



## Entry Form 2017 Annual Awards for Program Excellence

**Entry Deadline: Thursday, June 15, 2017, Midnight ET**

Each entry must include a completed entry form. Please complete a form for each entry your HFA is submitting. The completed entry form will become the first page of your entry.

This form is a fillable PDF. Type your information into the entry form and save it as a PDF. Please do not write on or scan the entry form. **Questions: Call 202-624-7710 or email [awards@ncsha.org](mailto:awards@ncsha.org).**

**Entry Title:** Enter your entry's title exactly as you wish it to be published on the NCSHA website and in the awards program.

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**Category:**

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**Subcategory:**

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**Entry Summary:** A 15-word (max) summary of the program, project, or practice you are entering.

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**HFA:**

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**HFA Staff Contact:**

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**Phone:**

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**Email:**

### Visual Aids:

Are you mailing to NCSHA 10 copies of any visual aids that cannot be included in your entry PDF?      Yes      No

### Payment:

My HFA is mailing a check to NCSHA.

My HFA is emailing the credit card authorization form to [awards@ncsha.org](mailto:awards@ncsha.org).

## **Problem**

Indiana has an increasing drug problem. According to information from the Indiana Department of Health, from 2011-2015, non-fatal drug overdoses that ended in emergency room visits increased by 60%. From 2014-2015, the Centers for Disease Control and Prevention noted that Indiana had a 7.1% increase in the drug overdose death rate. In 2015 alone, there were 1,236 deaths due to overdoses. Problems not only stem from overdoses, but also those using drugs who share needles, resulting in the spread of HIV AIDS.

Indiana Housing and Community Development Authority (IHCD) consistently promotes the well-being and strengthening of communities. While considering that, IHCD realized that the Indiana drug problem needs addressed to deal with the core of the problem effectively and not to simply provide short-term solutions. While most initiatives to combat the drug problem was preventative, IHCD advanced a more permanent, long-term solution through a housing first approach.

## **Background – Indiana Permanent Supportive Housing Initiative**

The Indiana Permanent Supportive Housing Institute is an important element of the Indiana Permanent Supportive Housing Initiative (IPSHI), which was launched by IHCD and the Corporation for Supportive Housing (CSH) in 2008 to further the strategy to end long-term and recurring homelessness. The focus is on funding lasting solutions instead of stop-gap programs. Since the initiative began, seven classes of teams have graduated, resulting in over 1,400 permanent supportive housing units added or under development in the State. This has helped to contribute to a significant (38%) reduction in chronic homelessness in Indiana. These successes have been accomplished without any financial investment from the Indiana General Assembly.

The Indiana Balance of State Continuum of Care (CoC) conducted surveys discovering that out of the \$57.7 million invested in the homeless assistance system, which are both private and public funds, only 48% of the investments are permanent housing interventions. IHCD also commissioned the Center for Applied Research (CAR) at the University of Southern Indiana to evaluate five of the housing projects in Evansville.

The research found due to the lack of permanent housing, 36% of persons leaving the system are moving into housing that is considered unstable or returning to homelessness. The CoC noted that if the system shifted from temporary housing to permanent housing, there could be a rebalance of funds that would allow for 30% to go towards shelters and transitional programs, while 70% could go towards permanent housing solutions. Additionally, the CoC provided 60% of the reported permanent housing investments (See page 6). The partnership with CoC aided IHCD in understanding, anticipating, and targeting the homeless population in Indiana and where funds are most utilized efficiently.

## **Background – Building Momentum**

On August 27, 2015 at the Indiana Housing Conference, IHCD gathered an expert panel to discuss IPSHI and the research on homelessness in Indiana. The discussion was televised on a local television station in Indianapolis, which was watched and sparked the interest of Representative Donna Harris (D-Indianapolis).

During the 2016 meeting of the Indiana General Assembly, Representative Donna Harris (D-Indianapolis) introduced House Bill 1380, Indiana Housing First Program. It was the first bill introduced to establish a program to provide housing and support services for eligible homeless persons using the housing first approach. While passing out of the House Committee on Family, Children, and Human Affairs unanimously with strong support from CSH, COC, and many other advocates and legislators, the bill failed to advance

to the House 3<sup>rd</sup> reading deadline due to the potential fiscal impact. Since 2016 is an even-numbered year, the Indiana Legislature meets for only 30 days, which is considered our “Short Session” and a non-budget year; thus no bills are considered if there is a potential fiscal impact.

Despite the Indiana Housing First Program failing to advance in 2016, great momentum was built, and Senate Bill 271, Drug Enforcement, Treatment, and Prevention, authored by Senator Jim Merritt (R-Indianapolis) passed during the session. This bill established the Indiana Commission to Combat Drug Abuse (ICCDa) which intends to ultimately work to create drug free communities in Indiana.

While campaigning to become the Governor of Indiana, Eric Holcomb outlined his strategic approach to the drug problem which focused one of the major strategies on supporting community-based collaborations that center on prevention, treatment, and recovery (See page 9); however, housing was not originally considered a top priority. While IHCDa had already been anticipating those without housing in Indiana and working to move homeless persons into housing first initiatives, IHCDa was able to center the focus on identifying those who were specifically homeless due to mental illnesses and chronic drug use.

### **2017 Coalition Building and Supportive Elected Officials**

After becoming the 51<sup>st</sup> Governor of Indiana in January 2017, while the ICCDa organized, set certain responsibilities, and procured proper staff support, Eric Holcomb began extending and building upon the ICCDa focusing his first term on combating the drug issue. Governor Holcomb’s Next Level 2017 Legislative Agenda houses five main pillars, one being tackling Indiana’s drug problem.

Governor Holcomb released, in mid-May, a new plan to combat the drug problem. The key principles of this plan are that it is: data driven, comprehensive and holistic, and most importantly, collaborative (See page 4). Advocating a permanent, long-term solution using the proven success of the IPSHI, IHCDa and the State worked together diligently to create the housing first initiative that truly helps the most vulnerable Hoosiers. In collaborating with IHCDa, under the leadership of the Lieutenant Governor Suzan Crouch, Governor Holcomb aids their agenda through the housing first program while strengthening IHCDa’s mission.

During the 2017 meeting of the Indiana General Assembly a few bills were introduced to insert the housing first program as a means of addressing the problem. First, House Bill 1654, Commission to Combat Drug Abuse, was introduced by Representative Cindy Ziemke (R-Batesville) and sailed through the entire legislative process unanimously with multiple coauthors and cosponsors. The bill added two members to the ICCDa, including IHCDa’s Executive Director and an at-large member to be appointed by the Governor, which gives housing a seat in supporting the work done by ICCDa.

Secondly, the introduction of House Bill 1022 by Representative Earl Harris Jr. (D-Indianapolis) and Senate Bill 242 by Senator Jim Merritt (R-Indianapolis) set the stage for the Indiana Housing First Program. Once introduced, nearly 50 organizations (See page 10) came out in support of the bills, and the focus became Senate Bill 242 and House Bill 1001, State Biennial Budget. Senate Bill 242 gained a few coauthors, passed out of the Senate Committee on Local Government unanimously, and passed out of the Senate with 47 “yeas” and only three “nays.” Once in the House, the bill enlarged by several additional cosponsors, passed out of the House Committee on Family, Children, and Human Affairs unanimously, and also passed out of the House unanimously (99 “yeas” and 0 “nays”). It was signed by Governor Holcomb on April 21, 2017 (See page 10). Lastly, and arguably most importantly, House Bill 1001, State Biennial Budget, passed with \$1 million a year (total of \$2 million) for the Indiana Housing First Program.

### **Innovation of the Indiana Housing First Program**

The passage of House Bill 1654 and 1001, and Senate Bill 242 not only makes housing a major priority, it sets housing first as the State's model to combat homelessness, and for the first time in history has Indiana invested in assisting to end homelessness. IHCD continues to work to house those suffering, providing persons with the opportunity to improve. Senate Bill 242 defines those who will be eligible for the Housing First Program and describes the support services that will be provided for participants like, employment assistance and job training, and other skill assistance, along with substance abuse treatment (See page 7). This housing model gives those homeless and suffering from a mental illness or drug addiction a permanence in their life that allows them to feel safe without the pressure of attending certain treatments. IHCD furthers our mission by working to house those with mental illnesses and drug addictions, moving them towards self-sufficiency, while making member of society who will further strengthen their communities.

### **Replicable-Benefits versus Costs and Use of Resources**

When looking at the Indiana Housing First Program, it proves important to note the initial investments. IHCD will receive \$1 million a year (total of \$2 million) to be used primarily for housing rental assistance to those suffering from serious mental illnesses, chemical addictions, or both. While the specific details are being worked out, these funds are flexible enough for IHCD to provide support for many individuals or to extend the funds to a greater population. For example, we could support 150 one-bedroom or 120 two-bedroom units for two years of affordability. If we extend the affordability period to 5 years, we could still support 60 one-bedroom and 45 two-bedroom units.

While there are costs associated with this initiative, confirmation has come from studies reaffirming that this program is beneficial and can be replicated. Indiana specific research from CAR at the University of Southern Indiana found that the costs saved and the benefits of the initiative far outweigh any of the costs. The study articulated that the median cost for those in permanent supportive housing is \$30.48 per day. This cost was then compared to the general costs of those who are homeless: \$25.48 for an emergency shelter, \$84.74 for prison, \$70.00 for jail, \$607 for a mental hospital, and \$1,637 for a public hospital. When compared to traditional methods of addressing homelessness, it was noted that, overall, this initiative saves an average of \$1,148.54 per person per day. While the program proves to show cost savings and a huge return on investment, it also produced reformed members of the community. Before entering the program, 48.6% had committed felonies and 63.2% had committed misdemeanors, but after entering 82.8% of the residents had no arrests.

### **Ramifications of the Issue and Results**

If nothing is done to aid those who are homeless and addicted to drugs, the number of deaths will only continue to rise. *The Indianapolis Star* notes that deaths due to opiates have risen nearly 150% over the last eight years and on average, the State's emergency rooms handle more than 400 overdose visits a week. When looking at temporary stay annualized beds, 70% of those resources are excess, yet when looking at permanent housing annualized demand 72% is unmet (See page 8). While this initiative saves taxpayers money through the reallocation of resources, it also works to aid community members of Indiana who find themselves struggling with drug abuse issues. The research has detailed an improvement in recovery for those with mental illnesses and drug addictions when comparing housing first treatment to those using traditional means. Specifically, there was a 76% increase in health positive health indicators when comparing housing first to traditional methods. IHCD, in collaboration with many partners and several other resources, anticipate that moving forward the Indiana Housing First Program will not only

combat the serious drug epidemic, but will also create stronger community members and therefore communities in Indiana.



## Indiana Governor Eric J. Holcomb

### Governor's Action Plan to Combat Drug Abuse Unveiled

**Start Date:** 5/18/2017 **Start Time:** 12:00 AM

**End Date:** 5/18/2017

### Entry Description

#### MEDIA RELEASE

For Immediate Release:

**Thursday, May 18, 2017**

### Governor's Action Plan to Combat Drug Abuse Unveiled

INDIANAPOLIS – Indiana Executive Director for Drug Treatment, Prevention and Enforcement Jim McClelland presented Governor Eric J. Holcomb's strategic approach to attacking the state's drug epidemic at a meeting of the Commission to Combat Drug Abuse today.

View the entire meeting online at <https://indiana.adobeconnect.com/pv16qqtu34ma/>.

This framework and action plan reflect months of partnership with diverse stakeholders and research on Indiana's drug crisis," McClelland said. "While much work remains, this plan is a critical first step in meeting Gov. Holcomb's charge to attack our drug epidemic and its devastating effects on Hoosier lives."

### Key Principles:

- **Data Driven:** Data will inform all systems and programs created for government, individuals, families and providers—evolving as learning increases and as Indiana's drug crisis changes.
- **Comprehensive and Holistic:** Indiana's approach will be multi-faceted and focused on substance abuse prevention, early intervention, treatment, recovery and enforcement.
- **Collaborative:** The state will align and focus the efforts of multiple state agencies that currently provide substance abuse services and resources. Further, Indiana's approach makes clear that local communities, state officials, and the federal government must all have a stake in helping overcoming the drug crisis.

### Major Strategies:

- Reduce the incidence of substance abuse disorder.
- Reduce additional harm that can result from substance abuse.
- Improve treatment of people with substance abuse disorder.
- Develop and support the ability of the executive director for drug prevention, treatment and enforcement to serve stakeholders—including those with substance abuse disorders, their families, service providers, and units of government.

- Support and enhance substantial community-based collaborations aimed at prevention, treatment and recovery.

The commission also heard reports and presentations by agency leaders and medical experts.

Read Gov. Holcomb's full [strategic approach to addressing substance abuse in Indiana](#) as well as an [action plan](#) to guide efforts for the rest of 2017.

The Commission to Combat Drug Abuse was created by the General Assembly in 2016. Governor Holcomb created the new position of executive director for drug treatment, prevention and enforcement by [executive order](#) his first day in office. Attacking the drug epidemic is one of Gov. Holcomb's top priorities to take Indiana to the next level.

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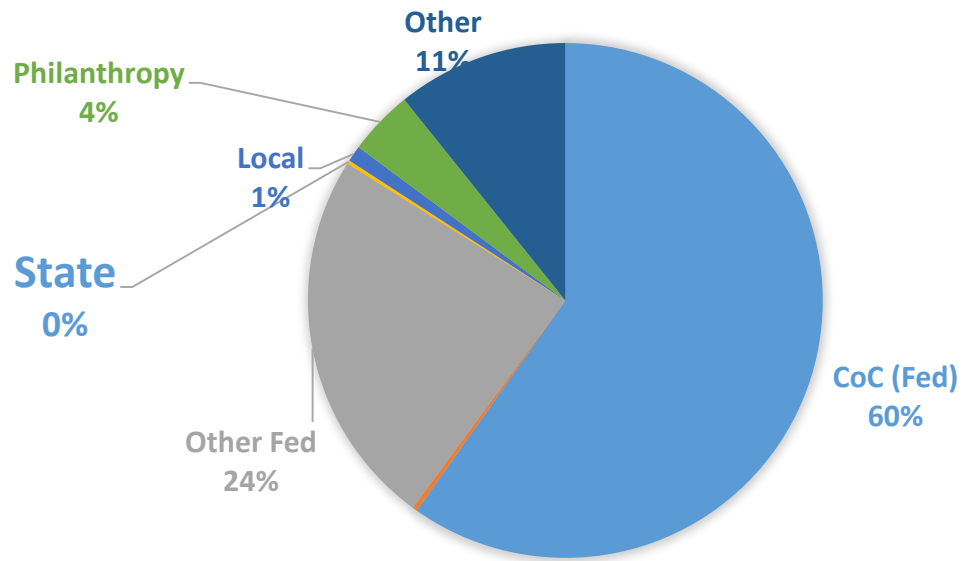
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**PERMANENT HOUSING REPORTED INVESTMENTS BY SOURCE**



“Building on the Indiana Permanent Supportive Housing Initiative: Next Steps for Supportive Housing”

Rodney Stockment, Research and Innovation, IHCD

Matt Rayburn, Chief Real Estate Development Officer, IHCD

Lori Phillips-Steele, Director, Indiana Office of CSH

October 20, 2015

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First Regular Session 120th General Assembly (2017)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in this style type. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in this style type or ~~this style type~~ reconciles conflicts between statutes enacted by the 2016 Regular Session of the General Assembly.

## SENATE ENROLLED ACT No. 242

AN ACT to amend the Indiana Code concerning state offices and administration and to make an appropriation.

*Be it enacted by the General Assembly of the State of Indiana:*

SECTION 1. IC 5-20-9 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

**Chapter 9. Indiana Housing First Program**

**Sec. 1.** As used in this chapter, "account" refers to the Indiana housing first account established by section 7 of this chapter.

**Sec. 2.** As used in this chapter, "authority" refers to the Indiana housing and community development authority created by IC 5-20-1-3.

**Sec. 3.** As used in this chapter, "eligible person" means either of the following:

(1) An individual with:

- (A) a serious and persistent mental illness;
- (B) a chronic chemical addiction; or
- (C) a serious and persistent mental illness with a co-occurring chronic chemical addiction; resulting in a housing crisis for the individual.

(2) An individual:

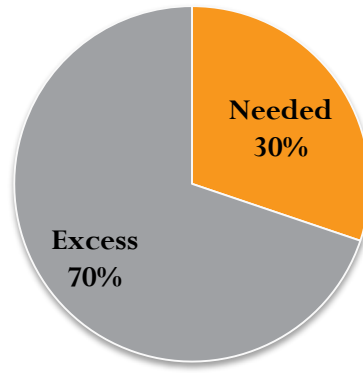
- (A) with:
  - (i) a serious and persistent mental illness;
  - (ii) a chronic chemical addiction; or

SEA 242

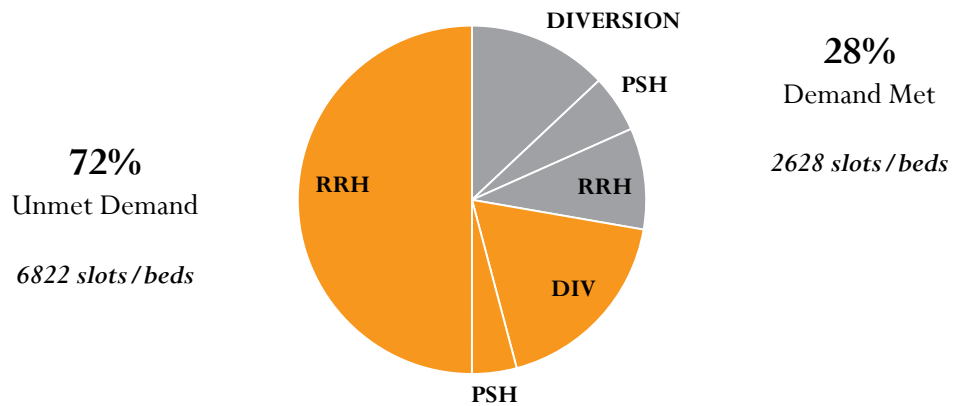




### Temporary Stay Annualized Beds



### Permanent Housing Annualized Demand



“Building on the Indiana Permanent Supportive Housing Initiative: Next Steps for Supportive Housing”

Rodney Stockment, Research and Innovation, IHCD

Matt Rayburn, Chief Real Estate Development Officer, IHCD

Lori Phillips-Steele, Director, Indiana Office of CSH

October 20, 2015

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STATE OF INDIANA  
GOVERNOR ERIC J. HOLCOMB  
JIM MCCLELLAND, EXECUTIVE DIRECTOR FOR DRUG PREVENTION,  
TREATMENT, AND ENFORCEMENT

## **A Strategic Approach to Addressing Substance Abuse in Indiana**

### **Vision**

By accomplishing our mission, we will help people improve their lives and build stronger, healthier communities.

### **Mission**

With an initial focus on opioids, develop and implement a data-driven system focused on substance abuse prevention, early intervention, treatment, recovery, and enforcement that substantially reduces the prevalence of substance use disorder (SUD) in Indiana and helps those with SUD achieve recovery and become or return to being productive, contributing members of their communities.

### **Overall Approach**

We will coordinate, align, and focus the resources of Indiana state government and leverage the resources of other public sector entities and other sectors - including businesses, higher education institutions, health care systems, philanthropies, and not-for-profit organizations - to respond to the current opioid crisis and enhance the potential for timely responses to future crises resulting from substance abuse and addictions.

Toward that end, we will develop and implement complementary public health and public safety strategies that:

- Recognize substance use disorder as a chronic disease and incorporate prevention, treatment, and recovery systems accordingly, and
- Are designed to reduce the supply of and demand for illicit substances.

### **Guiding Principles**

- We will have a bias toward action and a strong sense of urgency.
- Systems we create – for government, for persons with SUD and their families, and for providers of services - will be data-driven, resilient, agile, and adaptable – evolving as learning increases and as the external environment changes.
- We will strive to incorporate innovation and continuous improvement to make optimal use of all resources to improve outcomes and impact.
- We will give preference to evidence-based programs and practices, while leaving room for promising innovative approaches.

Indiana Housing & Community Development Authority  
Indiana Housing First Program

Anticipated Proponents (agencies, legislators, outside groups, etc.)		
Aliveness Project of NW Indiana	Corporation for Supportive Housing	Indiana Builders Association
Aspire	Echo Housing	Indiana Community Action Association
Association of Indiana Counties	Edgewater Systems for Balanced Living	Indiana Credit Union League
Bloomington Hospital	Englewood CDC	Indiana Institute for Working Families
Blue River Services	Evansville Housing Authority	Indiana Mortgage Bankers Association
Bridges Rapid Re-Housing	Family and Social Services Administration	Lieutenant Governor's Office
BWI Development	Family Services Association of Howard City	LifeSpring
Catholic Charities: Diocese of Gary	Federal Home Loan Bank of Indianapolis	Mental Health of America Indiana
Cedars HOPE	Fort Wayne Housing Authority	Meridian Services
Centerstone	Housing Opportunities	Metropolitan Indianapolis Board of Realtors
Cinnaire	Howard County	MHA in Vigo County, Aurora Inc.
City of Lafayette	Indiana Affordable Housing Council	Porter Starke
Coalition for Homelessness Intervention & Prevention	Indiana Apartment Association	Regional Mental Health Center SPC
Community Action of Northeast Indiana	Indiana Association of Realtors	Shalom Community Center
Community Howard Regional Health, Inc.	Indiana Association of United Way	TWG Development
Continuum of Care Network of Northwest Indiana	Indiana Bankers Association	YWCA – Rapid ReHousing Elkhart



First Regular Session of the 120th General Assembly (2017)

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Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2016 Regular Session of the General Assembly.

## HOUSE ENROLLED ACT No. 1654

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AN ACT to amend the Indiana Code concerning state offices and administration.

*Be it enacted by the General Assembly of the State of Indiana:*

SECTION 1. IC 4-3-25-4, AS ADDED BY P.L.7-2016, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 4. The commission consists of the following ~~eighteen (18)~~ **twenty (20)** members:

- (1) A member of the governor's staff appointed by the governor.
- (2) An appellate or trial court judge appointed by the chief justice of the supreme court to serve on the commission for a term of four (4) years.
- (3) One (1) legislative member appointed by the president pro tempore of the senate.
- (4) One (1) legislative member appointed by the minority leader of the senate.
- (5) One (1) legislative member appointed by the speaker of the house of representatives.
- (6) One (1) legislative member appointed by the minority leader of the house of representatives.
- (7) The superintendent of public instruction.
- (8) The director of the department of child services.
- (9) The executive director of the Indiana prosecuting attorneys council.
- (10) The executive director of the public defender council of

HEA 1654

