Ending Homelessness among Veterans: A Report by the United States Interagency Council on Homelessness

February 2013

Acknowledgments

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Executive Summary

We are entering the third year of the Department of Veterans Affairs (VA) plan for ending Veterans homelessness by 2015, which is fully aligned with the U.S. Interagency Council on Homelessness (USICH) Federal Strategic Plan to Prevent and End Homelessness. In this document, we assess the progress made so far and the critical actions needed to meet the goal.

Meeting the goal of ending Veterans homelessness means that through early detection and access to preventive services at-risk Veterans are able to remain stably housed. If Veterans do lose their housing, they are provided with flexible housing and/or supportive services necessary to obtain permanent housing as quickly as possible. USICH, VA, and the Department of Housing and Urban Development (HUD) have worked closely to define this vision and take the steps needed to achieve it. The purpose of this report is to assess progress and opportunities for all 19 USICH Council member agencies (the Council) to work together to achieve this vision and goal.

The necessary components for achieving this vision are: federal investment allocated based on need, in the resources that have been proven to help Veterans become or remain stably housed; local leadership and strategic planning to use these resources to end Veterans homelessness in each community; and collaboration across Council agencies to address the needs of Veterans and their family members that cannot be provided through VA programs.

Veterans now have access to an array of programs that can provide them and their families with the housing and supports necessary to prevent or end their homelessness. VA is working with its staff and grantees to implement a progressive engagement model to connect Veterans to the program that is the best fit for their individual needs to ensure the best outcome. The core VA program components are:

- Supportive Services for Veterans Families (SSVF) provides short-term assistance with a focus on making connections to mainstream assistance to prevent homelessness for at-risk Veterans and rapidly re-house Veterans experiencing homelessness.

- The Grant and Per Diem (GPD) and other Residential Rehabilitation programs provide moderate transitional assistance with structured supports and a focus on completing treatment and exiting to permanent housing. VA is encouraging its GPD grantees to adopt a Transition-in-Place model where Veterans are provided rental assistance and supportive services while they are in the program. After program assistance ends, Veterans can remain in the rental unit, without rental assistance, as the leaseholder.

- HUD-VA Supportive Housing (HUD-VASH) provides a permanent rental subsidy and long-term case management for chronically homeless Veterans—Veterans with disabilities who have been homeless continuously for the last year or have had four or more homeless episodes in the last three years. VA and HUD are working with each of their medical centers (VAMCs) and public housing agencies (PHAs) to implement HUD-VASH based on Housing First principles. Housing First is an evidence-based best practice for assisting people experiencing chronic homelessness focused on getting clients into permanent housing as quickly as possible. Once housed, a team

of caseworkers and clinicians work with clients to help them maintain their housing and improve their health and quality of life.

Investments in effective, evidence-based programs such as SSVF and HUD-VASH, along with unprecedented collaboration between council agencies, have yielded substantial reductions in Veterans homelessness. From 2010 to 2012, the number of Veterans experiencing homelessness on a single night has decreased 18 percent (from 76,329 to 62,619). While the number of sheltered homeless Veterans dropped both years, the number of unsheltered homeless Veterans dropped between 2010 and 2011 but stayed the same from 2011 to 2012.

Veterans experiencing homelessness are not distributed evenly across the country; instead half of all homeless Veterans are located in California, Florida, New York, and Texas. The reductions in Veteran homelessness have also not occurred uniformly across the country: some communities have reduced Veterans homelessness by 40 percent or more and are on-track to meet the goal, while others are making slower progress or have seen Veterans homelessness stay the same or even increase in the last three years. Accelerated progress across all communities is needed to meet the goal of ending homelessness among Veterans by 2015, with a particular focus on engaging and housing unsheltered Veterans.

Finishing the job of ending Veterans homelessness will require continued investment in Veteran-centric housing and health programs, the widespread adoption of evidence-based best practices such as Housing First and Critical Time Intervention, resource targeting to ensure that Veterans receive the proper dose and duration of treatment to achieve the best outcome, and collaboration across all Council agencies to provide increased access to mainstream housing, employment, income, and healthcare resources for Veterans. The evidence provided in this report identifies that in addition to continuing these efforts, there are three priority actions critical to ending Veterans homelessness by 2015 that the Council should pursue:

- Increased investments in HUD-VASH and SSVF allocated to communities with the highest need.

- Incentives and support for local ownership of the goal, effective resource targeting, and adoption of Housing First approaches, because all communities must have the capacity and motivation to end Veterans homelessness locally in order to end it nationally.

- A commitment from all Council agencies to increase access to mainstream housing and stabilization services, including for Veterans and family members who not eligible for VA benefits.

While there have been significant advances in preventing and ending Veterans homelessness, our current path does not put us on a trajectory to meet the goal unless additional federal resources are provided. With increased commitment and focus across Council agencies and local communities we can achieve the goal of ending Veterans homelessness by 2015.

Introduction

Ending homelessness among Veterans by 2015 is a national priority. The goal and plan for achieving it were introduced by the Department of Veterans Affairs Secretary Eric Shinseki in November 2009 at the National Summit on Ending Veterans Homelessness. In June 2010, the U.S. Interagency Council on Homelessness (USICH) released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness,* which is fully aligned with this goal*.* There are three years remaining to achieve this goal. Investments in effective strategies like rapid re-housing and permanent supportive housing, along with unprecedented collaboration between council agencies, have yielded substantial reductions in Veterans homelessness. Finishing the job will require continued investment in Veteran-centric housing and health programs, the widespread adoption of evidence-based best practices such as Housing First, resource targeting to ensure that Veterans receive the proper dose and duration of treatment to achieve the best outcome, and collaboration across all Council agencies to provide increased access to mainstream housing, employment, income, and healthcare resources for Veterans.

Trends in Veterans Homelessness

Veterans have historically been at greater risk of experiencing homelessness than other U.S. adults.[1] The reasons for this are not all related to military service, however combat exposure, wartime trauma, and post-traumatic stress disorder (PTSD) can lead to further social isolation and psychiatric hospitalization, which are primary risk factors for homelessness.[2] Another risk for homelessness is criminal justice involvement. The Bureau of Justice Statistics estimates that Veterans comprise roughly 10 percent of any criminal justice involved population (arrestees, jail/prison custody, or probationers/parolees).[3] Lastly, on average, Veterans are less likely to be poor than non-Veterans, however poor Veterans are more likely to become homeless than poor non-Veterans.[4]

One of the top priorities for ending Veterans homelessness has been the need for more robust and consistent data systems to assess homeless risk factors, monitor program effectiveness, and regularly track progress. As Secretary Shinseki has said, "I've never been able to solve a problem I couldn't see."[5] The VA developed the National Homeless Registry to see the homeless Veteran population with sufficient granularity to know how best to apply its resources to solving the problem.

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[1] Homelessness, Veteran. "A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress." *Office of Community Planning and Development, US Department of Housing and Urban Development and the US Department of Veteran Affairs* (2011).

[2] Rosenheck, R and Fontana A. 1994. "A Model of Homelessness among Veterans of the Vietnam War Generation," *The American Journal of Psychiatry*, *151*(3).

[3] Mumola, C. J., & Noonan, M. E. (2008). Justice involved veterans: National estimates and research resources. Baltimore, MD: VHA National Veterans Justice Outreach Planning Conference.

[4] VA and HUD. Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress.

[5] Remarks by Secretary Eric K. Shinseki. 2012 National Coalition for Homeless Veterans (NCHV) Annual Conference May 30, 2012. Retrieved at: http://www.va.gov/opa/speeches/2012/05_30_2012.asp

The National Homeless Registry is a comprehensive data management tool that provides longitudinal information designed to monitor the Veterans Health Administration's (VHA) progress in obtaining the goal of ending Veteran homelessness. It incorporates information from VHA healthcare records, Veterans Benefits Administration (VBA) benefits and claims, homeless program specific evaluation data, and some community partner data related to services provided to homeless and Veterans at risk for homelessness. The Homeless Registry contains longitudinal geographic, programmatic, and Veteran-specific information related to a Veteran's housing stability, treatment engagement, and VA benefit enrollment. As of September 30, 2012, there are approximately 500,000 unique entries in this national data warehouse, capturing homeless and at-risk Veterans served by VA programs since 2006. Not every Veteran listed in the registry is currently homeless. Many have successfully moved into permanent housing. The registry is a tool that VA program leadership and medical center leadership can use to monitor their progress in engaging homeless and at-risk Veterans in housing, health care, and other supportive services.

Presently, the primary measure for assessing progress in ending Veterans homelessness, along with the other goals of *Opening Doors*, is the annual Point-in-Time (PIT) count. As a condition for receiving funding through the Continuum of Care (CoC) program, all communities are required by the Department of Housing and Urban Development (HUD) to complete a census of all persons experiencing homelessness on a single night over the last 10 days of January. Since 2010, HUD and VA have jointly released the results of the PIT count through the Annual Homeless Assessment Report (AHAR) on Veterans.

Figure 1 shows the trends in the number of homeless Veterans identified in the annual PIT count from 2009 – 2012. The data distinguishes between Veterans that were sheltered in emergency shelters, transitional housing programs, or safe havens on the night of the PIT count from unsheltered Veterans, who were sleeping on the street, in their cars, or in other places not meant for human habitation. Since 2010 (the baseline year for the VA Five-Year Plan and *Opening Doors*) the number of Veterans experiencing homelessness has decreased by 18 percent (from 76,329 to 62,619). The number of sheltered homeless Veterans declined steadily in 2011 and 2012 while the number of unsheltered homeless Veterans declined in 2011 but was unchanged in 2012. The estimated 27,476 homeless Veterans who were unsheltered on the night of the 2012 PIT count are the population most visible to the public.

The lack of change in the number of unsheltered homeless Veterans is partially a methodological issue. CoCs are only required to conduct a new count of unsheltered homelessness in odd-numbered years. In 2012, an optional year, 32 percent of CoCs opted *not* to do a new unsheltered count. Instead, they reported their results from the 2011 unsheltered count. Some of the CoCs with the largest number of homeless Veterans, such as Los Angeles, Las Vegas, and Tampa, did not undertake an unsheltered count in 2012. As a result, the 2012 results provide an incomplete picture of trends in the number of unsheltered homeless Veterans over the last year. The 2013 PIT count will provide a clearer picture as it is a mandatory unsheltered count year. Still, among CoCs that did an unsheltered count in 2011 and 2012, the number of unsheltered Veterans was unchanged (10,622 to 10,649).

Figure 1: Veterans PIT Trends, 2009-2012
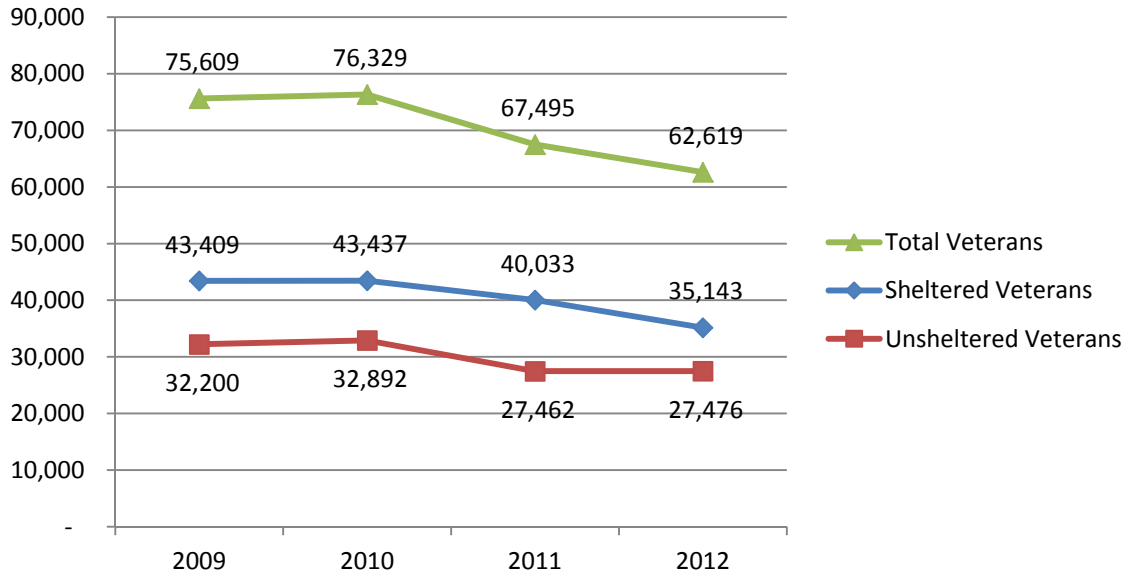
Source: HUD Point-in-Time Count data 2009-2012

While there are Veterans that experience homelessness in every community, the problem is particularly acute in certain areas. Figure 2 shows the geographic distribution of homeless Veterans by state based on the 2012 PIT count. Nearly half of all homeless Veterans are located in California, Florida, New York, and Texas.

Figure 2: Geographic Distribution of Homeless Veterans by State

(Point-In-Time)
Total: 62,619 Veterans
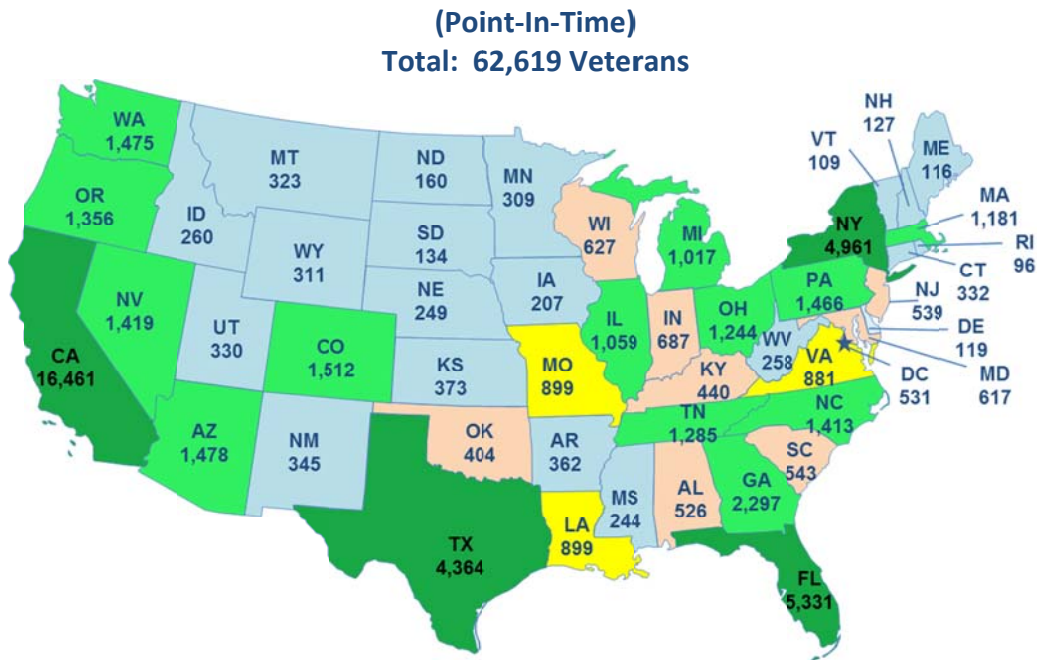
Source: 2012 HUD Point-in-Time Count of Veterans Experiencing Homelessness

Unsheltered Veterans are even more geographically concentrated. On the night of the 2012 PIT, nearly two-thirds of unsheltered Veterans were located in California (44 percent), Florida (11 percent), and Texas (9 percent). Clearly we cannot end homelessness among Veterans nationally without a particular focus on these states, particularly the major metropolitan areas within each state.

Table 1: Geographic Distribution of Unsheltered Homeless Veterans by State

State	Unsheltered Veterans	% of Unsheltered Population
California	11,949	43.5%
Florida	3,130	11.4%
Texas	2,480	9.0%
New York*	591	2.2%
Rest of U.S.	9,326	33.9%

* New York has the 8th highest number of unsheltered Veterans
Source: 2012 HUD Point-in-Time Count

Table 2 shows the 2010 – 2012 trends in the number of homeless Veterans from the PIT count for 11 CoCs in metropolitan areas that have a high proportion of the total homeless and homeless Veteran population. Three of these communities have already experienced a substantial decline in Veterans' homelessness between 2010 and 2012 that is commensurate with achieving the goal (more than a 40

percent reduction over two years). Three communities achieved modest declines between 2010 and 2012 (greater than 18 percent but less than 40 percent reduction). Three communities experienced decreases below the national average and two communities experienced an increase. Clearly additional progress is necessary to reach the goal of ending Veterans homelessness by 2015. Communities vary widely not only in their trends in the number of homeless Veterans but also in the percent of homeless Veterans that are unsheltered (from six percent to 87 percent) and the percent of all people experiencing homelessness that are Veterans (seven percent to 18 percent). These variations point to the need for tailored strategies within each priority community for ending Veterans homelessness.

Table 2: Trends in Veteran Homelessness within High Priority Communities, by extent of Homelessness among Veterans

Continuum of Care	2010	2011	2012	% Change 2010-2012	% of Homeless Veterans that are Unsheltered	% of Total Homeless Population that are Veterans
Los Angeles*	7,015	8,131	6,371	-9.1%	76.7%	15.0%
New York City	4,774	4,677	3,790	-20.6%	13.8%	6.7%
Las Vegas*	2,449	1,359	1,303	-46.8%	54.3%	14.9%
Atlanta*	1,401	1,237	1,232	-12.1%	35.2%	18.1%
Houston	771	1,146	1,162	50.7%	67.3%	16.1%
Phoenix*	880	754	852	-3.2%	29.0%	13.1%
Tampa*	1,295	792	800	-56.3%	86.9%	10.8%
Seattle	1,015	587	796	-21.6%	20.5%	8.9%
Denver	892	1,322	710	-20.4%	15.3%	11.1%
New Orleans	1,622	515	570	-64.9%	67.0%	11.6%
Detroit*	494	385	518	4.9%	6.4%	16.6%

* Indicates CoC did not do a new count of unsheltered Veterans in 2012
Source: HUD Point-in-Time count data from 2010 to 2012

The AHAR also includes annual data on sheltered homeless Veterans from communities' Homelessness Management Information Systems (HMIS). Between October 1, 2010 and September 30, 2011, an estimated 141,499 Veterans resided for one or more nights in a homeless shelter or transitional housing program. Three percent of these Veterans had dependent children present with them during their stay, while the other 97 percent were in shelters or transitional programs for individuals. From 2009 to 2011, the percentage of female sheltered Veterans has increased (from 7.5 percent to 9.8 percent). The estimated total number of female sheltered Veterans increased from 10,225 to 13,862. The increase in the number of female Veterans experiencing homelessness reflects both the increased participation of women in the armed forces and the increased risk of homelessness among female Veterans.[6] The share

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[6] Bolger, J. (n.d.). *Returning From Combat: The Challenge of Serving Those Who Served* [Powerpoint slides]. Retrieved from http://www.google.com/search?q=Returning+from+combat

of Veterans that are under 30 has also increased (from 8.4 percent to 9.1 percent) as has the share of homeless Veterans over 50 (47.0 percent to 51.8 percent).

The increase in the number of sheltered Veterans over 50 reflects the aging of the largest cohort of people experiencing homelessness. Figure 3 shows the ages of Veterans served in the VA's Healthcare for the Homeless Program. The age distribution over time reveals striking evidence of a "cohort effect"– the problem disproportionately impacts Veterans born between 1954 and 1966 (Culhane, Metraux & Bainbridge, 2010). The fact that the cohort of homeless Veterans is increasing in age nearly one year every year indicates that the population at risk is relatively constant, with few middle-aged (30-45 years old) Veterans becoming homeless each year. The aging demographics of the population is, to some extent, a positive sign because Veterans born after 1966 have not become homeless at the same rate as Veterans born between 1954 and 1966. Therefore, interventions that successfully move older homeless Veterans into housing can significantly help achieve the goal of ending Veterans homelessness. With increasing age and approaching mortality, rates of morbidity increase sharply, chronic disease management issues multiply, and healthcare costs grow accordingly. Hospitalizations and nursing home costs could rise substantially if affordable or permanent supportive housing is not provided for older homeless Veterans.

Figure 3: Homeless Veterans by Age Group (%)
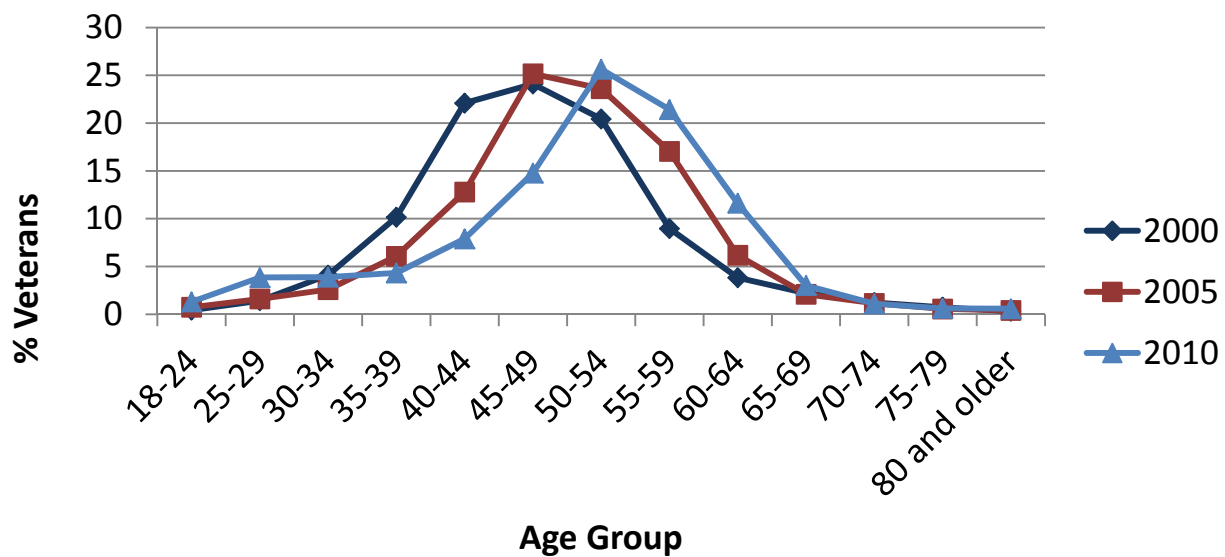
Source: Unduplicated count of all Veterans who completed Form X (an intake form for those receiving services from VA's Health Care for Homeless Veterans Program) in each year from 2000-2010

The increase in the percentage of homeless Veterans under the age of 30 reflects the return to civilian life of Gulf War II Era Veterans—those who have served in the armed forces after September 11, 2011.

Preliminary research indicates that Gulf War II Veterans are less likely to become homeless than Veterans from other service eras.[7] However, they are more likely to experience homelessness than other young non-Veteran adults and these younger homeless Veterans are more likely to be women.[8]

Transformation of VA to Prevent and End Homelessness among Veterans

Since making the initial commitment to ending homelessness among Veterans in 2009, VA has developed a number of innovations and transformations based on the principle that the solution to homelessness is permanent housing with wrap-around supportive services. VA's service delivery system has become more accessible, community-based, and Veteran-centric, with a focus on meeting Veterans where they are and helping them to move forward to improve their health and housing stability. VA now has an array of programs to connect homeless and at-risk Veterans with varying levels of need to the housing and supports necessary to end or prevent their homelessness as quickly as possible.

Primary Targeted Programs for Veterans

Since VA first committed to ending Veterans homelessness, the number of homeless Veterans that have used VA programs to obtain permanent housing has increased 86 percent, from 18,446 in 2009 to 35,905 in 2012 (Figure 4). The primary reasons for this increase are the increased investment in the HUD-VA Supportive Housing (HUD-VASH) program, the new Supportive Services for Veterans Families (SSVF) program, and increased focus on exits to permanent housing across VA programs including Grant and Per Diem (GPD) and Residential Rehabilitation.

Figure 4: Placement into Permanent Housing (PH) from VA Programs

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[7] Edens, E., Kasprow, W., Tsai, J. and Rosenheck, R. "Association of Substance Use and VA Service-Connected Disability Benefits with Risk of Homelessness among Veterans". The American Journal on Addictions. Vol 20 Issue 5 (412-419).

[8] U.S. Department of Housing and Urban Development Office of Community Planning and Development. 2012. The 2011 Annual Homeless Assessment Report to Congress. Washington, D.C. Retrieved at: https://www.onecpd.info/resources/documents/2011AHAR_FinalReport.pdf
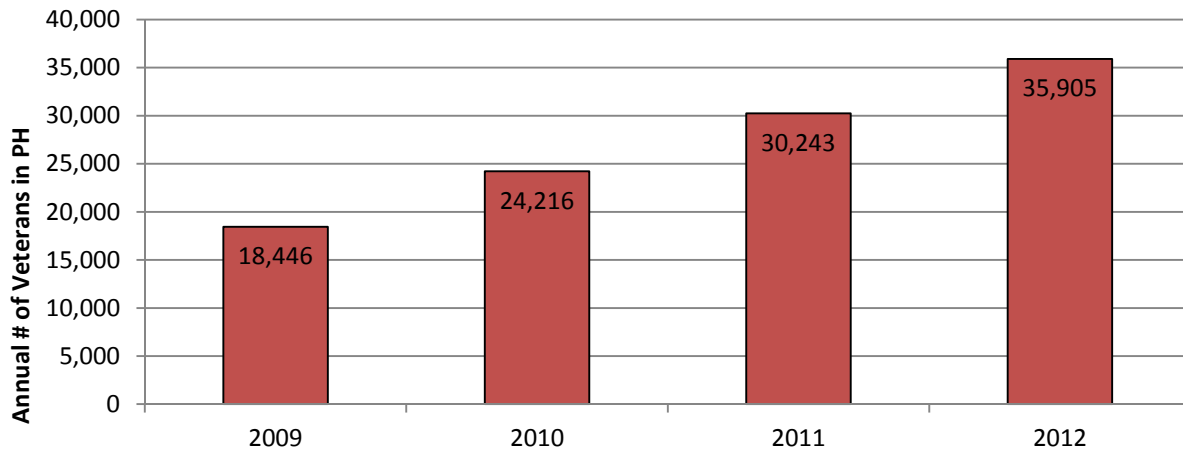
Source: National Center on Homelessness among Veterans. Before 2012 this data could not be de-duplicated to identify Veterans served in multiple VA programs, leading to a slight overestimate of the total number of Veterans placed into permanent housing.

HUD-VA Supportive Housing (HUD-VASH) is a jointly administered permanent supportive housing program for disabled Veterans experiencing homelessness in which VA Medical Centers provide referrals and case management while Public Housing Agencies (PHAs) administer the Section 8 housing vouchers. From Fiscal Year 2008 to Fiscal Year 2012, Congress has provided funding for approximately 48,000 HUD-VASH vouchers. Because HUD-VASH is a resource-intensive intervention, it is primarily targeted towards chronically homeless Veterans. Chronically homeless Veterans often utilize the most acute and costly healthcare services repeatedly and are unlikely to effectively exit homelessness without permanent supportive housing. In accordance with evidence-based practices for serving people who experience chronic homelessness, the HUD-VASH program is intended to follow a Housing First philosophy of moving people directly into permanent housing and then providing the wrap-around supports and case management to help them maintain housing, make connections to employment and income supports, and improve their health and overall quality of life. HUD and VA have allocated HUD-VASH resources to communities on a basis proportional to the number of homeless Veterans and considering the past performance of the community.

The **Supportive Services for Veteran Families** (SSVF) program was launched in 2011, awarding approximately $60 million to 85 community partners across the United States. Through a competitive application process, VA awards grants to private non-profit organizations and consumer cooperatives to provide supportive services to very low-income Veteran households (families with children, couples, and singles) living in or transitioning to permanent housing. Grantees provide outreach, case management, and assistance in obtaining VA and other mainstream benefits that promote housing stability and community integration. It is the first homeless program administered by VA that is designed to serve Veterans with families.

In the program's first full year of operations, SSVF surpassed expectations, serving approximately 21,500 Veterans and a total of 35,363 persons. Of those served, 40 percent were at-risk for homelessness and seeking prevention services, while the remaining 60 percent were provided rapid re-housing services to

move from homelessness into permanent housing. Of the nearly 21,500 Veteran participants, 3,285 were women (15 percent of Veterans served). Additionally, 3,335 Veteran participants were Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn (15 percent of Veterans served through the grant). SSVF program providers made significant impacts on Veteran families, assisting 8,826 children. Of those children served, 47 percent received homeless prevention services and the remaining 53 percent received rapid re-housing services. Of those participants exiting the program (average length of participation is 90 days), 86 percent (17,871 of 20,703) have permanent housing, including 9,529 formerly homeless and 8,342 at-risk Veteran households. SSVF has also connected thousands of participants to both VA and mainstream benefits and services (Figure 5).The average cost per Veteran household served was approximately $3,000 dollars. In July 2012, VA announced additional grants totaling approximately $100 million. There are presently 151 SSVF awardees in 49 states and the District of Columbia. Funding awards also considered geographic needs relative to Veterans' homelessness. VA recently released its Notice of Funding Availability for an additional $300 million in SSVF grants, which VA estimates will assist 100,000 additional Veterans and their families.[9]

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[9] Federal Register Vol. 77, No. 208. Department of Veteran Affairs Funding Availability Under Supportive Services for Veteran Families Program. October 26, 2012. Retrieved at: http://www.gpo.gov/fdsys/pkg/FR-2012-10-26/pdf/2012-26376.pdf

Figure 5: Receipt of Benefits and Services in SSVF Program

(n=21,500 Veteran Households)
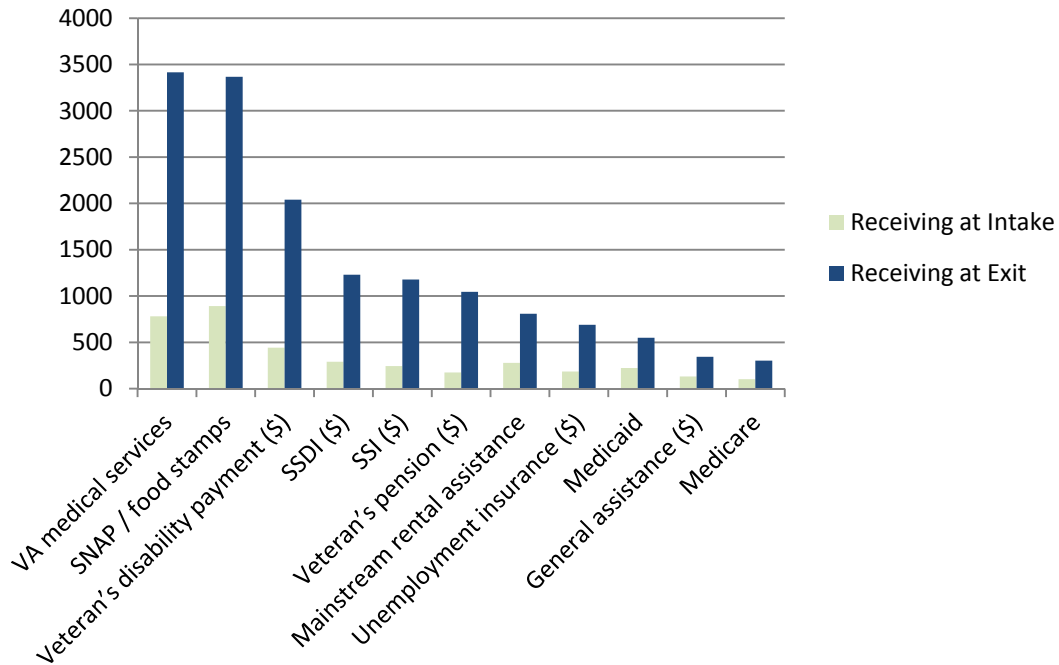
Data Source: Income and non-cash benefit HMIS data from SSVF grantees of
Veteran households assisted in year one

VA has also been working to transform the long-standing **Grant and Per Diem** (GPD) program. GPD is VA's largest homeless residential program, with approximately 14,000 total beds. Historically, GPD programs have tended to provide transitional housing and services in congregate facilities. Some GPD providers have specialty programs for homeless female Veterans; however, the majority of GPD programs were designed to serve single male Veterans. It has been an on-going challenge to update these GPD facilities to serve the increasing number of female Veterans and Veterans with families experiencing homelessness.[10] VA continues to address this need through the HUD-VASH and SSVF programs as well as encouraging GPD applicants to adopt a transition-in-place (TIP) model. Under the TIP model, the GPD program provides short- to medium-term rental assistance and supportive services for Veterans—including families with children—for a specific duration of time. After the household is stabilized, they can remain in the rental unit as the leaseholder without rental assistance. On September 19, 2012, VA announced that of the 38 GPD grants it awarded in the 2012 competition, worth a total of $28.4 million, 31 will serve Veterans using the TIP model.

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[10] Government Accountability Office. 2011. *Homeless Women Veterans: Actions Needed to Ensure Safe and Appropriate Housing*. Washington, DC: GAO.

The most recent addition to the Veteran-centric services developed by the VA homeless system are the **Homeless Patient Aligned Care Teams** (HPACT). This program, which is in its first year of full implementation, is built on the evidence-based practices of Healthcare for the Homeless clinics intersecting with the medical home model to provide longitudinal primary care for homeless Veterans. Open at 32 sites across the country, the HPACT program uses a multi-disciplinary approach to provide behavioral health and medical services often co-located with housing services, so that robust primary care can be offered in conjunction with stabilization and permanent housing.

Despite this robust array of services and programs, the VA cannot directly address all the needs of homeless Veterans and their dependents. Healthcare needs for the Veteran's partners and dependent children, emergency cash assistance, temporary housing for family members separate from the Veteran, transportation, affordable housing, move in kits and legal services are all essential resources that VA cannot directly provide to homeless Veterans. Coordination across federal, state, local, faith-based, philanthropy, and Veteran service organizations is vital for connecting all Veterans and their families with the housing and supports needed to prevent and end homelessness.

Rapid Assessment and Progressive Engagement

Now that most communities have an array of programs to address homelessness, the next step is making sure that VA and community providers are linking Veterans to the appropriate program.

Research has shown that the majority of Veterans are able to resolve their homeless crisis with short-term assistance and do not return to homelessness.[11] When fully developed, it is projected that SSVF can assist these homeless or at-risk Veterans by providing them the short-term assistance and connections to long-term supports needed to maintain stable housing. A smaller percentage of homeless Veterans will require moderate transitional assistance (9-18 months) with more structural supports to help them address underlying behavioral health issues and other barriers to obtaining and maintaining stable housing. For these Veterans, transitional housing programs like the GPD program can be an effective intervention for providing treatment and exiting to permanent housing at program completion. The remaining Veterans experiencing homelessness have long histories of homelessness— either a year of continuous homelessness or four or more episodes of homelessness in the last three years—and one or more disabling conditions. HUD-VASH, which offers a permanent rental subsidy and long-term case management, is the appropriate program for these chronically homeless Veterans. The National Center on Homelessness among Veterans has developed an assessment tool to guide the

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[11] Kuhn, Randall, and Dennis P. Culhane. "Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data." *American journal of community psychology* 26.2 (1998): 207-232. Kuhn and Culhane found that homeless shelter users fell into one of three categories: transitional (e.g., short-term), episodic, and chronic. This typology also held true for Veterans although Veterans were slightly less-likely than all shelter users to only have short-term shelter stays (72% vs. 80%) and more likely to be chronic shelter users (16% vs 10%).

referral process by VA staff and grantees. This tool will help local VA programs implement the VA's progressive engagement model to connect Veterans to the right level of intervention at the right time, by the right provider to get the right outcome.

The National Center has also created a housing stability clinical reminder that rapidly identifies at-risk and homeless Veterans and connects them to social and other supportive services. The clinical reminder for those at risk for homelessness is being administered to all Veterans receiving healthcare services. VA is the first large healthcare system to employ this public health model that addresses both housing stability and healthcare needs for Veterans receiving services. The screener assists VA to more quickly identify at-risk Veterans and stabilize them in housing while also promoting rapid re-housing for Veterans who are experiencing homelessness. Within its first month of implementation, VA screened over 500,000 Veterans and identified approximately 12,000 Veterans who were either homeless or at imminent risk of homelessness and connected them to VA and community supports to address their housing instability.

Collaborative Planning and Accountability

VA collaborates closely with HUD and USICH on the goal of ending Veterans homelessness. The three agencies have created "Solving Veterans Homelessness as One" (SVHO) a joint strategic planning and decision-making framework to address issues that require an interagency response. Through the SVHO process, HUD, USICH, and VA collaborate on efforts to improve the collection of data on homeless Veterans, monitor the performance of the HUD-VASH program, and conduct joint planning efforts for how HUD and VA resources can be used to end Veterans homelessness.

HUD and VA have also established joint Agency Priority Goals (APGs) on Veterans homelessness. A process called HUDStat allows HUD and VA officials to regularly monitor and evaluate the progress on the joint APG including the

> **Agency Priority Goals on Veterans Homelessness**
> **VA**: Assist in housing 24,400 additional homeless Veterans (12,200 per year) to reduce the number of homeless Veterans to 35,000 in 2013, to be measured in the January 2014 Point-in-Time count. By September 2013, working in conjunction with USICH, HUD and VA will also assist homeless Veterans in obtaining employment, accessing VA services, and securing permanent supportive housing with a long-range goal of eliminating Veterans homelessness by 2015. **HUD**: By September 30, 2013, in partnership with the VA, reduce the number of homeless Veterans to 35,500 by serving 35,500 additional homeless Veterans.

implementation of HUD-VASH. Twice a year, the HUD Secretary and the VA Deputy Secretary convene leaders from HUD, VA and USICH to assess progress against the joint goal of ending Veterans homelessness. The HUDStat process allows HUD and VA officials to regularly evaluate the HUD-VASH program and other interagency efforts in order to identify problems or issues that require policy changes or clarifications and to address them. HUDStat meetings provide an opportunity for HUD and VA officials to examine program operations and implementation with representatives from HUD and Veterans Health Administration (VHA) field staff within priority communities.

Solving Veterans Homelessness as One and HUDStat processes have helped create a strong sense of urgency and strategic alignment across these agencies towards meeting the goal of ending Veterans homelessness.

Engaging Unsheltered Veterans Using Housing First Principles

Implementing HUD-VASH using a Housing First philosophy is an evidence-based practice with proven success in helping people experiencing chronic homelessness who are unsheltered. The Housing First model prioritizes getting people into permanent housing as quickly as possible. A team of caseworkers and clinicians works to provide the treatment services and supports necessary to allow the formerly homeless persons to maintain their housing and improve their health and quality of life. The Housing First model differs from traditional models that require participants to complete a treatment program or otherwise demonstrate "housing readiness" before being given the opportunity to live in community-based permanent housing. In addition, Housing First is a multidisciplinary model that provides combined expertise from nursing, behavioral health, case management, peers, and medical services. A number of studies dating back to the 1990s have shown Housing First to be a more effective method for people who are chronically homeless than the traditional model, primarily because many chronically homeless people who are unable or unwilling to complete treatment or to demonstrate housing readiness are able to live independently successfully.[12] VA and HUD have evolved the HUD-VASH program to adopt a Housing First model over the past few years.

A District of Columbia HUD-VASH Plus evaluation compared Veterans that received a HUD-VASH voucher using the Housing First model with Veterans served by HUD-VASH in the traditional model. The evaluation looked at four measures: targeting of vouchers to chronically homeless Veterans, time it took Veterans to successfully use their voucher, housing stability, and utilization of costly emergency and inpatient services. The Housing First approach had significantly better outcomes in each of these measures. Seventy-four percent of Veterans served in the Housing First model were chronically homeless compared to 63 percent in the traditional model. It took Veterans in the Housing First model an average of 35 days to move from their initial assessment to moving into an apartment with their voucher. It took the usual care group 223 days. Ninety-eight percent of Veterans served in the Housing First model were still stably housed a year into the program compared to 86 percent of Veterans in the usual care group and the Housing First group had significantly lower urgent care costs.[13]

VA is now in the process of a system-wide initiative to transform all VAMCs to the Housing First model. All VAMC medical directors have been asked to sign a certification memo certifying that they are implementing principles of Housing First within HUD-VASH and that they will participate in ongoing

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[12] For a synopsis of Housing First studies see SAMHSA's National Registry of Evidence-Based Programs and Practices: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=155

[13] Montgomery, A., Hill, L., Kane, V., and Culhane, D. Housing Chronically Homeless Veterans: Evaluating the Efficacy of a Housing First Approach to HUD-VASH. Under review for publication.

technical assistance to accelerate the implementation process while ensuring effective targeting and safety.

Rapid Results Housing Placement Boot Camps are a collaborative effort between HUD, VA, USICH, Community Solutions, and the Rapid Results Institute to help communities administer HUD-VASH based on best practices. To date, 23 communities have participated in Rapid Results Boot Camps.[14] At these camps, VAMCs, PHAs, and community partners (e.g., CoC leads, homeless planning leaders, and homeless service providers) work together to map the current housing placement process, identify inefficiencies, and redesign the process to make it simpler and faster, while still meeting the necessary regulatory requirements. Boot camps have spurred innovations in using HUD-VASH to serve the hardest to house homeless Veterans, including expediting the PHA lease-up process, and partnering with homeless service providers to improve the targeting of vouchers.

VA has also invested in outreach and engagement as part of its adaptation of Housing First as well as supporting staff that perform these functions. Some sites are working collaboratively with CoC providers to extend the outreach and engagement services embedded in those systems. VA and HUD are supporting these efforts through offering joint technical assistance on engaging Veterans through street outreach. A number of VAMCs have contracted with community providers to provide referrals and case management services for HUD-VASH. Additionally, VA is recruiting community providers with experience providing homeless services, including street outreach, to apply for SSVF grants. To engage hard to reach Veterans successfully, programs such as HHS/HRSA's Healthcare for the Homeless and other federally- and locally-funded services will need to continue to make headway towards improved collaboration and integration of services with the VA.

The Path Forward

The investments and innovations described above have helped spur an 18 percent reduction in Veterans homelessness since the release of the plan in 2010. However, as shown below (Figure 6), at the current rate of progress, the goal of ending Veteran homelessness will not be achieved by 2015. This chart provides one possible scenario where future reductions occur at the rate based on the trend between 2010 and 2012. This is a "status quo" scenario.

The biggest obstacles to reaching the goal are the lack of progress on housing unsheltered homeless Veterans, the uneven progress of local communities in ending Veterans homelessness, and the need for additional federal resources. The keys to overcoming these obstacles are increased investment in the HUD-VASH and SSVF programs, effective resource targeting and program implementation locally, and collaboration across Council agencies to increase access to mainstream housing, employment, outreach and engagement, income, and healthcare resources, including for those not eligible for VA benefits.

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[14] This includes New York and Los Angeles, who participated in Housing Placement Boot Camps, the predecessor to Rapid Results, the 16 communities that participated in round one of the Rapid Results Boot Camps, and the five communities that participated in the Colorado Rapid Results Boot Camps in October 2012.

Figure 6: Trends in Homeless Veteran PIT Count, 2010-2016

### Projected Status Quo Path (without additional investments)
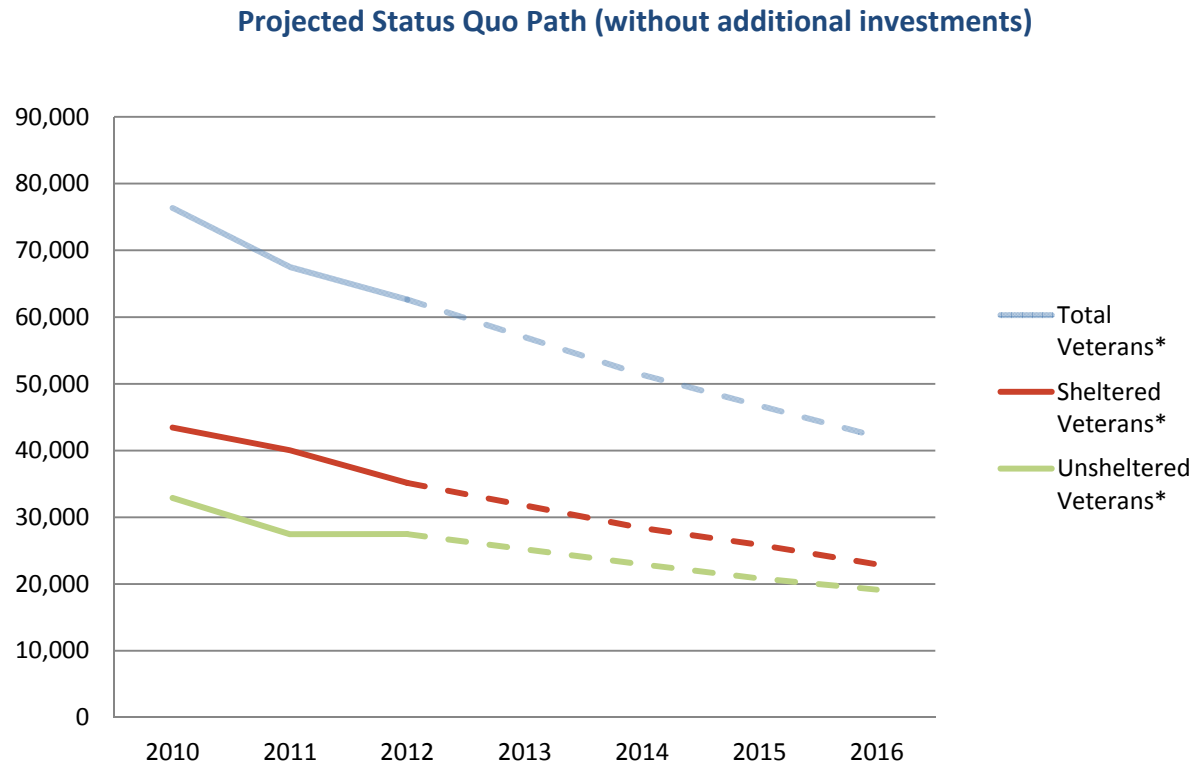
Data Source: HUD PIT Data. Projections go to 2016 because January 2016 PIT will be the measure of success in the 2015 investment year
*Solid line represents actual PIT data . Dotted line represents projection based on current trends.

The Eliminate Veteran Homelessness (EVH) Analytic Model is a tool developed through a partnership between the National Center on Homelessness among Veterans and MITRE, a non-profit manager of federally-funded research and development centers. The EVH tool uses PIT, census, and VA administrative and program evaluation data to assess the impact of changes in federal funding of VA homeless and housing programs on the projected number of Veterans experiencing homelessness. The model estimates are run multiple times, varying key inputs to reflect uncertainty, to produce a range of results. In more than 80 percent of runs, the model shows that with additional investments in HUD-VASH vouchers and increased annual funding for SSVF, by 2015 there could be fewer than 100 unsheltered homeless Veterans and fewer than 11,000 total homeless Veterans.

Figure 7: Projected Trends in Veterans Homelessness with Increased Investment in HUD-VASH and SSVF
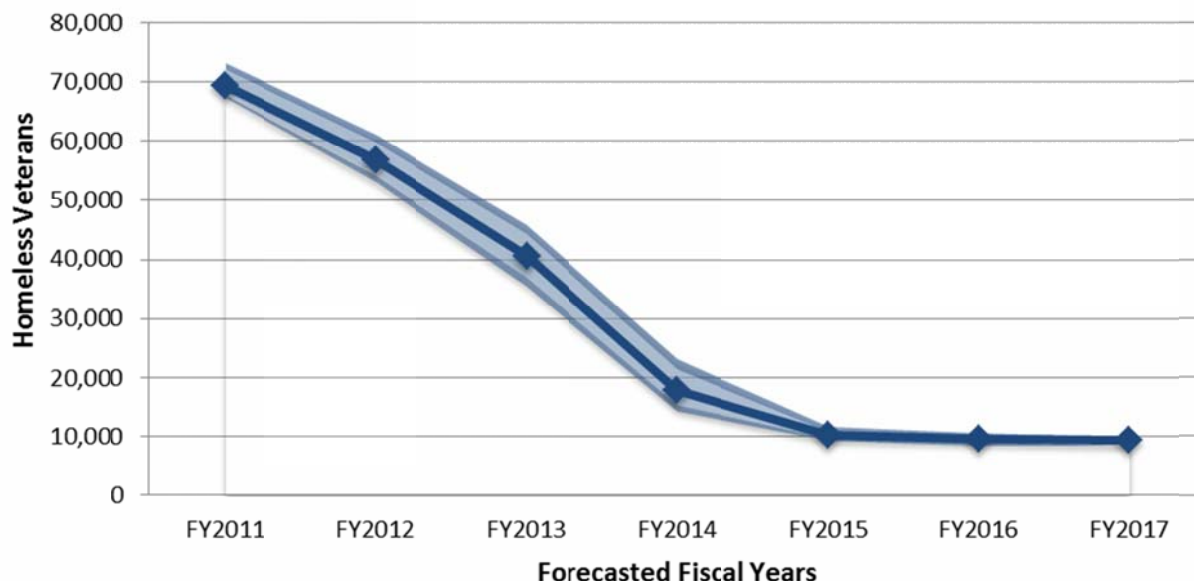
Data Source: Eliminating Veterans Homelessness (EVH) Analytic Model provided by National Center on Homelessness among Veterans. The EVH model does not include Veterans' use of HUD's Continuum of Care programs or other non-VA programs.

To meet VA's projections, additional HUD-VASH and SSVF resources will need to be allocated to communities with the highest number of Veterans experiencing homelessness. As noted earlier, the PIT data shows that homeless Veterans are heavily concentrated within the largest metropolitan areas of certain states. Ending Veterans homelessness will not be possible if additional investments are not allocated to these areas.

The EVH tool models the projected number of homeless Veterans nationally based on federal investment in VA programs. It will not be possible to end Veterans homelessness nationally if communities do not have the capacity and motivation to end it locally. The PIT data, which shows great variation in the homeless Veterans trend line across communities, reinforces the need for local planning and capacity building. Local VAs will need to strategically assess how the various parts—VA homeless programs, VA health care and benefits, CoC homeless programs, mainstream assistance—fit together to create a system capable of ending Veterans homelessness. They will need to use data and performance measures to set targets for reaching this goal and accountability for meeting it the same way this has occurred at the federal level.

Communities that have figured out how to align VA and community resources effectively are on a path to ending Veterans homelessness by 2015. Minneapolis has shown strong leadership from the VAMC in implementing HUD-VASH based on Housing First and has strong ties between the VAMC, PHA, local government, the CoC, and Veterans Service Organizations like the Minnesota Assistance Council for

Veterans. As a result, it has made rapid progress reducing homelessness among Veterans by 51 percent over the last three years (from 256 in 2010 to 126 in 2012).

To reach the goal the needs of Veterans and their family members who are ineligible for some or all VA services must also be met. Secretary Shinseki has made clear that the Obama administration's commitment is to make sure that nobody who has put on a uniform ever experiences homelessness. Meeting this commitment requires collaboration across federal agencies and with community partners to house and support homeless Veterans who are not eligible for VA programs and to help Veterans' family members who are also not eligible for most Veterans programs and benefits to access mainstream housing, income, employment, and health care.

Veterans may be ineligible for VA services because they had a bad conduct discharge or they did not meet the minimum duty requirements. In some cases access to legal services can help Veterans with a bad conduct discharge to upgrade their discharge status to become eligible for VA programs. There is no national estimate of how many homeless Veterans are ineligible for VA homeless programs or healthcare services. An analysis of the New York City Department of Homeless Services' administrative data from 2008-2010 showed that eight percent of the 60,928 single adults served by their homeless programs were Veterans. Among these 4,730 Veterans, 32 percent could not have their eligibility confirmed for VA healthcare services. A separate analysis of 262 chronically homeless Veterans who were engaged by VA outreach staff in New York City found that 45 percent of those Veterans were not eligible for VA healthcare services. While theses analyses only involved New York City, which may not be nationally representative, and had a relatively small sample size, the results suggest that a number of homeless Veterans nationally may not be eligible for the full range of VA homeless and healthcare services. VA is currently analyzing data from several other communities to better understand the scope of the problem. However, we know that ending homelessness for Veterans not eligible for VA programs will require increased commitment from other Council agencies to improve access to housing and other resources.

With the exception to the SSVF program, VA programs and benefits are designed only to serve individual Veterans and not their family members. Veterans' family members need other Council agencies for access to employment services, income supports, and health care. Even the SSVF program, which provides one-time or temporary assistance, relies on connecting Veteran families to mainstream resources to ensure their long-term stability. SSVF grantees will be most successful in making these connections if their program is enmeshed with other community safety net programs for homeless and at-risk families like Temporary Assistance for Needy Families (TANF), food stamps, Medicaid, and public housing.

The Veterans Homelessness Prevention Demonstration (VHPD) is another potential model for interagency collaboration. VHPD is a collaborative effort between VA, HUD, and Department of Labor to connect at-risk Veterans to housing and employment assistance at five pilot sites across the country. Since Veterans began receiving services in April 2011, 970 veterans have been served. Of those Veterans, 26 percent have been female and 37 percent have been Veterans from the Gulf War II era. As

of September 30, 2012, more than 90 percent of Veterans were stably housed at exit from the VHPD program.

Conclusion

Increased investment and improved collaboration at the federal and local level has helped spur a significant reduction in Veterans homelessness over the last three years. However, we will need to accelerate our progress in order to reach the goal of ending Veterans homelessness by 2015. The three priority action items critical to meeting the goal are:

- Increased investments in HUD-VASH and SSVF allocated to communities with the highest need. An additional 20,000 HUD-VASH vouchers and full annual funding of the SSVF program are needed to create enough permanent housing opportunities to end Veterans homelessness.

- Support from all Council agencies to promote and incent local coordination on plans to end Veteran homelessness, with interim targets, and effective resource targeting using evidence-based practices like Housing First and rapid re-housing. PIT data shows that local progress in ending Veterans homelessness has been uneven and all communities must have the capacity and motivation to end Veterans homelessness locally in order to end it nationally.

- A commitment from all Council agencies to increase access to mainstream housing and stabilization services, including for those not eligible for VA benefits.

By building off of our successes and accelerating our progress on these action items, we can meet the goal of ending Veterans homelessness by 2015.

Appendix A: Trends in Veterans Homelessness in 25 High Priority Communities, 2010-2012

Continuum of Care	2010	2011	2012	% Change 2010-2012
Tier One Priority Communities				
Los Angeles*	7,015	8,131	6,371	-9.2%
New York City	4,774	4,677	3,790	-20.6%
Las Vegas*	2,449	1,359	1,303	-46.8%
Atlanta*	1,401	1,237	1,232	-12.1%
Houston	771	1,146	1,162	50.7%
Phoenix*	880	754	852	-3.2%
Tampa*	1,295	792	800	-38.2%
Seattle	1,015	587	796	-21.6%
Denver	892	1,322	710	-20.4%
New Orleans	1,622	515	570	-64.9%
Detroit*	494	385	518	4.9%
San Diego	2,056	1,649	1,753	-14.7%
Riverside*	150	890	912	508.0%
San Francisco	491	919	774	57.6%
Fresno*	457	619	606	32.6%
Orlando	776	690	574	-26.0%
DC	579	515	531	-8.3%
Chicago*	393	500	520	32.3%
Philadelphia	404	353	394	-2.5%
Portland*	465	457	380	-18.3%
Honolulu	306	332	367	19.9%
Boston	542	426	355	-34.5%
Tucson	1,056	454	353	-66.6%
Baltimore*	562	342	274	-51.2%
Miami	212	308	265	25.0%

* Indicates CoC did not do a new count of unsheltered Veterans in 2012
Source: 2012 HUD Point-in-Time count