Five Year Plan to End Homelessness Among Veterans

Veterans Integrated Service Network of Ohio – VISN 10

February 2011
Introduction:

In November 2009, the Department of Veterans Affairs announced it was taking decisive action toward its goal of ending homelessness among our nation’s Veterans. To achieve this goal, VHA developed the Five Year Plan to End Homelessness Among Veterans (Plan) that will assist every eligible homeless Veteran willing to accept services. In April 2010, each Veterans Integrated Service Network (VISN) and their VA medical centers (VAMC) developed a first iteration of a Plan to help Veterans acquire safe housing; needed treatment services; opportunities to return to employment; and benefits assistance. These efforts are intended to end the cycle of homelessness by preventing Veterans and their families from entering homelessness. VA’s philosophy of “no wrong door” means that all Veterans seeking to prevent or exit homelessness must have easy access to programs and services. Any door a Veteran comes to – at a Medical Center, a Regional Office, or a Community Organization – will offer them assistance. This philosophy is built upon six strategies: Outreach/Education, Treatment, Prevention, Housing/Supportive Services, Income/Employment/Benefits and Community Partnerships. These six strategies encompass a wide continuum of interventions and services to end homelessness among Veterans. Under this Plan, homeless Veterans will benefit from the expansion of existing program capacity and treatment services, as well as the implementation of new programs focused on homelessness prevention and increased access to permanent housing with supportive services.

In July 2010, the United States Interagency Council on Homelessness (USICH) released Opening Doors: The Federal Strategic Plan to Prevent and End homelessness. Opening Doors outlines an interagency collaboration that aligns mainstream housing, health, education and human services to prevent Americans from experiencing homelessness. Opening Doors is an ambitious plan to strengthen existing partnerships including combined effort of HUD, DOL, HHS and the Veterans Affairs to help homeless Veterans as well as forging new partnerships among federal agencies.

In December 2010, the Department of Veterans Affairs in Washington, DC hosted a National Forum on Ending Homelessness Among Veterans. At this event, Secretary Eric Shinseki directed that the VHA Plan should be fully synchronized with the United States Interagency Council on Homelessness (USICH) Federal Plan to Prevent and End Homelessness along with efforts within the Veterans Benefits Administration (VBA) the National Cemetery Administration (NCA) and Vet Centers. The Secretary directed that each VHA entity director hold an organizational meeting to begin cross-talking and developing local plans.

In January/February 2011, VAMC Directors hosted an Annual Homeless Veterans Summit comprised of key partners to end homelessness among Veterans. These Summits served as a vehicle to synchronize VAMC Plans with VA and non-VA partners. From these Summits each VAMC developed a Working Five-Year Plan that is fully synchronized with Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. The VISN 10 Working Five Year Plan is a consolidation of Five Year Plans from the Facilities across the Network.
VA Healthcare System of Ohio (VISN 10) is one of 21 Veterans Integrated Service Networks (VISN) of the Department of Veterans Affairs. VISN 10 is comprised of 5 VA Medical Centers, one ambulatory care center clinic, and 30 community based outpatient clinics which provide comprehensive inpatient and outpatient health care to veterans in Ohio, Indiana, Kentucky and West Virginia. Medical Facilities are organized geographically with accompanying site code as Chillicothe/538, Cincinnati/539, Cleveland/541, Dayton/552 and Columbus/757.

VISN 10 is committed to providing high quality, innovative, comprehensive, and compassionate care. VISN 10's goal is to ensure access for all enrolled veterans to the right care, at the right time, and at the right place.

**PURPOSE**

The purpose of VISN 10's Working Five Year Plan is to provide a path to meet the goal of ending homelessness among our veterans. This VISN Working Five-Year Plan is a synchronous plan at the federal, state, and local levels. It is a collation of VAMC Working Five Year Plans within this Network. The Working Plan outlines the public-private partnerships taking place at both local and VISN level. The Working Plan guides synchronized public-private actions to sustain decisive momentum together with broad, flexible and cohesive steps. This Working Five Year Plan will be regularly reviewed and revised thru public-private partnerships.

**FEDERAL, STATE AND COMMUNITY PARTNERS INVOLVEMENT**

Each VAMC hosted an Annual Homeless Summit on the following dates:


Attendance at these VAMC Homeless Summits varied, but generally included VAMC and VISN staff, as well as VA representatives from Veteran Benefits Administration and local Vet Centers, Federal Agency representatives from Housing and Urban Development, local Public Housing Authorities, community shelter providers, County Veteran Service Officers, local Continuum of Care representatives, and a variety of other community agencies. In an effort to facilitate linkage with Federal, State and regional partners, the VISN Network Homeless Coordinator reached out to representatives from the National Cemetery Administration, Department of Labor, United States and Ohio Interagency Council on Homelessness, Ohio Department of Veterans Affairs, Ohio Department of Development, Corporation for Supportive Housing,
Coalition on Housing and Homelessness in Ohio and Veterans Service Organizations. All of these agencies expressed interest in participating in these Summits, but were not able to attend due to logistical, travel or other time constraint issues. These Summits were used as a forum to exchange information regarding community assistance programs, VA programming, barriers to services, and identify possible working solutions.

The VAMC Homeless programs have a long history of community collaboration and partnership. Examples include, but are not limited to, membership in community Continuum of Care; Grant and Per-Diem partnerships with community providers, VHA-HUD housing partnerships, outreach/referral collaborations, Vocational Rehabilitation and state Jobs and Family services employment assistance collaborations, VHA and Ohio Department of Rehabilitation and Corrections veteran ex-offender re-entry assistance and newly formed veterans courts.

**SIX PILLARS IDENTIFIED IN VA’S PLAN TO PREVENT AND END HOMELESSNESS (CURRENT SERVICES, GAPS, BARRIERS, OPPORTUNITIES, FISCAL YEAR (FY) 2011 ACTIONS AND METRICS FOR EACH PILLAR)**

The six pillars provide a structure for the creation of local operational plans to end homelessness among Veterans in five years. The pillars are six core strategies in the national five year plan: Outreach/Education, Treatment, Homeless Prevention, Housing/Supportive Services, Income/Employment/Benefits, and Community Partnerships. Within each strategy section there are examples of associated VA programs, as well as other federal and local programs and agencies. The local operational plan addresses all six core strategies. Operational plans must reflect strategies for the creation of partnerships and collaborations with other agencies and programs outside the VA. Each strategy section describes the current operation (i.e., based on existing programs, resources, and partnerships). Each section includes the opportunity to describe local plans for expansion of resources, programs, and partnerships necessary to reduce the number of homeless Veterans to zero.

**Outreach /Education**

Current strategies for the provision of Outreach and Education throughout the VISN include:

1. Each Facility has Homeless Outreach Staff.
2. Each Facility has a full-time Veterans Justice Outreach Case Managers.
3. VISN 10 has two full-time Health Care for Re-Entry Veterans Program Specialists making visits to all State and Federal Prisons within the Network.
4. Each Facility has Homeless Committee responsible for developing a plan for education of VAMC and the community about homeless veteran needs and resources.
5. Each Facility conducts annual CHALENG meetings.
6. Each Facility has participated in local annual Stand Downs.
7. Each Facility's Homeless Program Staff participate in local Homeless Continuum of Cares.
8. Each Facility participated in the 2011 HUD local Point In Time Count.
9. Each Facility participates in Regional Inter Services Family Assistance Committee meetings targeting assistance to veterans, active duty military, Ohio National Guard and Reserves and their families.
10. The VISN Network Homeless Coordinator has worked with the Ohio Interagency Council on Homelessness.

**Gaps and Barriers**
1. Lack of staff resources to provide outreach to rural counties.
2. Inconsistencies in data collection and sharing of information between VHA-HUD-community providers.
3. Distribution of community resources across the network.

**Opportunities related to gaps in service**
1. Homeless Programs will work with the County Veteran Service Officers and/or other community agencies to post the National Call Center Homeless Veterans phone number and fliers to increase community awareness.
2. Community Grant & Per Diem Providers will participate in local CoC Homeless Management Information Systems.
3. Cleveland VAMC was awarded a Community Resource and Referral Center that will increase visibility of Homeless Program and services.
4. Resource requests are pending approval for additional HCHV outreach staff.
5. Tele-mental health has potential for expansion in to shelters or transitional programs to extend staff for greater outreach capability.
6. Annual Homeless Summits offer opportunity to increase education to federal, state and community partners thru cross talk on homeless veteran needs and resources.
7. VISN has potential for three additional Veterans Courts to begin operating FY11.
8. VAMC Implementation of HOMES Registry will enhance capacity for VHA-HUD-community data sharing.

**Treatment Services**

Current strategies for the provision of Treatment Services throughout the VISN include:
1. Four facilities have MHRRTP programs for a total of 514 Residential Treatment beds throughout the Network. Columbus ACC is an hour from Chillicothe and Dayton VAMC and regularly refers vets to these facilities for residential services.
2. There are 383 operational GPD beds and 52 HCHV contract beds throughout the VISN.
3. There are HUD-VASH programs at each facility.
4. Each facility provides outpatient Primary Care and Mental Health treatment. Inpatient treatment for acute level of care detoxification is available at the four VAMC in the Network.

**Gaps and Barriers**
1. HCHV Contracts implementation has been slow to develop.
2. Access to treatment for rural areas, particularly the availability of community programs for veteran families with children and rural veterans.
Opportunities related to gaps in service

1. 149 additional approved Grant and Per Diem beds are scheduled to operate later in FY11. Of these, 62 of these are in rural or small city locations that lack program beds currently.
2. Tele-mental health has potential for expansion and may offer treatment to veterans in rural areas.
3. Ten staff from Homeless program and Contracting throughout the VISN will be attending an HCHV Contract Training February, 2011, to improve understanding and awareness of HCHV Residential Contract. This training will be used to develop best practice approaches to getting contracts operational efficiently and effectively.

Prevention Services

Current strategies for the provision of Prevention Services throughout the VISN include:

1. Each Facility has a Point of Contact for the National Call Center for Homeless Veterans.
2. Each facility through information and referral connects vets with community providers of homeless prevention services.

Gaps and Barriers

1. Distribution of community resources across the network varies. Many communities lack adequate resources to meet demand.
2. Access to Prevention funds such as HUDs Homeless Prevention and Rapid Rehousing Program (HPRP) has been inconsistent across the VISN.

Opportunities related to gaps in service

1. Supportive Services for Veteran Families Grants are available for application. VAMC and VISN will work to develop collaborations for information and referral once awards are made.
2. The VISN is piloting a Homeless and At-Risk Screening tool. Effective demonstration of this tool will prove beneficial in early detection and provide assistance to veteran where possible.
3. VISN-HUD will hold meeting with VAMC and community HPRP providers to improve HPRP access for veterans.
4. Cleveland VAMC awarded pilot to develop Community Resource and Referral Center at two locations to collaborate with community partners including those that provide prevention services to the Veterans.

Housing/Supportive Services

Current strategies for the provision of Housing/Supportive Services throughout the VISN include:

1. Each Facility has a HUD-VASH program with a total of 750 vouchers and 24 HUD-VASH Case Managers across the Network.
2. Each facility has community partners that have supportive housing programs (project based, Shelter Plus Care or scatter site housing). Cleveland and Columbus have formalized agreements to provide services to veterans with these community housing programs.
Gaps and Barriers
1. There is a lack of traditional Vouchers available for many local Public Housing Authorities. This creates significant waits for vets and those who lack sufficient income are at greater risk for homelessness.
2. Availability of affordable housing in some locations across the VISN, particularly rural areas and lack of infrastructure (public transportation, internet or cell phone services) in many rural areas makes providing support services difficult.
3. There is a lack of community personnel to provide case management services to veterans in non HUD-VASH community housing programs.

Opportunities related to gaps in service
1. VISN and HUD will work together to develop a plan for strategic implementation of new HUD-VASH vouchers pending appropriation for funding for future vouchers.
2. All HUD-VASH Case Managers will be provided Critical Time Intervention Training to enhance effectiveness and efficiency of case management services.

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<th>Income/Employment/Benefits</th>
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Current strategies for the provision of Income/Employment/Benefit Services throughout the VISN include:
1. Each Facility has a Vocational Rehabilitation Program with Compensated Work Therapy and Supportive Employment programming across the Network. Compensated Work Therapy program provides vocational counseling, on-the-job supports, and job readiness training (through the Transitional Work Experiences) to current and formerly homeless Veterans.
2. VBA specialists are now working at VAMC facilities directly or reach out to community GPD sites and area shelters to assist Veterans in applying for benefits.
3. VARO has two staff assigned as Homeless Coordinators to process C&P claims and expedite homeless veteran applications.
4. A VBA staff is dedicated to work with HCRV Specialists and VJO Case Managers to assist justice involved veterans with initiating benefit application or having benefits reduce when faced with long term incarceration to prevent overpayment and reduction in benefits upon return to the community.

Gaps and Barriers
1. Sluggish economy makes securing employment difficult in the Networks region. Some CWT sites struggle to develop community based Therapeutic Work Experience due to overall poor economy or lack of dedicated staff for this development.
2. Veterans with felonies have significant barriers to employment.
3.

Opportunities related to gaps in service
1. All Facilities were provided funding for dedicated Homeless Veteran Supportive Employment Specialist, a total of 13 for the Network.
2. Regional Inter Services Family Assistance Committees offer opportunity for development of regional Continuum of Care for Veteran Employment.
### Community Partnerships

Current strategies for the provision of Community Partnerships throughout the VISN include:

1. The VAMC Homeless programs have a long history of community collaboration and partnership. Examples include, but are not limited to, membership in community Continuum of Care; Grant and Per-Diem partnerships with community providers, VHA-HUD housing partnerships, outreach/referral collaborations, Vocational Rehabilitation and state Jobs and Family services employment assistance collaborations, VHA and Ohio Department of Rehabilitation and Corrections veteran ex-offender re-entry assistance and newly formed veterans courts.

2. The Annual Homeless Summits were well attended and attest to the commitment VAMC partners have to assist with Facility Plans to end homelessness among our veterans.

### Gaps and Barriers

1. The VISN has requested the Regional ICH to include a VISN Network Director in its Council. Membership is thru Executive Order. The State Governors office has a new administration which has delayed the process due to transitioning Administrations.
2. There continues to be lack of coordination of efforts between VAMC and some community partners, particularly with some vocational services.
3. There is difference in definition of homelessness between HUD and VAMC.
4. There has been lack of sharing of information due to regulations and system design.
5. There is a lack of available resources in some communities, particularly rural or small cities.

### Opportunities related to gaps in service

1. The VISN is planning to co-facilitate a VISN wide Homeless Summit with USICH and Ohio ICH.
2. Regional Inter Services Family Assistance Committees offer opportunity for development of regional Continuum of Care for Veteran Employment. VAMC Vocational Program Managers will explore potential collaborations with this venue.
3. The VISN is exploring potential collaboration with Corporation for National and Community Services to develop a VISTA volunteer run Community Circles project to improve community supports for formerly homeless veterans.
4. Three Veterans Courts are scheduled to operate later this year within the Network.

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**VA LEADERSHIP INVOLVEMENT AND SUPPORT**

The VISN coordinates implementation of the Five Year Plan to end homelessness among Veterans through the Network’s Mental Health Care Line Management Team and Mental Health Care Line Council. In August 2010, the Network Director appointed the VISN Mental Health Care Line Director and Chair of the MHCL Council as the VISN Homeless Champion. In August 2010, the Network Homeless Coordinator, a member of the Network’s MHCL Management Team and MHCL Council, began holding monthly meetings with facility Homeless Coordinators to work on Five Year Plan updates. These
meetings are devoted to coordinating Action Plans and developing measurable objectives of the Five Year Plan. The Network Homeless Coordinator provides regular updates to the VISN Homeless Champion and monthly updates to the MHCL Council.

Each facility has a Facility Homeless Champion. Each Facility Homeless Champions is a member of the Facility’s Leadership (Chief of Staff or Associate Medical Center Director). Each facility in the Network has formed a Homeless Committee. Membership includes the Facility Homeless Champion, Facility Homeless Coordinator, a Primary Care Representative, Public Affairs officer, CWT Coordinator, OEF/OIF Program Manager, Women Veterans Program Manager and others that assist in identifying needs of homeless veterans, including special population veterans and develop strategies for educating staff and the community about these needs and resources to assist.

VISN and Facility Homeless Champions work together through monthly conference calls or facility visits to promote ending homelessness within our VISN.

The VISN will plan annual meetings with the Homeless Leadership Champions and Network Homeless Coordinator to review progress and updates to the Five Year Plans. Facility Champions will meet regularly with local Homeless Coordinators to provide guidance on facility Plans. The VISN Homeless Leadership Champion and Network Homeless Coordinator will work with the National VISN/VAMC Liaison to review plan development. Quarterly Plan Review calls will be scheduled with VISN/VAMC Liaison and VISN/Facility Homeless Champions. The VISN Homeless Leadership Champion will provide updates on implementation of the Five Year Plan at the VISN Executive Leadership Council Meetings. The VISN created a Homeless Dashboard for Network Director review of VISN progress of Ending Homelessness initiatives. The Network Director has placed a high priority on meeting benchmarks for this initiative.

Members of the Facility’s Leadership, Medical Center Director, Associate Medical Center Director and/or Chief of Staff, as well as many MHCL Directors and Social Work Chiefs participated in local VAMC Homeless Summits. The Network Homeless Coordinator attended each Facility Annual Homeless Summit.

**Measurable goals, objectives and outcomes**

VISN 10 “Working Five Year Plan” includes measurable goals, objectives and outcomes that address and demonstrate the following:

1. Mitigation of VA access barriers for at-risk and homeless veterans
2. Reduction of the number of homeless veterans in respective geographical areas consistent with the target in VA’s FY2011 plan to end homelessness among veterans
3. Increase in homeless Veteran outreach contacts by 10 percent and National Call Center for Homeless Veteran referrals by 20 percent by September 30, 2011
4. Implementation and expansion of crisis response assistance services for at-risk and homeless veterans at all VHA primary care and mental health entry points
5. Implementation and expansion of discharge planning and referral services for at-risk and homeless Veterans on all VAMC residential and inpatient units
6. Implementation and expansion of 24/7 crisis response and housing assistance for all referred homeless Veterans

7. Timely, effective referral assistance systems are in place between VHA facilities, Vet Centers, VA Regional Offices and local NCA offices for at-risk and homeless Veterans by February 15, 2011

### Mitigation of VA access barriers for at-risk and homeless veterans

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics to mitigate VA access barriers for at-risk and homeless veterans. Toward that end, the following efforts will be made throughout the network.

1. Outreach and prevention services will be expanded, whether through in-person outreach or through technology. Facility Homeless Programs will evaluate the needs in their catchment area and target outreach services to those counties that need more intensive outreach. By the end of FY 2011, each facility will develop a targeted outreach service approach using local HUD Point In Time data.

2. Hire additional VA staff to facilitate veterans identification and access to services by FY12Q1, (pending funding approval):
   - Chillicothe: 1 additional social worker targeted to homeless outreach.
   - Cincinnati: 1 additional HCHV outreach specialist to target outlying areas. Backfill HCHV Outreach Specialist recently vacated by VJO by end of FY11Q2.
   - Cleveland: 3 additional social workers, targeted to homeless outreach, at 3 of the larger CBOC sites.
   - Dayton: 2 additional social workers targeted to homeless outreach, at 2 of the larger CBOC sites.

3. Each facility will continue their plan to sustain and maintain outreach providers in shelters, grant and per diem sites and other community sites that provide services to the homeless population.

4. Development and interface with additional grant and per diem community approved sites.

5. Plan for expansion of Grant and Per Diem (G&PD) program beds as follows:
   a. Expansion of G&PD to Ross County (24 beds targeted to open 4th quarter of FY 2011)
   b. Expansion of G&PD to Fairfield County (8 beds for males targeted to open 2nd quarter of 2011)
   c. Increase in G&PD beds at existing Pickaway County site for both men and women for treatment and programs, target date 10/1/2011.
   d. Expansion of G&PD to Lorain County (30 beds targeted to open 1st quarter of FY 2012)
   e. Expansion of G&PD to Summit County (30 beds for males targeted to open 2nd quarter of 2012)
   f. Expansion of G&PD to Summit County (4 beds for women and children) by 2nd quarter 2011.

6. Each facility will seek expansion of GPD and HUD/VASH to include housing services in the outliers of facility catchment area, especially in rural areas.

7. Each facility will provide presentation regarding VA services to at least 2 community agencies per quarter, (ongoing, started FY 2010) to facilitate increased awareness of how to access and refer to VA services.
8. Facility’s Homeless Program staff will maintain and expand committee memberships in local Continuum of Care ongoing.

9. Each facility’s Homeless Program will encourage community agencies efforts to apply for homeless prevention grants to serve veterans in the community, ex. SSVFP by end of 2nd quarter FY 2011. Each facility will seek informal collaboration with SSVFP grant recipient where awarded. It is anticipated that this grant will be operational by the end of FY 2011.

10. All VISN HCHV, GPD, VJO and HCRV Program staff will have completed HOMES Registry Training by March 31, 2011.

11. Each facility will hold Annual Homeless Summit in FY 2012.

12. Additional Health Care for Homeless Veterans (HCHV) Residential Treatment Contracts will be established by the end of FY11Q3. Efforts will be made to provide residential services to female Veterans and Veteran families with children in Columbus ACC area by FY11Q4.

**Reduction of the number of homeless veterans in respective geographical areas consistent with the target in VA’s FY2011 plan to end homelessness among veterans**

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics to reduce the number of homeless veterans. Toward that end, the following efforts will be made through out the network.

1. Decrease the number of veterans living on the streets, in campsites and in shelters by 25% by January, 2012 as evidenced by local point in time counts.
2. Meet or exceed VHA HUD-VASH performance measure across the network: 81% of all veterans issued a voucher will be leased up (housed) with a HUD-VASH vouchers by September 30, 2011.
3. Maintain G&PD census at 80% capacity as evidenced by monitoring on a quarterly basis.
4. Maintain MHRRTP census at 85% capacity as evidenced by quarterly bed reports.
5. Effective utilization of local supportive housing resources as indicated by individual facility plans that have these resources.
6. 100% of all HUD-VASH Case Managers will have received training in evidenced based practice Critical Time Intervention training to improve effective utilization of community case management services.

**Increase in homeless Veteran outreach contacts by 10 percent and National Call Center for Homeless Veteran referrals by 20 percent by September 30, 2011**

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics to increase the number of homeless veteran outreach contacts by 10 percent and National call center for Homeless Veterans referrals by 20 percent by September 30, 2011. Toward that end, the following efforts will be made through out the network.

1. Each facility in VISN 10 will increase outreach to shelters, soup kitchens and through collaborative outreach efforts with other agencies providing street outreach services.
2. Each facility participated in the just completed local January 2011 Point in Time Count.
3. Improve collaboration between the justice system and VHA as demonstrated by at least three additional veterans court, more than 500 veteran contacts by HCRV specialists and a 10% increase in the number of veteran contacts by VJO Case Managers.
4. Each facility has Point of Contact for the National Call Center for Homeless Veterans.
5. Each facility in the network will promote National Homeless Call Center for Homeless Veterans through community contacts and homeless education opportunities.
6. The VISN will produce and promote a brochure that provides information about homeless programming and local points of contact for each facility as well as the National Call Center for Homeless Veterans. This brochure will be used at local, state and regional events to educate community partners about the continuum of homeless services across the network.

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<tr>
<th>Implementation and expansion of crisis response assistance services for at-risk and homeless veterans at all VHA primary care and mental health entry points</th>
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<tr>
<td>VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics to implement and expand crisis response assistance services for at-risk and homeless veterans at all facility primary care and mental health entry points. Toward that end, the following efforts will be made through out the network.</td>
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<tr>
<td>1. Each facility has formed a Homeless Committee that will develop a strategy to improve crisis response. Membership includes the Facility Homeless Champion, Facility Homeless Coordinator, a Primary Care Representative, Public Affairs officer, CWT Coordinator, OEF/OIF Program Manager, Women Veterans Program Manager and others that assist in identifying needs of homeless veterans, including special population veterans and develop strategies for educating staff and the community about these needs and resources to assist.</td>
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<tr>
<td>2. Each network facility Homeless Committee have developed a plan to conduct in-service trainings with all Primary Care, outpatient Mental Health Teams and inpatient care services to provide information regarding Homeless Programming and assistance for the homeless and those at risk in the community.</td>
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<td>3. All facilities have developed an information sharing and networking process regarding community resource for homeless and at-risk veterans.</td>
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<td>4. The VISN facilitated a Pilot Homeless Screen at the Chillicothe VAMC. The Pilot uses a screening tool to improve identification of homeless and those at risk to homelessness with the goal to develop a systematic approach to referring vets for needed services and support. This Pilot will expand to include all Primary Care Clinic teams at the Chillicothe and Columbus locations by end of FY11Q3. With Effective demonstration of this Pilot Homeless Screen this will be put into production at all facilities in the VISN.</td>
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<td>5. The Cleveland VAMC has been an approved pilot site for a Community Resource and Referral Center. Virtual operation of this site will begin by end of FY11Q3.</td>
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**Implementation and expansion of discharge planning and referral services for at-risk and homeless Veterans on all VAMC residential and inpatient units**

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics to implement and expand discharge planning and referral services for at-risk and homeless veterans at all facility residential and inpatient units. Toward that end, the following efforts will be made throughout the network.

1. Each network facility Homeless Committee have developed a plan to conduct in-service trainings with all residential and inpatient care services to provide information regarding Homeless Programming and assistance for the homeless and those at risk in the community.
2. Each facility will have HCHV residential contracts that can provide support for homeless veterans no longer needing inpatient care services.
3. Each facility Homeless Programs will interface with discharge planners and social workers on inpatient units regarding referral services for at-risk and homeless veterans.

**Implementation and expansion of 24/7 crisis response and housing assistance for all referred homeless Veterans**

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics to implement and expand 24/7 crisis response and housing assistance for all referred homeless veterans. Toward that end, the following efforts will be made throughout the network.

1. Each facility has a Point Of Contact for the National Call Center for Homeless Veterans. The National Call Center provides a referral to the local POC with complete contact. The information is readily available on the NCCHV website and tracked to ensure prompt reply and follow through.
2. The VISN Network Homeless Coordinator will review call response time outliers with NCCHV Program Manager and local Homeless Coordinators.
3. Each facility will develop relations with community partners to improve access to emergency services and prevention assistance funding.
4. There is Homeless Outreach staff at each facility in the VISN.
5. Four facilities have MHRRTP programs. Columbus ACC is an hour from Chillicothe and Dayton VAMC and regularly refers vets to these facilities for RRTP services.
6. There are GPD and HCHV contract beds at each facility.
7. There are HUD-VASH programs at each facility.
8. Each facility will explore feasibility of integrating telehealth video technology to shelters or other community sites to screen and assess homeless Veterans in the community by end of FY 2011.
9. The Columbus VA ACC has established a local "homeless Veteran hotline" - 614-257-5499, that has been established for individuals to contact if in need of services through the homeless Veterans programs. This number is directly linked to an HCHV Outreach Social Worker, with the goal of response within 24 hours of the call.
Timely, effective referral assistance systems are in place between VHA facilities, Vet Centers, VA Regional Offices and local NCA offices for at-risk and homeless Veterans by February 15, 2011

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics for execution of timely, effective referral assistance systems between network facilities, Vet Centers, VARO and NCA. Toward that end, the following efforts will be made through out the network.

1. Each facility has held an Annual Homeless Summit by February 4, 2011. Efforts were made to reach out to Vet Centers, VARO and NCA to participate in these Summits.
2. The VISN Homeless/Psychosocial Expert Work Group includes representatives of VARO.
3. The VISN Veterans Justice Outreach Work Group includes representative of VARO.
4. Each facility Homeless Committee will include representatives of local Vet Centers.
5. The VISN will co-host with USICH and Ohio ICH a network/state wide Homeless Summit in May, 2011. The purpose of this Summit will be to bring together Federal, State and regional Non Governmental Agencies to review outcomes of local VAMC Homeless Summits, and review VISN overarching strategies for the VISN/VAMC Five year Plan to end veteran homelessness. This Summit will include VBA, Vet Center and NCA representatives to enhance regional VA planning collaboration, response and review.

SUMMARY AND THE WAY AHEAD

The VISN Working Five-Year Plan is a summary document of VAMC Working Five Year Plans. The VISN plan includes coordination and oversight of VAMC Five-Year Plans. These Plans are platforms for growth on the Federal, State and local levels. The Working Plan outlines the public-private partnership, but will need further development and refinement. It is an ever changing map of collaborative efforts toward the same goal, ending homelessness among Veterans. The Working Plan will be reviewed and updated regularly as we move toward small and large interim goals, toward our ultimate goal. No Veteran should ever be homeless and we are working to make that a reality.
## Summary Tables:

**VISN 10 – Ending Homeless Initiative Resources**

### VISN 10 MHRRTTP BEDS

<table>
<thead>
<tr>
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### Grant and Per Diem

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<td><strong>149</strong></td>
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### HCHV Contract Beds

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<td>Dayton</td>
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<tr>
<td>Facility</td>
<td>PHA</td>
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<td>Chillicothe</td>
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<tr>
<td>Cincinnati</td>
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<td>Cleveland</td>
<td>Cleveland Akron</td>
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<td>Columbus</td>
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<tr>
<td>Dayton</td>
<td>Dayton</td>
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<tr>
<td>Total</td>
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FY11 Measures

**PF1 HUD/VASH Voucher: Percent of vouchers issued to the medical center/facility that result in a homeless Veteran achieving resident status in PHA**

<table>
<thead>
<tr>
<th>Parent Facility/Site Code</th>
<th>Vouchers Allocated</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
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<tbody>
<tr>
<td>Chillicothe/538</td>
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<td>Columbus/757</td>
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**GPD Occupancy: Percent of Operational Grant and Per Diem Beds that are Occupied TARGET CENSUS AT 80% CAPACITY AS EVIDENCED BY MONITORING ON A QUARTERLY BASIS**

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<thead>
<tr>
<th>Parent Facility/Site Code</th>
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<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
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MHRRTP Occupancy: Percent of Mental Health Residential Rehabilitation Beds that are Occupied TARGET CENSUS AT 85% CAPACITY AS EVIDENCED BY MONITORING ON A QUARTERLY BASIS

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Ending Homelessness Among Veterans

<table>
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<tr>
<th>VISN VHA Plan Target Projections</th>
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<tbody>
<tr>
<td>FY 2010</td>
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<tr>
<td>VA National Plan Projection*</td>
</tr>
<tr>
<td>VISN 10</td>
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This data is from 2010 VHA CHALENG Survey. Beginning in 2011, VHA will use HUD Point in Time Data.

REDUCTION IN NUMBER OF HOMELESS VETERANS: Decrease the number of veterans living on the streets, in campsites and in shelters by 25% by January, 2012 as evidenced by local point in time counts.

<table>
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<tr>
<td>VISN 10 total</td>
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</table>

# Data from 2011 Point in Time Counts not available at time of report 2/18/2011.
OVERVIEW:
An estimated one-third of the adult homeless population have donned a uniform and served in the military. VA estimates that roughly 107,000 Veterans are homeless on any given night, with perhaps twice that experiencing homelessness at some period over the course of a year. Many other Veterans are considered near homeless or at risk of becoming homeless.

The Department of Veterans Affairs (VA) is taking decisive action to end Veteran homelessness in five years. All Veterans at risk for homelessness or attempting to exit homelessness must have easy access to programs and services including Prevention, Housing Support, Treatment, Employment and Job Training.

VA PROGRAMS & SERVICES
The VA offers a range of programs and services designed to help homeless Veterans live as self-sufficiently and independently as possible including outreach, clinical assessment and referral to medical treatment, employment assistance, and supported permanent housing.

- **Outreach and Education:**
  - Healthcare for Homeless Veterans
    The core mission of HCHV is primarily to perform outreach, provided by VA social workers and other mental health clinicians, to identify homeless veterans who are eligible for VA services and assist these veterans in accessing appropriate healthcare and benefits. In addition to its initial core mission, HCHV also functions as a mechanism to contract with providers for community-based residential treatment for homeless veterans.

- **Veteran Justice Outreach**
  The purpose of the Veteran Justice Outreach (VJO) initiative is to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VHA mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate.

- **Prevention Services:**
  - National Call Center for Homeless Veterans
VA has founded a National Call Center for Homeless Veterans to ensure that homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to trained counselors. The hotline is intended to assist homeless Veterans and their families, VA Medical Centers, federal, state and local partners, community agencies, service providers and others in the community. To be connected with trained VA staff member call **1-877-4AID VET (877-424-3838)**.

**Healthcare for Reentry**
The Health Care for Re-entry Veterans (HCRV) Program is designed to address the community re-entry needs of incarcerated Veterans. HCRV’s goals are to prevent homelessness, reduce the impact of medical, psychiatric, and substance abuse problems upon community re-adjustment, and decrease the likelihood of re-incarceration for those leaving prison.

**Supportive Services for Veteran Families Program**
The Supportive Services for Veteran Families (SSVF) Program is a new VA program that will provide supportive services to very low-income Veterans and their families who are in or transitioning to permanent housing. VA will award grants to private non-profit organizations and consumer cooperatives who will assist very low-income Veterans and their families by providing a range of supportive services designed to promote housing stability.

**Housing Support Services:**

**Department of Housing & Urban Development/VA Supportive Housing**
The Department of Housing and Urban Development and VA Supported Housing (HUD-VASH) Program provides permanent housing and ongoing case management treatment services for homeless Veterans who require these supports to live independently. HUD has allocated over 20,000 “Housing Choice” Section 8 vouchers to Public Housing Authorities (PHAs) throughout the country for eligible homeless Veterans. This program allows Veterans and their families to live in Veteran-selected apartment units. The vouchers are portable, allowing Veterans to live in communities where VA case management services can be provided. This program provides for our most vulnerable Veterans, and is especially helpful to Veterans with families, women Veterans, recently returning Veterans and Veterans with disabilities. Evaluation of an earlier, similar program demonstrated that most Veteran participants remained permanently housed.

**Grant & Per Diem**
The Grant and Per Diem (GPD) Program is offered annually (as funding permits) by the VA to fund community-based agencies providing transitional housing or service centers for homeless Veterans. Under the Capital Grant Component VA may fund up to 65% of the project for the construction, acquisition, or renovation of facilities or to purchase van(s) to provide outreach and services to homeless Veterans. Per Diem is available to grantees to help off-set operational expenses. Non-Grant programs may apply for Per Diem under a
separate announcement, when published in the Federal Register, announcing the funding for “Per Diem Only”.

- **Supported Housing**
  Like the HUD-VASH program identified above, staff in VA's Supported Housing Program provides ongoing case management services to homeless Veterans. Emphasis is placed on helping Veterans find permanent housing and providing clinical support needed to keep veterans in permanent housing. Staff in this program operates without benefit of the specially dedicated Section 8 housing vouchers available in the HUD-VASH program but are often successful in locating transitional or permanent housing through local means, especially by collaborating with Veterans Service Organizations.

**Treatment:**
- **Veteran Stand Downs**
  Stand Downs are one part of the Department of Veterans Affairs’ efforts to provide services to homeless veterans. Stand Downs are typically one to three day events providing services to homeless Veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment.

- **Homeless Veteran Dental Assistance**
  The Homeless Veteran Dental Program increases accessibility to quality dental care to homeless Veteran patients and to help assure success in VA-sponsored and VA partnership homeless rehabilitation programs throughout the United States.

- **Domiciliary Care for Homeless Veterans**
  The Domiciliary Care Program is designed to provide state-of-the-art, high-quality residential rehabilitation and treatment services for Veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits.

- **Drop-in Centers**
  Drop-in Centers provide a daytime sanctuary where homeless Veterans can clean up, wash their clothes, and participate in a variety of therapeutic and rehabilitative activities. Linkages with longer-term assistance are also available.

**Employment/Job Training /Benefits/Other Services:**
- **Compensated Work Therapy**
  In VA's Compensated Work Therapy/Transitional Residence (CWT/TR) Program, disadvantaged, at-risk, and homeless Veterans live in CWT/TR community-based supervised group homes while working for pay in VA's Compensated Work Therapy Program (also known as Veterans Industries). Veterans in the CWT/TR program work about 33 hours per week, with approximate earnings of $732 per month, and pay an average of $186 per
month toward maintenance and up-keep of the residence. The average length of stay is about 174 days. VA contracts with private industry and the public sector for work done by these Veterans, who learn new job skills, relearn successful work habits, and regain a sense of self-esteem and self-worth.

- **Homeless Veteran Benefit Assistance**
  VHA has provided specialized funding to support twelve Veterans Benefits Counselors as members of HCFI and Homeless Domiciliary Programs as authorized by Public Law 102-590. These specially funded staff provide dedicated outreach, benefits counseling, referral, and additional assistance to eligible Veterans applying for VA benefits. This specially funded initiative complements VBA's ongoing efforts to target homeless Veterans for special attention. To reach more homeless Veterans, designated homeless Veterans coordinators at VBA's 58 regional offices annually make over 4,700 visits to homeless facilities and over 9,000 contacts with non-VA agencies working with the homeless and provide over 24,000 homeless Veterans with benefits counseling and referrals to other VA programs. These special outreach efforts are assumed as part of ongoing duties and responsibilities. VBA has also instituted new procedures to reduce the processing times for homeless Veterans' benefits claims.

- **Property Sales for Homeless Providers**
  This program makes all the properties VA obtains through foreclosures on VA-insured mortgages available for sale to homeless provider organizations at a discount of 20 to 50 percent, depending on time of the market.

- **Excess Property for Homeless Veterans**
  This initiative provides for the distribution of federal excess personal property, such as hats, parkas, footwear, socks, sleeping bags, and other items to homeless Veterans and homeless veteran programs. A Compensated Work Therapy Program employing formerly homeless Veterans has been established at the Medical Center in Lyons, NJ to receive, warehouse, and ship these goods to VA homeless programs across the country.

- **Community Partnerships:**
  - **National Center on Homelessness Among Veterans**
    The National Center on Homelessness Among Veterans is a forum to exchange new ideas; provide education and consultation to improve the delivery of services; and disseminate the knowledge gained through the efforts of the Center’s Research and Model Development Cores to VA, other federal agencies, and community provider programs that assist homeless populations.

- **CHALENG**
  Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) for Veterans, an innovative program designed to enhance the continuum of care for homeless Veterans provided by the local VA and its surrounding community service agencies. The guiding principle behind Project CHALENG is that no single agency can provide
the full spectrum of services required to help homeless Veterans become productive members of society. Project CHALENG enhances coordinated services by bringing the VA together with community agencies and other federal, state, and local governments who provide services to the homeless to raise awareness of homeless Veterans' needs and to plan to meet those needs.

➤ **Opening Doors – Federal Strategic Plan to Prevent and End Homelessness**
This Plan outlines an interagency collaboration that aligns mainstream housing, health, education, and human services to prevent Americans from experiencing homelessness. As the most far-reaching and ambitious plan to end homelessness in our history, this Plan will both strengthen existing partnerships—such as the combined effort of HUD and the Veterans Affairs to help homeless Veterans—and forge new partnerships between agencies like HUD, HHS, and the Department of Labor.

➤ **Non-VA Resources for Assistance**
The following is a list of Federal and community resources that could be helpful to those who are homeless or are at risk for homelessness.

<table>
<thead>
<tr>
<th>Federal Agencies-</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Resource Directory</strong></td>
</tr>
<tr>
<td>The National Resource Directory (NRD) provides access to services and resources at the national, state and local levels that support recovery, rehabilitation and community reintegration. It is an online partnership for wounded, ill and injured service members, Veterans, Their Families and those who support them.</td>
</tr>
<tr>
<td><strong>Vet Resource Center</strong></td>
</tr>
<tr>
<td>Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone. Services are also available for their family members for military related issues.</td>
</tr>
<tr>
<td><strong>Housing &amp; Urban Development (HUD) - Veteran Information</strong></td>
</tr>
<tr>
<td><strong>Housing &amp; Urban Development (HUD) - Homelessness</strong></td>
</tr>
<tr>
<td>National, State and Local HUDVet Resources are provided in addition to Local Homeless Assistance, Housing Counseling and other organizational resources.</td>
</tr>
<tr>
<td><strong>Department of Labor (DOL)</strong></td>
</tr>
<tr>
<td>DOL-VETS provides veterans and transitioning service members with the resources and services to succeed in the 21st century workforce vby maximizing their employment opportunities, protecting their employment rights and meeting labor-market demands with qualified veterans today.</td>
</tr>
<tr>
<td><strong>Health &amp; Human Services (HHS)</strong></td>
</tr>
<tr>
<td>HHS protects the health of all Americans and supports the delivery of essential human services, especially for those who are least able to help themselves. As such, the delivery of treatment and health and social services to persons experiencing homelessness is included in the activities of the Department.</td>
</tr>
</tbody>
</table>
• **Social Security Administration (SSA)**  
The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources.

• **SAMHSA Homelessness Resource Center**  
The SAMHSA Homelessness Resource Center seeks to improve the lives of people affected by homelessness who have mental health conditions, substance use issues, and histories of trauma. The Center features an interactive community of providers, consumers, policymakers, researchers, and public agencies at federal, state, and local levels.

• **Federal Emergency Management Agency (FEMA)**  
The Emergency Food and Shelter National Board Program (EFSP), a Federal program administered by the U.S. Department of Homeland Security’s Federal Emergency Management Agency (FEMA), supplements and expands ongoing efforts to provide shelter, food and supportive services for the nation’s hungry, homeless, and people in economic crisis.

• **Department of Agriculture (USDA)**  
The USDA Nutrition Assistance Program provides children and low-income people access to food, a healthful diet, and nutrition education.

**State Agencies**

• **National Association of State Directors of Veterans Affairs (NASDVA)**  
An organization consisting of the top veterans affairs official in each state and territory, NASDVA works to secure uniformity, equality, efficiency, and effectiveness in providing services to veterans and their families, especially in regards to claims representation.

**Homeless Organizations**

• **National Coalition for Homeless Veterans (NCHV)**  
NCHV is a resource for a national network of community-based service providers and local, state and federal agencies that provide emergency and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for hundreds of thousands of homeless veterans each year.

• **National Alliance to End Homelessness (NAEH)**  
The National Alliance to End Homelessness is a nonprofit, non-partisan organization committed to preventing and ending homelessness in the United States. NAEH has an array of policy, data and program resources related to homelessness among veterans.

• **Corporation for Supportive Housing (CSH)**  
With a focus on helping communities create permanent housing with services to end and prevent homelessness, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. Information about veteran homelessness can be found under the tab Policy/Advocacy/Our Policy Priorities.
• **National Health Care for the Homeless Council (HCH)**
The National Health Care for the Homeless (HCH) Council is a home for those who work to improve the health of homeless people and who seek housing, health care, and adequate incomes for everyone. Resources for homeless people and those at risk are also available on this site in addition to information on Homeless Veterans Health Care at [www.nhchc.org/veteranshealthcare.html](http://www.nhchc.org/veteranshealthcare.html)

• **National Coalition for the Homeless (NCH)**
NCH is a national network of people who are currently experiencing or who have experienced homelessness, activists and advocates, community-based and faith-based service providers, and others committed to a single mission. Resources for homeless people and those at risk of homelessness are provided on the website

**Faith-based Organizations**

• **Goodwill Industries International**
Goodwill’s network of 166 independent, community-based organizations in the United States and Canada offers customized job training, employment placement and other services to people who have disabilities, lack education or job experience, or face employment challenges.

• **The Salvation Army**
The Salvation Army is a national, non-profit, faith-based organization that offers several programs for veterans including Veterans Affairs Services as part of its Community Care Ministries and Veterans Camps, which is part of its Recreation Programs. Information about these programs can be found under the Programs That Help tab.

• **Volunteers of America (VOA)**
VOA is committed to ending homelessness for those already on the street and preventing others from becoming homeless and provides a wide array of well-designed and managed services to meet the specific needs of homeless veterans.

• **Catholic Charities**
The national office for over 1,700 local Catholic Charities agencies and institutions nationwide, Catholic Charities USA provides strong leadership and support to enhance the work of local agencies in their efforts to reduce poverty, support families, and empower communities. More information about programs for veterans can be found under the tab, What We Do.

**Veteran Service Organizations**

• **Iraq and Afghanistan Veterans of America (IAVA)**
IAVA is the nation's first and largest group dedicated to the Troops and Veterans of the wars in Iraq and Afghanistan, and the civilian supporters of those Troops and Veterans. IAVA provides links with other veterans, offers information on local events and features a vets-only online social network that allows access to a Community of Veterans.

• **Vietnam Veterans of America (VVA)**
Vietnam Veterans of America is the only national Vietnam veterans organization
congressionally chartered and exclusively dedicated to Vietnam-era veterans and their families. VVA's goals are to promote and support the full range of issues important to Vietnam veterans, to create a new identity for this generation of veterans, and to change public perception of Vietnam veterans. VVA has local chapters throughout the country in addition to Puerto Rico, Philippines and Guam.

- **American Legion**
  The American Legion is a patriotic veterans organization that focuses on service to veterans, service members and communities. With about 2.6 million members in 14,000 posts worldwide, the Legion has a broad array of services and programs for veterans. Many Legion posts can be accessed from the website.

- **Veterans of Foreign Wars (VFW)**
  The mission of VFW is to "honor the dead by helping the living" through veterans' service, community service, national security and a strong national defense. VFW, with its Auxiliaries, includes 2.2 million members in approximately 8,100 Posts worldwide, and has a broad array of services and programs for veterans. VFW posts can be accessed from the website.

- **AMVETS**
  AMVETS (or American Veterans) has a proud history of assisting veterans and sponsoring numerous programs that serve our country and its citizens. AMVETS provides department and post level support for programs that serve veterans and non-veterans. AMVETS posts can be accessed from the website.

- **Disabled American Veterans (DAV)**
  The 1.2 million-member Disabled American Veterans (DAV) is dedicated to building better lives for America’s disabled veterans and their families. The DAV Homeless Veterans Initiative, which is supported by DAV’s Charitable Service Trust and Columbia Trust, promotes the development of supportive housing and necessary services to assist homeless veterans become productive, self-sufficient members of society. National Service Offices can be accessed from the website.

- **Paralyzed Veterans of America (PVA)**
  PVA has developed a unique expertise on a wide variety of issues involving the special needs of our members—veterans of the armed forces who have experienced spinal cord injury or dysfunction and works to maximize their quality of life. PVA currently has 61 National Service Offices nationwide, which can be accessed from the website.

- **Service Women's Action Network (SWAN)**
  SWAN works to improve the welfare of current U.S. servicewomen and to assist all women veterans. SWAN offers personal support and guidance from fellow women veterans, provides legal and counseling services from military law experts and caseworkers, recommends sound policy reform to government officials, and educates the public about servicewomen’s issues through various media outlets.

- **Grace After Fire**
  Grace After Fire has been created by women veterans for women veterans to offer a safe and confidential venue – a social network. Women can share common
experiences and offer unique peer support for wellness while providing increased access to resources for healthcare, family and self. Grace is designed to serve women veterans from all eras and branches of service.

Other Resources

- **Travelers Aid International**
  Travelers Aid International advances and supports a network of human service provider organizations committed to assisting individuals and families who are in transition, or crisis, and are disconnected from their support systems.

- **American Bar Association (ABA)**
  The ABA Commission on Homelessness & Poverty has been instrumental in establishing homeless courts across the country. Created to help homeless veterans navigate the criminal justice system, the Homeless Court addresses a full range of misdemeanor offenses and helps bring them back into society.

- **Free legal aid programs**
  LawHelp helps low and moderate income people find free legal aid programs in their communities, and answers questions about their legal rights. For each State, information can be found on the website about how to address problems related to housing, work, family, bankruptcy, disability, immigration and other topics.

- **Homeless.us**
  An array of national and state resources pertaining to health programs, education, services can be found on this site.

- **National Housing Database for the Homeless and Low Income**
  Shelter Listings is dedicated to serving the homeless and low-income. The online housing database found on the website contains a database consisting of over 3,000 listings and includes emergency shelters, homeless shelters, day shelters, transitional housing, residential drug/alcohol rehabilitation programs and permanent affordable housing.

- **2-1-1 Call Center Search**
  2-1-1 provides free and confidential information and referral. Calling 2-1-1 provides help with food, housing, employment, health care, counseling and more. As of November 2009, 2-1-1 serves over 241 million Americans (more than 80% of the entire population) covering all or part of 47 states (including 34 states with 90%+ coverage) plus Washington DC and Puerto Rico.
VISN 10 VA FACILITIES:

FACILITY HOMELESS PROGRAM- POINTS OF CONTACT: