Opening Doors in North West Ohio: Aligning VA and Homeless Service Systems to End Homelessness for Veterans

April 30, 2013

United Way of Greater Toledo

Toledo, OH

Sponsored by the U.S. Department of Veteran's Affairs, VISN11

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WELCOME TO THE 2013 NORTH WEST OHIO VETERAN SUMMIT

- Susan Rowe, Rep. Marcy Kaptur's Office
- Ann Longsworth Orr, Sen. Sherrod Brown's Office
- Justice Evelyn Lundberg Stratton

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Who Is CSH?

How We Drive Impact

CSH makes a measureable difference using six key strategies.

Innovate measure and evaluate smart solutions

Lead and expand the supportive housing industry

Engage and influence policy and decision makers

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Educate and empower industry players

Reform and improve government systems

Fund new projects and programs

Summit Purpose

- Invitation-only event coordinated on behalf of VISN 11 leadership to dialogue, plan and align efforts to prevent and end homelessness among Veterans in North West Ohio
- Celebrate 2012 accomplishments, revise and update current work
- Identify and prioritize action items within the 6 Pillar framework for implementation in 2013

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Summit Logistics

- Please silent cell phone
- Restrooms
- Rapid Introductions

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Summit Agenda

Agenda
Federal Framework and Updates – VA and USICH Perspective
Break – 10:30 am
Supportive Services for Veteran Families – Panel Discussion
Toledo Supportive Housing Team Presentation
Lunch – 11:45 am
Creating North West Ohio Veterans Council – Group Discussion
North West Ohio Update and Data Overview
Break – 1:45 pm
2013 Strategic Planning
Adjourn – 4:30 pm

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Questions for Reflection

1. What successes have occurred that I or my organization can build upon to prevent and end homeless Veterans in North West Ohio?
2. What are specific tasks that I can do to prevent and end homelessness for Veterans?
3. What are specific tasks my organization and community can do to prevent and end homelessness for Veterans?

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Federal VA Framework and Updates

Phillip Thomas, VISN 11

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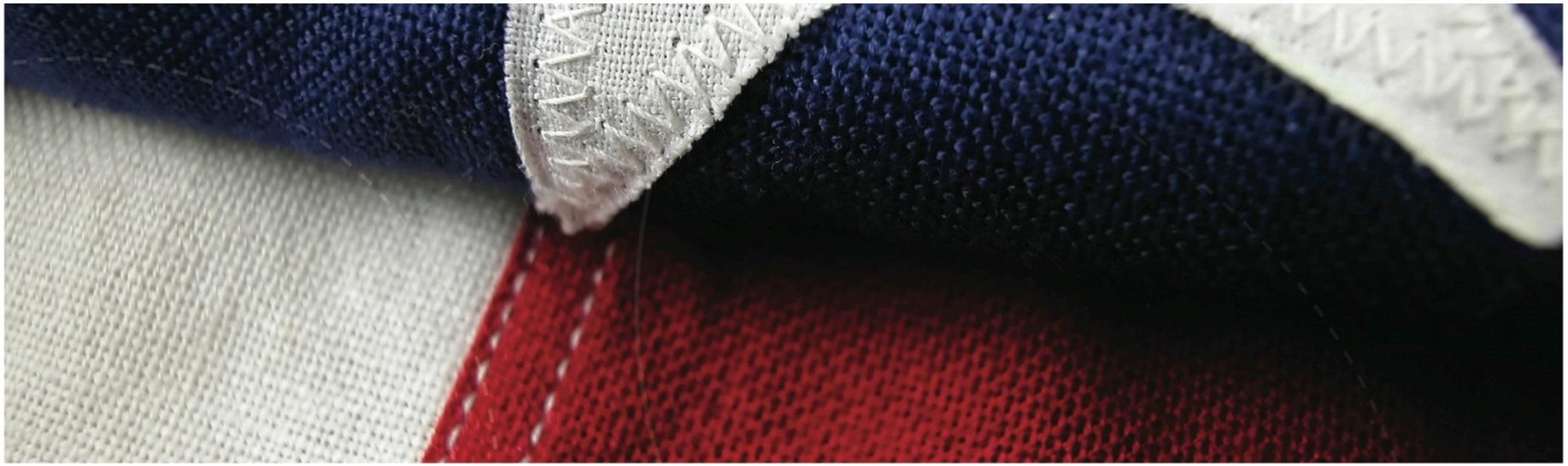


Opening Doors in NW Ohio

Aligning VA and Homeless Service Systems to End Homelessness among Veterans in VISN 11

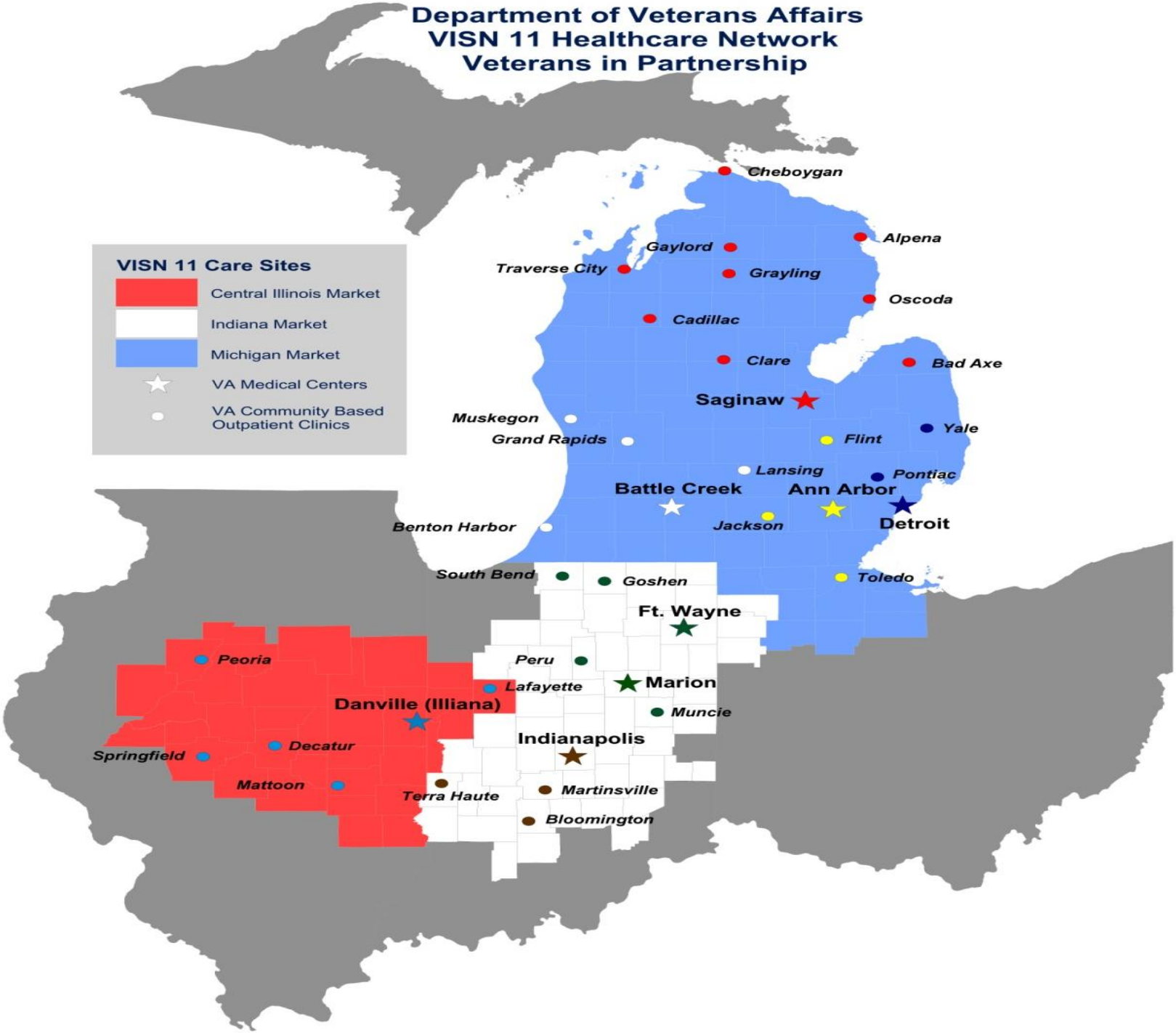
30/April 2013

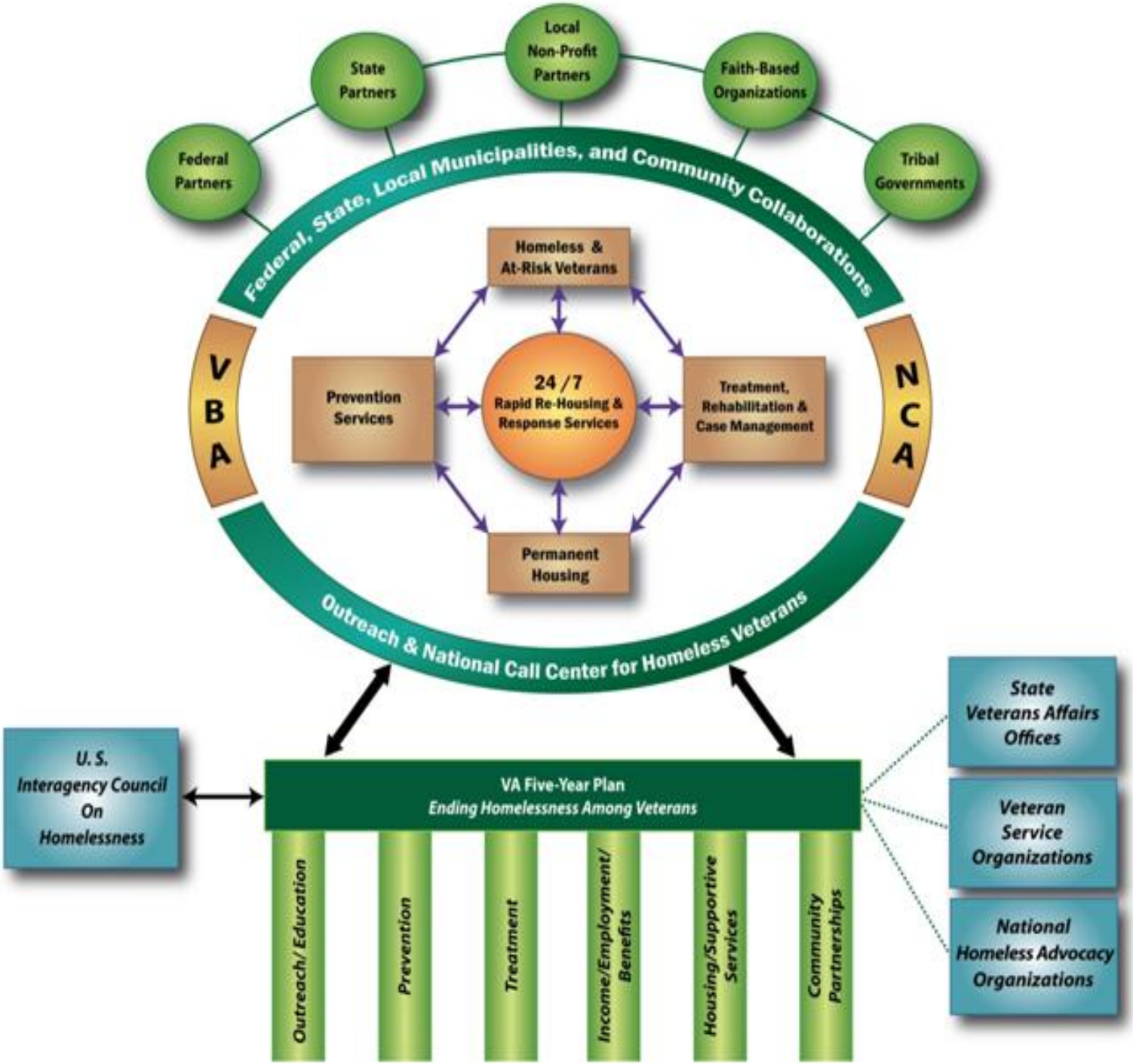
VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

VISN 11 Footprint

- Square Miles: 90,100
- Veteran Enrollees: 373,668
- States: 4
- Senators: 8
- Congressional Districts: 31
- VAMCs: 8 (1 dual campus)
- CBOCs: 30 by EOY
- Vet Centers: 14
- State Veterans Homes: 2
- VBA Regional Offices: 2
- National Cemeteries: 6
- State Veteran Cemeteries: 2

Department of Veterans Affairs
VISN 11 Healthcare Network
Veterans in Partnership




Federal Partners
State Partners
Local Non-Profit Partners
Faith-Based Organizations
Tribal Governments
Federal, State, Local Municipalities, and Community Collaborations
VBA
NCA
Homeless & At-Risk Veterans
Prevention Services
24 / 7
Rapid Re-Housing & Response Services
Treatment, Rehabilitation & Case Management
Permanent Housing
Outreach & National Call Center for Homeless Veterans
U. S. Interagency Council On Homelessness
VA Five-Year Plan
Ending Homelessness Among Veterans
Outreach/ Education
Prevention
Treatment
Income/Employment/ Benefits
Housing/Supportive Services
Community Partnerships
State Veterans Affairs Offices
Veteran Service Organizations
National Homeless Advocacy Organizations

VA Homelessness Reduction Strategy: 2009-2015

Phase 1: Build Capacity

- Secretary Announces 5 Year Goal/Plan
- HUD VASH 20K

- Federal Strategic Plan "Opening Doors"
- HUD VASH 30K

Phase 2: Assessment & Adjustment

- HUD VASH 47K
- Budget Requests Decision
- Military Draw Down

Phase 3: Sustainment

- HUD VASH 57K
- Reallocate Funding ?
- Extend Mission Timeline?

2009 2010 2011 2012 2013 2014

- Stand Up VACO
- Enhance GPD
- 5 New Doms
- Enhance VJO
- VBA Expedited Claims
- National/Local Homeless Summits

- HOMES/Registry
- SSVF
- HVSEP
- Vet Courts
- CRRCs
- Safe Havens
- Sub Abuse Enhancement
- Housing 1st Pilots
- BURR
- Outreach Campaign

- Homeless 24/7 Call Center
- Clinical Reminder
- National Housing First Initiative
- CRRC Enhance
- Safe Haven Enhance
- GPD TIP
- HCHV Enhancement

24/7 Homeless Hotline

Fiscal Year	V11 Total Calls: National Homeless Hotline
FY10	374
FY11	1247
FY12	2702
FY10+12	4323

1-877-4AIDVET or 1-877-424-3838

SSVF (prevention & rapid rehousing)

State	Agency	Amount	Target	Grant
Illinois	Salvation Army	$785,563	150 in Central IL	New FY12
Indiana	Community Action of Northeast Indiana	$353,000	135 in Northeast IN Counties	New FY12
Michigan	Northwest Michigan Community Action Agency, Inc.	$599,149	253 in 21 Rural Counties of lower MI	New FY12
Ohio	**Maumee Valley Guidance Center, Inc.**	**$220,134**	**75 in the counties of Defiance, Fulton, Henry & Williams**	**New FY12**
Indiana	United Way of Central Indiana, Inc.	$672,381	200 in Marion, Boone, Hancock, Hendricks, Hamilton & Morgan	Renewal FY12
Michigan	Wayne Metropolitan Community Action Agency	$590,929	125 in Monroe & Wayne Counties (minus the City of Detroit)	Renewal FY12
Michigan	Southwest Counseling Solutions	$999,370	425 in Wayne County	Renewal FY12
Total		$4,220,526		

Veteran Justice Initiatives

Veteran Treatment Court	State	Medical Center
Wayne County Veterans Treatment Court Detroit MI 48226	MI	John D. Dingell VA Medical Center
Seventeenth Judicial District Veterans Court Redford Township, MI 48239	MI	John D. Dingell VA Medical Center
Macomb County Circuit Court, Mt. Clemons, MI 48043	MI	John D. Dingell VA Medical Center
41-B District Court, Clinton Township, MI 48036	MI	John D. Dingell VA Medical Center
Oakland County Veterans Treatment Court Novi MI 48374	MI	VA Ann Arbor Healthcare System
Washtenaw County Treatment Court, Ann Arbor, MI	MI	VA Ann Arbor Healthcare System
Ingham County Veterans Treatment Court East Lansing MI 48823	MI	Battle Creek VA Medical Center
Ionia County Veterans Treatment Court Ionia MI 48846	MI	Battle Creek VA Medical Center
80th District Court Clare-Gladwin County Veterans Court	MI	Saginaw VA Medical Center
86th District Court Grand Traverse-Leelanau-Antrim Counties Veteran Court	MI	Saginaw VA Medical Center
10th Judicial Circuit Veterans Treatment Court, Peoria, IL	IL	Illiana Healthcare System
Greenwood City Vet Court, Greenwood, IN	IN	Indianapolis VA Medical Center
Morgan County Vet Court	IN	Indianapolis VA Medical Center
Delaware County Veterans Treatment Court	IN	Northern Indiana Health Care System
Muncie City Veterans Treatment Court	IN	Northern Indiana Health Care System
Grant County Veterans Treatment Court	IN	Northern Indiana Health Care System
Madison County Veterans Treatment Court	IN	Northern Indiana Health Care System

65% of Veterans admitted to HUD-VASH in FY13 are Chronically Homeless (FY13 Aim)

Facility	FY12: Numerator	FY12: Denominator	Percent
Ann Arbor HCS	51	88	58.0
Battle Creek	145	209	69.4
Illiana HCS	46	82	56.1
Detroit	66	194	34.0
Indianapolis	83	156	53.2
N. Indiana	63	138	45.7
Saginaw	16	52	30.8
VISN TOTAL	470	919	51.1

FY12 % HUD-VASH Lease (goal 88%)

Facility	Vouchers Allocated FY08-11	Current Veterans Under Lease	Vouchers issued & Seeking Housing	Vouchers in use	Leased	Issued
Ann Arbor HCS	210	189	13	202	90%	96.19%
Battle Creek	190	190	0	190	100%	100%
Illiana HCS	85	70	12	82	82.35%	96.47%
Detroit	420	399	19	418	95.00%	99.52%
Indianapolis	275	245	19	264	89.09%	96.00%
N. Indiana	180	171	7	178	95%	98.89%
Saginaw	120	103	13	116	85.83%	96.67%
VISN TOTAL	1,480	1,367	83	1,450	92.36%	97.97%

HUD-VASH Lease Up Rates (goal 75 days)

Facility	# of Cases Admitted in FY12	FY12 Average(days)
Ann Arbor HCS	81	69.68
Battle Creek	118	51.75
Illiana HCS	51	58.94
Detroit	135	102.8
Indianapolis	40	105.82
N. Indiana	92	66.91
Saginaw	32	56.12

Northern Tier	366	74.93
Southern Tier	183	73.2
VISN	549	74.35

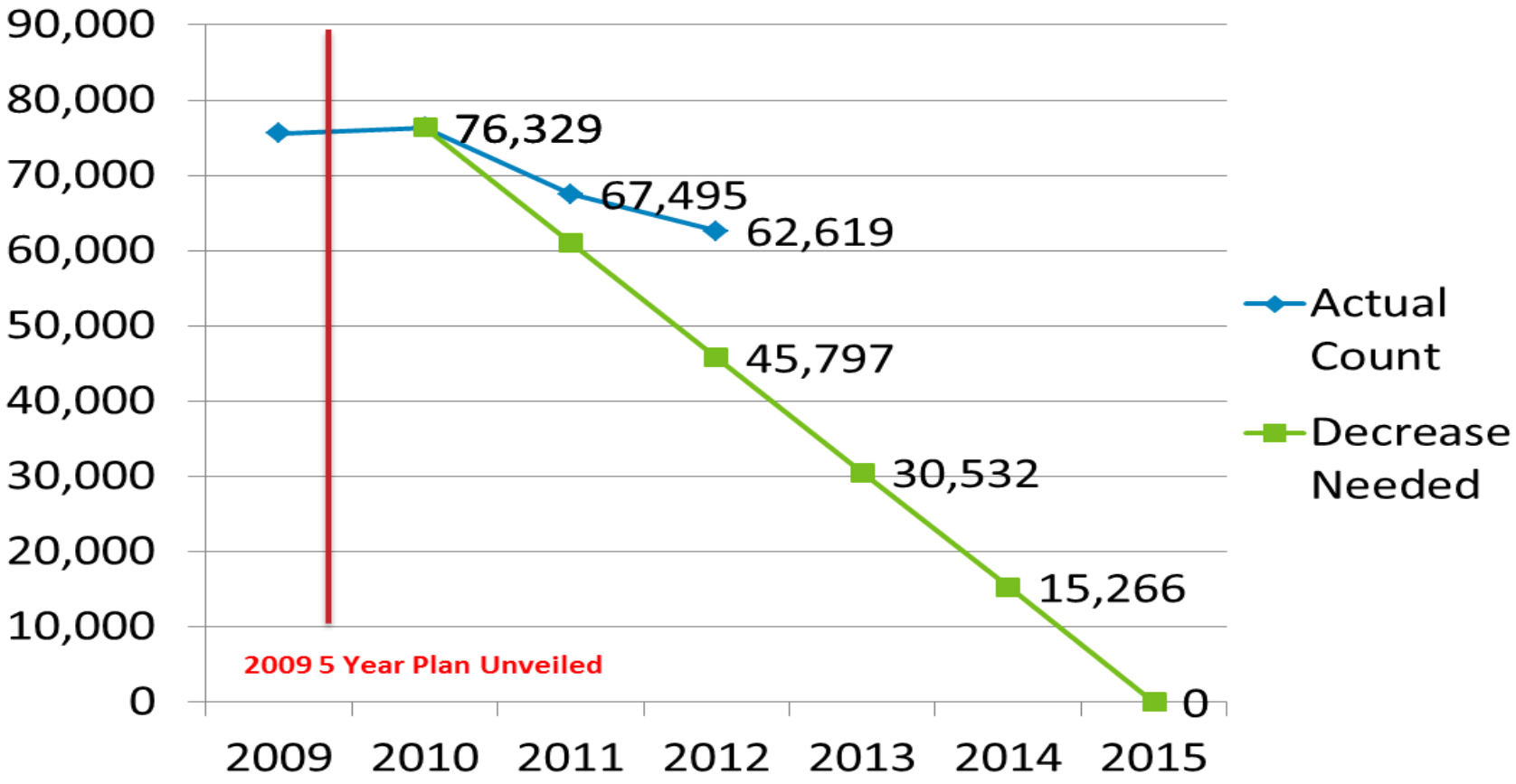
60% of GPD/DCHV Veterans Discharge to Independent Housing

Facility	Target	Rate
National	60%	60.77%
VISN 11	60%	64.08%

FY 13 Data (1-31-13)

NAME	GPD 60%	HUD 88%	Chronic 65%
National	63.83%	78.34%	62.58%
V11	68.91%	82.64%	56.02%
Ann Arbor, MI	50.00%	75.79%	73.08%
Battle Creek, MI	90.00%	91.80%	71.43%
Danville, IL	30.00%	76.47%	92.86%
Detroit, MI	71.43%	84.44%	37.50%
Indianapolis, IN	64.57%	78.29%	24.39%
Northern Indiana HCS, IN	72.73%	81.96%	72.00%
Saginaw, MI	66.67%	86.67%	55.56%

Veteran Point in Time Counts (PIT)



Looking Ahead

- On track but need to pick up the pace to meet the 2015 goal.
  - Veteran homelessness fell by 7.2 percent (or 4,876 persons) since January 2011
  - Veteran homelessness fell by 17.2 percent since January 2009
  - On a single night in January 2012, **62,619** Veterans were homeless
  - In VISN 11 Ohio catchment 71 homeless Veterans (2012 PIT)
  - Target Chronic Street homeless (unsheltered) which was unchanged since January 2011 yet declined 13.1 percent (or 36,860 people) since 2007
- Housing First (HUD-VASH) emphasis
- Prevention (SSVF, Outreach) emphasis
- Local/State/10 Year Plans need to specifically focus on Veterans & leverage VA
- Interagency Collaboration

Looking Ahead: HUD VASH

- FY13: national allocation of 10,000 vouchers
- VISN 11: anticipates 410 vouchers
- VISN 11 to receive 23 HUD-VASH case managers for FY13
- Vouchers to be allocated incrementally
- PHA funding to be obligated based on leasing schedule (not automatic)
- Must be in line with 2013 Implementation Plans (PHA/VA) and Housing First Plans
  - Better targeting of chronically homeless
  - Improving retention
  - Expediting leasing process
- Sequestration (r)
  - VA exempt HUD is not
  - 125,000 could lose subsidy (2008-2012 vouchers turned over)
  - FY13 vouchers not in jeopardy

Federal Perspective – Update from U.S. Interagency Council on Homelessness

Beverley Ebersold, USICH, Regional Coordinator

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U.S. Interagency Council on Homelessness

Toledo, OH
April 30, 2013

USICH Mission & Vision

Mission:

Coordinate the federal response to homelessness and create a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation while maximizing the effectiveness of the federal government in contributing to the end of homelessness.

HEARTH Act of 2009

Council Members

Council Chairperson
Secretary Eric K. Shinseki, U.S. Department of Veterans Affairs

Council Vice Chairperson
Secretary Shaun Donovan, U.S. Department of Housing and Urban Development

Member Agencies
Department of Agriculture, Department of Commerce, Department of Defense, Department of Education, Department of Energy, Department of Health and Human Services, Department of Homeland Security, Department of Housing and Urban Development, Department of the Interior, Department of Justice, Department of Labor, Department of Transportation, Department of Veterans Affairs, Corporation for National and Community Service, General Services Administration, Office of Management and Budget, Social Security Administration, United States Postal Service, White House Office of Faith Based and Community Initiatives

Goals of Opening Doors

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

Five Themes: Opening Doors

1. Increase leadership, collaboration, and civic engagement
2. Increase access to stable and affordable housing
3. Increase economic security
4. Improve health and stability
5. Retool the homeless crisis response system

Opening Doors

- Targeted, solutions-driven goals
  - Cost-effective/strategic use of government expenditures
- Roadmap for joint action by 19 Council agencies
  - Guides development of programs and budget proposals
- Set of priorities the federal agencies will pursue over the 5-year period: FY 2010 - FY 2014

Ending Veteran's Homelessness by 2015

- **The Administration's Commitment**: The plan outlines steps at the federal, state and local level to carry out President Obama's commitment that "nobody who serves, nobody who fights for this country should have to fight for a job or a roof over their heads when they come back home."

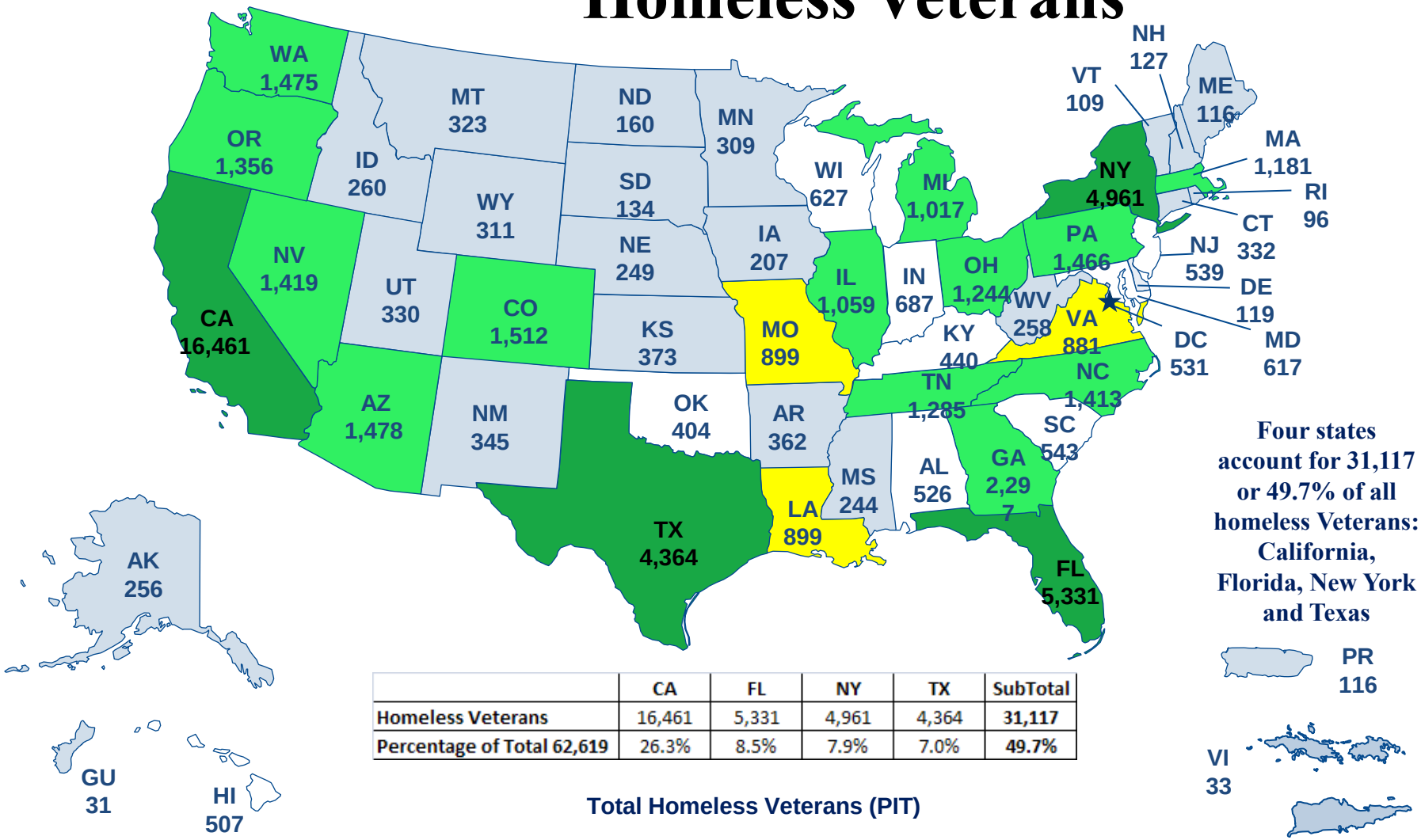
Trends in Veterans Homelessness

- Progress
- Federal Leadership
- Supportive Housing
- Using What Works
- Investing in Prevention
- Sharing Data

Primary Target Programs for Veterans

- HUD-VA Supportive Housing (VASH)
- Supportive Services for Families (SSVF)
- Grant Per Diem (GPD) and adoption of Transition in Place (TIP) model
- Rapid Assessment and Progressive Engagement: VA and community providers working together to link Veterans to the appropriate program

Geographic Distribution of Homeless Veterans

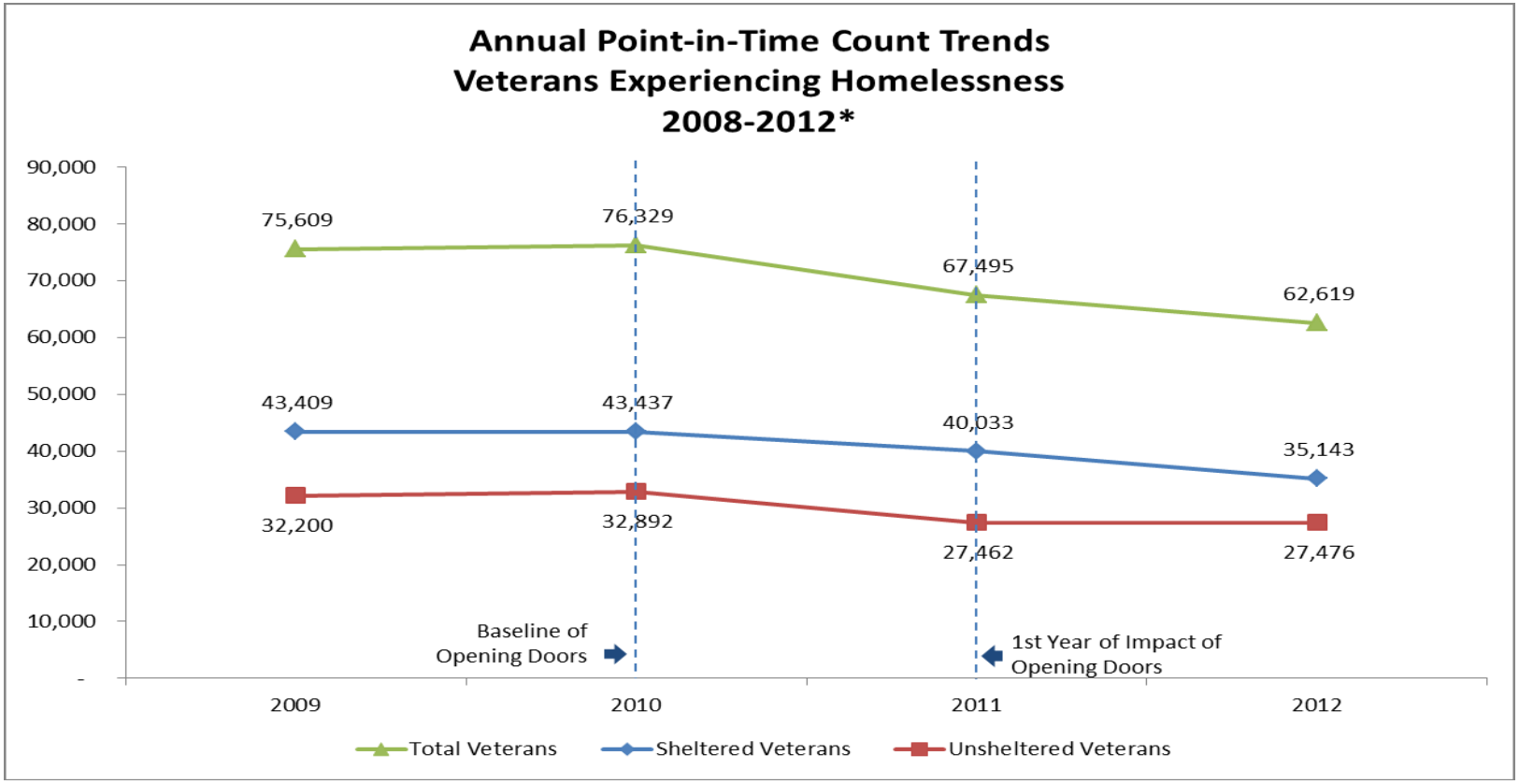


Four states account for 31,117 or 49.7% of all homeless Veterans: California, Florida, New York and Texas

	CA	FL	NY	TX	SubTotal
Homeless Veterans	16,461	5,331	4,961	4,364	**31,117**
Percentage of Total 62,619	26.3%	8.5%	7.9%	7.0%	**49.7%**

Source: PIT data, 2012

Data


Annual Point-in-Time Count Trends
Veterans Experiencing Homelessness
2008-2012*
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
-
75,609
76,329
67,495
62,619
43,409
43,437
40,033
35,143
32,200
32,892
27,462
27,476
Baseline of Opening Doors
1st Year of Impact of Opening Doors
2009
2010
2011
2012
Total Veterans
Sheltered Veterans
Unsheltered Veterans

Positive Outliers: Communities on Track to End Homelessness by 2015

- Communication and integration of services across the community
- Commitment to Housing First
- Targeting
- Use of Data
- Use of Mainstream Benefits

Collaborative Planning and Accountability

- Solving Veterans Homelessness as One
- Joint Agency Priority Goals
- Questions for consideration in collaborative planning and accountability.

The Path Forward

- How could VA *outreach to Veterans* who aren't connecting to Veterans Affairs Medical Centers (VAMCs) be improved? How could community organizations help VAMCs make these connections?

- How could VAMCs *improve targeting of programs* to ensure that Veterans are receiving the right intervention for their needs? How could community organizations help?

The Path Forward

- How does VA increase effectiveness of VA's Grant and per Diem-funded programs to increase successful discharges to permanent housing, make stronger program connections to unsheltered Veterans, and to reduce the length of stay for Veterans in their transitional housing programs? What lessons have been learned by other transitional housing providers that might be helpful? How us access coordinated with the community?

The Path Forward

- How could VAMCs better integrate with mainstream and community resources? How could community organizations help VAMCs make these connections?

- How could VAMCs accelerate *adoption of Housing First* practices? How could community organizations help?

Finishing the Job of Ending Veterans Homelessness

- Continued investment in Veteran-centric housing and health programs
- Widespread adoption of evidence based practices such as Housing First and Critical Time Intervention
- Targeting: Right intervention at the right time
- Collaboration across all Council agencies

Conclusion

Preventing and ending homelessness is achievable.

Connect with us

Sign up for our newsletter at www.usich.gov

Join us on and

Beverley.Ebersold@usich.gov

United States Interagency Council on Homelessness

www.usich.gov

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SUPPORTIVE HOUSING FOR VETERAN FAMILIES (SSVF) PANEL DISCUSSION

- *Jennifer Hoeffel, Maumee Valley Guidance Center*
- *Kimberly Cooke, Monroe County Opportunities Program*

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SSVF Panel Discussion

- SSVF Project Description:
  1. Number of households to be served and target population
  2. Prevention /rapid re-housing split
  3. Housing and services provided
  4. Outreach and referral process with VA, CoC members, and other community partners

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SSVF Panel Discussion

- Panel Discussion Questions:
  1. Early successes? challenges?
  2. Targeting and triaging strategies?
  3. Creative strategies serving and housing individuals returning from prison, jail or other institutions?
  4. Top 3 lessons learned? Changes?

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TOLEDO SUPPORTIVE HOUSING TEAM PRESENTATION

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Community Partnership (Pillar 1) Discussion

CREATING NORTH WEST OHIO VETERANS COUNCIL

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Community Partnership Discussion

- 2012 Action Item – Pillar 1 Community Partnership :
  - Create North West Ohio Homeless Veterans Council to coordinate VA and community efforts, specifically:
    - Leveraging resources
    - Identifying areas of duplication
    - Creating cross-system referrals
    - Operationalizing "no wrong door" approach
  - Council should:
    - Meet quarterly and rotate meeting location to lessen travel
    - Encourage creation of PHA subgroup to meet with the VA
    - Identify best practices from local HPRP programs and OH Dept. of Development – family homeless prevention pilot **and** integrate best practices into local services

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Community Partnership Discussion

- North West Ohio Veteran Council Table Discussion:
  - Identify someone to take notes and report-out
  - 20 Minute discussion at your table addressing following questions:

1. What's the value of creating a Veteran Council to meet regularly to discuss the needs of Veterans, plan and coordinate housing and services?
2. What are there training needs that could be provided through the Council?
3. Who should be on the Council?
4. How often should the Council meet and what are creative meetings strategies (reduce travel)?

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NORTH WEST OHIO UPDATE AND DATA OVERVIEW

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HEARTH Act signed May 20, 2009

HEARTH Act Implementation

- Issues for consideration:
  - Centralized/coordinated assessment system
  - Performance measurements and evaluation
  - Homeless definition changes
  - Continuum of Care Board Structure and Governance

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HEARTH Core Measures

Reduce new episodes of homelessness

Reduce returns to homelessness

Reduce lengths of homeless episodes

National Data Review – 2012 PIT Count

- **62,619 – Total Number of Veterans Experiencing Homelessness**
  - Veterans account for about 13% of adults experiencing homelessness
  - **Decrease from 76,000** in January 2010
- 56% were residing in temporary shelters
  - Sheltered Veterans declined – 59% in 2011 to 56% in 2012
- 44% unsheltered – living outside, cars, campgrounds, or other places not meant for human habitation
  - Unsheltered Veterans remained the same between 2011 and 2012 (but declined by 15.5% since 2009)

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National Data Review – 2012 PIT Count

- Veterans
  - 48.8% located in major cities
  - 38.8% located in smaller cities
  - 12.6% located in BOS or statewide CoC

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National Data Review – 2012 PIT Count

- Demographics and Characteristics of Veteran experiencing Homelessness:
  - 61% are between the ages of 35 and 54
  - 96% are male
  - Approximately 50% have serious mental illness
  - 70% have substance abuse addictions
  - Significant percentage have had involvement with the legal system
  - More likely to live outdoors, unsheltered and experience long-term, chronic homelessness when compared to non-Veteran homeless population

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North West Ohio Data Review

- VISN 11 Catchment Area in North West Ohio by CoC body:
  - Toledo/Lucas CoC
  - Balance of State CoC counties - Williams, Defiance, Paulding, Van Wert, Fulton, Henry, Putnam, Lucas, Wood, Hancock, Ottawa, Sandusky, and Seneca

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North West Ohio Data Review

- VISN 11 North West Ohio Catchment Area:
  - Toledo/Lucas County CoC
  - Ohio Balance of State CoC – Counties include: Williams, Defiance, Paulding, Van Wert, Fulton, Henry, Putman, Lucas, Wood, Hancock, Ottawa, Sandusky, and Seneca

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North West Ohio Data Review

CoC Body	2012 PIT Total Count	2012 PIT Veteran Count	2012 Veteran %	2011 PIT Veteran Count
Toledo/Lucas County CoC	977	71	7%	90
Ohio Balance of State Total	5,121	225	4%	200
Total of all OH CoC Bodies PIT Counts*	**13,977**	**1,244**	**9%**	**1,279**

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North West Ohio Data Review

Ohio Balance of State 2012 PIT Count Data	
VISN 11 Catchment Area	**2012 PIT Count Total**
Williams	19
Defiance	31
Fulton	12
Henry	2
Wood	55
Hancock	93
Ottawa	75
Sandusky	96
Seneca	81
Total	**464**

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2013 STRATEGIC PLANNING

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2013 Strategic Planning

- Community Partnership Pillar Discussion:
  - Separate into Silos
  - Identify someone to take notes and report-out
  - Silo Discussion Questions:
    1. What is your silo doing to prevent and end homelessness among Veterans? What are your successes?
    2. What is working well? What should expand?
    3. What does your silo need from the other silos?

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Strategic Planning

- **Pillar Break-Out Discussion based on 2012 Action Items:**
  - Break into 1 of 5 pillar break-out discussions (excluding community partnerships)
  - Identify someone to take notes and report-out
  - Briefly review and revise 2012 Action Item related to specific Pillar
  - Discuss and identify implementation steps , timeline and prioritization for 2013

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Strategic Planning

- **Pillar 2 –Income/Employment/Benefits**
  - Participate in VISN 10's forum on employment for veteran's
- **Pillar 3 – Housing/Supportive Services**
  - Engage community providers to apply for GPD 'transition in place'
  - Expand housing partnerships with PHAs
  - Reach out to CoCs to develop PSH opportunities
- **Pillar 4 – Outreach and Engagement Services**
  - Services /housing options to Veterans re-entering from Ohio jails/prison
  - Create statewide on-line anonymous assessment tool by 2014
- **Pillar 5 – Prevention Services**
  - Identify rapid re-housing/prevention best practices
- **Pillar 6 – Treatment Services**
  - Reduce homelessness among Veteran who are sex offenders

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THANK YOU!

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