A Review of Services for Homeless Veterans in Illinois

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ABOUT THE CORPORATION FOR SUPPORTIVE HOUSING

The Corporation for Supportive Housing (CSH) is a national non-profit organization and community development financial institution that **helps communities create permanent housing with services to prevent and end homelessness**. **Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to** make it easier to create and operate supportive housing. CSH seeks to help create an expanded supply of supportive housing for people, including single adults, families with children, and young adults, who have extremely low-incomes, who have disabling conditions, and/or face other significant challenges that place them at on-going risk of homelessness. For information about CSH, please visit www.csh.org.

PERMISSIONS REQUESTS

Summary

In November 2009, the Department of Veterans Affairs (VA) developed the Five Year Plan to End Homelessness among Veterans; in April 2010, each Veterans Integrated Services Network (VISN) and Veterans Affairs Medical Center (VAMC) began developing what has come to be known as 'Synchronized Plans to End Homelessness Among Veterans,' as well as organizing and holding yearly summits around ending homelessness among Veterans. The Corporation for Supportive Housing (CSH) has been retained to assist the VA's VISN 11 with convening a one-day summit to review and maximize the success of efforts to end homelessness among Veterans in the Southern and Central Illinois areas covered by the VISN. In preparation for this summit, CSH and VISN 11 conducted a scan and analysis of current VA and non-VA efforts to end homelessness among Veterans, the results of which are summarized in this report. This report's purpose is to present the scope of the problem, identify areas of overlap and potential collaboration between the VA's, State, and community efforts to end homelessness, and to offer potential ideas for innovative strategies to "connect the dots" between systems.

In preparing this document, CSH held conference calls, reviewed relevant federal, state, local, and the Department of Veterans Affairs Illiana Health Care System (VAIHCS) plans to end homelessness, and analyzed available data on the prevalence of Veteran homelessness in Central and Southern Illinois, the area of the state covered by VISN 11. CSH used this information to design an event where local stakeholders can gain a better understanding of the current status of services, identify any service gaps in the state and collaborate to develop action plans, ensuring that Veterans at-risk of or experiencing homelessness in Illinois have access to available services. Using the framework of the VISN and VAIHCS synchronized plans, as well as local plans to end homelessness; CSH presents this document as an initial – though not nearly exhaustive – list of service gaps and opportunities for collaboration and innovation. CSH hopes that the one-day summit, to be held February 22, 2012, in Danville, IL, will be a forum where thoughtful dialogue on these and other ideas/opportunities can occur, and action plans for collaborations can be formed.

Background and Scope of Homelessness Among Illinois' Veterans

The federal government, through the U.S. Department of Housing and Urban Development, requires that the homeless population is measured every year through a "Point-in-Time" count. Based on the 2011 point-in-time (PIT) count of homelessness in America, on a single night in January 2011 an estimated 67,495 Veterans were homeless. This was a reduction by 12%, or 8,834 Veterans, since January 2010. Moreover, the share of Veterans among homeless adults declined from 16% in 2010 to 14% in 2011. Overall, based on year-to-year estimates the number of homeless persons declined by 13,900 in the past year - a 2.1% reduction; two-thirds of this decrease is accounted for by the decrease in homelessness among Veterans. In the VISN 11 catchment area in Illinois, the estimate of Veterans experiencing homelessness in 2011 PIT was 196 sheltered and unsheltered individuals and had decreased by approximately 20% from 2009 PIT data. The achievement of the decrease in homeless Veterans from 2009's count is a result of the increased resources, collaboration, and innovation in Illinois around solving the problem of Veteran homelessness. Table 1, below, outlines the PIT data for the Continuum of Care located in the VISN 11 Illinois catchment area and the breakdown of the local housing inventory provided to HUD. What we see is that the Illinois CoC's in VISN 11 capture 18% of the states homeless Veteran population and about 11% of the states homeless supportive housing units. What we are missing is each locality's assessment of its "unmet needs" for supportive housing, shelter, and rapid-rehousing resources.

Table 1: Central and Southern Illinois Continuum of Care Homeless Populations and Housing Inventories

	HUD's CoC: Homeless Populations & Subpopulations, Point in Time Count		HUD's 2011 CoC Programs: Housing Inventory Chart Report			
Continuum of Care	**Total Homeless Persons in Households**	**Veterans**	**Emergency Shelter**	**Transitional Housing**	**Safe Haven**	**Permanent Supportive Housing**
Southern IL	387	15	344	136	0	178
East Saint Louis/Belleville/St. Clair County	370	31	99	147	0	221
Madison County	256	6	120	124	0	117
South Central IL	160	1	61	121	0	24
West Central	160	4	56	123	0	53
Springfield/Sangamon County	227	19	127	114	0	119
Decatur/Macon County	206	18	98	109	7	106
Champaign/Urbana/Champaign County	231	23	16	289	0	97
Bloomington/Central IL	635	53	336	175	24	99
Peoria/Perkin/Fulton/Tazewell/ Woodford	313	26	313	157	0	195
TOTAL of 10 CoCs listed	**2,945**	**196**	**1,443**	**1,381**	**31**	**1,209**
State of IL Total	**14,009**	**1,081**	**5,409**	**7,256**	**102**	**10,695**

As articulated in the VISN 11 Working Five Year Plan to End Homelessness, in order to remain consistent with the target goals in the VA's FY2011 Plan to End Homelessness among Veterans, the numbers of homeless Veterans in the area must be reduced by 25% annually to meet the goal of ending homelessness by 2014. While PIT estimates and HMIS data are imperfect, we use them as a measure of our progress on ending Veterans homelessness. It is expected that the new VA data system, that will include a homeless registry, will give better local data.

Across the country and no less in Illinois, the primary intervention for reaching Veterans experiencing homelessness was previously a model of transitional housing funded through a VA program known as Grant and Per Diem (GPD). To a lesser degree, the Healthcare for Homeless Veterans (HCHV) and Homeless Domiciliary Care programs also contracted out residential care for this population. The rising number of Veterans experiencing homelessness and the long-term nature of homelessness among Veterans led to the realization that GPD transitional housing models were alone insufficient to effectively end homelessness among Veterans – a goal made clear in both the Federal and VA Plans to End Homelessness. Thus, permanent supportive housing (PSH) has become recognized as a central component of a complete "system of response" for ending homelessness among Veterans. The creation of HUD-VA Supportive Housing (HUD-VASH) program, made available scattered-site and project-based permanent supportive housing options for Michigan's Veterans experiencing homelessness. Moreover, Congress recently approved the

authorization of more than 10,000 new HUD-VASH vouchers. The time is opportune to begin a discussion on how to further develop and hone the VA's system of response to accommodate the country's population of Veterans, and to lay the groundwork for a system that will prevent and end homelessness among future Veterans.

Progress On-the-Ground in Illinois

The upcoming February 2012 Summit will focus on solving Veteran homelessness in the VISN 11 Illinois catchment area. The discussion there should feed into the work of the VAIHCS and other stakeholders in 2012 building upon the summit held by the VAIHCS in Danville in 2011. However, the foundation for collaboration and innovation has already been built, as there are wonderful projects and initiatives in place that have, for example, increased the supply and quality of permanent supportive housing and improved services for homeless Veterans all over Illinois. This work has been accomplished by the VAMC and state and community leaders alike. For example:

Good Works by VISN 11 in Illinois

- Danville VAMC received funding for a Homeless PACT (Patient Aligned Care Team).
- VAIHCS has implemented a "homeless consult" for its discharge planning process that any program or facility can use along with a five day a week walk-in clinic averaging 30 consults a month.
- Telehealth is being utilized to reach rural CBOCs.
- VAIHCS homeless coordinator is on-call 24/7 to respond to the needs of Veterans who are experiencing homelessness, and the local crisis response system is connected to the National Homeless Hotline.
- HUD-VASH Improvement Project utilizing "System Redesign Lean Principles" to reduce the time to lease up a Veteran into a HUD-VASH unit.
- VISN-wide improvements in time-to-lease up for HUD-VASH vouchers resulting in a 99% utilization of 2011 allocation.
- Illiana received additional HUD/VASH vouchers in 2011 -- 25 for Danville and 25 for Peoria.
- Homeless Veteran Supported Employment Specialist (HVSEP) started. His job is to work exclusively with Veterans enrolled in the homeless program and help them secure jobs.
- Various community partners have held fundraisers for the homeless Veterans resulting in funds to be available for use for various items such as security deposits, back utilities, beds, etc., and the Danville Elks Lodge # 332 has started taking community donations of items such as gently used furniture, pots and pans, towels, sheets, etc for use by the homeless program for Veterans who are moving into housing.
- VAIHCS has hired a 2nd Veteran Justice Outreach (VJO) to assist in coverage for this 37 county catchment area.
- VAIHCS hosted their 1st Stand Down event on June 11th in Danville, IL. The event was attended by approximately 100 Veterans.
- The 1st Annual VA 2K event was held on June 5th. The entry fee was an item for homeless Veterans such as bar soap, shampoo, etc. The event raised approximately $1000 in donated items for homeless Veterans and was attended by approximately 150 people.
- Mercy Housing has been awarded an Extended Use Lease on VA grounds and has plans to build 65 units for homeless Veterans.
- The HCHV team participated in the Street Sweep point-in-time count in January 2011 and January 2012.
- VAIHCS has written letters of support for various community partners across our catchment area as they apply again for the Supportive Services for Veterans Families (SSVF) grant.

System Gaps and Opportunities

Despite this notable progress, the numbers of homeless Veterans indicate that there is more to be done. CSH and VISN 11 conducted an assessment of the VA and other state/community plans and efforts to end homelessness, identifying both gaps and opportunities in the current set of strategies to end homelessness among Illinois' Veterans. At a high level, gaps exist in the local plans themselves: communities often do not address Veteran homelessness. To remain consistent with Opening Doors: Federal Strategic Plan to End Homelessness released in 2010, which has "prevent[ing] and end[ing] homelessness among Veterans in five years" as one of its four key objectives, communities **must** include solutions for homeless Veterans in their plans. Any future updates to plans should build on the work of the summit and collaborate with the VA on how to work together to solve Veteran homelessness all over Illinois.

The VA's plan to end Veteran homelessness has six objectives that in turn are supported by six 'pillars'. The VISN 11 FY2012 Synchronized Plan and the VAMC plan from Danville are also organized around this framework (as are all VISN and VAIHCS plans for FY12). Thus, the gaps in current efforts listed below are organized through the lens of the six pillars.

Gaps in Current Efforts

Our comparative analysis identified several gaps in the current set of efforts. These are outlined below, mostly posed as questions for discussion, and are organized according to the VA's six pillars.

Outreach/Education

- The size of the homeless Veteran problem is difficult to gauge since VA and continuum of care data systems do not currently talk to each other, and some homeless Veterans may go to either the VA or a community organization. With the upcoming integration of the VA's data system- HOMES- with HMIS, this picture may get better. How can the VA and communities prepare for data coordination in order to get a richer picture of the needs of homeless Veterans?
- Inconsistent coordination between VA outreach staff, community HCHV outreach contract providers and non-VA affiliated outreach providers.
- Outreach to homeless rural Veterans is difficult, often resulting in a day's drive to reach clients. How can VAMCs and community providers collaborate to make this easier?
- Assuring the effectiveness and impact of outreach services where many Veterans do not self identify as such.

Prevention Services

- The newly funded SSVF programs need closer integration with other parts of the "system of response," and a means of cross-referral with HUD-VASH, GPD, and other housing and services interventions. Even under such a seemingly complete system, providers and services like the homeless call center will encounter Veterans and Veteran families that fall outside the framework of the system, for example those needing mortgage assistance in order to avoid foreclosure, which is outside of the scope of

SSVF. How does the system respond to the needs of Veterans that don't "fit" into predefined housing and services models?

- How can Veterans in housing at risk be appropriately targeted for prevention services? How can SSVF be used effectively by community and VA providers?

Housing/Supportive Services

- According to CHALENG data, emergency, transitional, and permanent housing beds are unevenly distributed in the VAMC catchment areas. In addition, the relative availability of these units may not match the relative distribution of needs. While HUD makes decisions on the number and location of allocations of HUD-VASH vouchers based on data from PIT and HMIS, it is important to emphasize that the Continuum of Care and VA staff need to encourage participation in all catchment areas to properly document the needs of Veterans in both rural and urban areas. Additionally, GPD funding is grant-related and communities must seek funding themselves. With all this in mind, how can the geographic distribution of vouchers and GPD (and other) beds be apportioned to match the needs of communities?

- Similar to the above, discussion is lacking around how to distribute the various housing resources by geographic area. The use of data must tell the story about how many emergency, transitional, and permanent supportive beds are needed by community, in order to end Veteran homelessness. In effect, how can the system be "right sized" to realize the goal of 24/7 access to services and "no wrong door" by linking sites to the continuum of services in an effective way to ensure the most appropriate referrals and placements?

- The Danville VAIHCS' plan references the need for more GPD beds in that community's system of response. At the same time, it is understood that GPD programs are not effectively reducing the prevalence of homelessness. How can the VA and community appropriately target different housing programs – transitional and permanent – to Veterans to maximize resources?

- The majority of HUD-VASH vouchers are distributed to housing authorities serving urban areas. Rural areas need more access to vouchers, but solutions are needed to make this palatable to both urban and rural housing authorities, which may have to share a limited allocation of vouchers.

- Service providers and housing developers in Illinois have expressed interest and/or are focusing on developing supportive housing projects for homeless Veterans. While there are national examples of innovations including using HUD-VASH with its VA supported case management, other Veteran specific units will receive rental subsidies through HUD Section 8 Project Based Vouchers or local Continuum of Care resources. How can the service providers collaborate with the VA and other federal/state/local agencies to provide case management and services to Veterans in non-HUD-VASH units? What potential ways can the VA help provide services capacity for these units? Although it falls short of the depth of need, is it possible that Veterans in non-HUD-VASH housing can make use of supportive services in VA facilities?

Treatment Services

- Many emergency and transitional or residential rehabilitation beds are operating or planned by VAMCs. This is out of synch with the federal and VA plans "housing first" approach. Would there be an opportunity to reconfigure some of this funding?

- VISN 11 current has an "advisory and assistance," or A&A contract with the Center for Social Innovation to provide Critical Time Intervention case management training to HUD-VASH case managers. How can this relationship be leveraged to serve the needs of the 5 Year Plan and to help to move the strategic agenda forward and build a system for the future?

Income/Employment/Benefits

- Given the state of both the national and local economies, how can we focus on encouraging employment training for homeless Veterans? For example, how can the idea of hiring a formerly homeless Veteran penetrate the recent media campaign to "Hire a Veteran"?

- What best practices can the VA adopt and disseminate among SSVF providers around improving connection to the workforce and increased earnings as a homelessness prevention strategy?

Community Partnerships

- Illinois is served by three different VISNs – how can the VA and communities coordinate resources better so statewide services are more equitable?

- How can community partnerships be leveraged to maximize financial resources and case management for those at risk of homelessness?

- How can the VA and communities work together to target Veterans outside the reach of the VA? Some Veterans experiencing chronic homelessness are reticent about engaging in primary/preventive care and/or structured treatment with the VA. Many of these Veterans interact with many other systems, including hospitals, correctional facilities, outreach teams, substance abuse treatment centers, courts, and homeless shelters, and may need strategic engagement to overcome that reticence. How can the VA increase participation with local CoC's?

- How can the VA and non-VA state and local partners create a more seamless "system of response" through cross-system referrals, joint planning and services integration, and resource pooling? One obvious gap is when community plans to end homelessness do not specifically address Veterans. Being that ending Veteran homelessness is one of the top four goals of the Federal Plan to End Homelessness, Opening Doors, it is important to consider the needs of Veterans alongside the needs of non-Veteran homeless individuals and families.

Opportunities for Innovation and Collaboration

In addition to gaps, our assessment also identified several opportunities for innovation and collaboration across the systems to realize the goal of ending homelessness among Veterans. Through collaboration, these various systems have the opportunity to learn from their partners in the community, use resources in a strategic manner, and not duplicate services provided. Through innovation, partners can together make the most of the current window of opportunity around the issue of Veteran homelessness by using new funding availability to creatively target and serve Veterans along the continuum of service and housing needs.

CSH has identified the "top 7" list below of opportunities for innovation and collaboration between the VA and community homeless services systems in Illinois. Some of these opportunities will help fill the gaps identified above, but not all. The Figure 1 chart on page 11 attempts to align the key benefits of each innovation/collaboration with the "6 pillars" of the VA's synchronized plans. Note that this is in no way an exhaustive list of opportunities for collaboration and associated benefits, and is merely a suggested starting point for discussion.

1. Strengthen relationships between the VA and housing authorities, and work with rural public housing authorities to think about ways to port HUD-VASH vouchers from urban recipients. The timing is right to work together on this, since the preliminary FY2012 voucher allocation has been released and developing a porting mechanism will help ensure a more even distribution of vouchers in the future.
2. Contract out or purchase HUD-VASH services/case management from community service providers – this would be especially effective for rural areas which has trouble reaching Veterans or in urban areas to leverage local provider expertise.
3. Find additional ways to provide case management or other services to Veterans in non-VA housing through VA intensive case management, Assertive Community Treatment teams, project-based HUD-VASH vouchers, or co-location of VA case managers on site at housing authorities or other supportive housing providers.
4. Use the structure of the assistance and advisory contract between VISN 11 and the Center for Social Innovation to enhance further collaboration towards improving the quality and targeting of the HUD-VASH program.
5. Consider adapting a targeting tool – such as the Housing Options Survey Tool used in Chicago - that can be used to best match people – including Veterans - experiencing or at-risk of homelessness to the most appropriate housing intervention based on program eligibility, and directly link assistance-seekers to that resource.
6. Hold HUD-VASH "Boot Camps" to reduce bureaucratic steps in the voucher approval process and shorten the time to lease up in VAMC catchment areas.
7. Invest in training between VA and non-VA staff to increase knowledge about resources within the community and VA and be more collaborative and impactful with services in Illinois.
8.

Conclusion

The upcoming one-day summit will include participants from the broad spectrum of homeless services in Illinois: the VAMC and VISN 11, Continuum of Care chairs/coordinators, representatives from Federal, State and local governments and the provider and funding communities, as well as input from the United States Interagency Council on Homelessness, among others. The stated objectives of this varied group will be to:

- Increase collaboration among Illinois VA and local homeless service systems;
- Discuss and identify services, gaps, and opportunities for improvement in Illinois along the "6 pillars" of the VA's Plan to Prevent and End Homelessness;
- Develop strategies for targeting interventions where the need is greatest and for building coordinated systems between the VA and local players;
- Work collaboratively to begin to develop action plans to strengthen collaboration in Illinois in 2012 and continue to reduce Veteran homelessness.

There is much work to be done, and the intent of this report is to set up the framework for a productive day that fosters collaboration and innovation among and between attendees. Following the summit, CSH will work in lockstep with VISN 11 and partners in Illinois to help foster the real-world application of the ideas brought forth in this report and elaborated on at the summit.

Figure 1: Key Collaboration Benefits – Alignment with the Six Pillars

INNOVATIVE STRATEGIES AND COLLABORATIONS AND BENEFITS	PILLARS OF VA SYNCHRONIZED PLANS					
	Outreach/ Education	Prevention Services	Housing/ Supportive Services	Treatment Services	Income/ Employment/ Benefits	Community Partnerships
1. Strengthen relationships between the VA and housing authorities, and work with rural public housing authorities to think about ways to port HUD-VASH vouchers from urban recipients. The timing is right to work together on this, since the preliminary FY2012 voucher allocation has been released and developing a porting mechanism will help ensure a more even distribution of vouchers in the future.						
Bring VA resources to areas outside traditional VAMC catchment areas will help to address Veteran homelessness on a greater scale			✓			✓
Work together to provide affordable housing with support services for special needs populations			✓			✓
2. Contract out or purchase HUD-VASH services/case management from community service providers – this would be especially effective for rural areas which has trouble reaching Veterans or in urban areas to leverage local provider expertise.						
Increase the reach of HUD-VASH into communities outside of urban centers and end rural homelessness for Veterans			✓			
3. Find additional ways to provide case management or other services to Veterans in non-VA housing through VA intensive case management, Assertive Community Treatment teams, project-based HUD-VASH vouchers, or co-location of VA case managers on site at housing authorities or other supportive housing providers.						
Extending services to Veterans in other-than-VA housing could bring the VA and provider community together in an unprecedented way						✓
VA could engage those vets that traditionally don't seek out the VA's services				✓	✓	
Could provide critical funding to help vets remain in PSH		✓	✓			
4. Use the structure of the assistance and advisory contract between VISN 11 and the Center for Social						

Innovation to enhance further collaboration towards improving the quality and targeting of the HUD-VASH program.						
Evidence-based Critical Time Intervention model could be used as a way to "graduate" HUD-VASH Veterans from the program, thereby keeping a supply of vouchers available			✓	✓		
5. Consider adapting a targeting tool – such as the Housing Options Survey Tool used in Chicago - that can be used to best match people – including Veterans - experiencing or at-risk of homelessness to the most appropriate housing intervention based on program eligibility, and directly link assistance-seekers to that resource.						
Captures more data to demonstrate need for housing/other programs in MI and VISN 11	✓					✓
Improves targeting of housing and services interventions based on need	✓	✓	✓	✓		
6. Hold HUD-VASH "Boot Camps" to reduce bureaucratic steps in the voucher approval process and shorten the time to lease up in VAMC catchment areas.						
Involve all parties with a hand in HUD-VASH to engage in systems alignment			✓	✓		
7. Invest in training between VA and non-VA staff to increase knowledge about resources within the community and VA and be more collaborative and impactful with services in Illinois.						
Increased cross-system coordination by increasing knowledge, leads to better outcomes	✓		✓			✓