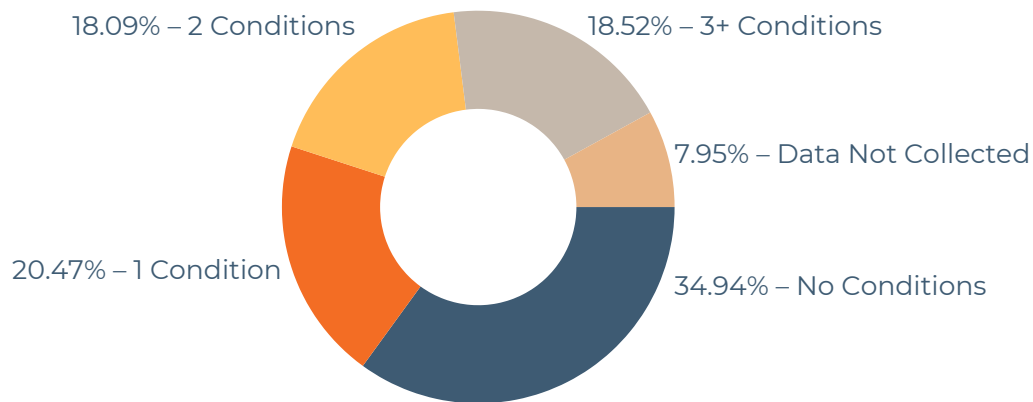
A review of duplicated data over the two-year period indicates that the destination data goes uncollected for the majority of leavers (62.73%). The remainder exit to permanent situations (18.49%), temporary situations (7.99%), institutional situations (2.92%), homeless situations (7.84%), and due to death (0.02%).



ES Disabling Conditions at Entry

A review of duplicated data over the two-year period indicates that a majority of individuals entering emergency shelter have at least one disabling condition (57.08%), with over one-third having two or more disabling conditions (36.61%), and some having three or more disabling conditions (18.52%). Specific conditions among those entering emergency shelter included mental health disorder (31.76%), alcohol use disorder (6.66%), drug use disorder (11.88%), both alcohol and drug use disorder (8.26%), chronic health condition (22.39%), HIV/AIDS (0.66%), developmental disability (13.83%), and physical disability (20.14%).

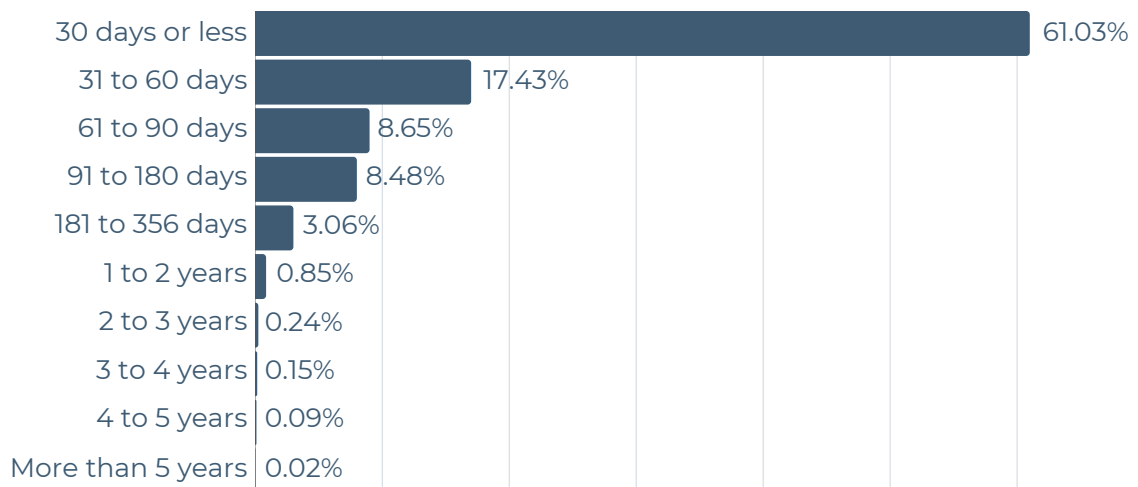
ES Disabling Conditions at Entry
Two-Year Duplicated Total



ES Length of Stay

Most individuals utilizing emergency shelter have a length of stay that is 30 days or less (61.03%). A significant number of participants have a length of stay that is between 31 and 90 days (26.08%), while a minority of participants have a length of stay that is greater than 90 days (12.89%).

ES Length of Stay

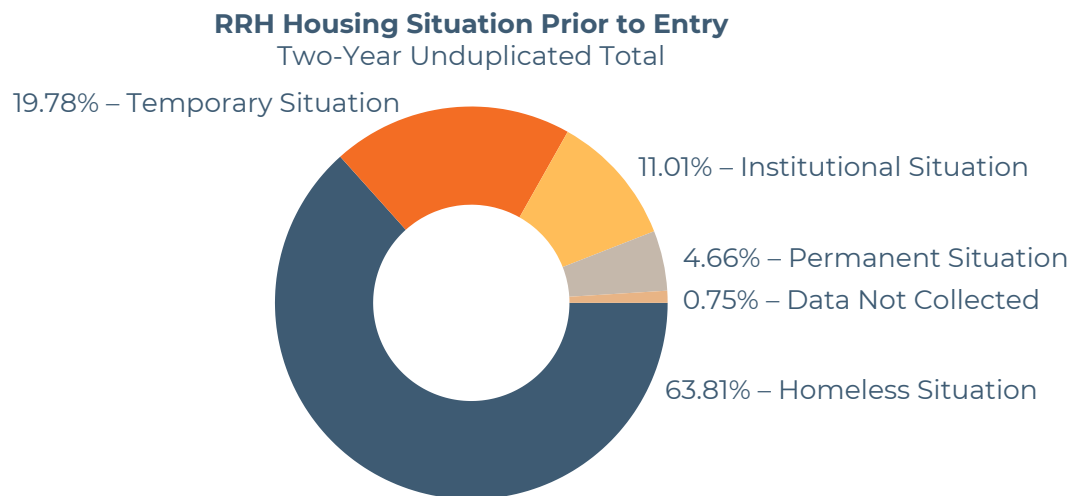


Rapid Re-Housing Analysis

Our analysis considered aggregate data from our community's rapid re-house providers, Aurora, Inc., and Supportive Services for Veteran Families (SSVF). This analysis of duplicated data considers two consecutive 12-month periods: September 1, 2022, to August 31, 2023 (Year 1), and September 1, 2023, to August 31, 2024 (Year 2).

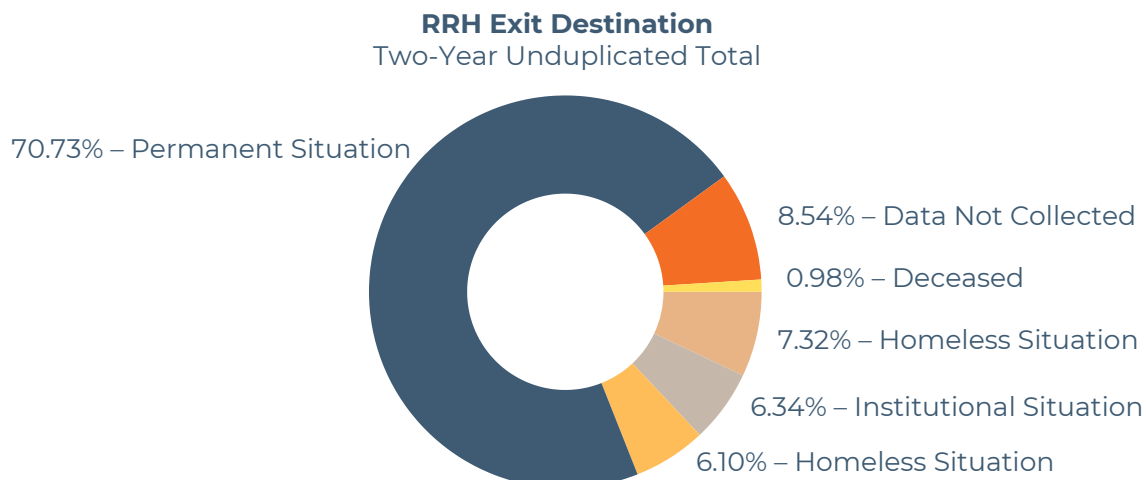
RRH Housing Situations Prior to Entry

A review of duplicated data over the two-year period indicates that most individuals enter rapid re-housing from a homeless situation (63.81%). The remainder enter from temporary situations (19.78%), institutional situations (11.01%), permanent situations (4.66%), or represent data not collected (0.75%).



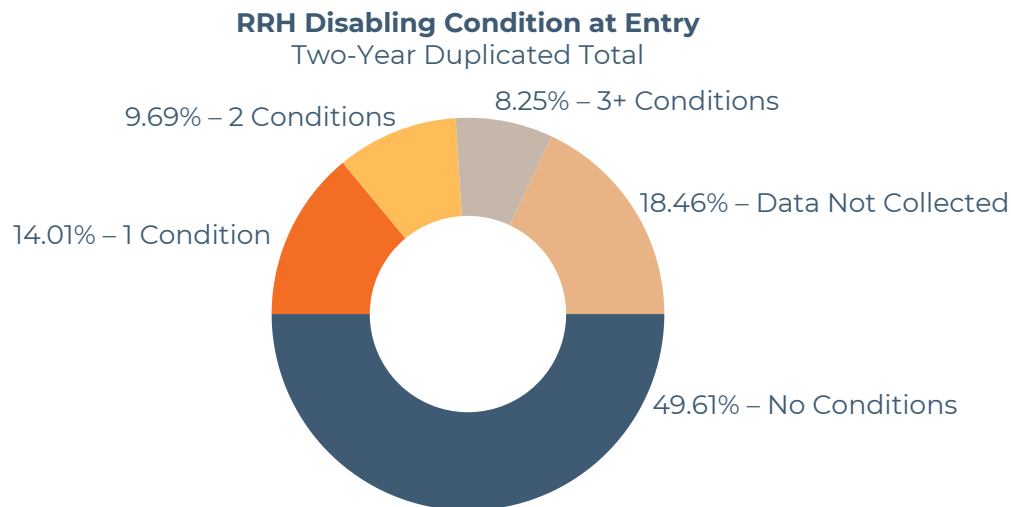
RRH Exit Destinations

A review of duplicated data over the two-year period indicates that the majority of individuals departing rapid re-housing programs exit to permanent housing situations (70.73%). The remainder exit to temporary situations (6.10%), institutional situations (6.34%), homeless situations (7.32%), or due to death (0.98%).



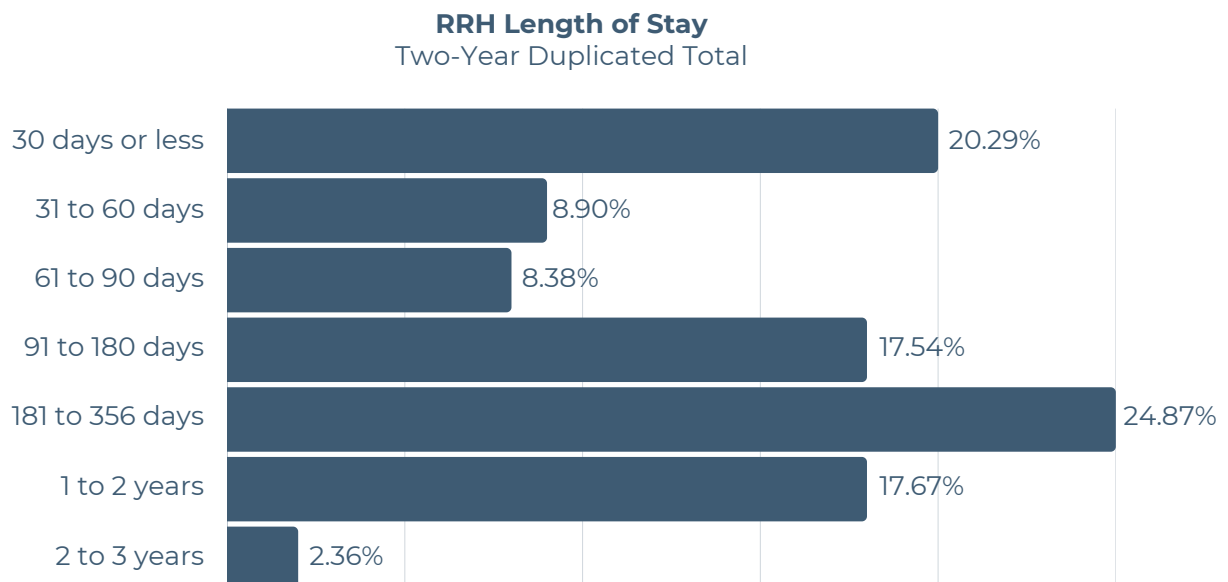
RRH Disabling Conditions at Entry

A review of duplicated data over the two-year period indicates that many individuals entering rapid rehousing have at least one disabling condition (31.95%), with nearly one-fifth having two or more disabling conditions (17.94%), and some having three or more disabling conditions (8.25%). Specific conditions among those entering emergency shelter included mental health disorder (17.67%), alcohol use disorder (3.53%), drug use disorder (12.83%), both alcohol and drug use disorder (2.49%), chronic health condition (10.47%), developmental disability (5.37%), and physical disability (7.07%).



RRH Length of Stay

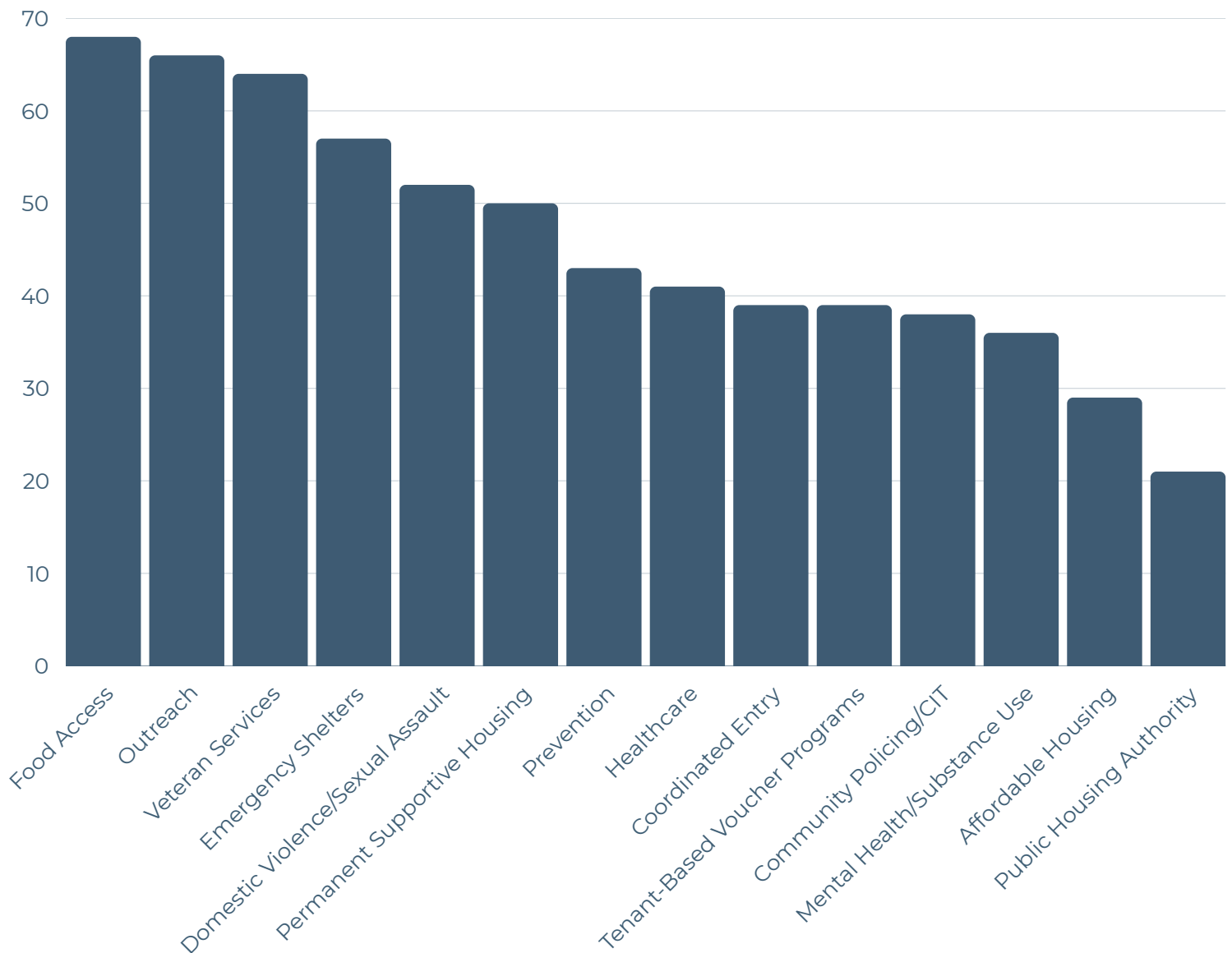
The majority of individuals participating in rapid re-housing have a length of stay between 31 days and 1 year (59.69%). A significant number of participants have a length of stay that is less than 30 days (20.29%), while a minority of participants have a length of stay that is greater than one year (20.03%).



Agency Staff Perception of Systems

Agency staff were asked to identify which housing or housing adjacent systems were effective in assisting individuals experiencing homelessness. Assessing effectiveness is important in community homelessness planning because it helps pinpoint gaps in services and barriers that may prevent individuals from receiving the support they need. Understanding these access issues can enable our community to streamline processes, improve coordination, and ensure that essential resources are available to those experiencing homelessness.

Measure: Percentage of Agency Staff that perceive the system as effective in assisting individuals and households experiencing homelessness.

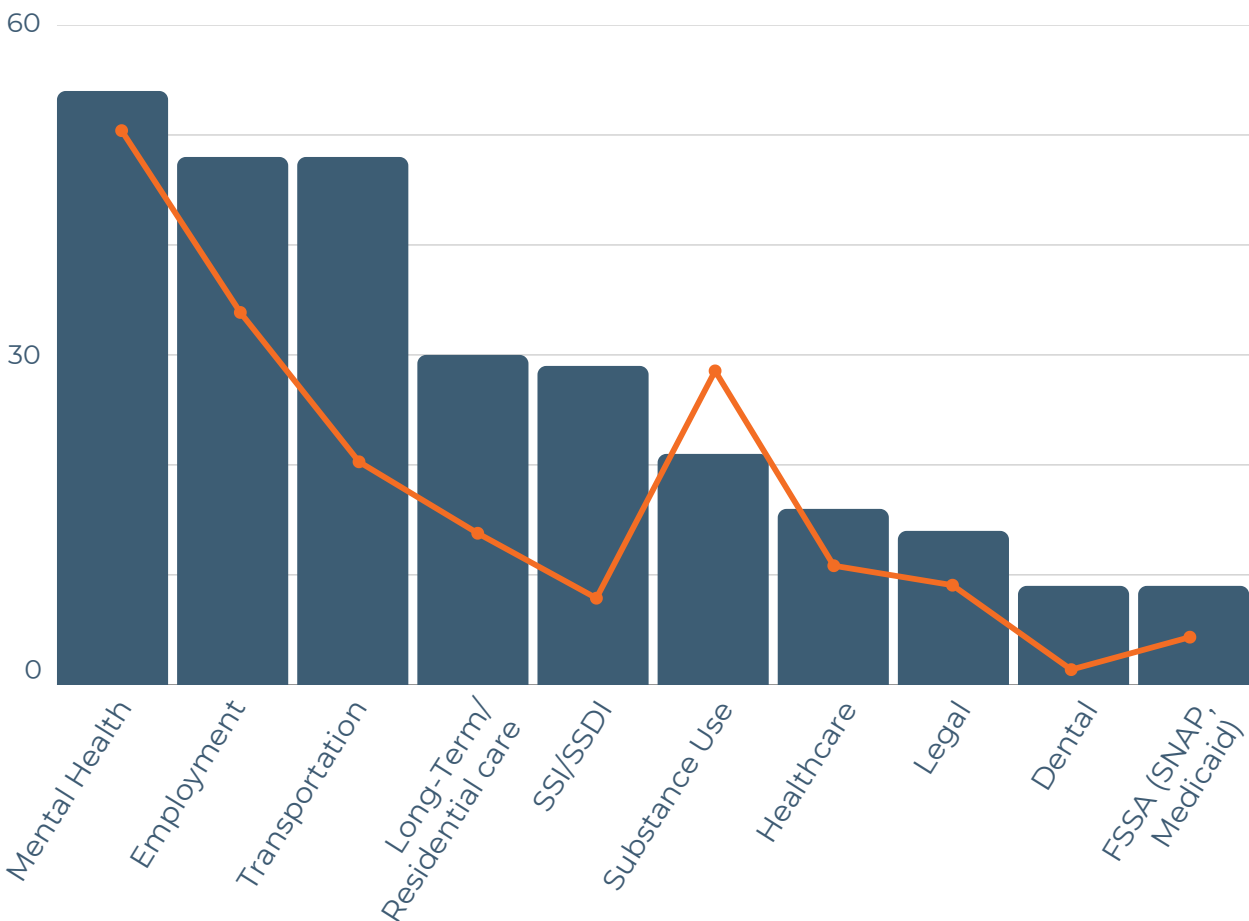


Impact vs. Access in Non-Housing Systems

Agency staff were asked to identify (a) which non-housing systems have the greatest impact on the housing stability of their clients and (b) which non-housing systems are the most difficult for their clients to access. There emerged a correlation between ability to impact and difficulty of access; meaning that the non-housing systems that are the most impactful to housing stability are also the most difficult to access. According to Agency Staff, mental health is the most important system to individual housing stability, but is also the most difficult system to access. Substance use services represent the only significant exception, demonstrating a more positive impact/access relationship when compared with other systems. Encouragingly this suggests that substance abuse services are, by some margin, perceived as more accessible than some of their systemic counterparts. Agency Staff generally perceive healthcare, legal services, dental services, and FSSA services (Medicaid, SNAP) as more easily accessible to their clients.

Line Graph Measure: Which systems have the greatest potential to increase the housing stability of the clients served by your agency?

Bar Chart Measure: Which systems do the clients served by your agency have the greatest difficulty accessing?



Agency Staff

Agency staff represent those working on the front lines of homelessness. Stakeholder feedback indicates that our community is fortunate to have a cohort of frontline providers that are experienced, educated, compassionate, and personally connected to the cause of improving our community through ending homelessness.

58.9% of Agency Staff have been employed for more than 5 years with their current organizations.

80.3% of Agency Staff consider themselves likely or extremely likely to be employed with their current organization in 5 years.

76.7% of Agency Staff hold a bachelor's degree or higher.

94.6% of Agency Staff agree or strongly agree that their job makes them feel like they are making a positive impact on their community.

Staff Satisfaction

Staff satisfaction in our homeless service organizations is crucial because it directly impacts the quality of care and support provided to individuals experiencing homelessness. When staff members are content and feel valued, they are more likely to be engaged, compassionate, and effective in their roles. High levels of job satisfaction can reduce burnout, increase retention, and foster a positive work environment, which ultimately benefits clients who rely on these services. Satisfied staff members are better equipped to build trusting relationships with clients, navigate challenging situations, and advocate for systemic changes that address homelessness.

Net Promoter Score (NPS) is a metric used to gauge loyalty and satisfaction by asking how likely they are to make a recommendation to others on a scale of 0 to 10. Based on their responses, individuals are categorized as Promoters (9-10), Passives (7-8), or Detractors (0-6). Agency Staff produced an NPS of 27, which indicates a relatively positive level of engagement and loyalty (Promoters 39.2%, Passives 48.2%, Detractors 12.5%).

How likely is it that you would recommend working in this field to a friend or colleague?



Major Themes

Homelessness is a pervasive social issue that affects nearly every community across the country. While many of the underlying causes of homelessness are consistent from one community to another, there are distinct gaps within our own community. By effectively addressing these specific gaps as part of this strategic plan, we can make significant progress toward our ultimate goal of ending homelessness.

Mental Health

Mental Health emerged from stakeholder feedback as the most significant service gap in our community. Stakeholders rated our mental health system as the most inaccessible system for individuals experiencing homelessness in our community. Fewer than 40% of our stakeholders perceive our mental health system as effective in assisting individual and households experiencing homelessness. Mental Health was the second most frequently identified plan priority, behind only affordable housing.

Stakeholders working with clients in sheltered and unsheltered settings report a need for more formalized crisis intervention processes to assist in addressing acute or chronic mental health crises. Crisis intervention protocols can include street-level engagement, access to immediate care, crisis de-escalation and prevention, comprehensive assessment, access to varying levels of mental health treatment, collaboration with social service providers, and long term-support. Effective crisis intervention connects individuals with services that stop the revolving door of system involvement. Local partners recently developed a crisis-intervention model that has shown efficacy and promise in permanent supportive housing with potential for expansion to sheltered and unsheltered settings.

Federally funded community mental health centers (CMHC) are often the primary provider of mental health services to individuals experiencing homelessness. Nearly all individuals experiencing homelessness are eligible for a Medicaid program, and Medicaid is an eligible pay-source for CMHC services. As a result, the perceived gap in mental health services may be understood as a linkage issue rather than a true service gap.

Affordable Housing

Evansville has a well-documented shortage of affordable housing. According to the 2024 Bowen Report, there is a 98.6% occupancy rate among tax-credit properties and a 99.7% occupancy rate among government-subsidized properties. These rates, along with long wait lists at many projects, indicate a high demand of subsidized rental housing in our community. According to the report:

Healthy, well-balanced rental housing markets typically have occupancy rates between 94% and 96%. A market occupancy level over 96.0% may be an indication of a possible housing shortage, which can lead to housing problems such as unusually rapid rent increases, people forced to live in substandard housing, and households living in rent overburdened situations.

Bowen suggests Evansville currently has a housing need of 1,975 additional units of rental housing to eliminate this shortfall. Within our affordable housing gap, there is a specific shortage of larger bedroom types with nearly two-thirds of all subsidized housing consisting of studio and one-bedroom units. At approximately 25% of total affordable housing stock, two-bedroom units are noted as a specific deficiency in our community. Stakeholder feedback suggests that the majority of affordable housing in our community is inaccessible to low and very low-income households (see Objective 5.1).

In many communities, the public housing authority is a key partner in ending homelessness. Public Housing Authorities play a unique role in providing affordable housing to extremely low-income households in their communities, and many have collaborated with community partners to determine how their resources can be used strategically to best support and align with efforts to prevent and end homelessness.

Shared Metrics

Communities commonly work together to end homelessness by establishing measurable metrics to track progress. Shared metrics help to foster accountability, increase effectiveness, and to coordinate a response that maximizes impact. These collaborative efforts typically involve a range of stakeholders, including local governments, non-profits, healthcare providers, and housing agencies, all united by a common vision of reducing or eliminating homelessness.

Our system currently operates without the benefit of shared metrics to support data-driven decision making. Community-level data, when effectively utilized, can identify specific trends and programmatic needs within our homeless response system. Our ability to address current trends, as well as project future needs, is significantly limited without the benefit of this data. The current lack of shared metrics and community-level data represents a noteworthy system deficiency.

Appendix A: HMIS Data — Unduplicated System Users

This unduplicated data considers two consecutive 12-month periods: September 1, 2022, to August 31, 2023 (Year 1), and September 1, 2023, to August 31, 2024 (Year 2).

Unduplicated Total Users

	Year 1 (12 months)	Year 2 (12 months)	Years 1 and 2 (24 months)
	Unique Individuals	Unique Individuals	Unique Individuals
All Programs	2807	2868	4505
Permanent Supportive Housing	396	395	469
Rapid Re-Housing	387	377	609
Emergency Shelter	2006	2126	3577
Street Outreach	403	267	524

Unduplicated Totals by Leaver/Stayer Status

	Total Users	Year 1 to 2 Leavers	Year 1 to 2 Returners/Stayers	Year 2 New Users	Total Users
	Year 1	Used Year 1, No Use Year 2	Used Year 1 and Year 2	No Use Year 1, Used Year 2	Year 2
All Programs	2807	1637	1170	1698	2868
Permanent Supportive Housing	396	74	322	73	395
Rapid Re-Housing	387	232	155	222	377
Emergency Shelter	2006	1451	555	1571	2126
Street Outreach	403	257	146	121	267

Appendix B: HMIS Data — Permanent Supportive Housing (PSH)

This duplicated data considers two consecutive 12-month periods: September 1, 2022, to August 31, 2023 (Year 1), and September 1, 2023, to August 31, 2024 (Year 2).

PSH Demographics (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year
	Duplicated	Duplicated	Duplicated	Duplicated Total
Total Person Served	345	323	668	100.00%
Adults Served	230	218	448	67.07%
Children Served	115	105	220	32.93%
Stayers	273	247	520	77.84%
Leavers	72	76	148	28.46%
Veterans	32	32	64	9.58%
Chronic Homelessness	146	139	285	42.66%
Youth Under 25	3	5	8	1.20%

PSH Gender (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>
Men	202	202	404	60.48%
Women	143	121	264	39.52%
Total	345	323	668	100.00%

PSH Age (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>
Under 5	31	28	59	8.83%
5 to 12	51	49	100	14.97%
13 to 17	33	28	61	9.13%
18 to 24	17	15	32	4.79%
25-34	38	31	69	10.33%
35-44	47	46	93	13.92%
45 to 54	49	42	91	13.62%
55 to 64	55	56	111	16.62%
65+	24	28	52	7.78%
Total	345	323	668	100.00%

PSH Race/Ethnicity (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>
White	224	206	430	64.37%
Black, African American, or African	85	80	165	24.70%
Multi-racial/ethnic	27	28	55	8.23%
American Indian, Alaska Native, or Indigenous	8	9	17	2.54%
Asian or Asian American	0	0	0	0.00%
Hispanic/Latino	0	0	0	0.00%
Data not Collected	1	1	2	0.30%
TOTAL	345	323	668	100.00%

PSH Housing Situation Prior to Entry (Adults)

	Year 1	Year 2	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>
Data Not Collected	0	2	2	0.45%
Homeless Situation	218	203	421	93.97%
Institutional Situation	0	0	0	0.00%
Temporary Situation	9	11	20	4.46%
Permanent Situation	3	2	5	1.12%
TOTAL	230	218	448	100.00%

PSH Exit Destination (All Leavers)

	Year 1	Year 2	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>
Data Not Collected	0	0	0	0.00%
Homeless Situation	2	5	7	4.73%
Institutional Situation	6	11	17	11.49%
Temporary Situation	1	8	9	6.08%
Permanent Situation	62	49	111	75.00%
Deceased	1	3	4	2.70%
Sub-Total	72	76	148	100.00%

PSH Disabling Condition Quantity at Entry (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>
No Conditions	101	86	187	27.99%
1 Condition	88	88	176	26.35%
2 Conditions	92	92	184	27.54%
3+ Conditions	62	57	119	17.81%
Data Not Collected	2	0	2	0.30%
Total	345	323	668	100.00%

PSH Disabling Condition Types at Entry (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>
Mental Health Disorder	161	158	319	47.75%
Alcohol Use Disorder	25	27	52	7.78%
Drug Use Disorder	58	56	114	17.07%
Both Alcohol and Drug Use Disorder	33	29	62	9.28%
Chronic Health Condition	68	65	133	19.91%
HIV/AIDS	10	10	20	2.99%
Developmental Disability	45	41	86	12.87%
Physical Disability	58	58	116	17.37%

PSH Length of Stay

	Year 1	Year 2	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>
30 days or less	12	10	22	3.29%
31 to 60 days	1	0	1	0.15%
61 to 90 days	11	5	16	2.40%
91 to 180 days	29	12	41	6.14%
181 to 356 days	85	43	128	19.16%
1 to 2 Years	63	96	159	23.80%
2 to 3 Years	45	64	109	16.32%
3 to 4 Years	19	24	43	6.44%
4 to 5 Years	34	19	53	7.93%
More than 5 Years	46	50	96	14.37%
Total	345	323	668	100.00%

PSH Housing Stability by Year

	Year 1	Year 2	2 Year Total
Beacon	85.71%	87.50%	86.54%
Garvin Lofts	100.00%	100.00%	100.00%
Lucas Place	98.99%	89.77%	94.65%
Lucas Place II/Ren 16	100.00%	93.18%	96.51%
New Start	95.24%	94.74%	95.00%
Vision 1505	100.00%	94.44%	97.37%
TOTAL	98.24%	93.38%	95.90%

PSH Unit Utilization

		Available	Occupied October 2022	Occupied January 2023	Occupied April 2023	Occupied July 2023	Occupied October 2023	Occupied January 2024	Occupied April 2024	Occupied July 2024	Average
Vision 1505	Units	32	27	30	32	31	32	32	30	29	30.38
	Utilization Rate		84.4%	93.8%	100.0%	96.9%	100.0%	100.0%	93.8%	90.6%	94.92%
Beacon	Units	22	19	22	22	22	20	19	20	19	20.38
	Utilization Rate		86.4%	100.0%	100.0%	100.0%	90.9%	86.4%	90.9%	86.4%	92.61%
Lucas Place	Units	20	18	17	17	18	17	14	14	14	16.13
	Utilization Rate		90.0%	85.0%	85.0%	90.0%	85.0%	70.0%	70.0%	70.0%	80.63%
Lucas Place II/Ren 16	Units	43	36	35	35	36	35	36	37	37	35.88
	Utilization Rate		83.72%	81.4%	81.4%	83.7%	81.4%	83.7%	86.0%	86.0%	83.43%
Garvin Lofts	Units	40	31	33	35	35	29	28	34	33	32.25
	Utilization Rate		77.5%	82.5%	87.5%	87.5%	72.5%	70.0%	85.0%	82.5%	80.63%
New Start	Units	20	18	17	17	18	18	17	18	16	17.38
	Utilization Rate		90.0%	85.0%	85.0%	90.0%	90.0%	85.0%	90.0%	80.0%	86.88%
Promise Home	Units	27								0	0
	Utilization Rate									0.0%	0.00%
Total	Units	204	149	154	158	160	151	146	153	148	152.38
	Utilization Rate		84.18%	87.01%	89.27%	90.40%	85.31%	82.49%	86.44%	72.55%	84.70%
	Unoccupied		28	23	19	17	26	31	24	56	28

PSH Stayer/Leaver Status

	Year 1				Year 2				2 Year Total			
	Stayers	Leavers	Positive Exit	Excluded	Stayers	Leavers	Positive Exit	Excluded	Stayers	Leavers	Positive Exit	Excluded
Beacon	22	6	2	0	19	6	2	1	41	12	4	1
Garvin Lofts	44	7	7	0	45	8	7	1	89	15	14	1
Lucas Place	73	28	25	2	60	29	19	1	133	57	44	3
Lucas Place/Ren 16	37	7	5	2	40	6	1	2	77	13	6	4
New Start	18	3	2	0	16	4	2	1	34	7	4	1
Vision 1505	79	21	21	0	67	23	18	0	146	44	39	0
TOTAL	273	72	62	4	247	76	49	6	520	148	111	10

Appendix C: HMIS Data — Emergency Shelter (ES)

This duplicated data considers two consecutive 12-month periods: September 1, 2022, to August 31, 2023 (Year 1), and September 1, 2023, to August 31, 2024 (Year 2).

ES Demographics (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Duplicated	Duplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Total Person Servied	2236	2342	4578	100.00%	3577	100.00%
Adults Served	1894	1973	3867	84.47%	2971	83.06%
Children Servied	342	369	711	15.53%	606	16.94%
Stayers	262	313	575	12.56%	292	8.16%
Leavers	1974	2029	4003	87.44%	3285	91.84%
Veterans	167	153	320	6.99%	217	6.07%
Chronic Homelessness	309	304	613	13.39%	464	12.97%
Youth Under 25	140	147	287	6.27%	242	6.77%

ES Gender (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>	<i>Unduplicated</i>	<i>Unduplicated Total</i>
Men	1614	1686	3300	72.08%	2535	70.87%
Women	601	592	1193	26.06%	963	26.92%
Transgender	4	8	12	0.26%	8	0.22%
Data Not Collected	17	56	73	1.59%	71	1.98%
Total	2236	2342	4578	100.00%	3577	100.00%

ES Age (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>	<i>Unduplicated</i>	<i>Unduplicated Total</i>
Under 5	153	142	295	6.44%	255	7.13%
5 to 12	130	172	302	6.60%	255	7.13%
13 to 17	59	55	114	2.49%	96	2.68%
18 to 24	151	160	311	6.79%	258	7.21%
25-34	446	452	898	19.62%	715	19.99%
35-44	459	452	911	19.90%	714	19.96%
45 to 54	370	435	805	17.58%	622	17.39%
55 to 64	342	344	686	14.98%	485	13.56%
65+	126	130	256	5.59%	177	4.95%
Total	2236	2342	4578	100.00%	3577	100.00%

ES Race/Ethnicity (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>	<i>Unduplicated</i>	<i>Unduplicated Total</i>
White	1464	1415	2879	62.89%	2219	62.04%
Black, African American, or African	524	563	1087	23.74%	846	23.65%
Multi-racial/ethnic	153	174	327	7.14%	258	7.21%
American Indian, Alaska Native, or Indigenous	8	10	18	0.39%	14	0.39%
Asian or Asian American	4	7	11	0.24%	8	0.22%
Hispanic/Latino	16	46	62	1.35%	56	1.57%
Native Hawaiian or Pacific Islander	13	12	25	0.55%	22	0.62%
Data not Collected	54	115	169	3.69%	154	4.31%
TOTAL	2236	2342	4578	100.00%	3577	100.00%

ES Housing Situation Prior to Entry (Adults)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>	<i>Unduplicated</i>	<i>Unduplicated Total</i>
Data not collected	167	286	453	11.63%	386	12.90%
Homeless Situation	772	768	1540	39.53%	1147	38.32%
Institutional Situation	305	308	613	15.73%	463	15.47%
Temporary Situation	604	575	1179	30.26%	913	30.50%
Permanent Situation	61	50	111	2.85%	84	2.81%
TOTAL	1909	1987	3896	100.00%	2993	100.00%

ES Exit Destination (All Leavers)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>	<i>Unduplicated</i>	<i>Unduplicated Total</i>
Data Not Collected	1176	1336	2512	62.75%	2016	61.37%
Homeless Situation	181	133	314	7.84%	200	6.09%
Institutional Situation	72	45	117	2.92%	99	3.01%
Temporary Situation	214	106	320	7.99%	260	7.91%
Permanent Situation	331	409	740	18.49%	710	21.61%
Deceased	0	0	0	0.00%	0	0.00%
Sub-Total	1974	2029	4003	100.00%	3285	100.00%

ES Disabling Condition Quantity at Entry

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>	<i>Unduplicated</i>	<i>Unduplicated Total</i>
No Conditions	800	801	1601	34.97%	1307	36.54%
1 Condition	495	442	937	20.47%	711	19.88%
2 Conditions	398	430	828	18.09%	610	17.05%
3+ Conditions	428	420	848	18.52%	628	17.56%
Data Not Collected	115	249	364	7.95%	321	8.97%
Total	2236	2342	4578	100.00%	3577	100.00%

ES Disabling Condition Types at Entry

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>	<i>Unduplicated</i>	<i>Unduplicated Total</i>
Mental Health Disorder	723	731	1454	31.76%	1098	30.70%
Alcohol Use Disorder	151	154	305	6.66%	216	6.04%
Drug Use Disorder	295	249	544	11.88%	434	12.13%
Both Alcohol and Drug Use Disorder	185	193	378	8.26%	279	7.80%
Chronic Health Condition	523	502	1025	22.39%	734	20.52%
HIV/AIDS	17	13	30	0.66%	25	0.70%
Developmental Disability	317	316	633	13.83%	470	13.14%
Physical Disability	467	455	922	20.14%	651	18.20%

ES Length of Stay

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated</i>	<i>Duplicated Total</i>	<i>Unduplicated</i>	<i>Unduplicated Total</i>
30 days or less	1410	1384	2794	61.03%	2218	62.01%
31 to 60 days	409	389	798	17.43%	603	16.86%
61 to 90 days	182	214	396	8.65%	309	8.64%
91 to 180 days	151	237	388	8.48%	311	8.69%
181 to 356 days	58	82	140	3.06%	95	2.66%
1 to 2 Years	15	24	39	0.85%	28	0.78%
2 to 3 Years	7	4	11	0.24%	5	0.14%
3 to 4 Years	3	4	7	0.15%	4	0.11%
4 to 5 Years	1	3	4	0.09%	3	0.08%
More than 5 Years	0	1	1	0.02%	1	0.03%
Total	2236	2342	4578	100.00%	3577	100.00%

ES Duplicated Length of Stay by Program

	ERM	UCS	HBP	RH	YWCA	OZ	Total
30 days or less	1663	405	96	215	64	351	2794
31 to 60 days	247	98	65	52	31	305	798
61 to 90 days	114	44	33	20	16	169	396
91 to 180 days	130	58	62	20	6	112	388
181 to 356 days	88	10	13	11	0	18	140
1 to 2 Years	35	3	1	0	0	0	39
2 to 3 Years	11	0	0	0	0	0	11
3 to 4 Years	7	0	0	0	0	0	7
4 to 5 Years	4	0	0	0	0	0	4
More than 5 Years	1	0	0	0	0	0	1
Total	2300	618	270	318	117	955	4578

ES Bed Utilization

		Available	Occupied	Occupied	Occupied	Occupied	Occupied	Occupied	Occupied	Occupied	
		Beds	October 2022	January 2023	April 2023	July 2023	October 2023	January 2024	April 2024	July 2024	Average
Evansville Rescue Mission	Beds	185	112	109	97	102	136	165	117	109	118.375
	Utilization Rate		60.54%	58.92%	52.43%	55.14%	73.51%	89.19%	63.24%	58.92%	63.99%
United Caring Services	Beds	50	32	48	46	47	46	48	45	44	44.5
	Utilization Rate		64.00%	96.00%	92.00%	94.00%	92.00%	96.00%	90.00%	88.00%	89.00%
House of Bread and Peace	Beds	26	27	27	22	24	25	25	25	26	25.125
	Utilization Rate		103.85%	103.85%	84.62%	92.31%	96.15%	96.15%	96.15%	100.00%	96.63%
Ruth's House	Beds	22	21	20	22	19	24	18	10	22	19.5
	Utilization Rate		95.45%	90.91%	100.00%	86.36%	109.09%	81.82%	45.45%	100.00%	88.64%
YWCA	Beds	4	3	3	8	5	2	8	1	3	4.125
	Utilization Rate		75.00%	75.00%	200.00%	125.00%	50.00%	200.00%	25.00%	75.00%	103.13%
Ozanam	Beds	84	64	66	65	53	72	72	68	83	67.875
	Utilization Rate		76.19%	78.57%	77.38%	63.10%	85.71%	85.71%	80.95%	98.81%	80.80%
Total	Beds	371	259	273	260	250	305	336	266	287	279.5
	Utilization Rate		69.81%	73.58%	70.08%	67.39%	82.21%	90.57%	71.70%	77.36%	75.34%

Appendix D: HMIS Data — Rapid Re-Housing (RRH)

This duplicated data considers two consecutive 12-month periods: September 1, 2022, to August 31, 2023 (Year 1), and September 1, 2023, to August 31, 2024 (Year 2).

RRH Demographics (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Total Persons	387	377	764	100.00%	609	100.00%
Adults	281	255	536	70.16%	429	70.44%
Children	106	122	228	29.84%	180	29.56%
Stayers	153	201	354	46.34%	201	33.00%
Leavers	234	176	410	53.66%	408	67.00%
Veterans	115	113	228	29.84%	182	29.89%
Chronic Homelessness	34	31	65	8.51%	55	9.03%
Youth Under 25	7	8	15	1.96%	10	1.64%

RRH Gender (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Men	237	228	465	60.86%	374	61.41%
Women	148	145	293	38.35%	231	37.93%
Transgender	2	4	6	0.79%	4	0.66%
Total	387	377	764	100.00%	609	100.00%

RRH Age (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Under 5	30	30	60	7.85%	44	7.22%
5 to 12	45	67	112	14.66%	91	14.94%
13 to 17	31	25	56	7.33%	45	7.39%
18 to 24	12	14	26	3.40%	20	3.28%
25-34	43	38	81	10.60%	65	10.67%
35-44	76	64	140	18.32%	107	17.57%
45 to 54	65	57	122	15.97%	99	16.26%
55 to 64	63	58	121	15.84%	97	15.93%
65+	22	24	46	6.02%	41	6.73%
Total	387	377	764	100.00%	609	100.00%

RRH Race/Ethnicity (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
White	241	238	479	62.70%	387	63.55%
Black, African American, or African	106	104	210	27.49%	159	26.11%
Multi-racial/ethnic	29	27	56	7.33%	49	8.05%
Native Hawaiian or Pacific Islander	6	3	9	1.18%	8	1.31%
American Indian, Alaska Native, or Indigenous	2	3	5	0.65%	3	0.49%
Asian or Asian American	1	0	1	0.13%	1	0.16%
Hispanic/Latino	0	0	0	0.00%	0	0.00%
Data Not Collected	2	2	4	0.52%	2	0.33%
TOTAL	387	377	764	100.00%	609	100.00%

RRH Housing Situation Prior to Entry (Adults)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Data Not Collected	2	2	4	0.75%	4	0.93%
Homeless Situation	184	158	342	63.81%	279	65.03%
Institutional Situation	36	23	59	11.01%	43	10.02%
Temporary Situation	49	57	106	19.78%	85	19.81%
Permanent Situation	10	15	25	4.66%	18	4.20%
TOTAL	281	255	536	100.00%	429	100.00%

RRH Exit Destination (All Leavers)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Data Not Collected	27	8	35	8.54%	34	8.33%
Homeless Situation	19	11	30	7.32%	27	6.62%
Institutional Situation	13	13	26	6.34%	26	6.37%
Temporary Situation	17	8	25	6.10%	24	5.88%
Permanent Situation	155	135	290	70.73%	293	71.81%
Deceased	3	1	4	0.98%	4	0.98%
Sub-Total	234	176	410	100.00%	408	100.00%

RRH Disabling Conditions at Entry (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
No Conditions	179	200	379	49.61%	293	48.11%
1 Condition	64	43	107	14.01%	87	14.29%
2 Conditions	41	33	74	9.69%	57	9.36%
3+ Conditions	37	26	63	8.25%	52	8.54%
Data Not Collected	66	75	141	18.46%	120	19.70%
Total	387	377	764	100.00%	609	100.00%

RRH Disabling Conditions at Entry (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Mental Health Disorder	80	55	135	17.67%	110	18.06%
Alcohol Use Disorder	13	14	27	3.53%	19	3.12%
Drug Use Disorder	62	36	98	12.83%	73	11.99%
Both Alcohol and Drug Use Disorder	11	8	19	2.49%	17	2.79%
Chronic Health Condition	52	28	80	10.47%	66	10.84%
HIV/AIDS	0	0	0	0.00%	0	0.00%
Developmental Disability	17	24	41	5.37%	37	6.08%
Physical Disability	26	28	54	7.07%	42	6.90%

RRH Length of Stay (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
30 days or less	59	96	155	20.29%	135	22.17%
31 to 60 days	40	28	68	8.90%	51	8.37%
61 to 90 days	29	35	64	8.38%	47	7.72%
91 to 180 days	81	53	134	17.54%	106	17.41%
181 to 356 days	111	79	190	24.87%	151	24.79%
1 to 2 Years	65	70	135	17.67%	101	16.58%
2 to 3 Years	2	16	18	2.36%	18	2.96%
3 to 4 Years	0	0	0	0.00%	0	0.00%
4 to 5 Years	0	0	0	0.00%	0	0.00%
More than 5 Years	0	0	0	0.00%	0	0.00%
Total	387	377	764	100.00%	609	100.00%

Appendix E: HMIS Data — Street Outreach (SO)

This duplicated data considers two consecutive 12-month periods: September 1, 2022, to August 31, 2023 (Year 1), and September 1, 2023, to August 31, 2024 (Year 2).

SO Demographics (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Total Persons	403	267	670	100.00%	524	100.00%
Adults	393	259	652	97.31%	505	96.37%
Children	10	8	18	2.69%	19	3.63%
Stayers	121	88	209	31.19%	88	16.79%
Leavers	282	179	461	68.81%	436	83.21%
Veterans	22	14	36	5.37%	27	5.15%
Chronic Homelessness	106	94	200	29.85%	153	29.20%
Youth Under 25	12	13	25	3.73%	17	3.24%

SO Gender (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Men	278	183	461	68.81%	361	68.89%
Women	121	81	202	30.15%	157	29.96%
Transgender	2	3	5	0.75%	4	0.76%
Non-Binary	1	0	1	0.15%	1	0.19%
Data Not Collected	1	0	1	0.15%	1	0.19%
Total	403	267	670	100.00%	524	100.00%

SO Age (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Under 5	2	4	6	0.90%	6	1.15%
5 to 12	5	1	6	0.90%	6	1.15%
13 to 17	3	3	6	0.90%	6	1.15%
18 to 24	18	14	32	4.78%	23	4.39%
25-34	50	37	87	12.99%	66	12.60%
35-44	86	63	149	22.24%	117	22.33%
45 to 54	120	70	190	28.36%	149	28.44%
55 to 64	91	58	149	22.24%	118	22.52%
65+	28	17	45	6.72%	33	6.30%
Total	403	267	670	100.00%	524	100.00%

SO Race/Ethnicity (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
White	307	206	513	76.57%	397	75.76%
Black, African American, or African	58	37	95	14.18%	77	14.69%
Multi-racial/ethnic	22	17	39	5.82%	32	6.11%
Native Hawaiian or Pacific Islander	2	3	5	0.75%	4	0.76%
American Indian, Alaska Native, or Indigenous	7	2	9	1.34%	7	1.34%
Asian or Asian American	1	0	1	0.15%	1	0.19%
Hispanic/Latino	0	0	0	0.00%	0	0.00%
Data not Collected	6	2	8	1.19%	6	1.15%
TOTAL	403	267	670	100.00%	524	100.00%

SO Housing Situation Prior to Entry (Adults)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Data Not Collected	3	2	5	0.77%	3	0.59%
Homeless Situation	384	248	632	96.93%	489	96.83%
Institutional Situation	2	4	6	0.92%	4	0.79%
Temporary Situation	2	2	4	0.61%	4	0.79%
Permanent Situation	2	3	5	0.77%	5	0.99%
TOTAL	393	259	652	100.00%	505	100.00%

SO Exit Destination (All Leavers)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Data Not Collected	161	87	248	53.80%	228	52.29%
Homeless Situation	7	15	22	4.77%	21	4.82%
Institutional Situation	19	17	36	7.81%	34	7.80%
Temporary Situation	18	19	37	8.03%	36	8.26%
Permanent Situation	71	40	111	24.08%	110	25.23%
Deceased	6	1	7	1.52%	7	1.61%
Sub-Total	282	179	461	100.00%	436	100.00%

SO Disabling Conditions at Entry (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
No Conditions	96	61	157	23.43%	130	24.81%
1 Condition	182	95	277	41.34%	209	39.89%
2 Conditions	65	55	120	17.91%	93	17.75%
3+ Conditions	41	43	84	12.54%	64	12.21%
Data Not Collected	19	13	32	4.78%	28	5.34%
Total	403	267	670	100.00%	524	100.00%

SO Disabling Conditions at Entry (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
Mental Health Disorder	172	142	314	46.87%	237	45.23%
Alcohol Use Disorder	58	23	81	12.09%	62	11.83%
Drug Use Disorder	63	46	109	16.27%	83	15.84%
Both Alcohol and Drug Use Disorder	19	13	32	4.78%	25	4.77%
Chronic Health Condition	52	39	91	13.58%	73	13.93%
HIV/AIDS	0	3	3	0.45%	3	0.57%
Developmental Disability	28	26	54	8.06%	42	8.02%
Physical Disability	45	46	91	13.58%	68	12.98%

SO Length of Stay (All Individuals)

	Year 1	Year 2	2-Year Total	Pct of 2-Year	2-Year Total	Pct of 2-Year
	Unduplicated	Unduplicated	Duplicated	Duplicated Total	Unduplicated	Unduplicated Total
30 days or less	60	58	118	17.61%	93	17.75%
31 to 60 days	26	14	40	5.97%	28	5.34%
61 to 90 days	30	12	42	6.27%	27	5.15%
91 to 180 days	86	51	137	20.45%	108	20.61%
181 to 356 days	97	78	175	26.12%	149	28.44%
1 to 2 Years	80	40	120	17.91%	88	16.79%
2 to 3 Years	18	13	31	4.63%	24	4.58%
3 to 4 Years	3	1	4	0.60%	4	0.76%
4 to 5 Years	2	0	2	0.30%	2	0.38%
More than 5 Years	1	0	1	0.15%	1	0.19%
Total	403	267	670	100.00%	524	100.00%