



The Way Forward: Ending Veteran Homelessness by 2015

November 9, 2011



Agenda

- 1. Introduction**

- 2. Presentations**

Susan Angell, Department of Veterans Affairs

John Driscoll, National Coalition for Homeless Veterans

Tori Lyon, Jericho Project, New York, New York

- 3. Question & Answer**

- 4. Close**



Webinar Format

- Call will last approximately 1 hour
- We have reserved time at the end for Q&A
- Audience members who would like to pose a question can do so at any time through the “questions” function found in the “GoToWebinar” toolbar
- Call audience members are muted due to the high number of participants
- Call will be recorded and will be available online later this week



Opening Doors Goals

1. Finish the job of ending chronic homelessness by 2015
- 2. Prevent and end homelessness among Veterans by 2015**
3. Prevent and end homelessness for families, youth, and children by 2020
4. Set a path to ending all types of homelessness



Solutions

- Permanent Supportive Housing
- Housing First
- Harm reduction/ readiness to change
- Increased employment opportunities
- Trauma Informed Care
- Rapid Rehousing/Prevention
- Collaboration and strategic planning



Collaboration is Key

- Systems integration
- VAMC/VISN Summits
- All key players to the table



Progress

- Better data collection, analysis, and reporting
- Adoption of proven tools to prevent and end homelessness
- 32,657 Veterans housed through HUD-VASH since 2008
- New funding for 22,000 Veterans/Veteran families through SSVF



Opening Doors Across America: A Call to Action

States and Communities are encouraged to

1. Align your community plan with Opening Doors
2. Set targets and measure results
3. Act strategically
4. Partner in the national efforts to end homelessness

Briefing the U.S. Interagency Council on Homelessness



**Homeless Programs
Presented by
Dr. Susan Angell, Executive Director, Homeless Veteran
Initiative Office**

November 9, 2011



Veteran Homelessness

Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress published in September 2011, estimates that on any given night in 2010 there were approximately 76,329 homeless Veterans. An estimated 144,842 Veterans were homeless over the course of a year

“We will provide new help for homeless Veterans because those heroes have a home – it’s the country they served, the United States of America.”

-President Obama (March 16, 2009)

“Those who have served this nation as Veterans should never find themselves on the street, living without care and without hope.”

-Secretary Eric K. Shinseki (November 3, 2009)



Homeless Program VA Mission and Strategy

Overarching Mission:

- Reduce the number of homeless Veterans to zero

Strategy:

- Transformed from temporary and shelter-based options to prevention, employment, and permanent housing solutions -- HUD/VASH is the largest, most effective option
- Engaged leadership and unprecedented public partnerships
- Comprehensive Situational Awareness through data sources and modeling capabilities

Resources:

- Funding total for specialized homeless programs in FY11 is \$799 million.
- The Presidential Budget Request for FY12 is \$1.0 billion.



Outreach /Education Treatment Prevention Housing Employment /Income /Benefits Partnerships



Veteran Homelessness

Poverty

Unemployment/Economics

Substance Use

Lack of Affordable Housing

Medical/Mental Health
Issues

Domestic Violence

Prior History
of
Incarceration

Unsuccessful Transition
from Military

Family
Decomposition

Prior history of
homelessness



Strategic Five-Year Plan

- The strategic 5-year plan for preventing and eliminating Veteran homelessness focuses on prevention, permanent supportive housing, mental health and substance abuse treatment, education and employment assistance. The “no wrong door” approach to assistance is built upon these 6 strategic pillars:
 - Outreach/Education
 - Treatment
 - Prevention
 - Housing/Supportive Services
 - Income/Employment/Benefits
 - Community Partnerships



VA Homeless Program Initiatives



PILLAR 1: Outreach

- “Make a Call” is National Outreach Media Program Launched October 12, 2011 in 28 Urban and rural U.S. communities to engage or re-engage Veterans in treatment and rehabilitative programs
 - Informs Veterans, Veteran families, Veteran service providers, law enforcement and medical professionals of VA programs and services available to assist at-risk and homeless Veterans
 - Encourages family, friends and citizens to “Make the Call” to 877-4AID-VET (877-424-3838) to help prevent and eliminate Homelessness among Veterans
 - Marketing strategy includes special outreach to minority Veterans with the objective of increasing program participation
 - While too early to determine demographic impact, to date, Center calls increased since outreach effort began. Calls to Call Center have more than doubled and expected to rise. First week calls up 147.8%.



PILLAR 2: Treatment

Domiciliary Care for Homeless Veterans (DCHV) - Time-limited residential treatment to homeless Veterans with health care and social-vocational deficits and access to medical, psychiatric, and substance use disorder treatment in addition to social and vocational rehabilitation programs

- 5 New Dom programs underway: Atlanta, Denver, Philadelphia, Miami, San Diego-all in process of securing contracted/permanent space

Healthcare for Homeless Veterans Primary Goal: Provides a mechanism to contract with service providers for community-based residential treatment for homeless Veterans to provide capacity for emergency housing and same-day placement of homeless Veterans identified through outreach efforts.

Accomplishments to Date:

- Successfully Introduced Low Demand/Safe Haven demonstration program at four sites (metro-Boston; Bronx; Philadelphia; Tampa)
- Expanded emergency and transitional operational bed capacity by 31% from FY 2010
- Provided training conferences for 200 participants including contract officers to ensure expedited contracting processes are used
- Increased number of Homeless Veteran Stand Downs by 20% from 2010



PILLAR 3: Prevention

Supportive Services for Veterans and Families (SSVF) - VA's primary prevention program designed to help Veterans and their families rapidly exit homelessness, or avoid entering homelessness.

- Grantees provide:
 - case management to family members
 - temporary financial assistance to promote housing stability, including support for rent, utilities, moving expenses, transportation, and child care
 - funds for emergency rental assistance, security and utility deposits, food and other household supplies, child care, one-time car repairs, and other needs will help to keep Veterans and their families housed – as intact family units
 - For the first time in July 2011, VA awarded \$59.5 million in homeless prevention grants that will serve approximately 22,000 homeless and at-risk Veterans and their families in 85 community agencies within 40 states and the District of Columbia

Veterans Homeless Prevention Demonstration (VHPD) Program Primary goal: This is a collaborative program between VA, HUD and DoL. This project is a multi-site, three-year pilot project designed to provide early intervention to recently discharged Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans and their families to prevent homelessness.

- 45% of VHPD participants have been families
- 22% women Veterans

Accomplishments to Date:

- VHPD Conference held May 10-11, 2011 to discuss program implementation and development.
- VHPD sites began serving Veterans on March 31, 2011. All 5 sites are operational and are providing homeless prevention services.
 - As of June 30, 2011:
 - VA staff have screened over 632 Veterans
 - 216 Veterans accepted
 - 44% of participants are families
 - 29% of participants are OIF/OEF Veterans
 - 77% of participants were considered at risk of Homelessness



PILLAR 4: Housing & Supportive Services

HUD-VASH Primary Goal: To provide long-term case management, supportive services and permanent housing through a cooperative partnership between the Department of Housing and Urban Development and the Department of Veterans Affairs Supported Housing (HUD-VASH) Program

Accomplishments to date:

- Total vouchers: 37,441
- 29,950 active vouchers currently available; 90% FTE hired
- 7,491 additional 2011 vouchers to be activated for use in August;
- Over 300 new HUD-VASH staff are in the process of being hired or contracted to support the Veterans in this program.
- 24,733 currently housed (July 27, 2011)

Grant and Per Diem Primary Goal: Utilize a community-based transitional housing model, which includes wrap around supportive services with the goal of transitioning Veterans into permanent housing

Accomplishments to Date:

- 14,015 operational community-based beds nationwide; 3,000 beds under development
- During FY11, operationalized 103 projects providing more than 1,800 community-based beds
- Q4 Notice of Funding Availability (NOFA) to continue enhanced services that target special needs population (women and/or women with dependent children; terminally ill; elderly; chronically mentally ill)

PILLAR 5: Income, Benefits & Employment

Homeless Veterans Supported Employment Program (HVSEP) provides vocational assistance, job development and placement, and ongoing supports to improve employment outcomes among homeless Veterans and Veterans at-risk of homelessness

Accomplishments to Date:

- Established joint operation of the HVSEP with the Compensated Work Therapy (CWT) program.
- Operational March 2011
- 360 homeless or formerly homeless Veterans have been hired as Vocational Rehabilitation Specialists (VRS's) in the HVSEP (87% of the 407 FTE hired)
- Face to face trainings in Supported Employment held in Boston and San Diego for newly hired VRS's
- Monitoring System in place through NEPEC and HVSEP Score Card

National Cemetery Administration Apprenticeship Primary Goal: Expand training and employment opportunities for homeless or at-risk Veterans and transition them to stable, paid employment at national cemeteries

Accomplishments to Date:

- Establishing internal NCA Apprenticeship Program Workgroup to coordinate program implementation. Initial needs include:
 - Define the target group of Veterans who are homeless or at risk of homelessness for this program
 - Define requirements related to VA hiring authorities
 - Identify expanded training needs unique to this program and potential contracting support



PILLAR 5: Income, Benefits & Employment Expedited Claims Processing

- Our goal is to reduce the average days pending for Compensation & Pension (C&P) homeless claims to less than 75 days
- The average number of days to complete homeless claim was:
 - FY 2010: 125
 - June FYTD 2011: 114
- The number of homeless claims completed continues to increase:
 - FY 2009: 5,451
 - FY 2010: 7,754 (42% increase over FY 2009)
 - FYTD thru June 2011: 7,706
- Homeless claims action teams are being established to improve homeless claims processing and explore integrated solutions to meeting the unique needs of this population



PILLAR 6: Community Partnerships

- VA is committed to partnering with community organizations that share in our dedication to serve those who served the nation
- An initial \$59.5 million in preventive grants were awarded to community partners
- \$10.3 million to community public and non-profit organizations to provide VA Special Need Grants to serve women Veterans, terminally ill, and elderly
- VA awarded an additional 700 grants to faith- and community-based service providers, state or local agencies in 50 states, the District of Columbia, Puerto Rico and 3 Native American tribal lands to assist with transitional housing

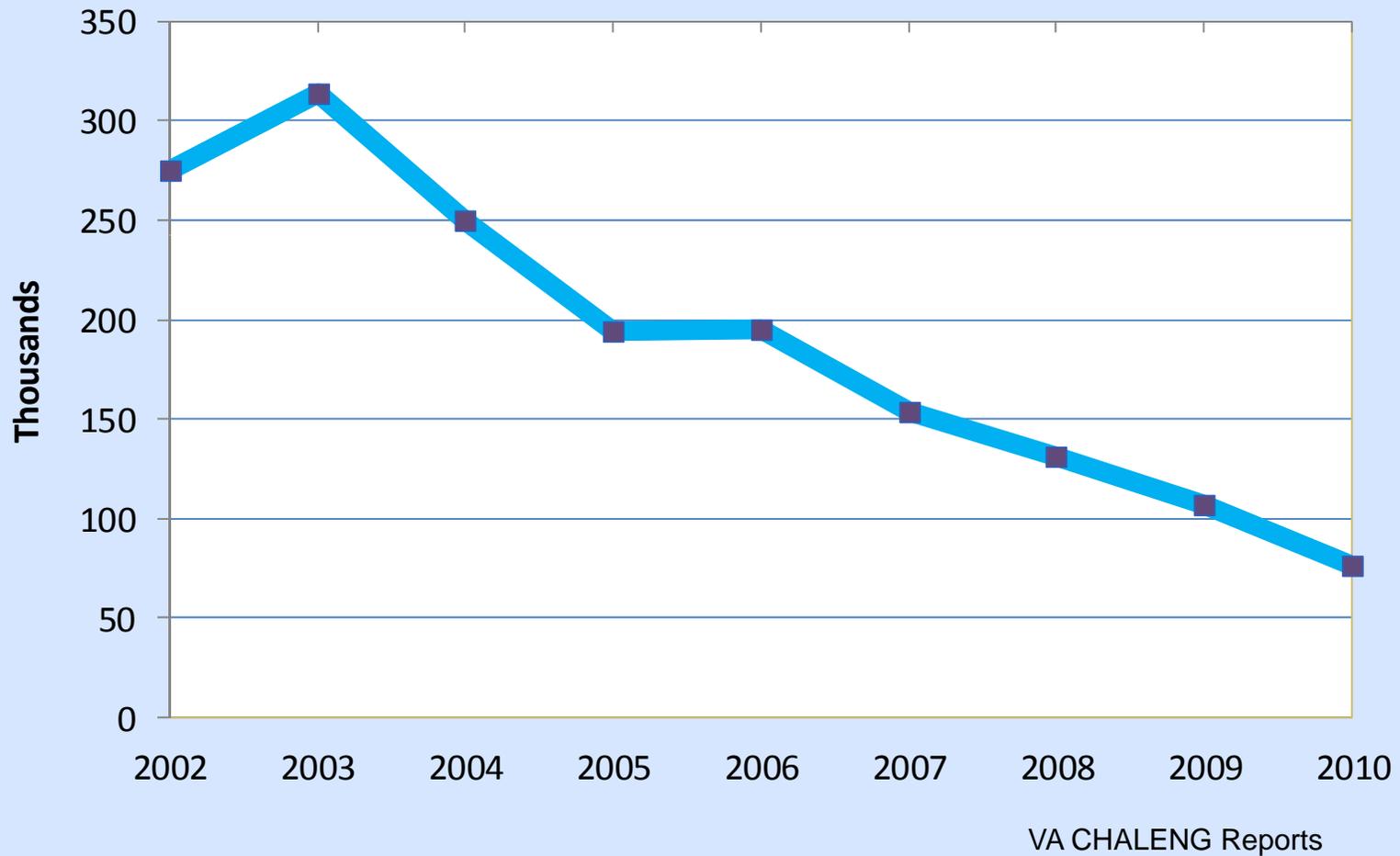
National Coalition *for* Homeless Veterans



U.S. Interagency Council on Homelessness

*Solutions to Ending Veteran Homelessness
Webinar*

Veteran Homelessness



By the Numbers

- **76,300** — homeless veterans each day
—Veteran Supplement, Annual Homelessness Assessment Report (HUD, 2011)
- **35,000** — chronically homeless veterans
—After allocation of authorized HUD-VASH vouchers
- **1.4 million** veterans live in poverty
- **634,000** veterans live in extreme poverty
—2000 Census (Analysis by Rep. Andrews, D-NJ)
- **2.2 million** have served in Iraq, Afghanistan (OEF/OIF)
- **250,000** women have been deployed

Current Assets

- VA Medical Centers – *153*
 - Health Care for Homeless Veterans Coordinators
 - Women Veterans Program Managers
 - OEF/OIF Coordinators
- VA Community-Based Outpatient Clinics – *800*
 - Social Workers; Links to Community Partners
- Readjustment Counseling (VET) Centers – *232*
 - Counseling and referral services for combat veterans
- VA Grant and Per Diem Grantees – *500*
- NCHV member service providers – *310**
- Nonprofit and for-profit service providers – *2,100*

Potential Points of Access – 3,785

National Strategic Plans

- **VA Secretary's Five Year Plan to End Veteran Homelessness**

- *Launched in November 2009*

- *Focus on health, employment and housing*

- **Federal Strategic Plan to Prevent and End Homelessness**

- *Launched in June 2010*

- *Focus on health, employment and housing*

Permanent Supportive Housing

▣ **HUD-VASH** — HUD-VA Supportive Housing

- Goal of 60,000 HUD-VASH vouchers available by 2014.
- Serves veterans with serious mental illness and other disabilities — not an affordable housing program.
- Clients referred by HCHV Director at VA Medical Centers.
- Challenges:
 - Hiring, contracting case managers
 - Shortage of safe housing units in some locations
 - Funds to move in: deposits, utilities, furnishings
- About 10% of vouchers have been awarded to single veterans with dependent children (OEF/OIF).

Permanent Supportive Housing

□ **HUD-VASH** (Continued)

- 37,000 vouchers have been funded since 2008.
- \$75 million for 10,000 vouchers for FY 2012 in the President's budget has been approved by both the House and Senate.
- Of homeless adults who received HPRP funds in the program's first year, 2.2% were veterans.

Transitional Housing

▣ **VA Grant and Per Diem Program (GPD)**

- Programs are part of an “integrated service delivery system.”
- Provides housing and supportive services to homeless veterans for up to 24 months.
- Approximately 14,000 beds at nearly 500 organizations.
- Service providers are linked to the VA Medical Center in their service area. Health care is provided by VAMC or VA community-based outpatient clinics (CBOCs). Other services are provided on-site or through contracts.
- Most clients return to independent living and employment well before the two-year limit.

Revisions Under Study

□ **GPD funding increase to \$224 million**

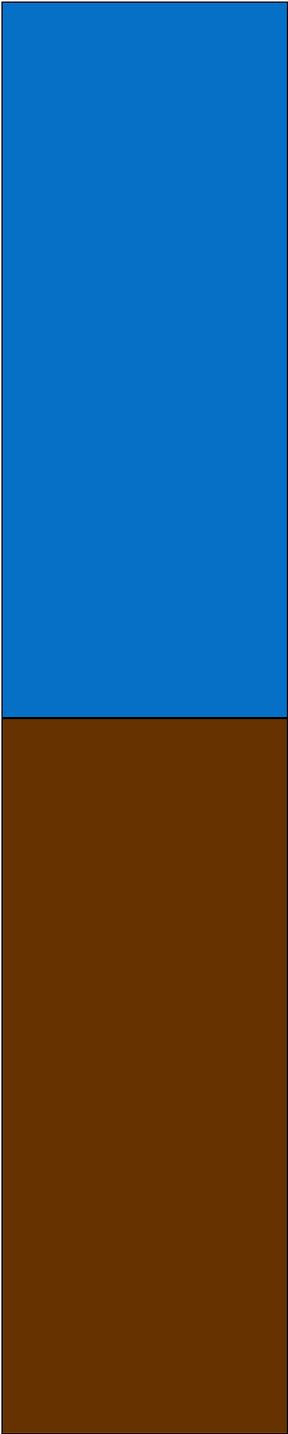
- President's request for FY 2012 is \$224 million
- Increase services to prevent homelessness:
 - Veteran Service Centers (OEF/OIF)
 - Longer-term housing support to allow clients to build assets
 - Funds to facilitate moving into permanent housing (where HPRP funding is not available).
 - Transition in place in programs with appropriate facility design and under-utilized capacity.
 - Revise reimbursement policy to cover cost of providing services rather than flat "per diem" rate.

Key Local Developments

- ❑ Supportive Services for Veteran Families Grants (homelessness prevention, rapid re-housing).
- ❑ Integration of Veteran data in HMIS systems.
- ❑ Full Veteran program participation in Continuum of Care and Consolidated Plan activities.
- ❑ Close collaboration among VA, federal agencies, and community service providers (Veteran Service Boards or Commissions).
- ❑ Veteran access to primary and mental health care in areas under-served by VA.
- ❑ Veteran Employment Initiatives (Chambers of Commerce, Fraternal Organizations).

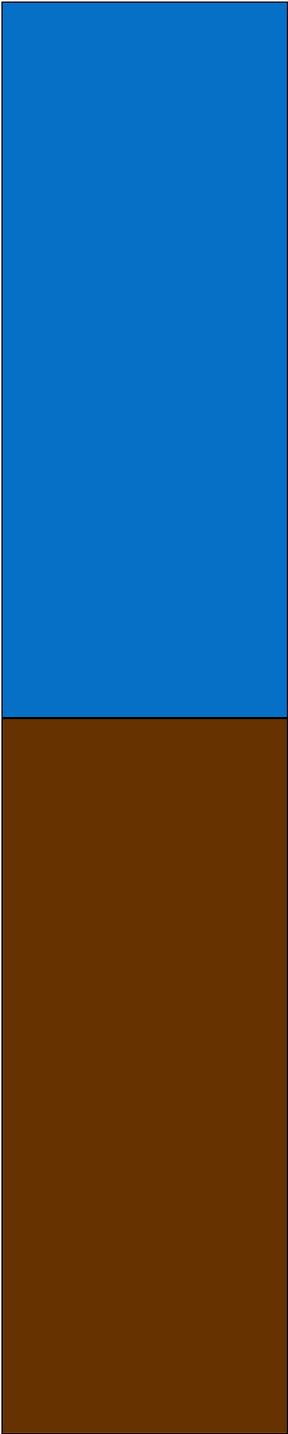
Key Local Developments

- ❑ Engage Veteran Service Organizations and the Faith Community.
- ❑ Local “Welcome Home” initiatives to connect returning OEF/OIF veterans (and families) to affordable housing, employment, health and other services. This MUST include local government support.
- ❑ Engage all community media assets.



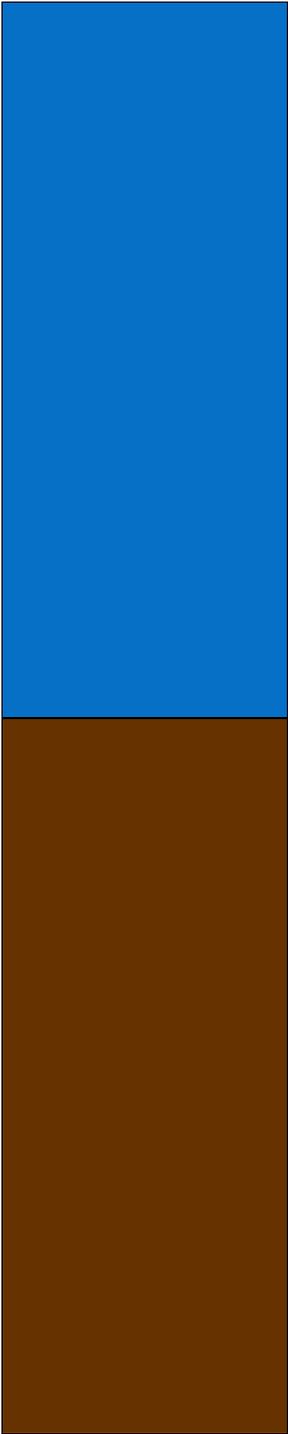
U.S. Interagency Council on Homelessness Solutions to Ending Veteran Homelessness

**Presentation by Tori Lyon
Executive Director, Jericho Project
November 9, 2011**



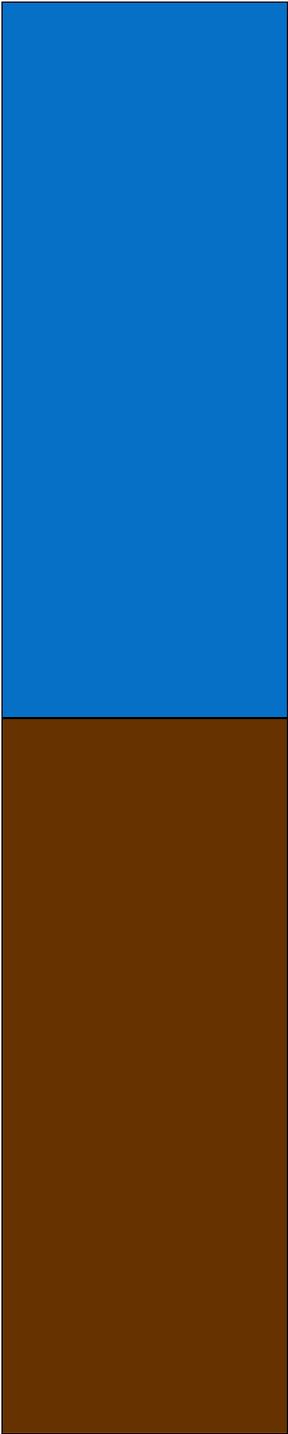
Permanent Supportive Housing

- Affordable housing with on-site support services
- Targeted to most vulnerable homeless individuals and families
- Tenants hold a lease; there are no time limits
- Most cost-effective solution to ending homelessness



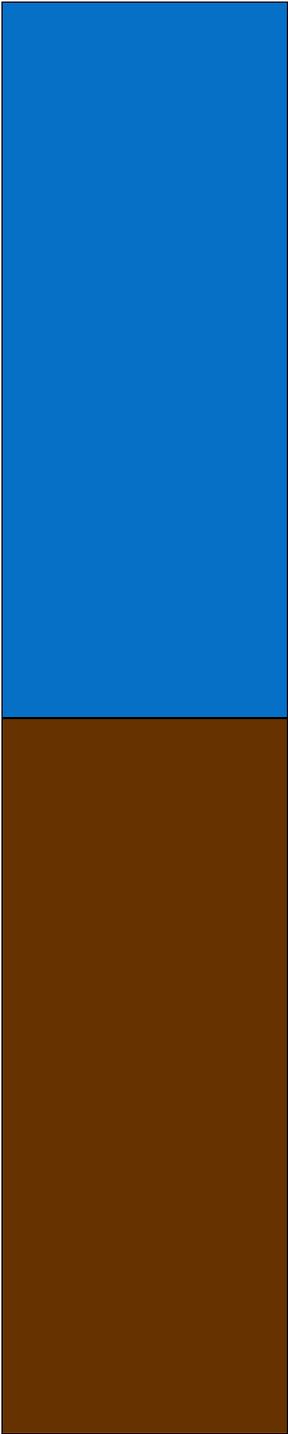
Housing First Model

- Housing First operates under the philosophy that:
 - safe, affordable housing is a basic human right
 - and that it is a prerequisite for effective psychiatric and substance abuse treatment
- It is an approach that focuses on placing individuals or families in permanent housing as rapidly as possible; then wrapping around supportive services designed to help them maintain housing
- It has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve.



Jericho Project Background

- 28 years of supportive housing to chronic substance abusers
- Focus on recovery, employment, and independence
- Unique service model designed to promote graduation to independent housing
- Utilizes peer support as important part of recovery process



Veterans Initiative

- Development of new supportive housing for veterans in New York City
- Expansion of Jericho's service model to address the unique needs of veterans
- Strategic efforts to stimulate additional development of permanent supportive housing for veterans nationwide

Fordham Village

Bronx, NY

Completed August 2011

56 units of supportive housing:

- 34 reserved for homeless veterans in recovery from substance abuse.
- 22 reserved for low-income veterans, with preference given to Iraq and Afghanistan war veterans.

Total Development Cost: \$14 million

Annual Operating Budget: \$1 million

Development, Operating, and Services Funding secured from HUD as well as New York City and State sources.



Veterans Residence II

Bronx, NY

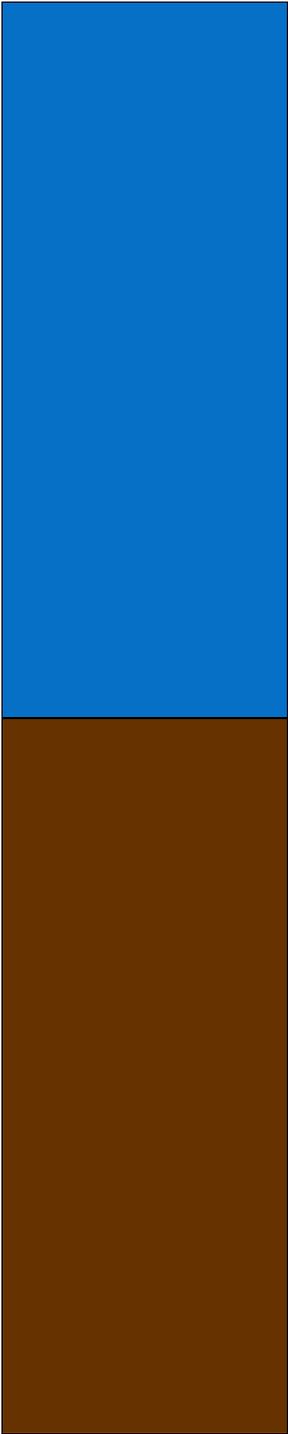


76 units of supportive housing
- 26 reserved for homeless veterans in recovery from substance abuse
- 20 reserved for homeless veterans with severe and persistent mental illness
- 30 reserved for low-income veterans, with preference given to Iraq and Afghanistan war veterans.

Total Development Cost: \$20.6 million
Annual Operating Budget: \$1.3 million

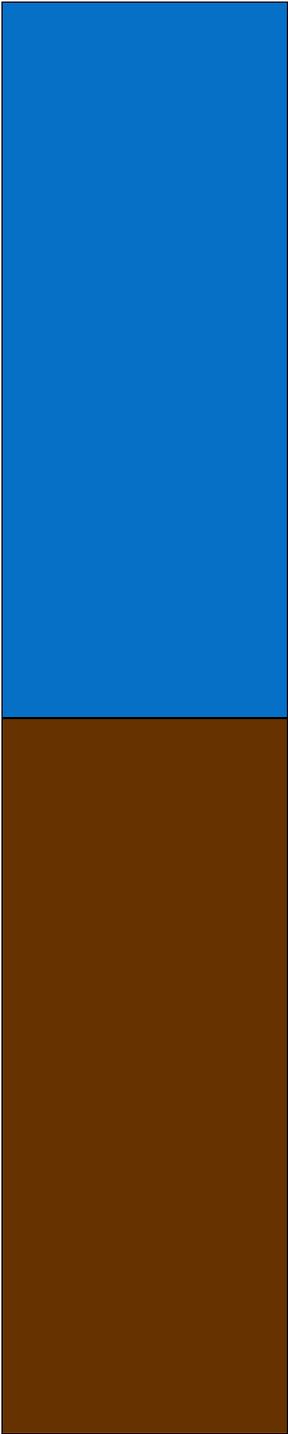
Development, Operating, and Services funding secured from HUD as well as New York City and State sources.

Estimated completion: January 2012



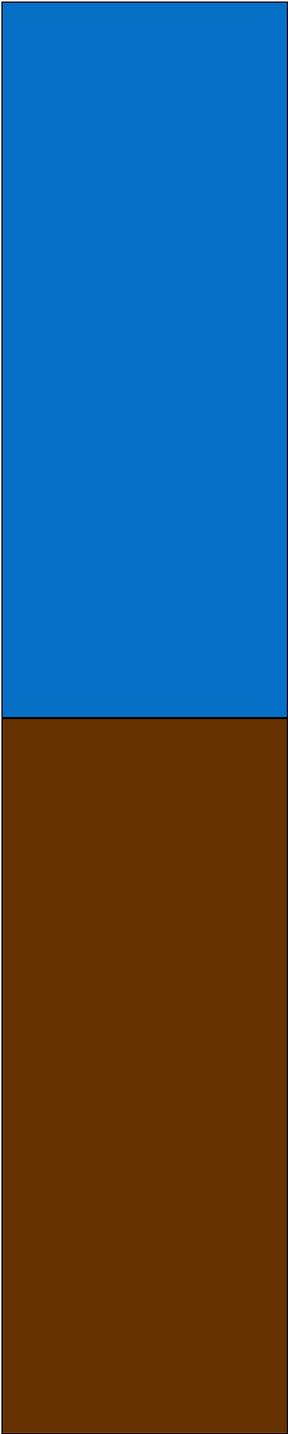
Veterans Supportive Apartment Program

- Provide 50 units of scatter-site housing for veterans with HUD-VASH vouchers.
- Created partnerships with James J. Peters Bronx VA and Harbor VA Medical Centers.
- Program open to individuals and families.
- Targeted to:
 - Iraq and Afghanistan war veterans;
 - Veterans with families; and
 - Veterans who need vocational assistance
- Led to HUD-VASH contracting in 2011



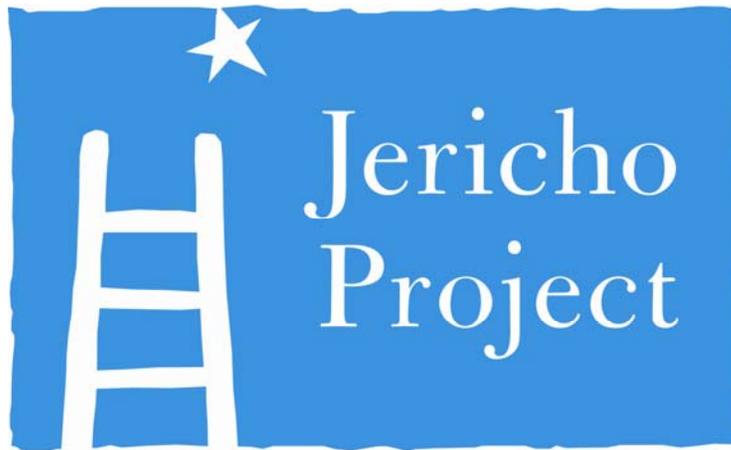
Challenges

- The VA cannot do it all
- Lack of dedicated funding stream for veterans permanent housing
- In New York City (and elsewhere), lack of affordable land
- Different needs of veterans depending on era, combat, time since service, etc.
- Complex issues facing veterans



Opportunities

- Nation focused on veterans now – “Sea of Goodwill”
- Enthusiastic community and donor support
- Chance to develop innovative new models utilizing public/private partnerships
- Correct mistakes from Vietnam era – reduce stigma of homelessness
- Ensure that the new era of veterans are welcomed home with housing and services they need



Off the Streets. On with Life.

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Q and A

- Ask your questions through the Goto question box.



Are you making progress?

- Did your community get a better count of homeless Veterans during the January 2011 PIT Count?
- Is your community rapidly returning more homeless Veterans to housing?
- Are Veterans who have been homeless the longest prioritized for housing and services?
- Do you participate in your community's Continuum of Care and Ten Year Planning process?
- Is outreach occurring in all community emergency shelters to identify homeless Veterans and connect them to the services they need and want?



Are you making progress?

- Has your program adopted a “readiness to change” model that meet people where they are?
- Have you ensured that homeless Veterans who are most vulnerable are accepted into your programs?
- Are you tracking your program’s success at getting all those admitted to your program into permanent housing?
- Do your housing outcomes meet or exceed other programs?



Are you making progress?

- Is your program connecting Veterans and their family members who aren't eligible for VA medical care to community providers and Medicaid?
- Has your program identified the opportunities that health reform and Medicaid expansion presents? Do you have a clear strategy to take advantage of these opportunities?
- Is your program participating in the local HMIS? Are you using data to improve your programs?



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