



DEVELOPING COMMUNITY SYSTEMS OF RESPONSE TO END AND PREVENT HOMELESSNESS AMONG VETERANS

Purpose

Ending homelessness among veterans requires working at the community level to provide a full set of proven interventions that combine housing assistance and supportive services to reach veterans currently experiencing homelessness along with those at high-risk of homelessness. To create these community “systems of response,” the VA must work in partnership with the network of stakeholders in each community—Continuums of Care, Ten Year Plans to End Homelessness, state and local governments, community-based organizations, philanthropy, and consumer groups. This paper provides a blueprint for creating complete community systems of response for ending and preventing homelessness among veterans.

Background

In 2009, the Obama Administration and US Department of Veterans Affairs (VA) Secretary Eric K. Shinseki unveiled a bold five-year comprehensive plan to end homelessness among veterans. Since then, Congress and the VA have done much to design and create federal programs and increase federal resources to end and prevent homelessness among veterans. These include:

- The HUD-VA Supportive Housing (VASH) Program
- The Supportive Services for Veteran Families (SSVF) Program
- Grant and Per Diem Program

However, federal programs and funding alone are not enough to end homelessness among veterans in five years. Moreover, the VA cannot and should not work in isolation from larger efforts to end homelessness. Instead, ending homelessness among veterans involves working at the community-level to create a full set of services and interventions to reach veterans currently experiencing homelessness (both chronic and short-term) as well as those on the brink or at-risk of future homelessness. In short, communities must form local collaborations and blend federal and local resources to create local “systems of response” comprised of the full set of proven interventions needed to end and prevent homelessness among veterans.

What is a Systems of Response?

A system of response is a fully coordinated and comprehensive approach to ending and preventing homelessness at the local community level. A system of response is meant to replace the ad hoc, uncoordinated, and haphazard set of services that actually perpetuates rather than ends homelessness, and which unfortunately characterizes much of what is currently available in communities for veterans experiencing or facing homelessness. In contrast to this ad hoc approach, a system of response actively seeks and identifies veterans experiencing and facing homelessness, and provides them with immediate and appropriate levels of assistance and interventions to enable them avoid or exit homelessness permanently. Likewise, there are three essential components of a community system of response:

- 1) Coordinated systems of outreach and in-reach to identify veterans experiencing or at-risk of homelessness across the wide variety of settings and institutions that encounter them

- 2) A full range of housing and services interventions at appropriate levels to veterans experiencing different levels and forms of homelessness (chronic/episodic, short-term, new entry, at-risk due to institutional discharge, and at-risk due to housing loss).
- 3) Coordinated methods for matching individuals to the appropriate interventions based on urgency of homelessness/housing crisis and level of needs.

Coordinated Outreach/In-Reach to Identify Homeless Veterans

Veterans experiencing or at-risk of homelessness are less likely to already be engaged with VA services. Therefore, community systems of response must have coordinated and comprehensive approaches to identifying homeless and at-risk veterans across a wide variety of settings in the community. These settings include:

- Traditional homeless assistance settings such as homeless shelters, streets, drop-in centers, food pantries;
- Institutional settings like hospitals, detox facilities, substance abuse treatment programs, courts, jails and prisons;
- The community, particularly including neighborhoods that experience high-rates of poverty, housing loss and evictions.

In many communities, there is already an existing network of providers and organizations that are in these settings and locations, or who provide homeless outreach to these settings. The VA must form partnerships and enlist the cooperation of this local network of providers and institutions to identify homeless veterans, putting out something akin to an 'All-Points Bulletin' to these settings to look out for homeless and at-risk veterans. (See Figure 1.)

Full Range of Housing and Services Interventions

Veterans experiencing or at-risk of homelessness need different types and levels of housing assistance and supportive services to avoid or exit homelessness permanently. A complete community system of response for ending homelessness among veterans requires having a full set of proven housing and services interventions to meet this full range of needs (see Figure 2.):

- Permanent Supportive Housing – A model of fully subsidized permanent housing linked to wrap-around case management services designed for chronically homeless and high-need veterans (e.g. those with complex behavioral health issues). Communities need not one but several types of permanent supportive housing to meet the spectrum of needs and preferences including both single-site and scattered-site models, and both Housing First approaches for more challenging-to-engage clients and those with more serious substance use issues and models that encourage slightly less vulnerable veterans to meet their full potential.
- Safe Havens – A low-demand model for chronically homeless veterans who don't seek out emergency or transitional shelter services.
- Domiciliary Care – A clinical rehabilitation and treatment program that serves veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits.
- Transitional Housing – Short-term (less than 2 years) residential programs with on-site therapeutic, recovery-oriented, or self-help services to help veterans overcome barriers and achieve self-sufficiency.

- Rapid Re-housing – Financial and services assistance to help veterans newly experiencing homelessness and their families to be quickly housed and provided with transitional supports to help them retain housing.
- Homelessness Prevention – Short-term financial and case management assistance to help able-bodied veterans and their families in precarious housing settings or discharged from institutions to housing loss, reunite with family members, relocate to more stable housing settings, and obtain employment and benefits to increase self-sufficiency.
- Patient-Centered Health Homes – A model of comprehensive and coordinated health care that combines primary health/medical, behavioral health, and other supportive services for veterans with chronic and complex health conditions who, if not provided with these comprehensive services, may face homelessness in the future.
- Standard VA Services and Benefits – The standard set of benefits and quality medical services provided by the VA are the first line of defense against homelessness among veterans.

While new resources provided by Congress through the VA (and HUD) are helping communities to create some of these interventions, federally administered programs like VASH and SSVF alone do not comprise the full set of interventions needed. Communities must use these resources to leverage state and local funds, along with private and philanthropic funds to create the full range of housing and services interventions. Beginning in 2010, the VA began mandating that VISNs and VAMCs hold yearly homeless “summits”, providing a venue for bringing local VA program administrators together with community stakeholders. While adaptation to the specific needs and preference of veterans is appropriate, communities should draw upon and learn from known best practices in delivering these interventions. For instance, communities can draw upon common tested and refined practices in the delivery of Housing First supportive housing, collaborate on effective outreach strategies that locate the most vulnerable veterans, or any number of collaborations that serve to unify systems of response. s.

Matching Individuals and Families to Appropriate Interventions

The third component of a community system of response involves tools and methods for matching veterans to appropriate levels of need. For instance, permanent supportive housing is best-suited for high-need, chronically homeless veterans who need the long-term, low-demand support and assistance that this model provides. Transitional housing may work well for individuals who are able to overcome personal barriers and become employable, but not for those who have chronic mental health challenges. If communities target interventions to the wrong levels of need, they run the risks of having less positive outcomes and wasting scarce resources. Figure 3 provides ways to understanding how these interventions “map” to different levels of housing and service needs, as well as how to match individuals to appropriate interventions.

FIGURE 1. OUTREACH / IN-REACH TO ENGAGE VETERANS EXPERIENCING OR AT-RISK OF HOMELESSNESS

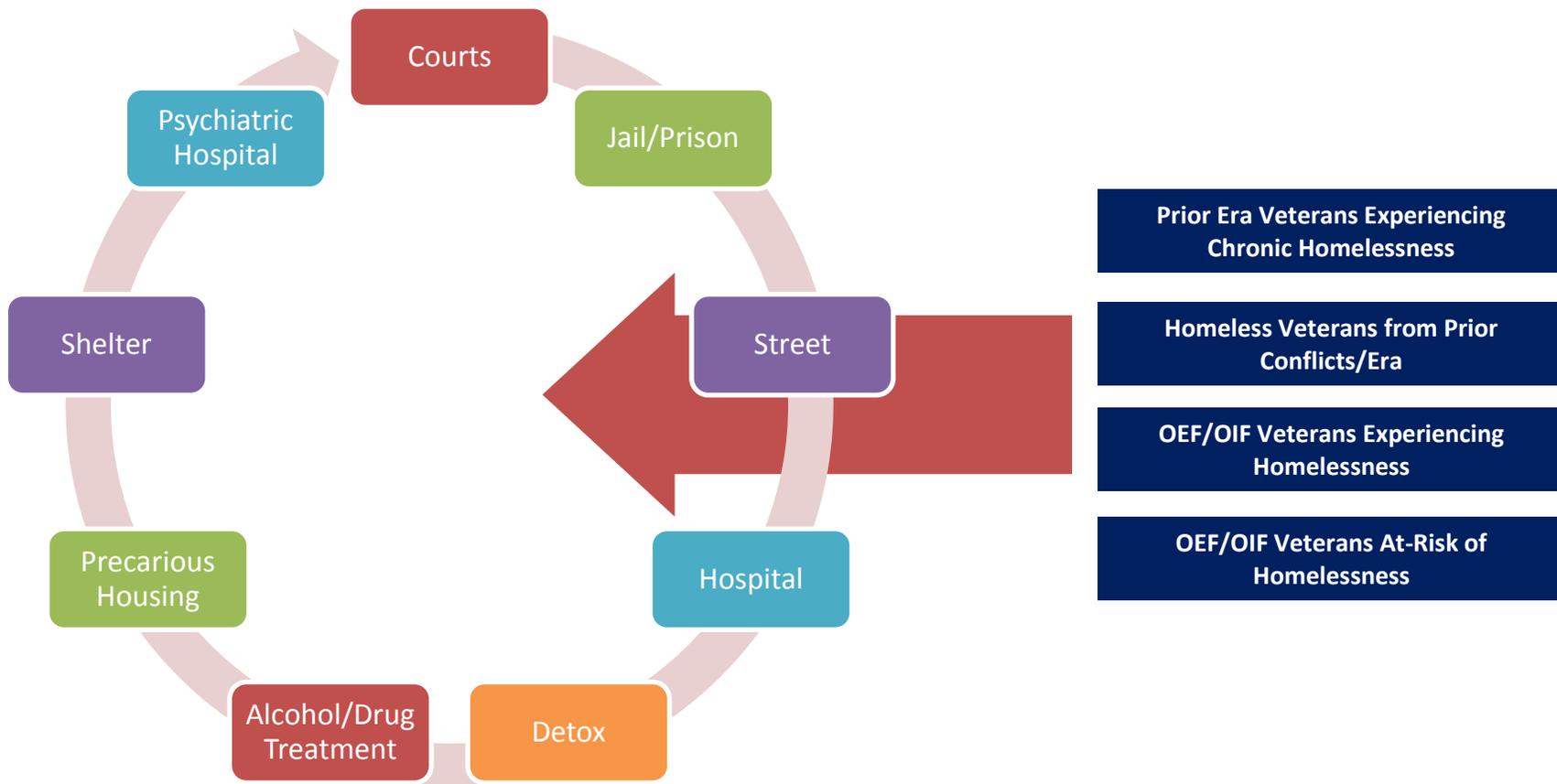


FIGURE 2. THE FULL RANGE OF INTERVENTIONS FOR ENDING AND PREVENTING HOMELESSNESS AMONG VETERANS

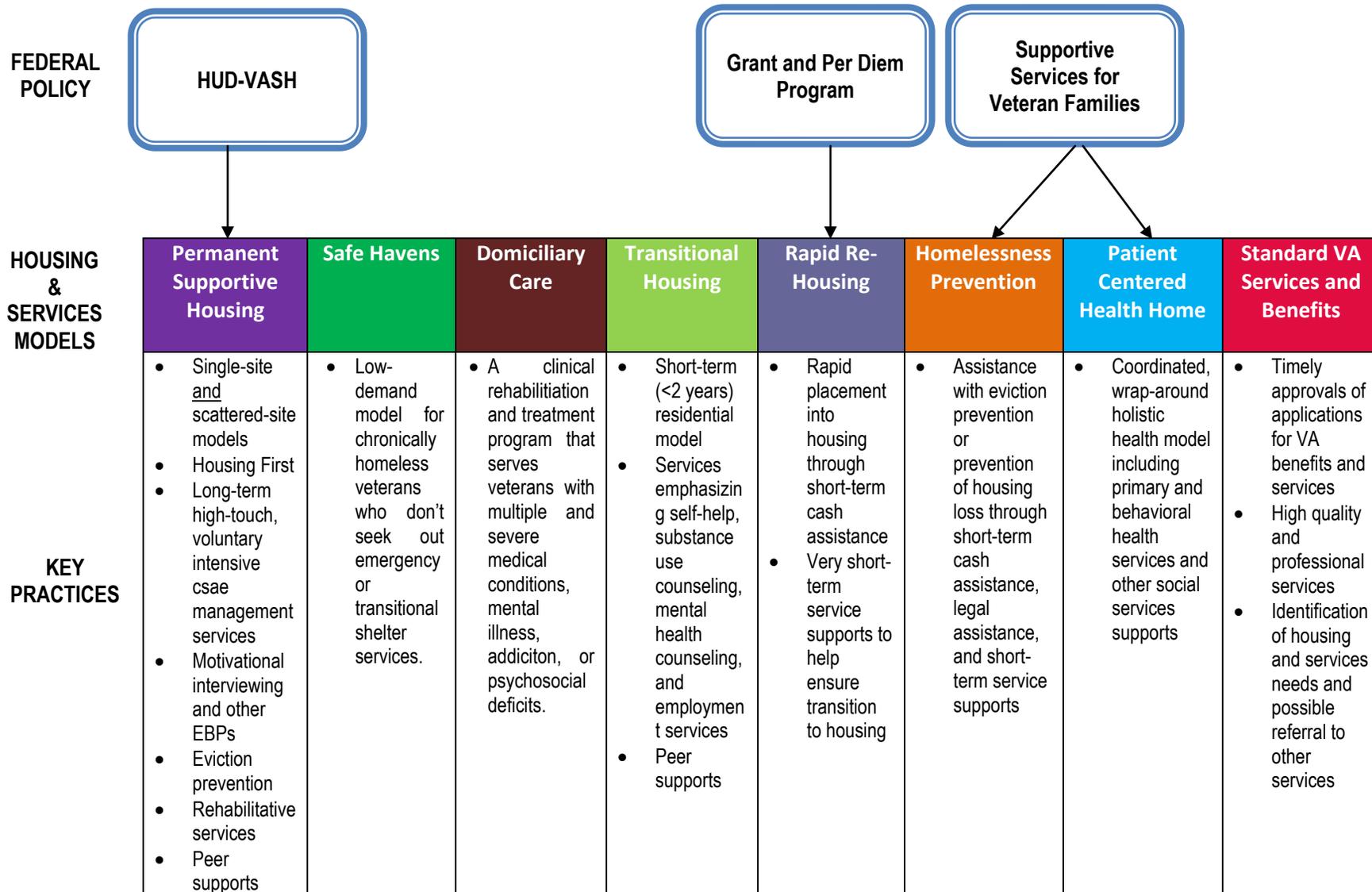


FIGURE 3. A COMPLETE SYSTEM OF SERVICE COVERS THE FULL RANGE OF NEEDS

A Proposed Housing and Service Needs Continuum

		HOUSING NEEDS		
		Low	Moderate	High
SERVICE NEEDS	Low	Standard VA Services/Benefits	Supportive Services for Veteran Families	Supportive Services for Veteran Families
	Moderate	VA treatment services	Supportive Services for Veteran Families or Grant and Per Diem	Supportive Services for Veteran Families or Grant and Per Diem
	High	VA Patient-Centered Health Home	HUD-VASH	HUD-VASH, Safe Haven, or Domiciliary Care