



**Opening Doors in Indiana:
Homeless Veterans Summit
Pre-Summit Summary Report
December 2012**

Sponsored by the United States Department of Veterans Affairs,
VISN 11

About Corporation for Supportive Housing

For over 20 years, CSH has led the national supportive housing movement. We help communities throughout the country transform how they address homelessness and improve people's lives. CSH develops innovative program models, provides research-backed tools and training, offers development expertise, and collaborates on public policy and systems reform. And, CSH is a certified community development financial institution (CDFI). We make it easier to create and operate high-quality affordable housing linked to services. To date, CSH has made over \$300 million in loans and grants, and has been a catalyst for over 150,000 units of supportive housing. For more information, visit csh.org.

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I. Executive Summary and Progress Update

On November 29, 2011 the Corporation for Supportive Housing (CSH) held an invitation-only summit on behalf of the leadership from the Veteran Integrated Service Network 11 (VISN 11) for a day-long discussion of homelessness among Veterans with key Indiana stakeholder groups in Indianapolis. This summit provided the 48 attendees a forum to discuss programmatic and policy successes as well as areas of improvement for the Department of Veterans Affairs (VA) and its partners moving forward to eradicate Veterans homelessness in Indiana by 2015, in keeping with the VA's *National Strategy to End Homelessness Among Veterans* ("Strategic Plan").

In keeping with the objectives of VA's Strategic Plan to implement a 24/7 crisis response system that has "no wrong door" for homeless and at-risk Veterans and their families, the discussion that took place provided a foundation for ongoing collaboration. At the summit CSH presented an overview of the current gaps and opportunities in service and housing provided by the VA and local/state government and service providers in Indiana. This analysis looked at the scope of the problem and identified areas of overlap and potential collaboration between VA and non-VA service systems to address Veterans who are experiencing homelessness that builds on the excellent current work currently in the State of Indiana with homeless Veterans. A final, post-summit report summarized the analysis presented at the summit as well as key highlights from the forum, and included some key recommendations for after-action to be taken into consideration as local stakeholders moved forward cohesively around Veteran homelessness in Indiana. These items were reviewed by VISN 11 and the Indianapolis and Northern Indiana Healthcare System (NIHCS) VA Medical Centers for incorporation into their FY2012 facility plans to end homelessness and by the Indiana Planning Council's Veterans Committee.

As a follow-up to the great work that occurred in November, 2011 and throughout 2012, CSH and VISN 11 staff is coordinating and facilitating a second *Opening Doors in Indiana: Homeless Veteran Summit* to be on December 2012. During the upcoming 2012 Summit, CSH, VA staff, and Summit participants will:

- Revisit and provide updates on the seven prioritized after-action items listed below and additional 17 Action Items outlined in Attachment A;
- Highlight new resources targeted to veterans through the Supportive Services for Veteran Families (SSVF),
- Review statewide homeless and veteran data,
- Identify and prioritize opportunities for future community and VA collaboration in 2013 to further implement the Federal, VISN and local VAMC plans to prevent and end homelessness for veterans.

Similar to the previous Summit, the key objectives of the December 2012 Opening Doors in Indiana: Homeless Veteran Summit are to generate specific action-items to be included in FY 2013 VA facility plans to end homelessness, Statewide Planning Council to End Homelessness priorities and planning, and carry the VA further along its goal to end Veteran homelessness by 2015.

Figure 1: Update on 2012 Prioritized Action Items

Prioritized Action Item	Progress
<p>1. Communities across the State of Indiana collaborate on the submission of an SSVF application under the leadership of the Regional Planning Council.</p>	<p>CSH worked closely with CANI in Fort Wayne, the lead applicant, and Bridges, Inc., the sub-recipient, on their application for the SSVF grant. They were awarded \$350,000 to serve Veteran families in the 20 counties that are served by the Northern Indiana VA Medical Center. Northern IN VA staff provided valuable guidance in this process.</p> <p>CSH is working with multiple regions to assist in the current SSVF application round, due February 1, 2013. This includes the Lafayette Transitional Housing Center on behalf of the four Indiana counties served by the Danville VA Medical Center and the Region 1a Planning Council on behalf of the six counties served by the Jesse Brown VA Medical Center.</p>
<p>2. Invite the VA and groups who provide services to homeless Veterans to participate in the 100K Homes Campaign in Indianapolis to identify housing opportunities for the most medically vulnerable Veterans</p>	<p>Local VA staff have been greatly involved and played an important role on the leadership team of the 100K Homes Campaign in Indianapolis. In this role, VA staff partnered with local outreach staff who will work collectively to identify vulnerable Veterans through the Registry Week (January 2013) and evaluate VASH eligibility – streamlining the path from streets to housing. A VA representative will be part of the Systems Integration Team that will meet regularly following the campaign Registry Week to continue to triage Veterans into appropriate housing.</p>
<p>3. Reinvigorate the Veterans Subcommittee of the Indiana Regional Planning Council and include representatives from all VISNs in Indiana to knit together different VISNs' actions and activities in a non-VA context and promote collaboration with each other and with other stakeholders</p>	<p>The Indiana Statewide Planning Council to End Homelessness, as part of HEARTH Act implementation, will be focusing on governance and structure in 2013 and will formalize committees and tasks. The upcoming VA Summit will provide additional guidance to IN Planning Council Steering Committee on the role of a Veterans-focused subcommittee.</p>
<p>4. Train VA staff to utilize the Indiana Housing Opportunity Planner and Evaluator (IHOPE) tool in order to ensure that housing assistance resources are targeted appropriately, and that homeless and at-risk Veterans (and Veteran families) are provided with an accurate and complete response to their query.</p>	<p>Three IHOPE trainings have been provided for VA staff at the Roudebush VA and Northern IN VA Medical Centers and 57 staff members were introduced to IHOPE through these sessions. Follow-up trainings will be provided as necessary.</p>

<p>5. Work in partnership with IHCD and other housing agencies to move HUD-VASH tenants who no longer require intensive supportive services to the Section 8 program so that additional HUD VASH vouchers can be made available for those with the greatest needs.</p>	<p>CSH, in conjunction with the 100K Homes Campaign, is introducing a Moving On Initiative to PSH providers in Indianapolis. This Initiative will formally begin in February, 2013, and will include working with Veterans utilizing HUD VASH who no longer require this resource. The Initiative focuses on accessing and providing assistance to PSH tenants no longer in need of intensive supportive services to assist these tenants as they move on to other site based subsidized housing.</p>
<p>6. Identify resources within the VA to utilize for service provision within permanent supportive housing developments that specifically target homeless Veterans.</p>	<p>The Roudebush VA is exploring the opportunity to co-locate VA staff in the Lincoln Apartments, a 75-unit Indianapolis supportive housing development for Veterans using Project Based Housing Choice Vouchers as the operating source. Lincoln Apartments will open in November, 2013.</p> <p>CSH is working with the VISN 12 Homeless Network Service Coordinator and Jesse Brown VA Medical Center staff to coordinate VASH-like services in a Gary, IN 44-unit supportive housing development for Veterans, and they were very supportive of this request. This development will open in early 2014.</p> <p>CSH is providing technical assistance to a 26-unit PSH development in Kokomo, IN and exploring opportunities with the Northern Indiana VA Medical Center to provide VASH-like services by placing a staff member in this location to serve as a case manager to tenants who are eligible for VA services.</p>
<p>7. Develop a model for a pilot project to demonstrate best practices on converting GPD to permanent supportive housing dollars, thereby creating a “how-to” for “right sizing” the housing system for both transitional and supportive housing across the state.</p>	<p>Under the VA’s most recent Homeless Providers Grant and Per Diem Program’s (GPD) “Transition in Place” model NOFA, one Indiana provider, the Homeless Initiative Program/HealthNet, Inc. of Indianapolis, was awarded a grant to provide 15 beds for Veterans experiencing homelessness in a scattered site approach through out the community.</p>

II. Introduction & Background

Opening Doors: Federal Strategic Plan to Prevent and End Homeless set the goal of ending homelessness for Veterans in five years by joint collaboration and partnership of the federal, state, and local leaders with providers in the community, advocates, private stakeholders, and the faith-based community. At a federal level, the strategic action is concentrated in five key areas:

1. Providing affordable housing;
2. Providing permanent supportive housing;
3. Increasing meaningful and sustainable employment;
4. Reducing financial vulnerability; and
5. Transforming homeless services to crisis response systems.

In November 2009, the Department of Veterans Affairs (VA) developed the *Five Year Plan to End Homelessness among Veterans*; in April 2010, each Veterans Integrated Services Network (VISN) and Veterans Affairs Medical Center (VAMC) began developing what has come to be known as *Synchronized Plans to End Homelessness Among Veterans*, as well as organizing and holding yearly Summits around ending homelessness among Veterans. The Corporation for Supportive Housing (CSH) was and has been retained to assist the VA's VISN 11 with convening a one-day statewide Summit to review and maximize the success of efforts to end homelessness among Indiana's Veterans. In preparation for the December 2012 Summit, CSH and VISN 11 built on the previous work and updated progress on action items identified and prioritized during the 2011 Summit and outlined in the *January, 2012 Opening Doors in Indiana: Homeless Veterans Summit After-Action Summary Report*. The purpose of this report is to:

- Provide an overview of the progress to-date on specific Action Items;
- Review and outline changes in veteran homelessness through available data;
- Identify challenges and opportunities to overcome them; and
- Collaborate to up-date, revise, and develop specific after-action items to tackle in 2013 to ensure that Veterans at-risk of or experiencing homelessness in Indiana have access to available services.

In preparing this document, CSH reviewed relevant federal, state, local, and VA plans to end homelessness and plan updates; analyzed available data on the prevalence of Veteran homelessness in the State of Indiana; and interviewed key partners to update implementation progress. CSH has used this information to develop the agenda and key objectives for the *December, 2012 Opening Doors in Indiana: Homeless Veteran Summit* and hopes that the Summit will serve as a forum where thoughtful dialogue on opportunities and challenges can lead to specific action items for FY 2013.

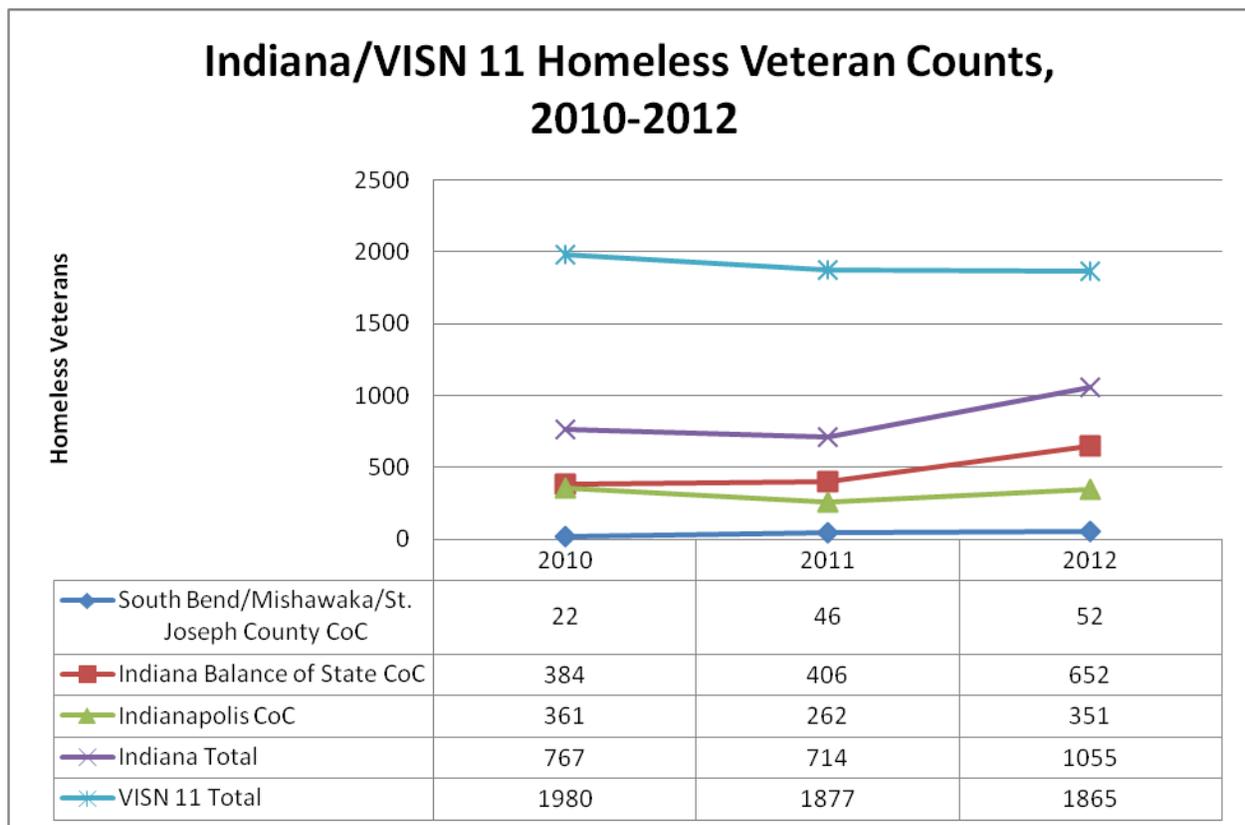
Background and Scope of Homelessness among Hoosier Veterans

In December, 2011 the U.S. Department of Housing and Urban Development released a report based on Point-in-Time (PIT) counts stating that in early January, 2011, as many as 67,495 Veterans were homeless nationwide. On federal level, this is a decrease from January, 2010, when the PIT count rose above 76,000. The 2012 report has not yet been released as of this writing. It is important to note that the quality of PIT data varies depending on a variety of factors and that communities have significantly improved counting methodology and procedures over the years, therefore it is not unexpected to see an increase in the overall number of individuals counted. With that said, the

Indiana PIT data broken out by Continuum of Care revealed a decrease in veteran homelessness from 2010 to 2011 -- a great accomplishment. Additional demographic and characteristics of homeless Veterans identified during the PIT count includes:

- 61% are between the ages of 35 and 54.
- 96% are male; however the percentage of female homeless Veterans is on the rise as is the number of homeless Veterans with dependent children.
- Approximately 50% have serious mental illness and 70% have substance abuse problems.
- A significant percentage of homeless Veterans have had involvement with the legal system.
- Veterans are more likely to live outdoors-unsheltered-and experience long-term, chronic homelessness when compared to non-Veteran homeless population.

Figure 2: Indiana/VISN 11 Homeless Veteran PIT Counts, 2010-2012



As articulated in the *VISN 11 Working Five Year Plan to End Homelessness*, in order to remain consistent with the target goals in the VA's *FY2011 Plan to End Homelessness among Veterans*, the numbers of homeless Veterans in the area must be reduced by 25%. While PIT estimates and HMIS data are known to present incomplete pictures of the overall scope, the direction of the misrepresentation indicates the problem may be greater than the numbers

suggest. It is unfortunately difficult to know precisely the number of Veterans in each VAMC catchment area, and consequently each VISN, due to the transition from the CHALENG data process to integrated use of the VA's HOMES data system, which eventually will be able to report out on VAMC-level data and will include a homeless registry. A snapshot taken in 2011 from the Indiana HMIS system showed nearly 1,300 homeless Veterans in the state—largely taken to be an undercount due to underreporting into HMIS in rural areas.

Across the country and no less in Indiana, the primary intervention for reaching Veterans experiencing homelessness was previously a model of transitional housing funded through a VA program known as Grant and Per Diem (GPD). To a lesser degree, the Healthcare for Homeless Veterans (HCHV) and Homeless Domiciliary Care programs also contracted out residential care for this population. The rising number of Veterans experiencing homelessness and the long-term nature of homelessness among Veterans led to the realization that GPD transitional housing models were alone insufficient to effectively end homelessness among Veterans – a goal made clear in both the Federal and VA Plans to End Homelessness. Thus, permanent supportive housing (PSH) has become recognized as a central component of a complete “system of response” for ending homelessness among Veterans. The creation of HUD-VA Supportive Housing (HUD-VASH) program, made available scattered-site and project-based PSH options for Hoosier Veterans experiencing homelessness.

Figure 3: Number of HUD VASH Vouchers in Indiana communities with a total of 635 vouchers in Indiana.

VAMC/CBOC	City	# of HUD VASH Vouchers
VA Northern IN HCS /Fort Wayne VAMC	Fort Wayne	110
VA Northern IN HCS/Muncie CBOC	Muncie	15
VA Northern IN HCS/Peru CBOC	Kokomo	15
Jesse Brown (Chicago) VAMC/Adam Benjamin, Jr. OPC	Gary	15
Marion, IL VAMC/Evansville OPC	Evansville	15
Richard L Roudebush (Indianapolis) VAMC	Indianapolis	290
Richard L Roudebush (Indianapolis) VAMC /Bloomington CBOC	Bloomington	60
VA Northern IN HCS/Marion, IN VAMC	Marion	50
VA Northern IN HCS/South Bend CBOC	South Bend	70
TOTAL INDIANA VASH		635

While the VA has in recent years made much headway towards building a differentiated “system of response” to end homelessness among Veterans that includes prevention, rapid re-housing, and low demand permanent supportive housing models, much still needs to be done in Indiana (and elsewhere) to build these systems locally and in a manner that is coordinated with non-VA homeless services. Meanwhile, state and community leaders both inside and outside the VA in Indiana have successfully worked towards increasing the supply of PSH and improving services for homeless Veterans. In 2008, CSH and the Indiana Housing and Community Development Authority (IHCDA) launched the Indiana PSH Institutes which focused on the creation of 1,100 units of PSH over a six year period. In 2011, the Institute exclusively addressed ending homelessness for Veterans and those experiencing chronic homelessness. A total of eight teams participated in the Institute focusing on the development of an estimated 320 units across nine PSH developments targeted to Veterans. Additionally, VAMC HUD-VASH staff have participated in an eight week training on the Critical Time Intervention (CTI) model to provide intensive support to

Veterans in housing. This training series also included three months of assistance on implementation of CTI in the HUD-VASH program.

III. Intent and Purpose of Homeless Veteran Summit(s)

In August 2011, the national Department of Veterans Affairs issued a memorandum to all VISN directors regarding their participation in the effort to end Veteran homelessness. Each VISN and each Veterans Affairs Medical Center (VAMC) were mandated to create fiscal year plans to end homelessness among Veterans that are fully synchronized with the VA's own five-year Strategic Plan and the national "Opening Doors". Moreover, it is expected that these plans align with local efforts to end homelessness in the community. A second component of the VA's directive was to host annual VISN and VAMC "leadership sponsored Homeless Veteran Summits to promote community partnerships and collaborations."¹ The summits discussed in this report, Opening Doors in Indiana 2011 and the upcoming event on December 12, 2012, are envisioned as the platform for forming a statewide approach to ending Veteran homelessness in Indiana. Given that Indiana is covered by no less than four different VISNs (though primarily by VISN 11), bringing together folks from communities across the different networks would help foster true alignment of VA and state and local services for homeless Veterans across communities, VAMCs, and VISNs.

The first summit met the expectations set forth, including identifying and prioritizing action items to be tackled throughout FY2012. Invitees included stakeholder groups from across the state – Continuum of Care/Regional Planning Council leads, supportive housing and other service providers, local and state government representatives from housing and labor agencies, individuals representing the funder community, and the VAMC and VA benefits representatives. Prior to the December 2011 Summit, CSH reviewed the extant plans to end homelessness in Indiana in an effort to compare them to the Federal "Opening Doors" strategy and the VA's five-year Strategic Plan. However, the plans in Indiana (Indianapolis, Evansville, and Fort Wayne) were formed in the early- to mid-2000s and the communities where they existed had adopted practices and models that exceeded the plans' expectations; currently, all plans have or are in the process of being updated. Currently, a new plan is under development in the City of Indianapolis and there are opportunities to promote and advocate for a focus on Veteran housing and service interventions moving forward.

The December 2011 summit was designed to be both a learning and collaborative event. Beginning with a presentation of CSH's statewide assessment, Laura Zeilinger of USICH then presented on the Federal "Opening Doors" strategy. Then, a panel comprised of members of each of the attending stakeholder groups provided a reaction to the State and Federal presentations. Next came a presentation of three different innovative strategies:

- use of prevention programs (SSVF) as part of a community's system of response;
- use of an online assessment tool like IHOPE to help improve targeting of housing and services interventions based on need; and

¹ Memorandum from Deputy Under Secretary for Health for Operations and Management, August 10, 2011

- a discussion on the progress of the Indiana Permanent Supportive Housing Initiative (IPSHI) and the Supportive Housing Institute.

The second half of the day was devoted to group work that built on ideas presented earlier. Attendees split into groups for the “Create, Preserve, Change” session, where they discussed and reported out on ideas, programs, and services that fell into each of these categories. These ideas then fed into the Open Space session that included both individual and group brainstorming around crafting nascent action plans from key topics raised during the previous discussion. This led to the creation of the After-Action Steps to undertake in FY2012 for the State of Indiana to prevent and end homelessness among Hoosier Veterans.

The second summit scheduled for December 12, 2012 intends to review the work to date, celebrate the collective progress and successes, identify challenges and opportunities to overcome them, while also re-focusing and re-energizing the collaborative efforts needed to move implementation forward.

Located in Attachment A of this report is the progress on the FY2012 Action Items. Summit participants are encouraged to make note of any updates and/process that may not be listed or included in the Attachment and share that information with CSH staff to continue the updating process.

IV. Conclusion

As the 25 actions items listed in Attachment A demonstrate, great dialogue and work grew out of the December, 2011 Summit and much progress has occurred over the last year. While it wasn't feasible or expected to accomplish all the above action, incredible work has occurred including creating new units of PSH targeted to veterans experiencing homelessness, partnerships between VAMC staff and community based providers, bringing new resources to the state through SSVF, and much more. The December, 2012 Summit will provide stakeholders the opportunity expand upon those successes, discuss new projects targeted to Veterans, review veteran homelessness data, identify opportunities and strategic priorities to promote collaboration and partnership in FY 2013, and much more.

Attachment A: FY 2012 Action Items under the 6 Pillars of the VA's Plan

Pillar: Community Partnerships	Suggested Partners	Progress To-Date
<p>1. Use the Indiana Regional Planning Council structure to coordinate access to new resources including a statewide SSVF application that will include rural areas</p>	<ul style="list-style-type: none"> ➤ Indiana Regional Planning Council members ➤ CSH ➤ Service providers 	<p>CSH worked closely with CANI in Fort Wayne, the lead applicant and Bridges, Inc., the sub-recipient on their application for the SSVF grant. They were awarded \$350,000 to serve Veteran families in the 20 counties that are served by the Northern Indiana VA Medical Center. Northern IN VA staff provided valuable guidance in this process.</p> <p>CSH is working with multiple regions to assist in the current SSVF application round, due February 1, 2013. This includes the Lafayette Transitional Housing Center on behalf of the four Indiana counties served by the Danville VA Medical Center and the Region 1a Planning Council on behalf of the six counties served by the Jesse Brown VA Medical Center.</p>
<p>2. Reinvigorate the Veterans Subcommittee of the Indiana Regional Planning Council and include representatives from all VISNs in Indiana.</p> <p>3. Knit together different VISNs' actions and activities in a non-VA context to promote collaboration with each other and with other stakeholders</p>	<ul style="list-style-type: none"> ➤ Indiana Regional Planning Council members ➤ Coordinators from VISN 11, 10, 12, and 15 ➤ CSH 	<p>The Indiana Statewide Planning Council to End Homelessness, as part of HEARTH Act implementation, will be focusing on governance and structure in 2013 and will formalize committees and tasks. The upcoming VA Summit will provide additional guidance to IN Planning Council Steering Committee on the role of a Veterans-focused subcommittee.</p>
<p>4. Special population working group: Rural areas</p> <ul style="list-style-type: none"> • Engage with existing rural service agencies and broker their services to HUD-VASH • Request next round of vouchers to be awarded to IHADA (balance of state) • Vouchers could be earmarked for rural areas based on needs (point-in-time count) – creates flexibility • Collaborate with other rural agencies 	<ul style="list-style-type: none"> ➤ CSH ➤ VA ➤ Local housing authorities ➤ Service providers ➤ IHADA 	

<p>5. Special population working group: Family housing</p> <ul style="list-style-type: none"> • Apply for SSVF as this resource can help Veterans with families the support they need to stabilize their housing • Identify ways to promote and link homeless Veteran families to affordable housing by including referrals to affordable housing options in the IHOPE assessment tool. 	<ul style="list-style-type: none"> ➤ CSH ➤ VA ➤ Local housing authorities ➤ Service providers ➤ IHCDA 	
<p>6. Special population working group: Sex offenders</p> <ul style="list-style-type: none"> • Target sex-offenders as special category for GPD & provide extra points to non-profits who submit proposals that include slots for sex offenders • Create sub-categories of sex-offenders based on offense • Include in discussion of quarterly congressional briefings ant the VA hospitals 	<ul style="list-style-type: none"> ➤ CSH ➤ VA ➤ Local housing authorities ➤ Service providers ➤ IHCDA 	
<p>Pillar: Outreach/Education</p>	<p>Suggested Partners</p>	<p>Progress To-Date</p>
<p>7. Encourage all CoC/Regional Planning Council members to report into HMIS to ensure that accurate data on homelessness of Veterans is reported.</p>	<ul style="list-style-type: none"> ➤ CoC/Regional Planning Council members ➤ VA 	
<p>Pillar: Prevention Services</p>	<p>Suggested Partners</p>	<p>Progress To-Date</p>
<p>8. Submit a statewide application for SSVF under the leadership of the Indiana Regional Planning Council.</p> <ul style="list-style-type: none"> • Use the Indiana Regional Planning Council structure to coordinate access to new resources including a statewide SSVF application that will include rural areas • Review previous SSVF application to determine the deficiencies • Identify community resources and linkages for prevention 	<ul style="list-style-type: none"> ➤ Indiana Regional Planning Council ➤ CSH ➤ Service providers ➤ Indiana Association of United Ways 	<p>CSH worked closely with CANI in Fort Wayne, the lead applicant and Bridges, Inc., the sub-recipient on their application for the SSVF grant. They were awarded \$350,000 to serve Veteran families in the 20 counties that are served by the Northern Indiana VA Medical Center. Northern IN VA staff provided valuable guidance in this process.</p> <p>CSH is working with multiple regions to assist in the current SSVF application round, due February 1, 2013. This includes the Lafayette Transitional Housing Center</p>

<p>activities (i.e., HPRP or other similar assistance that may be available in the community)</p>		<p>on behalf of the four Indiana counties served by the Danville VA Medical Center and the Region 1a Planning Council on behalf of the six counties served by the Jesse Brown VA Medical Center.</p>
<p>Pillar: Housing/Supportive Services</p>	<p>Suggested Partners</p>	<p>Progress To-Date</p>
<p>9. Invite the VA and groups who provide services to Veterans experiencing homelessness to participate in the 100K Homes Campaign in Indianapolis to identify housing opportunities for the most medically vulnerable Veterans.</p>	<ul style="list-style-type: none"> ➤ VA ➤ Providers serving homeless Veterans, including HVAF, Horizon House, Homeless Initiative Program 	<p>Local VA staff have been greatly involved and played an important role on the leadership team of the 100K Homes Campaign in Indianapolis. In this role, VA staff have partnered with local outreach staff who will work collectively to identify vulnerable Veterans through the Registry Week and evaluate VASH eligibility – streamlining the path from streets to housing. A VA representative will be part of the Systems Integration Team that will meet regularly following the campaign Registry Week to continue to triage Veterans into appropriate housing.</p>
<p>10. Train VA staff to utilize the Indiana Housing Opportunity Planner and Evaluator (IHOPE) tool in order to ensure that housing assistance resources are targeted appropriately, and that homeless and at risk Veterans (and Veteran families) are provided with an accurate and complete response to their query.</p>	<ul style="list-style-type: none"> ➤ CSH ➤ VA ➤ IHADA 	<p>Three IHOPE trainings have been provided for VA staff at the Roudebush VA and Northern IN VA Medical Centers and 57 staff members were introduced to IHOPE through these sessions. Follow-up trainings will be provided as necessary.</p>
<p>11. Identify resources within the VA to utilize for service provision within permanent supportive housing developments that specifically target Veterans experiencing homelessness</p>	<ul style="list-style-type: none"> ➤ VA ➤ CSH ➤ Service providers ➤ Housing authorities 	
<p>12. Work in partnership with IHADA to move HUD VASH tenants who no longer require intensive supportive services to the Section 8 program so that additional HUD VASH vouchers can be made available for those</p>	<ul style="list-style-type: none"> ➤ VA ➤ Housing authorities 	<p>CSH, in conjunction with the 100K Homes Campaign, is introducing a Moving On Initiative to PSH providers in Indianapolis. This Initiative will formally begin in February, 2013, and will include working with Veterans utilizing HUD VASH who no longer require</p>

with the greatest needs		this resource.. The Initiative focuses on accessing and providing assistance to PSH tenants no longer in need of intensive supportive services to assist these tenants as they move on to other site based subsidized housing.
13. Develop a central intake/application process for supportive housing that all providers use and update individual applications as needed	<ul style="list-style-type: none"> ➤ CSH ➤ Supportive housing providers ➤ VA ➤ IHCD 	
14. Apply for Shelter Plus Care for Veteran housing that serves Veterans at different levels of discharge status	<ul style="list-style-type: none"> ➤ Indiana Regional Planning Council for BOS ➤ Indianapolis CoC ➤ St. Joseph County CoC 	
15. Engage with local housing authorities: <ul style="list-style-type: none"> • Educate local housing authorities and others on developing preferences for homeless Veterans Section 8 Housing Choice Vouchers • Work with local housing authorities to convert existing housing choice vouchers to project based housing for Veterans 	<ul style="list-style-type: none"> ➤ Local housing authorities ➤ CSH ➤ IHCD 	
16. Recruit landlords committed to ending homelessness for Veterans	<ul style="list-style-type: none"> ➤ VAMC housing specialists and homeless coordinators ➤ Other agencies providing services to Veterans 	
17. Retroactively project base HUD VASH vouchers for Veteran specific developments and to create scattered site clustered housing or master leases (provides an opportunity for Veterans to have choice, support one another and services will be more accessible)	<ul style="list-style-type: none"> ➤ VAMC ➤ Applying housing authority ➤ Service provider 	
18. Revisit GPD and Transitional Housing: Right-size with eye on	<ul style="list-style-type: none"> ➤ CSH ➤ VA 	Under the VA's most recent Homeless Providers Grant and Per Diem Program's

<p>making more permanent housing available:</p> <ul style="list-style-type: none"> Choose a pilot community where transitional beds are plentiful and PSH is in short supply. Convene stakeholders around how to retool GPD beds to PSH. Since this is a new idea, starting small will help define some of the barriers, opportunities and issues around these conversions. Project should incorporate a “lessons learned” approach so other communities can benefit from the experience. Indy, Ft Wayne are potential communities for this initiative 	<ul style="list-style-type: none"> ➤ Community GPD provider interested in providing PSH 	<p>(GPD) “Transition in Place” model NOFA, one Indiana provider, the Homeless Initiative Program/HealthNet, Inc. of Indianapolis, was awarded a grant to provide 15 beds for Veterans experiencing homelessness in a scattered site approach through out the community.</p>
<p>19. Develop a resource for Security deposit and utility assistance for Veterans in market rate/affordable housing</p>	<ul style="list-style-type: none"> ➤ SSVF providers ➤ Indiana Regional Planning Council 	
<p>20. Create new VA Supportive Housing Case Manager positions</p>	<ul style="list-style-type: none"> ➤ VA 	
<p>Pillar: Treatment Services</p>	<p>Suggested Partners</p>	<p>Progress To-Date</p>
<p>21. Create a “virtual” resource center for Veterans where all providers can distribute information on treatment. Make sure services are known to Veterans by creating a menu of services.</p>	<ul style="list-style-type: none"> ➤ VA ➤ Local service partners ➤ Indiana Planning Council 	
<p>22. Develop a reverse boot camp with the idea of having an intensive program that orients people back into their environment, and continues to reach out to Veterans 6 months after returning</p>	<ul style="list-style-type: none"> ➤ VACO (VA Central Office) ➤ DOD 	

Pillar: Income/Employment/Benefits	Suggested Partners	Progress To-Date
23. Work with the DOD, WIPA, the VA Seamless Transition program and Work One to coordinate employment support.	<ul style="list-style-type: none"> ➤ DOL ➤ Indiana Department of Workforce Development ➤ Regional Workforce Development staff 	
24. Encourage “hire a Vet” campaigns all over Indiana similar to CHASE with high profile companies targeted to get on board. Many want to help but connection needs to be made at state level.	<ul style="list-style-type: none"> ➤ DOL ➤ Indiana Department of Workforce Development ➤ Regional Workforce Development staff 	
25. Co-locate Veterans Pension and Veterans Benefits Association employment services with community employments services in a central location.	<ul style="list-style-type: none"> ➤ VA ➤ Regional Workforce Development staff 	

Attachment B: PIT Count and Changes between 2010 – 2012 in three IN CoC Bodies, VISN 11 and National Veteran Data

Continuum of Care/ VISN11/ National Data	2012		2011		2010	
	Total Count	Veteran Count	Total Count	Veteran Count	Total Count	Veteran Count
South Bend/Mishawaka/St. Joseph County CoC	653	52 (8%)	613	46 (8%)	641	22 (3%)
Indiana Balance of State CoC	6259	652 (10%)	3996	406 (10%)	4317	384 (9%)
Indianapolis CoC	1647	351 (21%)	1587	262 (17%)	1494	361 (24%)
Indiana Total	8559	1055 (12%)	6196	714 (12%)	6452	767 (12%)
VISN 11 Total		1865		1877		1980
National Data			636017	67495 (11%)	649917	76454 (12%)