#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, May 26, 2016 11:23:31 AM
Last Modified: Thursday, May 26, 2016 12:21:17 PM
Time Spent: 00:57:45

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:

(IN-502) Indiana Balance of State

Q2: If you serve a Balance of State CoC, which counties is this update for?

Daviess, Dubois, GIbson, Greene, Knox, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick, Morgan, Johnson, Shelby, Monroe, Bartholomew,

Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?

Respondent skipped this question

Q4: Contact Information

Name	Julie Freyberger
Organization	Volunteers of America of Indiana
Email Address	jfreyberger@voain.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?

Yes

Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?

Yes

Q7: Who is the CoC point of contact?

Name:	Michelle Milliken
Email:	mmilliken@atworkssolutions.com
Organization:	At Work Solutions
Phone #:	317-436-4040

Q8: **Are representatives from the following VA funded programs present at community planning meetings/events?**

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	No	No
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	Yes	Yes
Community Resource and Referral Center (CRRC)	No	No
Domiciliary Care for Veterans (VA-Dom)	Yes	Yes
Veterans Justice Outreach (VJO)	Yes	No
Safe Haven	Yes	Yes

Q9: **What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)**	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: **What types of data can local VA Medical Center staff share with community providers? (Select all that apply)**	Client-level information (e.g. data from the HOMES system such as key elements for the by name/master list) , Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: **Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?**	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	*Respondent skipped this question*
Q13: **Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.**	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Ken Scheller
Organization:	Aurora
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	CoC
Phone #:	812-428-3246
Email:	kscheller@auroraevansville.org

Q15: Is the HUD-VASH program integrated into coordinated entry?

Yes

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:

HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q17: Is the GPD program integrated into coordinated entry?

N/A

Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:

Respondent skipped this question

Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)

Yes

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Brandon Hall/ Volunteers of America of Indiana
Total Number of Beds	49

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?

Yes,

If "Yes", please list the agency names.
Volunteers of America of indiana

Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?

Respondent skipped this question

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?

Yes

Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?

Yes

Q25: Who manages the master list?

Name:	Lori Dimmick
Role:	Coordinator
Organization:	IHCDA
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	CoC

Q26: Does your list have the following elements? (Select all that apply.)	Includes all unsheltered Veterans,
	Includes all Veterans in emergency shelter (regardless of shelter funding source) ,
	Includes all Veterans in transitional housing (GPD, community TH, regardless of funding source)
Q27: How often do you meet to review and update the master list?	Bi-Monthly
Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?	Increase use of SSVF rapid re-housing to close gaps. ,
	CoC engagement in planning efforts,
	Establishing regular meetings to review and update the BNL/Master List.

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	Monthly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1   06/15/2016 2:30 PM,

Meeting 2   07/1/2016 1:00 PM

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?	No

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?	Yes
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	*Respondent skipped this question*
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	No
Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*

Q36: **List any technical assistance needs. (Select all that apply.)**	Assistance with by name list,
	Assistance with understanding the federal criteria and benchmarks
	,
	Assistance with CoC/stakeholder engagement

PAGE 7: Part 6: Sustainability

|	
Q37: **Has your community begun sustainability planning efforts?**	No
Q38: **What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply**	Need for additional HUD-VASH vouchers,
	Need for additional Section 8 (non-VA) housing vouchers
	,
	Need for additional VA funded prevention/rapid re-housing (SSVF)
Q39: **Does your community currently have Priority 1 (aka "Surge") SSVF funding?**	Yes
Q40: **If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?**	No,
	If the answer is "no", please explain. We do use NVSF funds but their funds are limited as well.
Q41: **Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?**	Yes
Q42: **Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?**	Yes,
	If yes, please describe this process. We would use our Prevention Services or refer to another agency that has Prevention Services.

#2
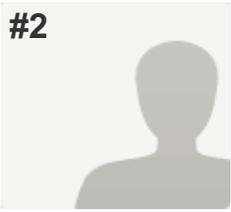
COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, June 01, 2016 8:51:36 AM
Last Modified: Wednesday, June 01, 2016 9:11:43 AM
Time Spent: 00:20:06

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code: (IN-502) Indiana Balance of State

Q2: If you serve a Balance of State CoC, which counties is this update for?   Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe and White

Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?   *Respondent skipped this question*

Q4: Contact Information

Name	Jennifer Layton
Organization	Lafayette Transitional Housing Center
Email Address	jlayton@lthc.net

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?   No

Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?   *Respondent skipped this question*

Q7: Who is the CoC point of contact?

Name:	Naomi Nicastro
Email:	naomi.nicastro2@va.gov
Organization:	VA Homeless Coordinator
Phone #:	317-232-7117

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	No
Healthcare for Homeless Veterans (HCHV)	Yes	No
Grant and Per Diem (GPD) VAMC Liaison	No	No
Grant and Per Diem (GPD) Providers	No	No
Community Resource and Referral Center (CRRC)	No	No
Domiciliary Care for Veterans (VA-Dom)	No	No
Veterans Justice Outreach (VJO)	No	No
Safe Haven	No	No

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	A copy of the HUD/VA Guidance on data sharing and HMIS.
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Jennifer Layton
Organization:	Lafayette Transitional Housing Center
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	SSVF
Phone #:	765-423-4880
Email:	jlayton@lthc.net

Q15: Is the HUD-VASH program integrated into coordinated entry?	No
Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:	HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q17: **Is the GPD program integrated into coordinated entry?**	No
Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:	*Respondent skipped this question*
Q19: **Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)**	No

Q20: **Please list the GPD providers currently serving your community.**

List of Agency Names	The only GPD is an hour away

Q21: **Have any GPD providers in your community submitted a change of scope to the GPD Program Office?**	No
Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?	*Respondent skipped this question*

PAGE 4: Part 3: Master List

Q23: **Does the community have a master list?**	Yes
Q24: **If "Yes" to the previous question, is the list one complete document (not multiple parts)?**	No

Q25: **Who manages the master list?**

Name:	Christina Howard
Role:	Case Manager
Organization:	Lafayette Transitional Housing Center
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	SSVF

Q26: **Does your list have the following elements? (Select all that apply.)**	Includes all unsheltered Veterans, Includes all Veterans in emergency shelter (regardless of shelter funding source)
Q27: **How often do you meet to review and update the master list?**	Weekly
Q28: **Currently what are your community's top 3 priorities for ending Veteran homelessness?**	CoC engagement in planning efforts, Increasing permanent housing options (e.g. landlord engagement, etc.) , Prioritizing clients for HUD-VASH vouchers

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	Weekly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)	*Respondent skipped this question*
Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?	If you selected "Yes" please provide the call In information Our community is part of the Indiana Balance of State, which makes it very difficult to coordinate. The Indiana BOS is in the midst of having TA to help with this! I have completed this survey based on our community, and not the entire state of Indiana. However, the state is working to bring us all together.

Q32: Has your community decided to pursue the federal partners' process?	No
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	We are interested in pursuing the federal process but are unsure of the requirements, and training/TA needed.
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	No
Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*
Q36: List any technical assistance needs. (Select all that apply.)	Assistance with data sharing between VA and community and/or data tracking. , Assistance with understanding the federal criteria and benchmarks , Assistance with integration and coordination of HUD-VASH, GPD, and/or other transitional housing

Q37: Has your community begun sustainability planning efforts?	No

Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional prevention/rapid re-housing funds (non-SSVF) , Need for additional HUD-VASH vouchers, Need for additional permanent supportive housing resources (VA and/or non-VA) , Need for affordable, permanent housing options
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	No
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	*Respondent skipped this question*
Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?	Yes
Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?	Yes, If yes, please describe this process. We operate the Coordinated Entry system and are able to connect persons to additional community resources, as needed.

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, June 02, 2016 12:54:00 PM
Last Modified: Thursday, June 02, 2016 1:20:09 PM
Time Spent: 00:26:09

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(IN-500) South Bend/Mishawaka/St. Joseph County CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	*Respondent skipped this question*
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	*Respondent skipped this question*

Q4: Contact Information

Name	Lani Vivirito
Organization	Center for the Homeless
Email Address	lvivirito@cfh.net

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	No
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	*Respondent skipped this question*

Q7: Who is the CoC point of contact?

Name:	Lani Vivirito
Email:	lvivirito@cfh.net
Organization:	Center for the Homeless
Phone #:	5742828700

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Yes	Yes
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	Yes	Yes
Community Resource and Referral Center (CRRC)	Not Applicable	Not Applicable
Domiciliary Care for Veterans (VA-Dom)	Not Applicable	Not Applicable
Veterans Justice Outreach (VJO)	Yes	Yes
Safe Haven	Not Applicable	Not Applicable

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	No
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	Sample ROIs and MOUs that other communities have used. , Training related to security/privacy and the ability to share data with an outside source that is not the VA (e.g. transmission of PII over VA networks/systems).
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Jennifer Kimbrough
Organization:	VA
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	NIVAHCS
Phone #:	2604159051
Email:	Jennifer.Kimbrough1@va.gov

Q15: Is the HUD-VASH program integrated into coordinated entry?	Yes

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:	HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means
Q17: Is the GPD program integrated into coordinated entry?	Yes
Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:	GPD receives referrals from coordinated entry but also allows for direct entry into their program through other means
Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)	No

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Center for the Homeless
Total Number of Beds	25

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?	No
Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?	No

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?	No
Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?	*Respondent skipped this question*
Q25: Who manages the master list?	*Respondent skipped this question*
Q26: Does your list have the following elements? (Select all that apply.)	*Respondent skipped this question*
Q27: How often do you meet to review and update the master list?	*Respondent skipped this question*
Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?	Master List development., Data sharing, Establishing a coordinated intake/entry system.

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	Monthly
Strategic Planning/CoordinationMeetings (Bigger Picture)	No meetings occur.

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)	*Respondent skipped this question*
Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?	*Respondent skipped this question*

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?	No
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	*Respondent skipped this question*
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	No
Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*
Q36: List any technical assistance needs. (Select all that apply.)	*Respondent skipped this question*

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?	No
Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional Section 8 (non-VA) housing vouchers , Need for income support / financial management services (e.g. Rep Payee) , Need for additional permanent supportive housing resources (VA and/or non-VA)
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	No

|	
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	*Respondent skipped this question*
Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?	No
Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?	No

#4
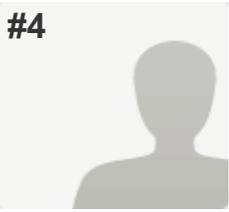
COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, June 02, 2016 2:08:57 PM
Last Modified: Thursday, June 02, 2016 2:36:41 PM
Time Spent: 00:27:43

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code: | (IN-503) Indianapolis CoC

Q2: If you serve a Balance of State CoC, which counties is this update for? | *Respondent skipped this question*

Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update? | *Respondent skipped this question*

Q4: Contact Information

Name	Rachael Candee
Organization	United Way of Central Indiana
Email Address	rachael.candee@uwci.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness? | Yes

Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation? | Yes

Q7: Who is the CoC point of contact?

Name:	Alan Witchey
Email:	awitchey@chipindy.org
Organization:	Coalition for Homelessness Intervention & Prevention
Phone #:	317-630-0853

Q8: **Are representatives from the following VA funded programs present at community planning meetings/events?**

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Not Applicable	Not Applicable
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	Yes	Yes
Community Resource and Referral Center (CRRC)	Not Applicable	Not Applicable
Domiciliary Care for Veterans (VA-Dom)	Yes	No
Veterans Justice Outreach (VJO)	Yes	No
Safe Haven	Not Applicable	Not Applicable

Q9: **What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)**	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: **What types of data can local VA Medical Center staff share with community providers? (Select all that apply)**	Client-level information (e.g. data from the HOMES system such as key elements for the by name/master list) , Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: **Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?**	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	*Respondent skipped this question*
Q13: **Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.**	No

Q14: Who is lead point of contact for coordinated entry?

Name:	Alan Witchey (community is currently creating CA w/involvement of SSVF partners and VAMC, etc)
Organization:	Coalition for Homelessness Intervention & Prevention
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	HMIS Lead, SSVF subcontractor
Phone #:	317-630-0853
Email:	awitchey@chipindy.org

Q15: Is the HUD-VASH program integrated into coordinated entry?	N/A
Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:	*Respondent skipped this question*
Q17: Is the GPD program integrated into coordinated entry?	N/A
Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:	*Respondent skipped this question*
Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)	No

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Homeless Initiative Program, Partners in Housing, HVAF, VOA of Indiana
Total Number of Beds	246

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?	No
Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?	No

Q23: Does the community have a master list?	Yes
Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?	Yes

Q25: Who manages the master list?

Name:	Rachael Candee & Lauren Rochester
Role:	Manager, Community Impact
Organization:	United Way of Central Indiana
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	Convener of the Veteran Homelessness Task Force

Q26: Does your list have the following elements? (Select all that apply.)

Includes all unsheltered Veterans,

Includes all Veterans in emergency shelter (regardless of shelter funding source)
,

Includes all Veterans in transitional housing (GPD, community TH, regardless of funding source)

Q27: How often do you meet to review and update the master list?

Bi-weekly

Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?

VAMC engagement in planning efforts,

Establishing a coordinated intake/entry system.,

Designing the system to meet federal benchmark criteria.

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	Bi-Weekly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1   06/13/2016 10:30 AM,

Meeting 2   07/11/2016 10:30 AM,

Meeting 3   08/08/2016 10:30 AM

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?

No

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?

Yes

Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	*Respondent skipped this question*
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	No
Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*
Q36: List any technical assistance needs. (Select all that apply.)	Assistance with understanding the federal criteria and benchmarks , Assistance with sustainability planning

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?	Yes
Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional prevention/rapid re-housing funds (non-SSVF) , Need for RRH Waiver to serve higher proportion of prevention clients in SSVF , Need for additional VA funded prevention/rapid re-housing (SSVF) , Need for additional permanent supportive housing resources (VA and/or non-VA)
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	Yes
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	No, If the answer is "no", please explain. We have a timeline established for when we will be formalizing our sustainability plan for funding. Right now our sustainability efforts are focused on the master list. However, we are assessing the resources as a part of our master list discussions in strategic and case conferencing meetings and we have already begun recognizing and documenting opportunities for improvement.
Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?	Yes

Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?

Yes,

If yes, please describe this process.
We have a referral process for clients who are experiencing new housing crises to connect them to their original SSVF provider as quickly as possible, unless the veteran chooses a new provider to engage with so that continuity of care is maintained for that client and so that a positive relationship with the service providers can continue without interruption or delay in services.

#5

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, June 02, 2016 2:13:32 PM
Last Modified: Thursday, June 02, 2016 2:40:04 PM
Time Spent: 00:26:32

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code: (IN-502) Indiana Balance of State

Q2: If you serve a Balance of State CoC, which counties is this update for?

Adams, Allen, Blackford, Cass, DeKalb, Delaware, Elkhart, Fulton, Grant, Henry, Howard, Huntington, Jay, Kosciusko, LaGrange, Marshall, Miami, Noble, Pulaski, Randolph, St. Joseph, Steuben, Tipton, Wabash, Wells, and Whitley

Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?

n/a

Q4: Contact Information

Name	John Robb
Organization	Brightpoint
Email Address	johnrobb@mybrightpoint.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?

No

Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?

Respondent skipped this question

Q7: Who is the CoC point of contact?

Name:	Tiffany Bailey
Email:	TiffanyB@uwacin.org
Organization:	United Way of Allen County
Phone #:	260-553-1084

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	No	No
Grant and Per Diem (GPD) VAMC Liaison	Yes	No
Grant and Per Diem (GPD) Providers	Yes	No
Community Resource and Referral Center (CRRC)	Yes	No
Domiciliary Care for Veterans (VA-Dom)	No	No
Veterans Justice Outreach (VJO)	No	No
Safe Haven	Yes	Yes

Q9: **What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)**	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: **What types of data can local VA Medical Center staff share with community providers? (Select all that apply)**	Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: **Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?**	No
Q12: **If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)**	Sample ROIs and MOUs that other communities have used. , Assistance getting buy-in from other community stakeholders to share data.
Q13: **Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.**	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Catherine Mather- Grimes
Organization:	Park Center
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	Mental Health Facility
Phone #:	260-481-2800
Email:	cmather-grimes@parkcenter.org

Q15: **Is the HUD-VASH program integrated into coordinated entry?**	Yes
Q16: **If the answer was "Yes" to the previous question, please select the response that best describes this integration:**	HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means
Q17: **Is the GPD program integrated into coordinated entry?**	Yes
Q18: **If the answer to the previous question was "Yes", please select the response that best describes this integration:**	GPD receives referrals from coordinated entry but also allows for direct entry into their program through other means
Q19: **Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)**	No
Q20: **Please list the GPD providers currently serving your community.**	*Respondent skipped this question*
Q21: **Have any GPD providers in your community submitted a change of scope to the GPD Program Office?**	No
Q22: **If "No" to question 21, are any GPD providers planning to submit a change of scope?**	No

PAGE 4: Part 3: Master List

Q23: **Does the community have a master list?**	No
Q24: **If "Yes" to the previous question, is the list one complete document (not multiple parts)?**	*Respondent skipped this question*
Q25: **Who manages the master list?** Name:	In process of development with VAMC+ IHCDA/Indianapolis
Q26: **Does your list have the following elements? (Select all that apply.)**	*Respondent skipped this question*
Q27: **How often do you meet to review and update the master list?**	Monthly
Q28: **Currently what are your community's top 3 priorities for ending Veteran homelessness?**	Master List development. , Establishing a coordinated intake/entry system. , Increasing permanent housing options (e.g. landlord engagement, etc.)

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	No meetings occur.
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1   6/20/2016 11:30 AM,

Meeting 2   7/18/2016 11:30 AM,

Meeting 3   8/15/2016 11:30 AM

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?	No

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?	No
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	Our CoC is not interested in pursuing the process.
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	No
Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*
Q36: List any technical assistance needs. (Select all that apply.)	Assistance with by name list, Assistance with integration and coordination of HUD-VASH, GPD, and/or other transitional housing

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?	Yes

Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply

Need for additional prevention/rapid re-housing funds (non-SSVF)

,

Need for RRH Waiver to serve higher proportion of prevention clients in SSVF

,

Need for additional HUD-VASH vouchers,

Need for additional VA funded prevention/rapid re-housing (SSVF)

,

Need for additional permanent supportive housing resources (VA and/or non-VA)

,

Need for affordable, permanent housing options,

Funding for other intensive case management services for RRH Veterans currently housed but at-risk of returning to homelessness.

Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?

No

Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?

Respondent skipped this question

Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?

Yes

Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?

Yes,

If yes, please describe this process.
#1 Primarily case management services #2 resource and referral #3 Trustee assistance system.

#6

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, June 03, 2016 1:38:46 PM
Last Modified: Friday, June 03, 2016 1:57:02 PM
Time Spent: 00:18:15

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code: | (IN-502) Indiana Balance of State

Q2: If you serve a Balance of State CoC, which counties is this update for? | Clark, Crawford, Floyd, Harrison, Orange & Washington

Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update? | N/A

Q4: Contact Information

Name	Joseph D. Lane
Organization	Volunteers of America (SSVF)
Email Address	josephl@voamid.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness? | Yes

Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation? | Yes

Q7: Who is the CoC point of contact?

Name:	Jennifer Layton
Email:	JLayton@lthc.net
Organization:	Lafayette Transitional Housing Center
Phone #:	(765) 423-4880, ext. 2510

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	No
Healthcare for Homeless Veterans (HCHV)	Yes	No
Grant and Per Diem (GPD) VAMC Liaison	Yes	No
Grant and Per Diem (GPD) Providers	Yes	No
Community Resource and Referral Center (CRRC)	Yes	No
Domiciliary Care for Veterans (VA-Dom)	No	No
Veterans Justice Outreach (VJO)	No	No
Safe Haven	No	No

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	Training related to security/privacy and the ability to share data with an outside source that is not the VA (e.g. transmission of PII over VA networks/systems). , Assistance getting buy-in from the local VA Medical Center(s) to share data.
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Joseph Lane
Organization:	SSVF - Southern Indiana - Volunteers of America
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	SSVF Grantee
Phone #:	812-725-8933
Email:	josephl@voamid.org

Q15: Is the HUD-VASH program integrated into coordinated entry?	No

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:	HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means
Q17: Is the GPD program integrated into coordinated entry?	Yes
Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:	GPD receives all referrals from coordinated entry
Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)	No

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	St. Vincent de Paul (Louisville)
Total Number of Beds	20

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?	No
Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?	No

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?	No
Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?	*Respondent skipped this question*
Q25: Who manages the master list?	*Respondent skipped this question*
Q26: Does your list have the following elements? (Select all that apply.)	*Respondent skipped this question*
Q27: How often do you meet to review and update the master list?	*Respondent skipped this question*
Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?	Master List development. , Increase use of SSVF rapid re-housing to close gaps. , Sustainability: Ensuring that at least 1 party (most likely the CoC) is responsible for maintaining the goal of ending Veteran homelessness and codifying this into CoC governance structure

PAGE 5: Part 4: Meetings and Strategy

Q29: **What types of meetings does your community have?**

	(no label)
Case Conferences	No meetings occur.
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)	*Respondent skipped this question*
Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?	No

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?	No
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	We are interested in pursuing the federal process but are unsure of the requirements, and training/TA needed.
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	No
Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).	*Respondent skipped this question*
Q36: List any technical assistance needs. (Select all that apply.)	Assistance with data sharing between VA and community and/or data tracking. , Assistance with sustainability planning, Assistance with integration and coordination of HUD-VASH, GPD, and/or other transitional housing

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?	No

Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional prevention/rapid re-housing funds (non-SSVF) , Need for RRH Waiver to serve higher proportion of prevention clients in SSVF , Need for additional VA funded prevention/rapid re-housing (SSVF) , Need for affordable, permanent housing options
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	No
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	If the answer is "no", please explain. VA Funding is fluid and, at times, due to enrollment fluctuations, funds may not be available and a Budget Modification becomes necessary.
Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?	Yes
Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?	Yes, If yes, please describe this process. Networking with other community partners becomes necessary especially when clients have expended the amount of spending they may be authorized to receive.