Indiana Homeless Veterans Summit

Summit and After Action Report

June 18, 2014
About CSH

CSH is a national non-profit organization and Community Development Financial Institution that transforms how communities use housing solutions to improve the lives of the most vulnerable people.

Founded in 1991, CSH offers capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country. For information regarding CSH’s current office locations, please see www.csh.org/contactus. For more information about CSH’s consulting and training services, please contact the CSH Consulting Group at consulting@csh.org.

Acknowledgments

CSH wishes to acknowledge and thank all those who participated in conversations and discussions at the Summit that shaped this document. CSH also thanks VISN 11 and the Roudebush and Northern Indiana VA Medical Center staff for all their time and energy leading up to and during the Summit.

Inquiries

For information on CSH, please visit www.csh.org for additional online resources and materials. If you have questions or comments regarding this document, please contact Katrina Van Valkenburgh at katrina.van@csh.org.
Introduction

On June 18, 2014, 46 stakeholders convened for a summit on ending Veteran homelessness in the area by 2015. CSH and VISN 11 partnered in planning the event, which included stakeholders from the VA, housing, services and other sectors (see Appendix D for a full list of attendees).

Figure 1. A word cloud of all the conversations from the day

Indiana Accomplishments since Last Year

First, CSH set the stage by providing an overview of the ongoing national effort to end homelessness, led by the United States Interagency Council on Homelessness (USICH), along with an update of the VA’s 25 Cities Initiative launched in March, 2014, to help communities with high concentrations of homeless Veterans to intensify and integrate local efforts to end Veteran homelessness by 2015. Then the focus turned to Indiana, where CSH has helped the VA coordinate summits for two years. A review of recommendations from the 2013 summit and subsequent local progress was then discussed, and is recapped in Figure 2 below.
2013 SUMMIT RECOMMENDATION:

- Continue to build upon the 100K Homes partnership in Indianapolis and track the number of vulnerable Veterans housed and report successes and challenges to key stakeholders
- Inclusion of key VA staff and Veteran focused community based providers in the planning and implementation of a statewide coordinated assessment system under development by the Statewide Indiana Planning Council
- Develop an analysis of the Grant Per Diem Transition in Place Model for replication across the state
- Identify ongoing resources within the VA to utilize for service provision within permanent supportive housing developments that specifically target homeless Veterans
- Develop an analysis of SSVF programs and alignment with other homeless prevention and rapid re-housing efforts and opportunities replicate statewide.
- Provide supportive housing for 150 homeless Veteran households through a variety of housing resources including VASH, Continuum of Care resources, Housing Choice Vouchers, and other housing resources.

PROGRESS SINCE 2013 SUMMIT

- Indianapolis 100K Homes Campaign has recorded housing over 150 Veterans who were sleeping on the streets or in emergency shelters
- An additional 75 homeless Veterans were housed at the Lincoln Apartments in Indianapolis
- Jackson Street Commons, a 27 unit supportive housing development for Veterans, opened in Kokomo, Indiana in May 2014
- NWI Veterans Village, a 44 unit supportive housing development for Veterans in Gary, is under construction and will open in early 2015
- Walnut Commons, a 44 unit supportive housing development in Muncie, broke ground in May 2014 and will target Veterans
- Services are being offered by the VA at both Lincoln Apartments and Jackson Street Commons with plans to offer services at NWI Veterans Village
- The 2014 Indiana Permanent Supportive Housing Institute had one team that will apply for funding for a 40-50 unit Veteran supportive housing development in Marion, Indiana
- 125 HUD VASH vouchers were awarded to Indiana communities in 2013
- The Richard Lugar Safe Haven for Veterans opened in Fort Wayne
Indiana now has six SSVF grants totaling over 3.7 million dollars
All three Continua of Care groups are working toward creating coordinated access systems, including the VA in these efforts

**Presentation of VA Operations Plans**

*Presentation by VA*

The purpose of this presentation was to present the VA’s local “Ops Plan” in a manner that was digestible by non-VA summit attendees, and to gather feedback and input on the plan. Deb Walls, Homeless Coordinator at the Roudebush VA Medical Center in Indianapolis, and Naomi Nicastro, Homeless Coordinator at Northern Indiana VAMC, presented the plan. A brief summary is posted below and these slides can be found at Appendix A.

- Importance of partnerships and community partners
  - Appreciate the ability to use IHCDA (Indiana Housing & Community Development Authority) to move vouchers to areas of need.
- Overview of each of the two VAMCs
- Supportive housing for Veterans is making a huge impact
  - Example: Jackson Commons in Kokomo
- The multiplier is 1.9, and this is the standard multiplier used across the country when calculating future homelessness among Veterans
  - In Detroit it was changed it to 3.8
  - Indiana can submit data to demonstrate the multiplier should be changed, if necessary
  - According to the numbers for Indiana, the total projected point-in-time count is lower than the assets
- We want to serve at least 25% street homeless in the balance of state
  - Indianapolis is exempt from this measure. According to PIT data Indianapolis doesn’t meet this.
- Will need to give HUD VASH to folks who aren’t chronically homeless to be able to meet the HUD VASH utilization goals
  - We seem to be ending homelessness for chronically homeless Veterans

**Summary of Community Feedback**

The full notes from the Community Feedback are attached to this report as Appendix B.
Three panels were held covering the topics of Continuum of Care bodies, Supportive Housing, and Employment. Each panelist discussed their work and then summit attendees were invited to ask questions. Below is a list of panel speakers. The full discussions are posted under Appendix C.

**Supportive Housing**
- Susan Buckingham, Meridian Health Services (Walnut Commons)
- Angie Ciski, Family Service Association of Howard County, (Jackson Street Commons)
- Dennis Quinn, Great Lakes Capital (Lincoln Apartments and Chambers Park Apartments)

**Continuum of Care/Coordinated Access**
- Rodney Stockment, Indiana Housing and Community Development Authority, Balance of State CoC
- Phil Smith, Partners in Housing, Indianapolis CoC
- Julia Newbill, Life Treatment Center, St. Joseph County CoC

**Employment**
- Jami Stout, Vocational Rehab Supervisor VA
- Carolyn Brown, Easter Seals Crossroads Military and Veteran Initiative
- Carol May, Office of the Mayor Senior Executive Policy Advisor
- Gary Tyler, Department of Labor
- Charlie McBride, DWD Director of Veterans’ Employment Program

**Group Activity: 100 Day Challenges**

In the afternoon of the summit, the attendees were split into groups based on geography to brainstorm strategies that each group would like to work on over the next 100 days in an effort to house as many Veteran households as possible. Below are the results of this work. Note that some groups interpreted the exercise differently.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Partners</th>
<th>Deadline</th>
<th>CSH TA Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indianapolis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House 100 Veterans in 100 Days</td>
<td>CoC, VA, SSVF Providers, GPD Providers</td>
<td>September 18th, 2014</td>
<td>Collect data and share with community partners and VA</td>
</tr>
<tr>
<td>Enhance Coordinated Outreach</td>
<td>Street Outreach Rapid Response Team, SSVF Providers, VA, Community Outreach Task Force, CIT Officers, PATH, Vet Center, Veteran Justice Outreach, Disabled Veteran Outreach, Program Veteran Benefits Administration</td>
<td>September 18th, 2014</td>
<td></td>
</tr>
<tr>
<td>Coordinate Access</td>
<td>Deb Walls or designee CoC</td>
<td>Fall, 2014</td>
<td>Facilitate Coordinated Access Charrette and provide follow up TA</td>
</tr>
<tr>
<td>Examine the 1.9 Annual Multiplier</td>
<td>Rodney Stockment, Eric Wilka, Phil Thomas</td>
<td>Fall, 2014</td>
<td>Completed in July (see below)</td>
</tr>
<tr>
<td>Mayor’s Challenge</td>
<td>Cindy Thomas, Deb Walls, Carlos May, Bev Ebersold</td>
<td>September 18th, 2014</td>
<td></td>
</tr>
<tr>
<td><strong>Northern Indiana VA Medical Center</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House 55 Veterans in 100 days</td>
<td>211, Faith Based Organizations, CoCs</td>
<td>September 18th, 2014</td>
<td>Collect data and share with community partners and VA</td>
</tr>
<tr>
<td>Raise awareness about service eligibility in VISN 11 for Veterans who live in VISN 12</td>
<td>Community Providers, CBOCs, VA</td>
<td>September 18th, 2014</td>
<td></td>
</tr>
<tr>
<td>Coordinate VA and Meridian outreach teams to find</td>
<td>Meridian Health Services, VA</td>
<td>September 18th, 2014</td>
<td>Provide TA around tenant selection</td>
</tr>
<tr>
<td>chronically homeless Veterans</td>
<td>Connect HUD VASH, SSVF and other resources to CoC coordinated access process</td>
<td>VA CoCs Community Partners</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>Raise awareness of VA resources and programs</td>
<td>SSVF Parole Officers in South Bend VA Life Treatment Center Meridian Health Services CANI Veteran Service Officers Clinics</td>
<td></td>
</tr>
<tr>
<td><strong>Roudebush VA &amp; Iliana VA Medical Center Areas</strong></td>
<td>Enhance hospital, VISN, and CoC coordination</td>
<td>VAMCs CoCs Phil Thomas and Staff</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>Better Assessing Need/Numbers</td>
<td>CoCs Point in Time Count Leaders Community Partners CSH VA</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>Coordinate Access</td>
<td>IN BoS Continuum of Care Board HMIS Indiana Housing and Community Development Authority (IHCDA) VA Peers</td>
<td>September 18, 2014</td>
</tr>
<tr>
<td></td>
<td>Improve outreach efforts</td>
<td>Community Partners Crisis Intervention Trained Officers VA Patient Advocates Ray Lay and Peer Support Specialists Crisis Hotline</td>
<td>September 18, 2014</td>
</tr>
<tr>
<td></td>
<td>Improve access to employment</td>
<td>Department of Labor Department of Workforce Development VA Employers Community Providers Vocational Rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>
Results of Multiplier Analysis
As a follow up to the summit, IHCDA’s Research and Innovations Department conducted an analysis of the annualized projections of homeless Veterans. They used figures from the 2014 PIT count and compared them with HMIS data of unduplicated homeless Veterans served in the state in 2013. The analysis found that the average multiplier across 16 reporting regions in Indiana was 4.07, with nine of the 16 reporting a multiplier of higher than the standard VA one of 1.9. This analysis suggests that there are more homeless Veterans in the state than the VA has thus far included in their plan, and should be taken into consideration as the VA moves forward on executing the plan to end Veteran homelessness in Indiana by 2015. The full analysis is included as Appendix E of this report.

Conclusion and Next Steps
CSH strongly feels that the Indiana Veterans Summit was a success, and that the community has made real strides in collaborating to end Veteran homelessness in the region since the first summit was held. We look forward to providing technical assistance to the VA and service providers to help advance the goal of reaching functional zero by the end of 2015.
APPENDIX A

SLIDES SUMMARIZING VA OPS PLANS
VAMC Ops Plans and Strategies for Indiana
## Homeless Estimates in Region

<table>
<thead>
<tr>
<th>CoC</th>
<th>2013 PIT Estimate of Homeless Veterans</th>
<th>Proportion of CoC served by VAMC</th>
<th>2013 Estimate of # Homeless Veterans served by VAMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Bend/Mishawaka/St. Joseph County CoC</td>
<td>58</td>
<td>100%</td>
<td>58</td>
</tr>
<tr>
<td>Indiana Balance of State - NIHCS</td>
<td>365</td>
<td>34%</td>
<td>124</td>
</tr>
<tr>
<td>Indiana Balance of State - Indy VA</td>
<td>365</td>
<td>24%</td>
<td>88</td>
</tr>
<tr>
<td>Indianapolis CoC</td>
<td>320</td>
<td>100%</td>
<td>320</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>590</strong></td>
<td></td>
<td><strong>2183</strong></td>
</tr>
</tbody>
</table>

Total + Annualization Multiplier of 1.9% used to estimate the annual number of homeless Veterans
Future inflow per year=2013 Annualized Estimate – 2013 Mapped PIT Count
(531 new homeless Vets each year between 2013 and 2015)
## Estimated Housing Options Needs by CoC, 2013-2015

<table>
<thead>
<tr>
<th>CoC</th>
<th>PSH</th>
<th>Community PSH (VA ineligible)</th>
<th>SSVF/Rapid Rehousing</th>
<th>Other VA Residential Programs (GPD, Dom, HCHV)</th>
<th>Self-resolving</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Bend/Mishawaka/St. Joseph County CoC</td>
<td>60</td>
<td>11</td>
<td>54</td>
<td>54</td>
<td>36</td>
</tr>
<tr>
<td>Indiana Balance of State - NIHCS</td>
<td>311</td>
<td>55</td>
<td>279</td>
<td>279</td>
<td>186</td>
</tr>
<tr>
<td>Indiana Balance of State - Indy VA</td>
<td>91</td>
<td>16</td>
<td>82</td>
<td>82</td>
<td>55</td>
</tr>
<tr>
<td>Indianapolis CoC</td>
<td>332</td>
<td>59</td>
<td>297</td>
<td>297</td>
<td>198</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>612</td>
<td>108</td>
<td>548</td>
<td>548</td>
<td>366</td>
</tr>
</tbody>
</table>
Calculating the Gaps

PROJECTED # VETS NEEDING HOUSING

CURRENT ASSETS/HOUSING RESOURCES + PLANNED ASSETS/HOUSING RESOURCES = Gaps in system
Indianapolis VAMC’s Gaps Calculation

<table>
<thead>
<tr>
<th>Need</th>
<th>Needing PSH - VHA Eligible</th>
<th>Needing PSH - VHA Ineligible</th>
<th>Needing Rapid Rehousing (RRH)</th>
<th>Needing Other Res. Programs</th>
<th>All Homeless Veterans in Need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>423</td>
<td>75</td>
<td>379</td>
<td>379</td>
<td>1,256</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assets per Need</th>
<th>Non-VA PSH* and HUD-VASH (incl. placements shared with SSVF RRH and Res. Pgrms.)</th>
<th>Non-VA PSH*</th>
<th>SSVF RRH (excluding placements shared with HUD-VASH and Res. Pgrms.)</th>
<th>VA Residential Pgrms (GP, DCCH, MCHV, CVT/TR, incl. placements shared with SSVF RRH but not HUD-VASH)</th>
<th>All Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PH Placements Possible 2013-2015</td>
<td>386</td>
<td>75</td>
<td>700</td>
<td>2,067</td>
</tr>
<tr>
<td></td>
<td>PH Placements Possible 2013-2015</td>
<td>75</td>
<td>700</td>
<td>906</td>
<td>2,067</td>
</tr>
</tbody>
</table>

| Strategies | Non-VA PSH* Community Partnerships and HUD-VASH Operational Improvements | Non-VA PSH* Community Partnerships | SSVF RRH Operational Improvements and RRH Community Partnerships | VA Residential Programs Operational Improvements and Community Partnerships | All Strategies |
|------------|----------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------|----------------|-------------|
|            | PH Placements Generated 2013-2015                                   | 0                                | 0                                                              | 257                                                            | 541            |-------------|
|            | PH Placements Generated 2013-2015                                   | 0                                | 0                                                              | 257                                                            | 541            |-------------|

<table>
<thead>
<tr>
<th>Remaining Gaps</th>
<th>Needing PSH - VHA Eligible</th>
<th>Needing PSH - VHA Ineligible</th>
<th>Needing Rapid Rehousing</th>
<th>Needing Other Res. Programs</th>
<th>All Homeless Veterans in Need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* We assume Veterans needing PSH and VHA eligible can be served with Non-VA PSH assets available to Veterans, if these assets are not needed to serve VHA ineligible Veterans.

** While computing the total gap, we assume that excess resources in a program can be leveraged to cover remaining gaps in other need areas.

*Includes small part of Central IL
## Northern IN VAMC’s Gaps Calculation

### Need
- **Need**
  - Needing PSH - VHA Eligible: 197
  - Needing PSH - VHA Ineligible: 35
  - Needing Rapid Rehousing (RRH): 177
  - Needing Other Res. Programs: 177
  - All Homeless Veterans in Need: 586

### Assets per Need
- **Assets per Need**
  - Non-VA PSH* and HUD-VASH (incl. placements shared with SSVF RRH and Res. Pgms.): 274
  - Non-VA PSH*: 35
  - SSVF RRH (excluding placements shared with HUD-VASH and Res. Pgms.): 153
  - VA Residential Pgms (GPD, DOH, HCHV, GWF/TR, including placements shared with SSVF RRH but not HUD-VASH): 541
  - All Assets: 1,003

### Strategies
- **Strategies**
  - Non-VA PSH* Community Partnerships and HUD-VASH Operational Improvements: 110
  - Non-VA PSH* Community Partnerships: 0
  - SSVF RRH Operational Improvements and RRH Community Partnerships: 24
  - VA Residential Programs Operational Improvements and Community Partnerships: 0
  - All Strategies: 134

### Remaining Gaps
- **Remaining Gaps**
  - Needing PSH - VHA Eligible: 0
  - Needing PSH - VHA Ineligible: 0
  - Needing Rapid Rehousing: 0
  - Needing Other Res. Programs: 0
  - All Homeless Veterans in Need: 0

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*Includes small part of NW Ohio and Southern MI

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*We assume Veterans needing PSH and VHA eligible can be served with Non-VA PSH assets available to Veterans, if these assets are not needed to serve VHA Ineligible Veterans.

**While computing the total gap, we assume that excess resources in a program can be leveraged to cover remaining gaps in other need areas.*
What Does it Mean?

- Zero gaps in Indiana...
- But the VA can’t end Veteran homelessness in Indiana alone...
- Our charge today is to figure out how to make the system run smoothly so we can reach the goal of ending Veteran homelessness in Indiana by 2015
The VAMC Ops Plans

- The Indy and Northern IN VAMCs continuously update and report out on progress towards achieving our goal of ending Veteran homelessness in Indiana by 2015
- We have explicit goals with benchmarks, tracking indicators, and pay attention to our progress
- Following are some of those goals
1. Access to Rapid Rehousing Services

**Goals:**
Provide quicker response time for homeless and at-risk Veterans, and leverage non-VA RRH resources

**Indicators**
- Increased community partners in IN
- RRH PH Placement Gap

**Identified Partners**
- American Legion Riders
- Veterans Matter
- Other?

**Q1 Status:**
In progress, on track
2. Improved Performance in Residential Programs: GPD, Dom, HCHV

**Goals:**
*To increase the number of Veterans exiting the GPD and HCHV programs with employment and independent housing*

**Indicators**
- % Exits to Independent Housing from HCHV programs
- % Exits to Independent Housing from GPD Programs
- % Employed at GPD Exit
- % Negative Exits from GPD and HCHV

**Q1 Status:**
*In progress, on track*

**Identified Partners**
- Shepherd’s House
- Liberty Landing
- Miller Vet Center
- GPD Lead and VHA
- Dom Lead, Voc Rehab Specialist

- GPD Lead and VHA
- Liberty Landing
- Miller Vet Center
- Shepherd’s House
- Dom Lead, Voc Rehab Specialist
3. Successfully Housing Veterans Through VASH

Goal:
Lease up 90% of vouchers by 9/2014 and decrease returns to homelessness from program

Q1 Status: In progress, on track

Identified Partners

Indicators

- HUD-VASH Placement Gap
- % Housed in VASH
- % Negative Exits from VASH
4. Engage Unsheltered Veterans with Services and Permanent Supportive Housing

**Goal:**
25% of Veterans seen for outreach will have been unsheltered within 30 days of first interview AND increase outreach to rural and secondary city areas

**Indicators**

% Engaged who are unsheltered

**Q1 Status:**
In planning

**Identified Partners**

Jackson Commons

Need Additional Partners

[CSH logo]
### Measure – Housing Programs

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Indy VAMC</th>
<th>NIHCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Exits to Permanent Housing</td>
<td>65%</td>
<td>70%</td>
<td>74%</td>
</tr>
<tr>
<td>% Housed in VASH</td>
<td>90%</td>
<td>81%</td>
<td>76%</td>
</tr>
<tr>
<td>% Chronically Homeless in VASH</td>
<td>65%</td>
<td>84%</td>
<td>77%</td>
</tr>
<tr>
<td>% Engaged who are Unsheltered</td>
<td>25%</td>
<td>23%</td>
<td>22%</td>
</tr>
</tbody>
</table>
Focus: GPD Performance Across Indiana

- **Indy**
  - Employed at Exit target: 42%
  - Negative Exits target: 30%
  - Exits to Independent Housing target: >65%

- **NIHCS**
  - Employed at Exit target: 42%
  - Negative Exits target: 30%
  - Exits to Independent Housing target: >65%
Feedback on Plan

- Your opportunity to ask clarifying questions of Deb & Naomi
- Please comment on things you think might be missing, such as:
  - Additional indicators or partners
  - Other goals
  - General compliments or concerns
- CSH will take notes for official feedback to the VA
APPENDIX B

FEEDBACK ON OPS PLAN

- With so many Stand Down programs with increasing attendance, it would seem as though the number of Veterans experiencing homelessness is on the rise. How is it declining?
  - Many if not most Veterans who attend Stand Down events are not experiencing homelessness.
  - It is good to have VA staff at the Stand Down to make these connections when they do find a Veteran who is experiencing homelessness.

- If Indiana is successfully ending chronic homelessness among Veterans, it will be important to look at future housing opportunities including a mix of rental assistance that allow for the flexibility of housing both chronically homeless, homeless, and at risk of homelessness.

- Was the gaps data based on Point in Time count data or is other data used?
  - Yes, we do utilize the PIT count, along with a standard multiplier.
  - It is difficult to count people who are experiencing homelessness because they don’t want to be counted. The Northern IN VAMC is using strategies such as advertising, providing backpacks, etc. to help entice people to come to an event where they are asked if they are willing to participate in the PIT count survey.

- The multiplier can be increased if Homeless Management Information System (HMIS) data or other data provided to the VA demonstrates the need.
  - Think there are chronically homeless vets in some rural areas that aren’t being counted.

- Group discussed VISN vs. Continuums and PIT counts – and how data is used

- Issue of data showing shifts and reductions in chronically homeless Veterans, but more need in rapid rehousing then the data will help the VA and HUD look at how to make changes to policy and funding to meet the needs.

- Veterans can go to any VA provider for services or housing. The hospital is responsible for making sure services are available in their catchment area.

- Audience member asked if VA would change its definition of homelessness and at risk so that they have a broader definition than HUD.

- Phil recommended using the Score Card.
APPENDIX C

FULL NOTES FROM PANEL DISCUSSIONS

Supportive Housing Panel

- Susan Buckingham, Muncie, Walnut Commons
  - We learned about the goal of all Veterans having permanent housing by the end of 2015 and our agency, Meridian Health Services, became very interested in playing a role in making this happen
  - We participated in the Indiana Permanent Supportive Housing Institute, twice, and recently broke ground on Walnut Commons
  - Walnut Commons will be a 44 unit supportive housing development and 22 units will be for Veterans who are experiencing homelessness who have a disability
  - We were awarded Shelter Plus Care so we can work with Veterans who were not honorably discharged from the military
  - The housing development will have a clinic on site

- Angie Ciski, Kokomo, Jackson Street Commons.
  - We just opened our supportive housing development, Jackson Street Commons, and this is a 27 unit Veteran supportive housing apartment complex
  - We use a housing first approach and prioritize chronically homeless Veterans and Veterans who are the most vulnerable
  - The building is filling quickly, and partners can still offer referrals as we have not filled every unit

- Dennis Quinn, Indianapolis, Lincoln Apartments:
  - Lincoln Apartments, a 75 unit supportive housing development for Veterans, opened last November and quickly leased up
  - We are going through a process of learning and getting to know tenants and working together as a team.
  - It is a LEED certified building.
  - Tenants have taken a proactive approach, setting up a food pantry and community garden.
  - One lesson have learned is that we are trying to implement blended management.
  - The VA has graciously funded three case managers at the building
  - Have section 8 subsidies. Also have VOA doing service coordination.

- Dennis Quinn, Marion
  - Working to develop a project that will be located next door to the VA hospital that will include 50 units of supportive housing for Veterans
  - VOA will be on site to provide supportive services. Have commitments from them for services.
The park was part of the hospital campus many years ago – then given to national park service, and then donated to the City. City said they could give us the site for the project. We have a contract to purchase this 20 acre park. There could be other housing developed there later as well.

We hope that half of the units will have project based section 8 ad then the other half will have rental assistance from the Continuum of Care. It would be nice if could get HUD VASH too for a mix.

We plan to have more space for workout room and other tenant amenities

- Questions:
  - Can any of these sites accept sex offenders?
    - Jackson Commons: as long as they aren’t in the category of people who aren’t eligible for Section 8
  - Usually 3-4 NOFAs for HUD VASH. First one for tenant based and then usually a second project based NOFA. Can also project base existing
  - Is there a wait list at Lincoln?
    - Yes. We do not expect many people to quickly move out, so the wait list may move slowly
  - Do any of these programs incorporate Peer Support?
    - Jackson Commons – we have so many volunteers from Veterans Organizations. We have also rolled out an incentive program for tenant involvement and we will have a tenant council.
    - Lincoln: We asked our property management company to help select a Veteran from wait list, history of homelessness to be a good resident manager. Our tenants could benefit from some peer counseling.
  - The group should think about how to share information on housing available for Veterans.
  - We like to see a variety of housing options.

**Continuum of Care/Coordinated Access Panel**

Julia Newbill, St. Joseph County/South Bend

- We are in the beginning stages of thinking through coordinated access, have explored using the VI/SPDAT, and are looking into incorporating this assessment into Client Track, our HMIS system
- Those who are most closely involved were not able to attend this summit, though they sent me with notes and I can direct you to the appropriate source if you have questions that I am not able to answer
- Our county has 80 plus vouchers assigned to our community
Both of our current projects have met and exceeded thresholds – Myra Myers is our liaison and works really well through the VA – run a social detox so if a Veteran needs immediate services they can go right to services

We are the only community with a VA outreach team that is not located near a VA Medical Center

We held a 2014 Stand Down and will have another one in 2015

Host challenge meetings with VA and VET center that works with women and sexual trauma

Our CoC has been steadily working to expand services and housing available to Veterans

Phil Smith, Indianapolis CoC

- Coordinated access is a HUD requirement with regulations under the HEARTH Act
- It will be necessary for all CoC groups to have this up and running within the next two years
- In Indianapolis, we have a steering committee working to set this up
  - It needs to be successful and sustainable, transparent and collaborative, inclusive and able to serve the most vulnerable
- The concept is that anyone who is experiencing homelessness should be able to go anywhere with ease of access into our housing system and make their way through the process to get housing rapidly
- We have weekly housing meetings that occur on Tuesdays.
  - If interested in this should contact Karin Thornburgh to get on her list
  - This came out of the Indianapolis 100,000 Homes effort – want to continue that process, but role out broader plan after doing some pilot.
- We have some physical locations, but also want this to be virtual to better cover other areas.
- We want to have options for all people to access housing – want to focus people on accessing PH with appropriate services.
  - Shelter is seen as a last resort and not a destination.
  - We are looking to find funding and resources to support the system
  - We will identify the organizations who can pilot coordinated assessment including those who serve Veteran’s

Rodney Stockment, Balance of State CoC

- Continuum of Care model – not just VA and HUD, it’s our responsibility to end chronic homelessness
- Example of housing
- Veterans are citizens and are eligible for any service provided to other systems.
- As a continuum we are shifting from a continuum of housing options to funding PH options and this is the difficult work of the continuum and shift solutions that end homelessness.
- As numbers of chronic homelessness reduce down, what do we do?
  - We can have a preference for those that are existing as there is turnover.
Discussion:

- Every CoC is going to build a system and the important message is critical that we know how it’s going to work and need to be a voice at the table around how Veteran’s are part of this and how are they going to be assessed in the CA system.
- How do we work together so the VA and HUD resources are best used and balanced – so we can use this process to say we are ending Veteran’s homelessness by 2015?
  - This is ambitious but we have to think about hard questions about how to best use these resources and how do we make the hard choices and how do we dedicate resources to do it.
- Any effort to have real time availability of beds will be helpful – having live units is important to the process
- Recommendation to use the Vulnerability Index/Service Prioritization Decision Assistance Tool (VI/SPDAT)
  - Some are using SPDAT and some are using VI and SPDAT and different communities are looking at their own options or creating their own.
- This process will help us to frame the need beyond the Point in Time count

Employment Panel

Panelists:

- Jami Stout, Vocational Rehab Supervisor VA
- Carolyn Brown, Easter Seals Crossroads Military and Veteran Initiative
- Carols May, Office of the Mayor Senior Executive Policy Advisor
- Gary Tyler, Department of Labor
- Charlie McBride, DWD Director of Veterans’ Employment Program

Carlos May

- Mayor’s Announcement – We have convened the working group to create strategies on the topic of ending Veteran homelessness so that this resource can be made available when the Mayor announces he will join the Mayor’s Challenge
- Mayor’s office is to act as a bridge to opportunities and sharing of information, partner with individual companies by having a job fair with the JW Marriot – getting information out
- We have a public television program called We are Indianapolis Veterans. This is both for the Veteran community and for friends and family members
  - This involves a program that community organizations can be interviewed and can talk about their programs to help raise awareness about their services
- Newsletter – about hiring veterans, employment opportunities, services or information about what’s happening in the community
- Leaders list and standard distribution list – now tracking about 5000 people on the list and want to increase that.
- Mayor’s Neighborhood Liaisons go out into the community and provide information to the citizenry in the neighborhoods – pass the information out county-wide (boots on the ground)
- Mayor’s appreciation Veteran’s Day
- Mayor’s employment initiative

Jamie Stout, Roudebush VAMC

- At the VA, we provide therapeutic treatments to supported employment and job placement assistance for those who are job ready.
- Work one – Indiana state and federal programs that help with training and also partner with community organizations for an annual job fair.

Caroline Brown, Easter Seals

- We have a long history of serving people with disabilities – Chicago Easter Seals focused on serving Veterans – Indianapolis has done the same
- We have an HVRP grant to help homeless Veterans find work/employment – help them find something they enjoy and want to do so they will be successful.
- Work One offices, DVOPS, and core number of employers who want to hire Veterans and just got funded for year 2
- The other project is to help Veterans with their homecoming – recognizing that after the initial homecoming, then families realize that the person may act a little differently and come back with experiences that others don’t understand.
  - Trying to build a community so that people understand what a veteran feels when they return and understanding the culture in which they live and how the culture may be different and how to close the culture lap.
  - We want Veterans to thrive – so establishing rally points – these are an identifiable place in the community to find a variety of resources the Veteran might be interested in. Hooking them up with volunteer opportunities, helping them make applications to jobs etc. If you are interested in being a rally point or volunteering on our behalf

Charlie McBride – DWD – Assistant Commissioner

- DVOP – Disabled Veterans Outreach Program
  - DVOP are based in work ones to help Veteran’s overcome barriers to employment
- LEVER’s advocate for Veteran’s employment throughout the state and help employers engage veterans – Levers help the work one offices, DVOPs to coordinate job opportunities that are identified throughout the state
  - Also coordinate other resources in state to help people in transition from military to civilian life.
Gary Taylor, Department of Labor

- Grants management, oversight, and monitoring the federal programs – 3.7 million to state of Indiana and local offices
  - Homeless Veterans Reintegration Program (3 grants – HealthNet, CrossRoads, Echo Housing and Easter Seals)
  - Homeless Female Veterans
  - Veterans Family Program
- Dept. of Defense to coordinate with VA – to assist in transition from combat to employment – provide workshop for the transition folks that are done at military bases. Also collaborate with the VA to do Vocation rehabilitation and to offer scholarships for veterans.
- On the investigative side – they make sure that the protections and benefits of veterans are supported
  - Service member can bring a suit.
  - Penalties and damages paid by employer if found guilty.
- Stand-down grants for 5,000 for one and 10,000 for two.
# APPENDIX D

FULL LIST OF SUMMIT ATTENDEES

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Agency</th>
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</thead>
<tbody>
<tr>
<td>Pamela</td>
<td>Brookshire</td>
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<td>Carolyn</td>
<td>Brown</td>
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<td>Rachel</td>
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<td>Lisa</td>
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<td>Rachael</td>
<td>Dietieus</td>
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<td>Hinkle</td>
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<tr>
<td>Jessie</td>
<td>Jurnakins</td>
<td>homeless initiative program</td>
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<td>Ray</td>
<td>Lay</td>
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<td>Debi</td>
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<td>Lorraine</td>
<td>Marshall</td>
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<tr>
<td>Tom</td>
<td>Mattice</td>
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<td>Carlos</td>
<td>May</td>
<td>City of Indianapolis - Mayor's Office</td>
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<td>Charlie</td>
<td>McBride</td>
<td>Department of Workforce Development</td>
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<tr>
<td>Susan</td>
<td>Solmon</td>
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<td>Volunteers of America/SSVF</td>
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<td>Gary</td>
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<td>U. S. Depart of Labor, Veterans' Employment and Training</td>
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<td>Katrina</td>
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<tr>
<td>Myra</td>
<td>Wilkey</td>
<td>Mental Health America of Vigo County</td>
</tr>
<tr>
<td>Dennis</td>
<td>Wimer</td>
<td>IN Department of Workforce Development</td>
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</table>
APPENDIX E

IHCDA’S HOMELESS VETERAN MULTIPLIER ANALYSIS
MEMORANDUM

To: Phil Thomas, VISN 11 Network Homeless Coordinator
    Katrina Van Valkenburg, CSH Managing Director
    Lori Phillips Steele, CSH Indiana Office Director

From: Rodney Stockment, IHCDA Research and Innovation Department
      Joe Palus, IHCDA Director of Research and Innovation Department

Date: July 26, 2014

Re: Analysis of Annualized Projections of Homeless Veterans

Background

The Veterans Integrated Service Network (VISN) 11 in collaboration with CSH completed four successful regional homeless veteran summits in Indiana, Illinois, Michigan and Ohio. The summits are designed to develop multi-agency strategies to end veteran homelessness in the catchment area. Gap Analysis were reviewed along with operational plans to address barriers and design innovative solutions to promote the identification, assessment, and care of the homeless veteran population.

The Indiana VISN 11 Veterans Summit-A Path to Housing was held on July 10, 2014. At this summit, operation plans and strategies were developed. Projected housing needs were developed using the annual Homeless Point-In-Time data using a multiplier of 1.9.

Point-In-Time Veterans x 1.9 multiplier = Projected Housing Needs

IHCDA was charged at the summit to determine if the 1.9 multiplier accurately projects the housing needs of veterans experiencing homelessness in the three Indiana Continua of Care. IHCDA tested the 1.9 multiplier by using the 2014 Point-In-Time data and comparing that data with HMIS data of unduplicated homeless veterans served in CY 2013. HMIS data included all program serving veterans experiencing homeless; such as, ESG CoC Transitional Housing, Rapid Re-Housing, SSVF, HUD VASH and Veterans who entered CoC Permanent Housing Rental Assistance programs during the CY 2013. The test can be expressed using the following formula:

Point-In-Time Veterans x multiplier = Unduplicated Veterans Served using HMIS Data

The following table suggests that the 1.9 multiplier with Point-In-Time data does not represent the annualized number of veterans served by the Indianapolis and Balance of State Continuum of Care. The South Bend Continuum of care has not yet provided IHCDA with HMIS data. Statewide, the multiplier is 4.07. Nine of the sixteen regions had a multiplier larger than 1.9. Seven regions had a multiplier greater than 3. Gary, Indianapolis and Terre Haute had multipliers greater than 5.

The data also suggest that the three annual Point-In-Time counts under enumerate veterans experiencing homelessness.
<table>
<thead>
<tr>
<th>CoC Region</th>
<th>2014 PIT Veteran Count</th>
<th>Unduplicated Veterans in HMIS January 1, 2013 to December 31, 2013</th>
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<td>1a (Gary-Lake County))</td>
<td>11</td>
<td>69</td>
<td>6.27</td>
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<td>2 Elkhart)</td>
<td>7</td>
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<td>1.86</td>
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<td>2A South Bend)</td>
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<tr>
<td>3 (Fort Wayne)</td>
<td>81</td>
<td>172</td>
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<td>4 (Lafayette)</td>
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<td>23</td>
<td>3.83</td>
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<td>23</td>
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<td>6 (Muncie)</td>
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<td>7 (Terre Haute)</td>
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<tr>
<td>8 (Indianapolis surrounding counties)</td>
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IHCDA will continue to request South Bend data to further understand statewide need. IHCDA will continue to work with CSH and the Veterans administration to fully understand need in order to better target resources with the goal of ending veteran homelessness by 2015.