

# Training FAQs



## **TRAINERS, PLEASE NOTE:**

- A. Use this document to help you answer audience questions.
- B. Please check for updates at: [indymultifaith.org/sthiresources](http://indymultifaith.org/sthiresources) before using this version (see date in the footer below).

## **What are STHI participants' responsibilities?**

With their case manager's help, individuals are responsible for:

- Completing forms and requests to get ID/vital documents
- Meeting the terms of their lease  
EX: "Good neighbor" clause re: noise, commerce, unapproved animals or roommates . . .
- Create and carry out a plan to secure their second year of housing (e.g., assume their lease, transfer to a group home/long-term care facility, live with family, etc.)

## **Don't STHI residents have to get a job?**

No, not as a condition to get housed. Yet, "self-support is a natural outcome of Housing First. We see in other cities that once an individual gets secure, stable housing and the services they need (which include any eligible benefits), they start contributing. If they have an income, they're required to spend up to 30% on their housing. Once settled, many folks will go back to work." Source: *Aaron Spiegel*, GIMA

Residents will get the support they need to find and keep a job and/or get necessary job training for better wages. However, some people may not be able to get and keep a job until they have progressed in their recovery/treatment. Other residents may receive monthly checks from SSDI (Social Security Disability Income) SSI (Supplemental Security Income) and be subject to those earnings limits.

## **Does STHI require residents to attend: -- Doctor appointments? -- Medical, addiction or mental health treatment?**

STHI case mgrs. will encourage but not force. "[Studies have shown](#) that when consumers have choices in the interventions they receive, they adhere to treatment plans and are less likely to drop out." \*

## **What evidence is there that "Housing First" is better than the "Treatment First" approach?**

In the National Low Income Housing Coalition article, *The Evidence is Clear: Housing First Works*: <https://nlihc.org/sites/default/files/Housing-First-Evidence.pdf>

A review of 26 studies shows that, compared to Treatment First programs, Housing First programs:

- Decreased homelessness by 88%, compared with 47% decrease with Treatment First
- Increased housing stability (number of days continuously housed) by 41%,
- Reduced hospitalization and ER use.

**In Indy**, permanent supportive housing programs funded by the Housing to Recovery Fund since 2021, report that 97% of residents have remained housed for 12 or more months and 76% have attended primary care and behavioral (mental) health appointments and/or addiction recovery counseling.

Other studies on Housing First programs show these results:

Veterans HF Programs: Since 2010, veteran homelessness has decreased by over 52%, and 83 communities and three states have effectively ended homelessness.

## . . . FAQs (Continued)

<https://www.va.gov/HOMELESS/featuredarticles/VAs-Implementation-of-Housing-First.asp>

“Milwaukee County, the City of Milwaukee, key business leaders and community partners today announced that Milwaukee has been recognized by the U.S. Department of Housing and Urban Development (HUD) with

the lowest unsheltered homeless population of any community per capita in the nation. Last year, 17 unsheltered individuals were counted, representing over a 70 percent reduction from the previous year” (with a 92% reduction in unsheltered folks since 2015).”

<https://county.milwaukee.gov/EN/County-Executive/News/Press-Releases/Milwaukee-Recognized-with-Nations-Lowest-Unsheltered-Homeless-Population>

## **Are the costs of the Housing First programs offset by any financial savings to their communities?**

YES! The National Low Income Housing Coalition article, *The Evidence is Clear: Housing First Works*, <https://nlihc.org/sites/default/files/Housing-First-Evidence.pdf>) reports:

Housing First can reduce healthcare, legal system and other public costs. For example: in . . .

Charlotte, North Carolina program participants “spent 1,050 fewer nights in jail and 292 few days in the hospital, and they had 648 fewer visits to emergency rooms.”

Portland, Maine: “A pre-post study . . . found reductions in the cost of shelter nights, health care, jail, and police (interactions) one year after participants entered supportive housing, compared with participants’ use of these services in the year before entering supportive housing. The average annual cost of care savings produced by the first year of living in permanent supportive housing was \$944 per person, resulting in total annual cost savings of \$93,400 for the 99 tenants.

Denver’s Housing First program resulted in participants having a:

- “34% reduction in police contact
- 40% reduction in arrests,
- 30% reduction in unique jail stays, and a . . .
- 27% reduction in total jail days (costing \$50 to \$150/day, depending on location, healthcare costs, etc.). Source: “*How Much Does It Cost to House an Inmate in County Jail?* - *CountyOffice.org*, [https://www.youtube.com/watch?v=plw\\_V10qNOA](https://www.youtube.com/watch?v=plw_V10qNOA)

NOTE: Marion County gets reimbursed \$42/day to house state felons, but “Sheriffs estimate the actual cost of housing an inmate is closer to \$63 a day.” (Source: WTHR: *IDOC to reimburse county jails \$12 million in back pay for housing inmate*)

## **Why should we invest in housing people who have addiction or serious mental health issues? They’ll just end up back on the street, won’t they?**

Addiction and serious mental illness can be tough to manage, and some may not succeed. However, since STHI follows the successful Housing First model, even people with such issues are likely to stay housed and seek treatment for several reasons. 1) Their housing stabilizes their lives. It’s difficult to stay sober or prevent mental health crisis when life is chaotic. 2) They have a relationship w/ their case mgrs. to get the support needed to succeed. 3) Their landlord could insist they move out if they do not honor their leases.

### . . . FAQs (Continued)

- **In Indy:** Permanent supportive housing like the properties funded by the Housing to Recovery Fund in Indy have had great success: Since 2021, 97% of residents have remained house for 12 months or more and 76% have attended primary care and behavioral (mental) health appointments and/or addiction recovery counseling. (Source: *It's more than a roof, It's a foundation.* Housing to Recovery Fund, Indianapolis Foundation of the Central Indiana Community Foundation.)
- **In Denver** . . . “supportive housing participants spent significantly more time in housing (560 days), compared with those who received service as usual . . . with 85% of participants remaining in stable housing one year after entering housing, 81% after two years, and 77% after three years.”  
(Source: *The Evidence is Clear: Housing First Works*, National Low-Income Housing Coalition)

**Wouldn't it be cheaper to house people in shelters or even prison, where they would not have access to street drugs?** NO, if you compare results to results:

- 1) Prisons have street drugs. According to the U. S. Justice Dept., “Drug use is prolific in the United States’ correctional system... (It) increases violent incidences . . . and undermines the process of rehabilitation. <https://www.ojp.gov/pdffiles1/nij/grants/302135.pdf>
- 2) Recidivism is sky high. An Indiana University study found that prisoners in Indiana often wait 3 to 9 months to get treatment in prison, and there is a lifetime maximum. The Indiana Dept. of Corrections reports the 84.4% of released prisoners with mental/health substance abuse disorder return to prison. [https://www.in.gov/idoc/files/policy-and-procedure/statistical-data/recidivism-reports/adult-recidivism-rates/executive\\_summary.pdf](https://www.in.gov/idoc/files/policy-and-procedure/statistical-data/recidivism-reports/adult-recidivism-rates/executive_summary.pdf)
- 3) Prison costs are high. USA Facts website reports that Indiana spent \$33, 280 per year per prisoner. <https://usafacts.org/articles/how-much-do-states-spend-on-prisons>
- 4) STHI costs are lower. Using a Housing First approach has a basic cost of \$23,143 to \$27,000 per year (\$8.1M total funding/300 to 350 unsheltered = \$23K to \$27K per person). (CHIP’s Sept. Monthly Stakeholder report lists a yearly cost of \$31,000 per person, but this includes in-kind donations and salary for staff administering STHI, some of which is covered by non-STHI funding sources.)
- 5) Shelters can be cheaper but less effective. Based on location, estimates for shelter stays vary from \$16,000 (w/o support svces.) to \$34,000 (w/ support svces.) per person per year with half as much decrease in chronic homelessness as Housing First programs. (Source: National Alliance to End Homelessness Fact Sheet.

**Is there a risk that the City of Indianapolis will back out of its promise of \$2.7M in funding?**

CHIP’s Sept. Monthly Stakeholder report lists the City’s \$2.7M commitment as being “under contract/quarterly payments.” Much of the money is coming from the City’s share of the pharmaceutical industry’s opioid settlement. However, with today’s federal budget cuts affecting states and cities, there is always a chance that things will change. STHI has strong support from City-County Councilors John Barth (District 7) and Andy Nielson (District 14), who proposed \$10M in the 2026 city budget for STHI, which was voted on and passed Oct. 6, 2025. Contact your councilor and the mayor’s office to thank them for passing this important funding.

**With Indy’s affordable housing shortage, will you run out of housing for STHI clients?**

That is not likely (unless there is some kind of natural disaster). RDOOR, the organization responsible for acquiring STHI housing, has done a great job so far of working with landlords and recruiting new ones to provide housing. STHI is using a modified “master leasing,” strategy in which an entity leases numerous units to then sub-lease to households in need. This enables RDOOR to have housing waiting for new

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residents who need it, rather than residents waiting for housing. They recruit landlords and lease housing units on behalf of STHI residents who will occupy them. Landlords are guaranteed prompt payment because RDOOR pays rent directly to the landlords. Tenants bypass the wait for Housing Choice (Section 8) Vouchers, because RDOOR rental assistance is funded by STHI, not federal assistance. Tenants also agree to the terms and sign the lease to build credit history.

We are hopeful the City of Indianapolis can assist with master leasing to increase the number of units made available to neighbors who need housing,

<https://www.wfyi.org/news/articles/indianapolis-to-pay-rent-on-thirty-units-to-help-reduce-homelessness>

### **What is needed to scale up to 350 people housed from encampments? And will there be another 300 (or so) next year backfilling the newly rehoused unsheltered population?**

“The STHI plan is a total of 1,400 people housed by 2028, starting with the chronically unhoused, then those with long stays in shelters, families, domestic abuse victims, etc. This can't be a one-and-done. Once people are housed with services, we have to make sure they are able to stay securely housed.” (STHI's plan includes sustaining those gains.) *Aaron Spiegel, GIMA*

### **Once Phase 1 is successful, is there political will to proceed on to phases 2 & 3 of STHI (People living in shelters and facing eviction)?**

“Yes, I believe there is and will be so long as we all stay committed and show outcomes!” *Chelsea Haring-Cozi*

### **Several people have mentioned Indiana's laws and the broken system concerning homelessness. What are some policies/laws that contribute to the broken system?**

Indiana is one of the most landlord-friendly states in the country and is number 1 in the Midwest. While there is a Tenants Bill of Rights, it's unenforceable for tenants. Indiana is one of only 6 states where a tenant can't leverage (escrow) their rent to enforce a lease (e.g., when the landlord won't get rid of mold or fix an inoperable toilet). Evictions are a direct pipeline to homelessness, and the fastest growing homeless population is families, directly related to the most represented demographic in eviction court— young, Black women with children.

### **What is being done about rent control in Marion County?**

Nothing . . . as far as I know. It's an issue. Rents have increased almost 30% over the last few years. People are absolutely being priced out of housing. *Aaron Spiegel, GIMA*

### **What is being done to slow down the pace of rental evictions?**

- GIMA and its allies are working on it! At the legislative level, 2025 was the 4th session to have rent escrow proposed. Unfortunately, it's the 4th time it didn't get a hearing.
- At the local level, we are changing judges' behavior in eviction court with the presence of court watchers, volunteers who document what takes place in court for each case). While judges still must follow Indiana law, they have discretion in HOW they follow it. Along with programs like the Tenant Advocacy Program (TAP) and Eviction Diversion Initiative (EDI), we are seeing slightly better outcomes (in court). *Aaron Spiegel, GIMA*