JLARC
JOINT LEGISLATIVE AUDIT
AND REVIEW COMMISSION

REPORT TO THE
GOVERNOR AND THE GENERAL ASSEMBLY OF VIRGINIA

Reducing Veteran Homelessness in Virginia

COMMONWEALTH OF VIRGINIA
RICHMOND

SEPTEMBER 2010

In Brief

Reducing Veteran Homelessness in Virginia

The Joint Legislative Audit and Review Commission (JLARC) directed staff in May 2009 to review ways to reduce veteran homelessness in the Commonwealth.

On a single night in January 2010, about 890 veterans were counted as homeless in Virginia, but the actual number during the year is estimated to be 2,220, and could be more.

Responses to a JLARC staff survey of community planning groups and service providers indicate there are substantial unmet needs for housing and non-housing services for homeless individuals and veterans across Virginia.

The report includes potential strategies and recommendations to reduce veteran homelessness. Additional resources (about $6.5 million to $15 million annually) for some strategies such as stable housing and support services are needed. Better service coordination and improved State leadership regarding veteran homelessness are also needed.

A recent executive order on housing spoke of the need for an increased capacity to address homeless Virginians. In broad terms, the principle stated in the order and the findings from this report are consistent. To succeed, the administration's approach will need a sharp focus and a sustained commitment.

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This report is available on the JLARC website at http://jlarc.virginia.gov

COMMONWEALTH of VIRGINIA

Joint Legislative Audit and Review Commission
Suite 1100, General Assembly Building, Capitol Square
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Philip A. Leone
Director

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August 31, 2010

The Honorable Charles J. Colgan
Chairman
Joint Legislative Audit and Review Commission
General Assembly Building
Richmond, Virginia 23219

Dear Senator Colgan:

At the May 11, 2009 meeting of the Joint Legislative Audit and Review Commission, the Commission approved a study by staff that was requested by Delegate Cox of ways to reduce homelessness among veterans in the Commonwealth. The findings of this study were presented to the Commission on June 14, 2010.

On behalf of the Commission staff, I would like to express our appreciation for assistance provided by numerous State agencies, particularly the Departments of Veterans Services, Housing and Community Development, Behavioral Health and Developmental Services, Corrections, and Criminal Justice Services. I would also like to thank staff at the Virginia Association of Community Services Boards and at the 22 Continuums of Care across Virginia, the three U.S. Department of Veterans Affairs medical centers located in Virginia, and numerous providers of services to homeless veterans throughout the State for their assistance during the study.

Sincerely,

Philip A. Leone
Director

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Abbreviations Used Frequently in This Report

AMI	Area median income
CHALENG	Community Homelessness Assessment, Local Education and Networking Group for Veterans
CoC	Continuum of Care
CSB	Community services board
DBHDS	Department of Behavioral Health and Developmental Services
DHCD	Department of Housing and Community Development
DMA	Virginia Department of Military Affairs
DMAS	Department of Medical Assistance Services
DOC	Department of Corrections
DOL	U.S. Department of Labor
DSS	Department of Social Services
DVS	Department of Veterans Services
GAO	U.S. Government Accountability Office
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing
HIP	Homeless Intervention Program
HMIS	Homeless Management Information System
HPRP	Homeless Prevention and Rapid Re-Housing Program
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	HUD-Veterans Affairs Supportive Housing
JLC	Joint Leadership Council of Veterans Service Organizations
NAEH	National Alliance to End Homelessness
NLIHC	National Low Income Housing Coalition
OEF/OIF	Operation Enduring Freedom / Operation Iraqi Freedom
PATH	Projects for Assistance in Transition from Homelessness
PTSD	Post-traumatic stress disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SOAR	Supplemental Security Income and Social Security Disability Insurance Outreach, Access, and Recovery
TANF	Temporary Assistance for Needy Families
TAP/DTAP	Transition Assistance / Disabled Transition Assistance Program
TBI	Traumatic brain injury
VA	U.S. Department of Veterans Affairs
VBA	Veterans Benefits Administration
VEC	Virginia Employment Commission
VHDA	Virginia Housing Development Authority
VIACH	Virginia Interagency Council on Homelessness
VISN	Veterans Integrated Service Network
VSH	Virginia Supportive Housing
VSO	Veterans Service Organization
VWWP	Virginia Wounded Warrior Program

JLARC Report Summary:

Reducing Veteran Homelessness in Virginia

Key Findings

- On a single night in January 2010, about 890 veterans were counted as homeless in Virginia, but the actual number may be about 2,220 throughout the year. Lack of affordable housing, as well as a veteran's level of poverty, substance abuse, or mental illness, or history of incarceration, are key factors which can result in homelessness. A variety of organizations serve homeless veterans, presenting a substantial coordination challenge. (Chapter 1)

- Achieving greater success in preventing homelessness and in helping veterans exit homelessness quickly will likely require a multi-pronged approach. Many communities report meeting less than half of homeless veterans' needs for resources that could help them secure permanent homes. Strategies to prevent long-term homelessness include increasing and better targeting State funding for short- and long-term housing assistance, and reducing barriers to housing for veterans released from correctional institutions. (Chapter 2)

- For chronically homeless veterans, who experience long or frequent periods of homelessness and have disabling conditions, permanent subsidized housing and supportive services have been shown to effectively address their needs while reducing certain costs associated with their conditions. To date, federal programs have not addressed all the need for this assistance, and additional State resources may be needed. (Chapter 3)

- The State has provided limited leadership to address veteran homelessness or coordinate homeless veterans' services, and local entities have had mixed success in coordinating services. However, the Governor recently announced an administration initiative to reduce homelessness and expand the availability of affordable housing statewide. Stronger State leadership and effective coordination are needed to improve service delivery to homeless veterans. (Chapter 4)

- If the State chooses to increase the availability of funding to reduce veteran homelessness, then in addition to maximizing federal funds available for homeless assistance, there are funding mechanisms the State could consider, including designating a revenue source for its housing trust fund. A trust fund could be used to address homelessness among the general population, or specifically veteran homelessness. (Chapter 5)

The military has a large presence in Virginia. For example, the Commonwealth is home to approximately 143,000 active service members, 15,000 Reservists, 7,000 National Guard members, and 820,000 veterans. There are 31 active military installations in the State and based on 2000 U.S. Census Bureau data, six of the top

ten U.S. cities with the highest percentage of veterans are in Virginia—Hampton, Virginia Beach, Norfolk, Newport News, Chesapeake, and Portsmouth. As a result, the State has regarded military and veterans' issues as important.

In 2009, the Joint Legislative Audit and Review Commission (JLARC) directed staff to study ways to reduce homelessness among veterans in the Commonwealth. Concerns expressed by the State's veterans service organizations about the extent to which services for homeless veterans are coordinated, and potential gaps in services, led to the review. In addition, concerns were expressed about whether resources are available to meet the needs of Virginia troops returning from Afghanistan and Iraq as part of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

At a single-night, "point-in-time" count in January 2010, there were about 890 homeless veterans, representing about 10 percent of the total number of homeless individuals counted in the State. Because homeless individuals lack a permanent or fixed address, systematically locating and counting them is very challenging. Some experts suggest that the actual number of persons who are homeless during the course of a year may be two-and-a-half times the number reflected in point-in-time counts. If that is the case, the actual number of homeless veterans in Virginia may be 2,220 or more during the course of the year.

A lack of affordable housing is a significant hardship for low-income households and is a key risk factor for homelessness. Based on U.S. Census Bureau data from 2006 to 2008, for example, about 21 percent of veteran renters in Virginia were "rent-burdened" (rent costs accounted for over 30 percent of household income) and about 12 percent were severely rent-burdened (rent costs accounted for more than 50 percent of household income). In April 2010, the Governor announced the establishment of a statewide housing policy framework, noting that "in this tough economy, it is harder than ever for many to attain this [secure housing] basic necessity." However, it was beyond the scope of this review of veteran homelessness to systematically assess Virginia's housing market and the availability of affordable housing across the State.

Other risk factors which can contribute to homelessness include poverty, substance abuse, mental illness, or a history of incarceration. OEF/OIF veterans in particular are also facing risk factors related to unemployment, traumatic brain injury, or a history of sexual abuse.

In Virginia, a variety of programs and services are available to assist homeless veterans, but not all homeless veterans are being served. In fact, most Virginia "Continuums of Care" (local coordi-

nating entities whose establishment was called for by the U.S. Department of Housing and Urban Development (HUD) to help ensure that the homeless receive a spectrum of needed services) report that at best less than half of the need is met for housing and non-housing services for the homeless in their geographic area.

This report addresses three main aspects of the issue of reducing veteran homelessness in Virginia: (1) preventing veteran homelessness and helping veterans exit homelessness quickly, (2) addressing the needs of chronically homeless veterans, and (3) improving overall service delivery through increased State leadership and coordination. Strategies are identified to pursue these objectives. The concluding chapter summarizes strategies the State could consider and provides some potential funding mechanisms, if the State chooses to expand its role in providing resources to address veteran homelessness.

MULTI-PRONGED APPROACH NEEDED TO PREVENT HOMELESSNESS AND HELP VETERANS EXIT HOMELESSNESS QUICKLY

To prevent homelessness and help veterans exit homelessness quickly, a multi-pronged approach will likely be needed. Various strategies, including targeted prevention and rapid re-housing efforts, need to be part of the statewide approach to achieve the objective of reducing veteran homelessness. These strategies include

- increasing State outreach to raise awareness among Virginia veterans about benefits for which they are eligible,
- assisting at-risk or homeless veterans in securing employment,
- increasing funding for and better targeting of the State's prevention and rapid re-housing program,
- providing long-term rental subsidies to homeless or at-risk veterans,
- helping to decrease barriers to housing for veterans coming out of correctional institutions, and
- identifying services being accessed by veterans as part of the Virginia Wounded Warrior Program, and considering additional funding for the program to provide grants to the community services boards (CSBs) to ensure access for veterans who are eligible and in need of services.

PERMANENT SUBSIDIZED HOUSING AND SUPPORTIVE SERVICES CAN REDUCE CHRONIC HOMELESSNESS

Chronically homeless veterans experience multiple obstacles which make transitioning out of homelessness particularly difficult.

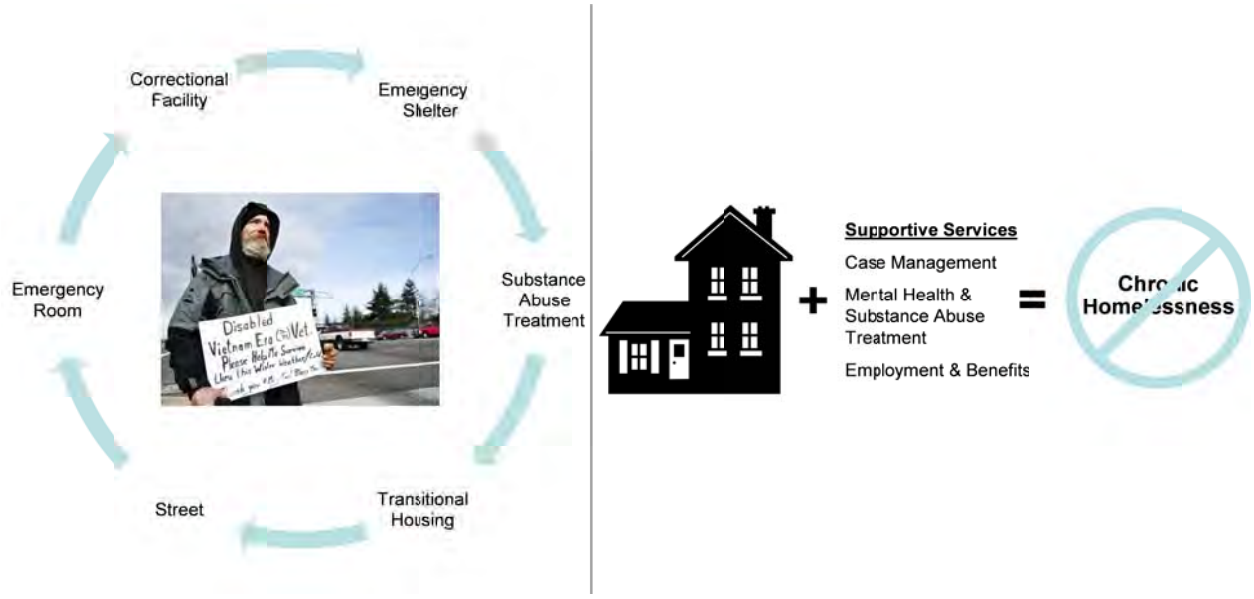
These veterans experience long periods of homelessness. While homeless, they often cycle through various conditions and services, as illustrated on the left side of the figure below. However, studies have found that connecting these veterans with permanent housing and supportive services can break this cycle. Important supportive services include case management, medical and behavioral health care, and assistance obtaining disability benefits.

Supportive housing programs and supportive services are costly (the average cost of two programs operating in Virginia was almost $17,000 per year.) However, the status quo "band-aid" approach to assisting the chronically homeless has been both expensive as well as ineffective. Potential State strategies for addressing the problems of chronically homeless veterans should focus on obtaining and targeting federal funds and providing State resources for supportive housing. In addition, the State could take steps to improve veterans' access to benefits.

IMPROVING OVERALL SERVICE DELIVERY THROUGH INCREASED STATE LEADERSHIP AND COORDINATION

The table on the next page identifies entities at the federal, State, and local levels that provide funding or directly serve homeless veterans and other homeless individuals in Virginia. One concern leading to this study was that services were not well coordinated among all such entities operating at different levels of government,

Cycle of Chronic Homelessness Can Be Broken by Connecting Veterans With Permanent Housing and Supportive Services



Note: Sign reads "Disabled Vietnam Era Vet. Please Help Me Survive thru this Winter Weather/Cold. Thank you & May God Bless You."

Source: JLARC staff graphic.

or outside of government. Across the various entities and services, a lack of coordination and a lack of awareness about programs could lead to inefficiencies or to homeless veterans "falling between the cracks."

To date, the State has provided limited leadership or statewide coordination of services. Furthermore, at least half of Virginia's Continuums of Care report they have not been successful at coordinating services in their geographic areas. If the State wishes to have a

Services to Assist Homeless Veterans or Those At Risk of Homelessness Are Funded and Provided by Many Different Sources

	Housing	Medical or Behavioral Health Care	Employment/ Income Support	Prevention[a]	Case Management[b]
Federal Agencies[c]					
DOL (Labor)			●	●	
DOJ (Justice)				●	
HHS (Health, Medicaid)		●	●	●	●
HUD (Housing)	●			●	
SSA (Social Security)			●		
USDA (Food)			●		
VA (Veterans Affairs)	●	●	●	●	●
State Agencies					
DBHDS (Behavioral Health)		●			
DHCD (Housing)	●		●	●	●
DHRM (Human Resources)			●		
DMAS (Medicaid)		●			
DOC (Corrections)	●	●	●	●	
DRS (Rehabilitation)		●	●		
DSS (Social Services)		●	●		●
DVS (Veterans)		●	●	●	
VDH (Health)		●			
VDOT (Transportation)			●	●	
VEC (Employment)			●	●	
VHDA (Housing)	●				
Local Agencies and Private Organizations					
Community Services Boards	●	●	●	●	●
Faith-based Organizations	●	●	●	●	
Health Clinics		●			●
Hospitals		●			
Non-profits	●	●	●	●	●
Public Housing Authorities	●				
Veterans Service Organizations				●	

[a] Prevention includes, among other activities, outreach to and services for persons being discharged from institutions.
[b] Case management includes assessment, referral, and follow-up services and may include counseling services.
[c] The Federal Emergency Management Agency of the U.S. Department of Homeland Security and the U.S. Department of Education also provide some services to the homeless.

Source: JLARC staff analysis.

goal to reduce veteran homelessness, then it will likely need to exert a stronger leadership and advocacy role.

The Governor's April 2010 announcement of an administration effort to expand affordable housing and reduce homelessness in the Commonwealth included the comment that "every Virginian deserves a safe, warm and secure residence to call their own." The Governor announced his intent to have a housing policy framework to "guide decision-making and bring coordination in matters affecting housing throughout executive branch agencies."

To address homelessness in general and veteran homelessness in particular, the State could provide leadership by potentially implementing the following strategies:

- Develop statewide goals.
- Identify a lead group to plan and coordinate efforts.
- Advocate on behalf of homeless veterans during community homelessness planning efforts.
- Provide information about services for homeless veterans and technical assistance for data collection and analysis.

FEDERAL FUNDING SHOULD BE FULLY PURSUED, BUT STATE FUNDING MECHANISMS COULD ALSO BE CONSIDERED

In March 2009, the President pledged to expand programs of the Department of Veterans Affairs (VA) and work to end veteran homelessness. In July 2009, the VA Secretary, a retired U.S. army four-star general, spoke of a "zero tolerance" policy for veterans becoming homeless, and announced a departmental goal to end veteran homelessness within five years. The Secretary stated that "unless we set ambitious targets for ourselves, we would not be giving this our very best efforts," adding that "even in tough economic times, this is still the wealthiest, most powerful Nation in the world," and "no veteran should be living on the streets without care and without hope."

The extent to which federal resources will be available to achieve these ambitious goals remains to be seen. However, preliminary indications are that through HUD and VA programs, and other avenues, substantial federal funding for this purpose may be available for communities in states that are well positioned to draw down the funds. For example, to help communities prepare for funding opportunities scheduled to occur in 2011, the State could collaborate with communities to better align their goals, strategies, and service delivery systems with the funding priorities, require State mainstream public assistance agencies such as the Department of Social Services to participate in regional efforts

to reduce homelessness, and assist communities with collecting data and analyzing outcomes of their current and future efforts.

The findings of this study suggest that, to some extent, better coordination between federal, State, local, and community stakeholders could result in more efficient use of resources. However, additional resources will also be needed. Potential funding sources used in other states that Virginia could consider include a housing or veterans trust fund and changes in housing finance instruments. Additionally, the State could consider expanding Medicaid coverage to homeless individuals, including veterans. However, if federal health care reform changes take effect as scheduled in 2014, then homeless veterans, as well as many other low-income individuals, will be eligible for coverage under Virginia's Medicaid program.

SUMMARY OF POTENTIAL STATE STRATEGIES WITH ESTIMATED IMPACTS AND ILLUSTRATIVE COST ESTIMATES

Overall, 18 strategies were identified which could be employed for the purpose of reducing veteran homelessness. Eight strategies address prevention or helping non-chronically homeless veterans quickly exit homelessness, six address chronic homelessness, and four strategies relate to State leadership and coordination. The strategies are summarized in the table on page ix.

The illustrative costs shown in the table are rough estimates only. There are uncertainties about the number of homeless veterans to be served, unit costs of appropriate services, and factors related to implementing the strategies. In particular, the cost of expanding services to prevent homelessness is unknown because it depends upon the number of at-risk veterans identified by Virginia communities. As a rough indication, however, from $6.5 to $15 million may be needed to

- increase funding for the State's Homeless Intervention Program and provide long-term rental subsidies for non-chronically homeless veterans (estimated annual cost of $1.5 million to $3.5 million),
- fund permanent supportive housing for the relatively small number of chronically homeless veterans ($5 million to $11 million), and
- increase State leadership and coordination ($0 to $420,000). (While improved coordination of services is important and needs to be addressed, it would not by itself be sufficient to address the gap which exists between the level of support homeless veterans need and available resources.)

SHARPENING THE STATE'S FOCUS ON REDUCING VETERAN HOMELESSNESS

The Governor's recent Executive Order Ten establishing a housing policy framework for the Commonwealth indicates the importance of the availability of affordable housing. The order also includes the following principle for addressing homelessness:

> Increase capacity to address the needs of homeless Virginians by focusing on the reduction of chronic homelessness, ensuring the continued viability of the safety net of shelters and services, and investing in transitional and permanent supportive housing.

In broad terms, the principle stated in the executive order and the findings of this study are consistent. A multi-pronged approach appears needed, and also some increased investments. It may be possible, however, to sharpen the State's focus regarding what investments appear most productive for reducing veteran homelessness. While shelters continue to be necessary for emergency situations and transitional housing may be useful for certain populations, individuals served by these programs still lack a permanent home. To prioritize resources for the purpose of reducing veteran homelessness, the State may wish to focus on

- permanent supportive housing, as noted in the executive order, particularly for the chronically homeless;
- prevention, particularly focused on those most at risk, such as those about to be discharged from institutions who have serious or multiple barriers to housing;
- rapid re-housing efforts and long-term rental subsidies for the homeless with less intensive needs; and
- other strategies with potential to produce a relatively high impact at a low cost (for example, State actions aimed at increasing community-level capacity or knowledge that could aid local organizations in obtaining federal funds).

The benefit of the State's investment in these strategies will be best measured by a reduction in the number of Virginia veterans experiencing homelessness. In addition, there are cost savings involved in breaking the cycle of chronic homelessness that are important, but difficult to quantify.

Summary of Potential State Strategies to Reduce Veteran Homelessness

Potential State Strategies (report page)	Impact on Reducing Veteran Homelessness	Relative Magnitude of State/ Federal Cost[a]	Illustrative Cost Estimates (Annual Cost)
Chapter 1: Overview of Veteran Homelessness			
1) Expand housing stock affordable to lowest income households (p. 9)	High	High	Determining the supply of housing that is needed and the cost are beyond the scope of current study
Chapter 2: Services for Non-chronically Homeless Veterans			
2) Increase DVS outreach after separation from service (p. 30)	Low	Low	$2,480 (follow-up mailing) to $143,000 for creation of up to three new DVS outreach positions
3) Increase, better target funding for State's Homeless Intervention Program (p. 33)	High	Medium	$1 million to $3 million to serve an estimated 600 non-chronically homeless veterans
4) Fund long-term rental subsidies (p. 36)	Medium	Low to High	$500,000 per year for an estimated 70 non-chronically homeless veterans About $6,500 per year per veteran targeted to those highly at risk for homelessness
5) Target veterans leaving correctional institutions for housing assistance (p. 38)	Low to High	Low to High	See Strategies 2, 3, 8, 9, and 11 to 14
6) Provide information about available resources to re-entry specialists (p. 38)	Medium	Low	See Strategy 18
7) Increase Virginia Wounded Warrior Program grant funding to CSBs (p. 39)	Medium	Low to Medium	Cost of CSB services for veterans is unknown
Chapter 3: Services for Chronically Homeless Veterans			
8) Assist CSBs or other community providers to collaborate with VA to target HUD-VASH vouchers (p. 57)	Low	Low	See Strategy 18
9) Play greater role in gaining Grant and Per Diem funds and identify best use of programs to address unmet needs (p. 57)	Low	Low to High	$500 for a mailing to roughly 1,000 providers about VA technical assistance. Cost of directly operating a program is unknown
10) Help Virginia VA medical centers obtain additional HUD-VASH vouchers (p. 59)	Medium	Low	See Strategies 2 and 18
11) Provide intensive training to develop the capacity of providers to operate and fund supportive housing (p. 60)	Medium	Low	$0 to $750,000 for State-led or contracted intensive training, including some predevelopment financing
12) Fund a veteran-specific supportive housing program (p. 62)	High	High	$5 to $11 million ($16,500 per veteran per year for 275 to 655 chronically homeless veterans)
13) Designate new funds for supportive housing to be awarded competitively (p. 66)	High	High	Dependent on existing housing stock
14) Improve veterans' access to benefits (p. 67)	Medium	Low	Cost borne by local organization
Chapter 4: Improving Leadership and Program Coordination for Homeless Veterans			
15) Develop goals to end veteran homelessness (p. 78)	Low	Low	$0
16) Identify lead group to plan and coordinate State efforts (p. 79)	Medium	Low	$0 to $112,000. Includes cost of planning specialist position
17) Advocate on behalf of homeless veterans during communities' planning processes (p. 83)	Low	Low	$0 to $143,000. Options include creating planning specialist position or up to three new DVS outreach positions
18) Create a resource directory and provide technical assistance for data collection and outcome evaluation (p. 84)	Medium	Low	$0 to $166,000. Includes costs for positions for training and development and also information technology (part-time)

[a] Not net costs because preventing homelessness and reducing chronic homelessness produce offsetting cost savings.
Source: JLARC staff review of research, interviews with homelessness experts, interviews with community-based service providers, and assessment of State position descriptions and pay band structures.

Chapter 1

Overview of Veteran Homelessness

In Summary

Most veterans in Virginia, including those who are homeless, are eligible for a wide range of benefits and services. The federal government has set a goal to end veteran homelessness in five years. To be eligible for services that assist homeless veterans, an individual must meet the legal definitions of both "veteran" and "homeless." Veterans are disproportionately represented among the homeless population despite generally being better educated, more likely to be employed, having a lower poverty rate than non-veterans, and having access to more services to address risk factors for homelessness. In Virginia, on a single night in January 2010 there were about 890 homeless veterans, representing about ten percent of the State's total homeless population. Risk factors for homelessness are generally the same for veterans and non-veterans, and include a lack of affordable housing, poverty, substance abuse, mental illness, past incarceration, and unemployment. However, many veterans of the conflicts in Iraq and Afghanistan, including National Guard members and Reservists, are affected by conditions that may put them at greater risk of homelessness such as post-traumatic stress disorder, traumatic brain injury, and a history of sexual abuse or military sexual trauma.

Virginia is home to more than 820,000 veterans, about 890 of whom were counted as homeless on a single night in January 2010. Such counts likely underestimate the homeless population, however. Some experts suggest that the number who experience homelessness over the course of a year may be two-and-a-half times as high. Therefore, in 2010 possibly 2,220 veterans in Virginia are or will be homeless.

In 2009, the Joint Legislative Audit and Review Commission (JLARC) directed staff to study ways to reduce homelessness among veterans in the Commonwealth (Appendix A). There were concerns that the services for homeless veterans and veterans at risk of homelessness are not well coordinated and, as a result, veterans may not be receiving needed services. Another concern was that the number of homeless veterans in Virginia may increase as service members return from the conflicts in Iraq and Afghanistan; some of those veterans will be affected by conditions such as post-traumatic stress disorder or traumatic brain injury that may put them at risk of homelessness.

In conducting this research, JLARC staff interviewed personnel at community organizations and federal, State, and local government agencies that provide services to homeless individuals, including veterans. A statewide survey of these providers was also conducted along with a survey of regional planning groups known as Contin-

uums of Care. JLARC staff also interviewed homeless and formerly homeless veterans, reviewed reports and academic studies concerning homelessness and homeless veterans, and attended national and state-level conferences on these issues. (Appendix B contains more details about these research activities.)

FEDERAL GOVERNMENT HAS GOAL TO END VETERAN HOMELESSNESS IN FIVE YEARS

Recently, federal support and funding for services for homeless veterans have increased. In a March 2009 speech, the President pledged to expand programs of the U.S. Department of Veterans Affairs (VA) and work to end veteran homelessness, declaring that "[U]ntil we reach a day when not a single veteran sleeps on our nation's streets, our work remains unfinished." Also in 2009, the Secretary of Veterans Affairs established a goal to end veteran homelessness within five years.

The U.S. Interagency Council on Homelessness and the VA's Advisory Committee on Homeless Veterans are working together to achieve this goal. Congress has appropriated funding for approximately 31,000 vouchers specifically for veteran housing linked with supportive services (and the Senate is considering authorizing a total of 60,000 vouchers by 2013). According to three researchers contacted by JLARC staff, it is possible to achieve the goal of ending veteran homelessness as long as the level of resources provided for re-housing veterans is adequate to "empty the queue" of the currently homeless and additional resources are allocated to prevent veterans from becoming homeless.

Although Virginia has no formal plan for ending veteran homelessness, the current Governor and his predecessor have signaled their support for assisting veterans and addressing homelessness. In 2006, Executive Order 19 declared that the Commonwealth should "ensure that our veterans and their families receive the benefits, support, quality of care, and recognition they have earned." This order is still active. In April 2010, Executive Order Ten established Virginia's first executive housing policy framework, which addresses reducing homelessness and investing in housing.

WHO IS A VETERAN?

According to federal and State law, a veteran is someone who served in the active military, naval, or air service and received a discharge under conditions other than dishonorable. "Active" means service members employed full time in their military capacity, and includes National Guard and Reserve troops who served on active duty in Afghanistan and Iraq as part of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), and

other military campaigns. There are five discharge types: (1) honorable, (2) general, (3) other than honorable, (4) bad conduct, and (5) dishonorable. Between five and 15 percent of homeless individuals who served in the military report receiving dishonorable or bad conduct discharges. According to the VA's *Federal Benefits for Veterans*, service members receiving both of these types of discharges may be ineligible for VA benefits.

WHO IS HOMELESS?

According to the federal definition, a homeless person lacks a fixed, regular, and adequate nighttime residence and has a primary residence that is

- a supervised shelter providing temporary living accommodations;
- an institution that is a temporary residence, such as a hospital (but not a jail or prison); or
- a place not designed for human beings to live, such as a car or abandoned building.

A Homeless Person May be Temporarily Housed

According to the federal definition, persons staying in emergency shelters or living in transitional housing settings are counted as homeless.

A subgroup of homeless individuals, including veterans, is considered to be chronically homeless. Individuals experiencing chronic homelessness are alone and are homeless for long or frequent periods of time. In addition, they have one or more disabling conditions, defined as a physical illness or disability, serious mental illness, or substance use disorder. These conditions limit their ability to work or perform activities of daily living. They may access housing and treatment services, but rarely do so comprehensively or consistently such that their overall condition improves. By definition, these individuals have complex needs, which can be exacerbated by time spent homeless, and as a result, the cost of serving them is greater than for the non-chronically homeless.

The federal definition of homelessness is undergoing changes. As part of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, signed into law in May 2009, the definition of homelessness has been expanded to include more persons, such as individuals and families who will lose their housing within two weeks and have no place to go. The U.S. Department of Housing and Urban Development (HUD) has proposed rules to clarify how these new definitions will affect homeless assistance programs. These changes, if approved, will take effect in the spring or summer of 2011.

How Many Are Homeless?

HUD publishes a national estimate of the number of homeless individuals, including veterans, in an *Annual Homeless Assessment*

Report. These estimates come from counts of the homeless conducted by groups of providers within geographic regions across the nation known as Continuums of Care (CoCs). The VA also publishes national estimates of the number of homeless veterans in annual reports known as *Community Homelessness Assessment, Local Education and Networking Group (CHALENG) for Veterans*. (Trends over time in the numbers of homeless and explanations of how these estimates are calculated are in Appendix C.) No matter the data source, according to the Congressional Research Service, "Veterans make up a greater percentage of the homeless population than their percentage in the general population."

Continuums of Care (CoCs) Count the Homeless and Coordinate Homeless Services in Their Region

CoCs are local planning bodies comprised of providers and government agencies that are responsible for coordinating the full range of homelessness services in a geographic area. CoC members work together to determine how many homeless individuals are in their regions, identify their most pressing needs, and plan how to meet those needs. There is a financial incentive for these providers to coordinate their planning and provision of services: To obtain competitive grants from HUD for providing assistance to the homeless, an organization must participate in a CoC. HUD also requires the CoCs to conduct single-night, “point-in-time” counts of the homeless in their region at least every two years. Most CoCs perform such a count every year. Counts are conducted in the last week of January.

CoCs Reported About 128,000 Homeless Veterans in the United States in 2009 While the VA Estimated About 107,000

Using data reported by CoCs from across the nation, HUD estimated the number of homeless veterans and other subpopulations of the homeless on a single night in January 2009. The total estimated number of homeless veterans in 2009 was about 128,000, which was about 11 percent of the sheltered adult homeless population.

Because the homeless are a mobile population lacking a permanent address, counting the homeless is challenging, and point-in-time counts are therefore rough estimates rather than exact figures. According to one researcher who has studied homelessness for two decades, the estimates are likely to underrepresent unsheltered individuals. In addition, the CoCs are not required to report data on unsheltered subpopulations, including veterans, so CoCs are likely reporting an underestimate of the number of homeless veterans. Furthermore, a homeless person's claim to be a veteran is not verified. Therefore, estimates based on point-in-time counts

likely include "veterans" who do not meet the legal definition, as well as some unidentified veterans.

Veterans Integrated Service Networks

The VA's Veterans Health Administration, which includes its medical centers and community clinics, divides the nation into 21 Veterans Integrated Service Networks (VISNs). The VISNs cross state lines. Most of Virginia and three VA medical centers are within VISN 6, but Northern Virginia and the northern part of the Shenandoah Valley are in VISN 5 and the westernmost tip of the State is in VISN 9.

VA estimates of the number of homeless veterans come from surveys of staff at VA medical centers and community organizations that serve homeless veterans. These data are collected and reported according to large geographic regions that cross state lines (see sidebar). Therefore, VA estimates of the number of homeless veterans are not state specific. According to the VA, in 2009 there were about 107,000 homeless veterans.

Virginia Has a Large Veteran Population but Fewer Homeless Veterans Than Most States

Virginia's 820,000 veterans represent more than 13 percent of the adult population, more than two percentage points higher than the national average. Virginia has a large number (31) of active military bases, most in the Hampton Roads area, and based on the 2000 Census, has six of the ten U.S. cities with the highest percentage of veterans—Hampton, Virginia Beach, Norfolk, Newport News, Chesapeake, and Portsmouth. However, Virginia has proportionately fewer homeless veterans than its large veteran population would suggest. Over at least the past three years, Virginia has been near the bottom of the 50 states and U.S. territories in the rate of homelessness among veterans; only Maine and Puerto Rico had a lower rate in 2008.

Balance of State Continuum of Care

Virginia's 22 CoCs include a Balance of State CoC comprised of ten local continuums that represent geographically dispersed, mostly rural localities (see Appendix B). Local continuums perform many of the same functions as the CoCs, such as coordinating their region's homeless assistance efforts and conducting point-in-time counts.

Based on preliminary data collected by the 22 CoCs in the State during the January 2010 point-in-time counts, about 9,000 homeless persons were identified in Virginia (Table 1). There were about 890 homeless veterans, representing about ten percent of the homeless population. Figure 1 (on p. 7) shows the boundaries of the 22 CoCs, including the nine CoCs where almost 80 percent of the homeless veterans were found. As mentioned earlier, the point-in-time counts likely are underestimates of the homeless population, which may be two-and-a-half times higher. Thus, there may be about 2,220 homeless veterans in the Commonwealth on any given night in 2010.

Estimates Suggest About 35 Percent of Virginia's Homeless Veterans May be Chronically Homeless

The exact number of veterans in Virginia and nationwide who experience chronic homelessness is unknown. Based on national estimates, about 35 percent of Virginia's homeless veterans may be chronically homeless. This equates to about 310 Virginia veterans on any given day (based on Virginia's most recent point-in-time count) and about two-and-a-half times that number or about 780 chronically homeless veterans throughout the year (Table 2).

Table 1: About 890 Homeless Veterans Were Counted in Virginia in 2010 (Preliminary Data)

Continuums of Care (CoCs)	Number of Homeless Individuals, 2010		
	Veterans	All	Veterans as % of All
1. Newport News, Hampton, Virginia Peninsula	183	607	30.2%
2. Richmond/Henrico, Chesterfield, and Hanover counties	160	1,012	15.8
3. Norfolk	80	556	14.4
4. Fairfax County	66	1,544	4.3
5. Roanoke City and County, Salem	64	518	12.4
6. Virginia Beach	57	510	11.2
7. Prince William	34	497	6.8
8. Portsmouth[a]	28	303	9.2
9. Winchester/Shenandoah, Frederick, Page, Warren counties	27	264	10.2
10. Petersburg[a]	22	90	24.4
11. Charlottesville	20	227	8.8
12. Alexandria	19	359	5.3
13. Fredericksburg/Spotsylvania, Stafford counties	19	288	6.6
14. Arlington County	17	531	3.2
15. Danville/Martinsville	14	214	6.5
16. Harrisonburg/Rockingham County	8	185	4.3
17. Lynchburg	8	128	6.3
18. Staunton, Waynesboro, Augusta, and Highland	8	94	8.5
19. Chesapeake[a]	6	37	16.2
20. Loudoun County	4	157	2.6
21. Suffolk	1	32	3.1
22. Balance of State[b]	41	864	4.8
TOTAL	**886**	**9,017**	**--**

[a] Numbers reflect January 2009 point-in-time counts. These CoCs either did not conduct a 2010 count or did not provide 2010 data.
[b] Comprised of ten local continuums.

Source: Numbers provided by each CoC except for Balance of State count, which was provided by DHCD.

Table 2: Estimates of Numbers of Chronically and Non-chronically Homeless Veterans in Virginia in 2010

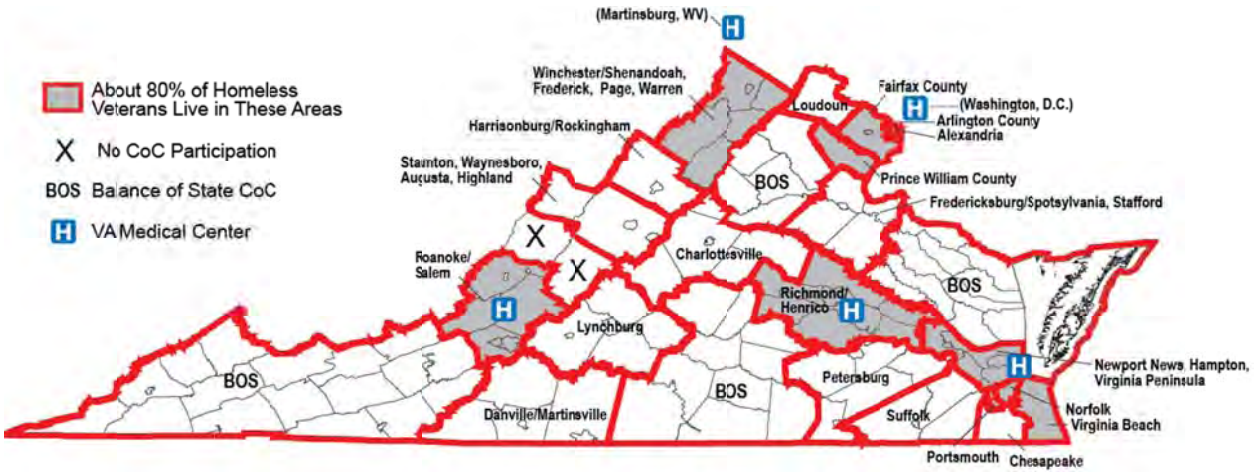
	Point-in-Time (Preliminary)	Throughout the Year
Chronically Homeless Veterans	310	780
Non-chronically Homeless Veterans	580	1,440
TOTAL	**890**	**2,220**

Source: JLARC staff analysis based on CoC point-in-time counts shown in Table 1.

WHAT ARE RISK FACTORS FOR VETERANS BECOMING HOMELESS?

Most veterans do not become homeless, and in Virginia, the portion that are homeless appears to be very small. Identifying those veterans who are at risk of homelessness is difficult. Some of the risk factors that have been identified by researchers who study homelessness are exemplified in the story told by "Robert," who was interviewed by a Richmond magazine in 2009 and who identified himself as a Vietnam veteran:

Figure 1: Virginia's 22 Continuums of Care and Closest VA Medical Centers



Note: The Department of Housing and Community Development provides technical assistance to the providers in the Balance of State areas, which are comprised of geographically dispersed, mostly rural localities.

Source: Boundaries of Continuums of Care from HUD GIS data downloaded April 25, 2010.

Case Study

Robert was pushing a grocery cart full of cans on a sidewalk in downtown Richmond. He said that he owns a home which he inherited from his parents. However, he has a disability caused by his previous job as a laborer and is unable to work. He said his only income is from selling aluminum cans for recycling. He also said that social workers want him to sell his house and other assets so that he can qualify for government assistance, but he is too proud to do so.

Poverty, Substance Abuse, Mental Illness, and a History of Incarceration Are Risk Factors for Veterans and Non-veterans

Although other details of Robert's situation are unknown, it is possible that, besides unemployment and a low income, he has one or more of the other risk factors for homelessness, such as a history of incarceration or substance abuse (Table 3). The health problems Robert identifies would not qualify him for VA disability benefits because they are not related to his military service. It is not known whether Robert's military experience left him with post-traumatic stress disorder (PTSD), like the estimated 20 to 30 percent of Vietnam veterans who are believed to have developed the disorder.

According to the VA, a causal connection has not been established between homelessness and military service or exposure to combat. Instead, the VA considers the risk of homelessness to be increased by a confluence of factors that can affect veterans and non-veterans alike: poverty, lack of a support system, substance abuse, and mental illness.

Table 3: Risk Factors for Homelessness Are Similar for Veterans and Non-veterans

Risk Factor	Relation to Homelessness	Veterans Compared to Non-veterans	OEF/OIF Veterans Compared to Other Veterans
Lack of affordable housing	• Supply of affordable housing (accounting for no more than 30% of household income) appears to have decreased while housing cost burden has increased for many.	• Veterans have higher rates of home ownership, appear better housed.	• Unknown.
Poverty	• One in ten individuals living in poverty will experience homelessness each year.	• Veterans are less likely to be living in poverty, partially due to receipt of VA pension and education benefits.	• Unknown.
Substance abuse	• More than 70% of the homeless are affected. • A risk factor for traumatic brain injury.	• Veterans have higher incidence of alcohol abuse. • But veterans may be eligible for substance abuse treatment from the VA.	• Young veterans have higher rates of drug abuse, particularly prescription opiates, and excessive drinking.
Serious mental illness (SMI)	• From 20 to 25% of the homeless are affected by SMI, which includes schizophrenia and major depression.	• Lower rate of SMI among male veterans, perhaps due to health screening of recruits. • Veterans' suicide rate twice that of nonveterans suggesting undiagnosed mental illness.	• Suicide rates among current active duty Army service members—20.2 per 100,000 soldiers—are highest in its history.
History of incarceration	• Persons recently released from prison or jail have a greater risk of homelessness than those with similar characteristics who have not been incarcerated. • Risk is increased with longer periods of incarceration. • Persons with criminal convictions are more likely to be denied housing and employment.	• Male veterans are less likely to be incarcerated than other adult males. • Male veterans in State prisons are more likely to be incarcerated for violent crimes. • Previously incarcerated male veterans reported receiving longer sentences for all types of crime.	• Data on 2007 arrests do not indicate increasing crime rates for these veterans.
Unemployment	• Most of the homeless are unemployed. • Low wages of homeless individuals who are employed make it more difficult to find housing.	• Veterans have a lower unemployment rate and generally earn higher salaries. • Some employment and education services and benefits are targeted to veterans.	• 2008 unemployment rate for 18- to 24-year old veterans was slightly higher compared to non-veterans in same age category (14% versus 12%). • Recent recruits are less likely to have high school diplomas.
Post-traumatic stress disorder (PTSD)	• PTSD appears to increase the likelihood of other risk factors for homelessness, such as substance abuse.	• Veterans' risk of developing PTSD is higher than civilians'. • An estimated 20-30% of Vietnam veterans developed PTSD. • Exposure to combat appears to increase risk of developing PTSD.	• 10-19% of these veterans were exhibiting symptoms of PTSD three to four months post deployment. • Longer and multiple deployments appear to increase risk of developing PTSD, and 34% have been deployed multiple times.
Traumatic brain injury (TBI)	• TBI is five times more prevalent among the homeless than the general population. • Appears to increase other risk factors, such as mental illness, drug abuse, and PTSD.	• Active duty and reserve service members' risk for sustaining TBI is higher than civilians'. • TBI and PTSD are often co-occurring in veterans.	• OEF/OIF service members are sustaining mild TBI at high rates.
History of sexual abuse or military sexual trauma (MST)	• History of sexual abuse is associated with a slightly increased risk of homelessness. • Female veterans with history of MST more likely to develop PTSD, depression, and alcohol abuse than those without history of abuse.	• Female service members report higher rates of childhood sexual abuse. • 20-43% of service members, the majority female, have experienced MST.	• Number of female service members and female veterans has increased (in 2010, 10% of veterans are female.)

Source: JLARC staff analysis of data from the U.S. Census Bureau, Defense and Veterans Brain Injury Center, Department of Health and Human Services, the VA, and the Bureau of Justice Statistics.

Lack of Affordable Housing Is a Primary Risk Factor for Virginia Veterans

A lack of affordable housing is a significant hardship for low-income households and a key contributor to homelessness. The generally accepted definition of affordability is for a household to pay no more than 30 percent of its annual income on housing. Households that pay more toward housing costs may not be able to afford necessities (such as food, clothing, and medical care) or save for the unexpected, such as a sudden loss of income.

For communities trying to move individuals out of homelessness, a lack of affordable housing limits their options. In such a situation, assisting low-income individuals to exit homelessness has been likened by one researcher to "a game of musical chairs" because "wherever there are more people than there are affordable, livable housing units, there will always be people left without a home when the music stops."

For the lowest income households, even the least expensive rental units in a community may be unobtainable without expending more than 30 percent or even more than 50 percent of their household income. A 2007 analysis by the National Low Income Housing Coalition (NLIHC) found that Virginia had only 50 affordable, available units for every 100 extremely low-income renter households.

Many communities in Virginia report an inadequate supply of affordable housing. As two CoCs noted on a JLARC staff survey: "With a lack of affordable housing, we can't move the [homeless] persons into permanent housing," and "increasing access to [affordable] housing . . . ultimately provides [the] exit strategy" for homeless people. (Results of the survey are in Appendix D.)

Fair Market Rent

Fair Market Rents are gross rent estimates, which include the cost of rent plus utilities, except phone, cable and Internet. These estimates are set by HUD for each market area in the United States.

Based on 2006-2008 Census Bureau data, approximately 21 percent of veteran-renter households in Virginia are rent burdened (paying more than 30 percent of household income toward rent) and about 12 percent face a severe rent burden (paying more than 50 percent toward rent) (Table 4). Housing costs are particularly high among veterans with the lowest incomes. For instance, as much as 43 percent of veterans in renter households in Virginia earning less than $30,000 during the prior 12 months faced a severe rent burden. Perhaps this should come as no surprise given that, according to the NLIHC, a household had to earn at least $37,850 a year to afford the Fair Market Rent for a two-bedroom apartment in Virginia in 2009 ($946). According to NLIHC, for many households earning low incomes ($22,480 annually) or minimum wage ($13,639 annually), Fair Market Rent was simply out of reach.

Table 4: Some Veterans in Virginia Face Housing Cost Burdens

Housing Status	Housing Cost Burden[a]	Severe Housing Cost Burden[b]
Own	14%	5%
Rent	21%	12%

[a] More than 30 percent of household income goes to housing costs.
[b] More than 50 percent of household income goes to housing costs.

Source: JLARC staff analysis of U.S. Census Bureau American Community Survey 2006-08 data.

Other Risk Factors Are Found in a Subset of Homeless Veterans in the Richmond Region

A single male, older than 50, and with a history of substance abuse is the typical profile of a homeless veteran in the United States. Mental illness is less common than substance abuse in this population, but still occurs at high rates (according to the VA, 45 percent of homeless veterans have mental illness while 70 percent have substance abuse problems).

Homelessness Related to History of Incarceration

A 1996 study is still the most comprehensive available on homelessness in the nation. According to these data, the risk of homelessness for a male increased 3-1/2 times if he had ever been incarcerated.

According to data from the 2010 Richmond region CoC point-in-time count, which reports the most comprehensive data on homeless veterans in the State, this national profile holds true in the Richmond region (Table 5). The vast majority (95 percent) of homeless veterans who responded to this CoC's survey questions are male, and a substantial portion (46 percent) have a history of substance abuse. A history of mental illness is reported by 42 percent of these homeless veterans. Seventy percent reported a history of incarceration, many for felonies.

Table 5: Profile of a Subset of Homeless Veterans in Richmond Region, January 2010

The vast majority are men		Most were honorably discharged	
Male	95%	Honorable discharge	73%
Most have been incarcerated, many for felonies		**Many report substance abuse or mental illness**	
Have been in jail or prison	70%	History of substance abuse	46%
Of those incarcerated, have felony conviction	61%	History of mental illness	42%

Note: Preliminary data, based on self-reports of 122 self-identified veterans whose average age was 50.6 years. Not all veterans counted participated in this survey. The representativeness of the sample, particularly of the unsheltered population, is unknown.

Source: JLARC staff analysis of data from Homeward, the lead agency for the Richmond region CoC.

Some Veterans of Iraq and Afghanistan, Including National Guard and Reserve, and Female Veterans, May Be at Higher Risk

According to the U.S. Department of Defense, about 56,000 service members who reside in Virginia have been deployed to Afghanistan and Iraq as part of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) since September 11, 2001. About 40 percent of the 7,400 Virginia service members who were de-

ployed as of March 31, 2010, were National Guard and Reserve troops.

There are some reports that OEF/OIF veterans appear to have a higher risk of alcohol abuse and mental health problems following deployment than active duty service members. One possible explanation for the higher health risk of these veterans is the fact that National Guard and Reserve troops have historically had less access to and awareness of military support services than regular active duty service members, including having limited eligibility for VA benefits. (However, active duty service in OEF/OIF entitles them to most benefits.) On the other hand, National Guard and Reserve troops are more likely to have been employed and have had a stable social network before mobilization than active duty service members.

Female veterans may also face different risk factors for homelessness. Female service members report higher rates of childhood sexual abuse than their civilian counterparts, and two studies of female veterans seeking medical care at the VA found that from 15 to almost 30 percent reported sexual trauma or assault while in the military. Other studies have found rates of military sexual trauma as high as 43 percent among all service members.

MULTIPLE PROGRAMS SERVE HOMELESS VETERANS AND THOSE AT RISK OF HOMELESSNESS

Homeless veterans often have multiple needs. Programs that specifically address homelessness generally focus on providing housing assistance. However, homeless persons also have needs that are similar to those faced by many Americans, particularly those with low incomes. In some cases, providers who serve the homeless offer medical and behavioral health care and employment assistance, and those services are often similar to those provided by mainstream providers that serve the general population. Examples of mainstream services that can help veterans and other individuals experiencing or at risk of homelessness include Food Stamps, Medicaid, and Temporary Assistance for Needy Families.

Mainstream Service Providers

Mainstream service providers are local government agencies that serve the general public as opposed to one specific population, such as the VA serving only veterans. Examples include the Department of Social Services and community services boards. And similarly, mainstream public assistance programs are generally available to all citizens who meet eligibility requirements, like Food Stamps and Medicaid.

Homeless and mainstream services are provided by a multitude of federal, State, and local agencies, as well as private organizations (Table 6.) (See Appendix E for details about specific programs and grants.) To provide these services efficiently and effectively to homeless veterans, organizations must coordinate their efforts. Case managers at various organizations often help individuals navigate the maze of programs and services by providing assessment, referral, and follow-up. Without adequate coordination and case management to help "connect the dots" shown in the table, homeless veterans may “fall between the cracks.”

Most Funding and Many Direct Services Are From the Federal Government

In 1999, the U.S. Government Accountability Office (GAO) identified at least 50 federal programs administered by eight federal agencies that serve the homeless or low-income populations. In Virginia, most funds for services for the homeless and homeless veterans come from HUD and the VA. Additional funds for health care and employment services are available from the Department of Health and Human Services and the Department of Labor.

Table 6: Services to Assist Homeless Veterans or Those At Risk of Homelessness Are Funded and Provided by Many Different Entities

	Housing	Medical or Behavioral Health Care	Employment/ Income Support	Prevention[a]	Case Management[b]
Federal Agencies[c]					
DOL (Labor)			●	●	
DOJ (Justice)				●	
HHS (Health, Medicaid)		●	●	●	●
HUD (Housing)	●			●	
SSA (Social Security)			●		
USDA (Food)			●		
VA (Veterans Affairs)	●	●	●	●	●
State Agencies					
DBHDS (Behavioral Health)		●			
DHCD (Housing)	●		●	●	●
DHRM (Human Resources)			●		
DMAS (Medicaid)		●			
DOC (Corrections)	●	●	●	●	
DRS (Rehabilitation)		●	●		
DSS (Social Services)		●	●		●
DVS (Veterans)		●	●	●	
VDH (Health)		●			
VDOT (Transportation)			●	●	
VEC (Employment)			●	●	
VHDA (Housing)	●				
Local Agencies and Private Organizations					
Community Services Boards	●	●	●	●	●
Faith-based Organizations	●	●	●	●	
Health Clinics		●			●
Hospitals		●			
Non-profits	●	●	●	●	●
Public Housing Authorities	●				
Veterans Service Organizations				●	

[a] Prevention includes, among other activities, outreach to and services for persons being discharged from institutions.
[b] Case management includes assessment, referral, and follow-up services and may include counseling services.
[c] The Federal Emergency Management Agency of the U.S. Department of Homeland Security and the U.S. Department of Education also provide some services to the homeless.

Source: JLARC staff analysis.

HUD Is Primary Provider of Homeless-Specific Assistance. In federal fiscal year (FFY) 2009, about $3.2 billion was appropriated to HUD for homeless assistance grants. This assistance supports four key homeless assistance programs: Emergency Shelter Grants, Supportive Housing Program, Shelter Plus Care, and Section 8 Moderate Rehabilitation Single-Room Occupancy. In addition, a one-time appropriation of $1.5 billion was made for the Homeless Prevention and Rapid Re-housing Program (HPRP). While not veteran specific, many veterans access housing supported through these programs. However, in FFY 2005, GAO estimated that only about 11 percent of all eligible low-income veteran households (250,000) received HUD assistance. Since 2008, about 29,000 veteran-specific housing vouchers have been allocated through a joint program administered by HUD and the VA, known as HUD-VASH.

VA Provides Most Direct Services to Homeless Veterans. The VA's medical centers, outpatient clinics, and counseling centers (Vet Centers) exist to serve the health care needs of eligible veterans. VA facilities are located throughout the State, and eligible veterans in Virginia can use any facility that is convenient, including those in surrounding states (see map, Appendix F). Collectively, these sites offer emergency and primary care, mental health and substance abuse services, as well as treatment for PTSD and traumatic brain injury. The VA's Health Care for Homeless Veterans program is at each medical center; program staff seek out homeless veterans in emergency shelters and other settings and help them access services. (In 2008, approximately 700 veterans were assisted by the Health Care for Homeless Veterans programs at the three VA medical centers in Virginia.) Although medical and behavioral health care is its primary mission, the VA also provides funding or direct services for housing, employment, income support, and homelessness prevention.

State Provides Some Funding and Services

State-funded housing programs are administered by the Department of Housing and Community Development (DHCD). DHCD administered approximately $15 million for homeless services in fiscal year (FY) 2009, including about $7.6 million in State general funds, which support three programs: Child Care Services Coordinator Grant, State Shelter Grant, and Homeless Intervention Program.

The Department of Veterans Services (DVS) is the State's lead agency for assisting veterans. DVS is advised by the Joint Leadership Council of Veterans Service Organizations (JLC), which was established by the *Code of Virginia* to represent veterans' inter-

ests. Other State agencies administer federal funds and provide services to veterans or other homeless individuals. For example:

- Low-income veterans may seek treatment for substance abuse or mental illness at Virginia's community services boards (CSBs), local government agencies supported by federal, State, and local funds. CSB services are licensed by the Department of Behavioral Health and Developmental Services (DBHDS), which also operates the State's mental health facilities, which serve some veterans.
- The Department of Corrections (DOC) provides or contracts for health care for prison inmates, including veterans, and also has re-entry specialists who work with inmates about to be discharged who have no place to go.

Many Services Are Provided at the Local Level

Local and private organizations provide some funding and a substantial amount of services to low-income and homeless persons, including veterans. Examples include health care clinics, such as the Daily Planet in Richmond; faith-based organizations, such as the Rescue Mission shelter in Roanoke; and Offender Aid and Restoration, which has locally administered offices in several Virginia cities. As mentioned, CSBs also serve veterans.

HOMELESS AND AT-RISK VETERANS ACCESS SERVICES FROM STATE AND LOCAL ENTITIES

For a variety of reasons, not all homeless or at-risk veterans, despite their record of military service, access services from the VA. Some are not eligible for VA health care because they did not serve in the military long enough or they were dishonorably discharged. Some veterans who may become homeless are incarcerated. Some homeless veterans may be unaware of VA services, or they may be reluctant to seek treatment at the VA. Still others may not be able to overcome barriers that are systemic, such as geographic distance to and lack of capacity at VA facilities.

According to staff at the Richmond VA medical center, a large number of homeless veterans do not access any kind of services, "especially not VA services."

According to staff at the Richmond VA medical center, a large number of homeless veterans do not access any services, "especially not VA services." Providers and homeless veterans interviewed by JLARC staff offered possible explanations for why some eligible veterans may not seek VA services. A case manager at a non-profit clinic observed that some veterans have "burned bridges" with the VA staff. Anger about their military experience or shame about their present situation prevents some individuals from identifying themselves as veterans. Pride is another factor. JLARC staff spoke with one veteran who stated that many of his peers reject any services that could be perceived as "handouts." He also noted that

there is a stigma among service members over admitting to and seeking treatment for mental illness.

In other cases, systemic barriers related to location and capacity make it difficult for veterans to access VA services. For example, the VA facility that offers the services needed by a particular veteran may not be easily accessible. Virginians who work with homeless veterans frequently related to JLARC staff the difficulties with transportation and distance to VA services. For example, in Loudoun County, "VA healthcare services are between 1 and 2 hours travel time away…and this distance is prohibitive to veterans who have no transportation." Staff at a transitional housing program for veterans in Virginia Beach said that most veterans need to go to the Hampton VA medical center for treatment—a three-hour bus ride from their apartment building. Wait times for appointments reflect a strain on the VA's capacity to serve all veterans who need services. Preliminary findings of a Virginia Tech study of veterans in the State found that "of those seeking VA care a high proportion report not being able to get an appointment."

REPORT PRESENTS STRATEGIES FOR REDUCING VETERAN HOMELESSNESS IN VIRGINIA

Ending veteran homelessness has been made a federal priority, and in Virginia, the Governor has announced an administration effort to increase affordable housing and reduce homelessness. Despite the variety of programs and services available to assist homeless veterans, not all homeless veterans are being served. This study examined current levels of and gaps in services in Virginia, in part by surveying the CoCs. Most CoCs reported meeting, at best, only some (and not a majority) of the needs of homeless veterans in their areas. For services that are provided, the number of agencies and organizations involved presents coordination issues.

Services for chronically and non-chronically homeless veterans are discussed separately in this report because these groups have distinct needs. Needs of the non-chronically homeless (Chapter 2) may be addressed by strategies that target the most common causes of homelessness—a lack of affordable housing and insufficient income. Options are presented for making housing more affordable in the State although a systematic assessment of Virginia's housing market was beyond the scope of this study. Chronically homeless veterans (Chapter 3) have the most intensive needs, which may be addressed by providing permanent supportive housing. Strategies are presented for improving the overall coordination and delivery of services to homeless veterans (Chapter 4). The report summarizes strategies the State might consider in order to reduce veteran homelessness and provides options for funding their implementation (Chapter 5).

Chapter 2

Services for Non-chronically Homeless Veterans

In Summary

Ideally, veterans who are at risk of homelessness would be identified and targeted for services to help them stay in their housing, and those veterans who become homeless would have assistance with rapidly finding housing. However, the State's current approach to prevention or assistance at an early stage of homelessness is limited in scope and resources. Veterans attempting to exit homelessness face challenges because of limited housing opportunities. Prior criminal convictions and lack of income from employment or public assistance are barriers to available housing.

To reduce veteran homelessness, the State could increase its prevention efforts, including outreach to veterans after separation from service and the development of policies and the targeting of assistance to incarcerated veterans to prevent discharges into unstable situations. The State could also consider increasing its funding for short- and long-term assistance for housing costs and limited supportive services. Costs of about $1.5 million to $3.5 million could be incurred in expanding the State's Homeless Intervention Program and providing long-term rental subsidies for a portion of the non-chronically homeless. In addition, the Virginia Wounded Warrior Program appears well positioned to play a substantial role in State efforts to reduce or prevent veteran homelessness; however, the program's primary service providers, the community services boards, may require additional resources if the program is to have an expanded role.

Some veterans experience periods of homelessness that are relatively brief, compared to the chronically homeless. Other homeless veterans are not defined as chronically homeless because they do not have a disabling condition. These non-chronically homeless veterans greatly outnumber the chronically homeless. In Virginia, the best available information suggests that in 2010, there are about 580 of these veterans at a given point in time, or about 1,440 across the year. These veterans may enter and exit homelessness rather quickly, primarily utilizing emergency shelters and other types of short-term assistance. This group includes veterans who have recently been discharged from an institution such as a prison or jail and who have had difficulty finding or paying for housing.

A majority of people who become homeless use emergency shelters just once and exit quickly. Some people, however, need additional assistance to secure permanent housing. A "rapid re-housing" model seeks to return veterans experiencing short-term homelessness to permanent housing as quickly as possible, through a combination of short-term financial assistance and supportive services. This approach assumes that people are more responsive to inter-

ventions and social services when they are in their own homes rather than temporary facilities. Of course, the ideal approach would be to prevent any of these veterans from becoming homeless in the first place, including veterans who are being discharged from an institution and have no place to go. To be successful, prevention efforts need to include identification of veterans who are at risk of becoming homeless and early, effective intervention.

Preventing or limiting the duration of veteran homelessness is a challenging proposition, but progress can be made. Virginia's approach to the problem has been limited and could be improved. Potential State strategies to strengthen the State's approach are addressed in this chapter, but additional resources will likely be required to achieve substantial progress.

TARGETED PREVENTION EFFORTS AND SHORT- AND LONG-TERM HOUSING ASSISTANCE CAN REDUCE HOMELESSNESS

Preventing homelessness is an essential component of any strategy to reduce homelessness. In the absence of substantial efforts to eliminate the primary causes of homelessness, such as a lack of affordable housing and poverty, the most effective approach to prevention is to target efforts to those at greatest risk of homelessness. New federal programs and grants offer communities the opportunity to focus their homeless assistance programs on prevention and rapid re-housing. Strategic use of these new funds will be critical. There is still debate about the most effective way to provide these services, but evaluations of new federal programs will offer insight.

Prevention and Rapid Re-housing Assistance Can Reduce Homelessness

In the following case study, a veteran and his family were prevented from becoming homeless:

> ***Case Study***
> *DVS received a request for assistance from an Army veteran who was in danger of losing his home to foreclosure. The veteran was 100-percent disabled due to PTSD, and his disability payments were his family's only source of income. DVS staff identified a community resource to help the family pay some of their bills and develop a financial plan, which enabled them to avoid losing their home.*

The research literature on homelessness indicates that preventing homelessness from occurring in the first place is in the best interest of the community as well as the potentially homeless person. The community's interest is served because helping the individual or family maintain their housing is often less costly than re-

housing them later. It also helps limit the need for two systems of public assistance, one for those with housing and the other for the homeless. The potentially homeless person is spared from experiencing the negative effects associated with homelessness, such as violence and medical problems.

The veteran in the preceding case study identified himself as being at risk of homelessness. The challenge, however, is to successfully identify others who will become homeless, so that limited resources can be used efficiently. Many risk factors that can lead to homelessness are known, such as poverty, mental illness, a history of incarceration, and unemployment. However, according to HUD's 2005 *Strategies for Preventing Homelessness*, "Knowing such factors about a set of people will not predict homelessness with certainty." There are, however, some promising examples of targeted prevention efforts which can be adapted to local circumstances.

For example, communities can use identified risk factors to screen individuals and families based on their likelihood of becoming homeless, and then target resources to those at greatest risk. The director of the National Alliance to End Homelessness (NAEH) described this as using preventive services as close to the front door of homelessness as possible (Figure 2).

Figure 2: Limited Assistance Should Be Provided Close to the "Front Door" of Homelessness

Source: JLARC staff graphic.

Strategies which appear to be effective in preventing homelessness include short-term financial assistance (such as that provided to the veteran in the case study above) and targeted assistance with tenant-landlord relations. For example, in Massachusetts, an evaluation of short-term financial assistance programs found positive outcomes, with between 63 and 91 percent of the households served having stable housing after a 12-month follow-up. Also, a program which targeted tenants who had mental illness and substance abuse problems, and assisted them in landlord-tenant mediations and legal matters, was successful in maintaining housing for a high proportion (up to 85 percent) of clients served. According to a newspaper report, Norfolk was able to use similar assistance to prevent 313 people from becoming homeless in 2009.

Similar assistance can be provided to those who become homeless. Ideally, individuals who seek emergency shelter are screened to determine what has led to their need for shelter, and then a concerted, coordinated effort is made to tap those services which are necessary to rapidly re-house the individual. Evaluators of such efforts in Minnesota found that only 12 percent of families who were rapidly re-housed returned to a shelter within the following year.

Long-term Rental Vouchers Can Reduce Homelessness

For some low-income households, long-term rental assistance may be needed to help obtain or maintain permanent housing. Long-term rental subsidies, such as Section 8 Housing Choice vouchers, pay the difference between rent and 30 percent of a household's income (the level considered affordable). The Center on Budget and Policy Priorities stated that federal rental assistance programs have been effective at helping low-income households "obtain decent, stable housing and reducing the risks of homelessness."

According to NAEH, "Having a voucher is the single best predictor of whether a family will be able to stay out of homelessness." Rental subsidies were effective in reducing homelessness in the following cities:

- New York City: only eight percent of families that left emergency shelters for subsidized housing had a subsequent homeless episode.
- Philadelphia: when the city adopted a strategy to move homeless families to subsidized housing, repeat episodes of homelessness dropped from 50 to ten percent over three years.
- St. Louis: six percent of families that exited homelessness with a subsidy subsequently experienced homelessness, compared to 33 percent who exited without a subsidy.

Federal Policies Emphasize Prevention and Rapid Re-Housing

Recent changes in federal homelessness policy emphasize prevention and rapid re-housing activities. In 2009, Congress approved a one-time appropriation of about $1.5 billion for the Homeless Prevention and Rapid Re-housing Program (HPRP). HPRP funds can be used for households which are homeless or would otherwise become homeless if not for this assistance. HPRP can fund rental assistance, security and utility deposits, and housing relocation and stabilization services, as well as data collection and evaluation. In March 2009, approximately $13 million in federal HPRP funding was distributed to 13 Virginia localities and roughly $11 million was allocated to DCHD.

Future HUD and VA funding will also support prevention and rapid re-housing activities. For instance, implementation of the HEARTH Act in 2011 will include new HUD funding for CoCs which is similar to HPRP. Likewise, the VA expects to announce the availability of similar funding as part of the Supportive Services for Veteran Families Program in 2010. Non-profit organizations and consumer cooperatives will be able to apply for funding to provide low-income veteran families with housing stability through outreach, case management, assistance obtaining VA and other benefits, and time-limited payments, such as rent, utility, and child care payments.

VIRGINIA FACES CHALLENGES IN PREVENTING OR LIMITING THE DURATION OF VETERAN HOMELESSNESS

Communities may try to prevent homelessness via a range of activities. Some activities require relatively few resources, such as outreach, employment assistance, or short-term housing assistance. Other efforts, such as long-term assistance for ex-offenders who have multiple barriers to employment and housing, require greater resources and may require shifts in current policies. Without implementing each of these efforts to some degree, however, it is unlikely that veteran homelessness will be prevented or substantially reduced in Virginia.

Outreach to Virginia Veterans Has Been Limited

Connecting veterans with benefits and services for which they are eligible may provide them with training, skills, and income that can help prevent homelessness and reduce dependence on State services. The VA provides a range of benefits, including disability, pension, and education benefits. DVS staff help connect veterans to disability and pension benefits by processing their claims. If veterans who need assistance or services do not obtain it from the VA, they are likely to either access State and local services or forego the needed service or benefit. The following case study describes

a situation in which a veteran was unaware that he could access behavioral health services from the VA.

Case Study

JLARC staff interviewed a veteran who was in a residential substance abuse recovery program. Although the man lives in an urban area with a VA medical center, he had previously obtained substance abuse treatment through a non-profit organization, which he paid for out of pocket. Some years later, he needed substance abuse treatment again and heard about the VA medical center's program through word of mouth. Because he was eligible for the VA treatment program, he did not have to pay. In his opinion, the VA was vague about services when he was discharged, and public service announcements or other reminders for veterans would be useful.

Better outreach to veterans may be needed to connect them to benefits and other needed services that could help prevent homelessness. Currently, DVS sends recently separated service members a single mailing containing a letter and brochure describing the available services and benefits. According to DVS staff, the department provides no follow-up because it would be too costly and cumbersome. Furthermore, DVS benefits services staff are unable to conduct further outreach to veterans who may be eligible for disability benefits.

Another form of outreach provided to Virginia veterans is the Transition Assistance Program (TAP) and the Disabled Transition Assistance Program (DTAP). The program is funded by the U.S. Departments of Labor and Defense and provided by Virginia Employment Commission (VEC) staff based on a federally mandated curriculum. The purpose of the program is to provide information about employment services, resources, and activities that will move the service member to a successful transition. The program provides job skills training such as resume writing, interview skills, and employment searches, as well as information about benefits. Participation in the TAP training is free and voluntary.

Nonetheless, JLARC staff were told multiple times by different organizations and some homeless veterans that TAP is limited as a tool for preventing homelessness for several reasons. First, the target population is transitioning service members, not homeless veterans. Second, while attendance is greatly encouraged by the military, it is not mandatory. Third, TAP is typically presented shortly before separation from the military, at a time when service members are far more likely to be focused on returning to civilian life, including their families. Although TAP's usefulness as a tool for preventing homelessness may be limited, according to VEC

staff, military counseling sessions that are offered prior to TAP may be assessing service members for their risk of homelessness.

In addition, VEC has 65 local veterans employment representatives (LVERs) and disabled veterans outreach program staff (DVOPs) located at most workforce centers and One-Stops throughout the State, particularly in areas with a high concentration of veterans. In addition to conducting TAP workshops, VEC staff assist veterans with job searches, contact employers about job opportunities, and provide information to homeless veterans at outreach events. In some cases, VEC staff visit veterans in prisons to educate them about the department's services. LVERs and DVOPs had contact with more than 15,000 veterans from September 2008 to September 2009, approximately 640 of whom were homeless.

Veterans who are linked with services and income benefits are less likely to become homeless. In May 2008, the VA initiated an outreach and enrollment program called "Seven Touches" to increase awareness of the programs available to service members returning from Iraq and Afghanistan. The program's goal is to contact recently separated veterans seven times during the first six months after discharge with service and benefits information. The VA is reporting that nationally, veteran enrollment in medical center programs has increased as a result.

Service providers report they are not seeing large numbers of homeless veterans who served in the Afghanistan and Iraq conflicts, but many providers interviewed for this study anticipate an increased incidence of homelessness and need for services as a result of returning service members. Studies have shown that veterans' risk of homelessness is greatest at least ten years after returning from active combat.

Veterans Face Challenges Transferring Military Skills to Civilian Employment

Like non-veterans, veterans without sufficient income or financial resources are at risk for homelessness. Obtaining and keeping a job are ways to generate income. Yet veterans, especially those recently returning from service, may struggle to translate their military skills into civilian employment opportunities. At the TAP training, JLARC staff heard from VEC veterans' employment representatives that translating skills learned in the military to civilian jobs is a challenge for some veterans. According to the National Coalition for Homeless Veterans and the VEC, many military specialty skills, such as weapons specialist and helicopter door gunner, are not transferable to the civilian employment market. Furthermore, employment opportunities such as law enforcement,

which may be a good match for these military specialties, are difficult to obtain due to the limited supply of such positions and the current tight labor market.

Some Veterans May Not Transition Rapidly Out of Homelessness Due to Limited Short- or Long-term Housing Assistance

National data suggests that not all homeless persons are rapidly exiting the shelter system. *The 2009 Annual Homelessness Assessment Report to Congress* indicates that 34 percent of individuals staying in an emergency shelter stayed for a month or more within a one-year period. Other data suggests that even when people exit shelters, they may return to homelessness at a later point. According to data from the 2010 Richmond region CoC point-in-time count, 42 percent were homeless two or more times in the past three years. As one respondent to the JLARC staff survey of CoCs explained, "Many homeless individuals are ready to be on their own [but] simply cannot [do so] for lack of housing options and/or support."

Short-term Assistance for Veterans to Stay Housed or Rapidly Exit Homelessness Is Limited. Some veterans may become temporarily homeless due to a sudden loss of income, such as from losing a job or facing high medical bills, which makes it impossible for them to afford housing and other necessities. For many who have lived independently, short-term assistance is adequate to help them maintain or regain their housing. As one CoC survey respondent stated, "In some cases, once housing has become stable, very little intervention is needed beyond that."

Short-term financial assistance can help with common barriers to housing, such as security deposits, utility payments, and moving costs. As NAEH explained in a document about successful rapid rehousing programs,

> …someone who became homeless because he or she was $300 short of the full rent is unlikely to have two thousand dollars (or more) for a new security deposit and first/last month's rent.

Transitional case management services help veterans transition to and remain stably housed by providing services such as credit counseling, financial management, and landlord mediation.

Providers and CoCs responding to JLARC staff surveys reported unmet needs for short-term assistance. Among providers, 78 percent reported substantial unmet needs for homeless persons in their communities (six percent reported no substantial unmet needs and 16 percent did not know). Among providers in communities with unmet needs, about three-quarters reported that "little"

or "some" (less than half) of the need for short-term rental assistance or ancillary costs of housing is being met in their communities. Similarly, more than 65 percent of CoCs reported that "little," "some," or "none" of the need for these services by veterans is being met (Appendix D). (As explained in Appendix B, JLARC staff surveyed 21 CoCs and the ten local continuums that comprise the Balance of State CoC. The CoC survey results reported herein refer to the 20 CoCs and six local continuums that responded to the survey.)

Homeless veterans who spoke with JLARC staff also reported needing assistance with transitional costs. With some limited assistance, they felt they could exit homelessness. The following case study illustrates the obstacles faced by some veterans in trying to exit homelessness.

Case Study

A veteran completing an 18- to 24-month recovery program for substance abuse is ready to seek employment and permanent housing. However, because he was unable to work and save enough money during the program, he will have to enter an emergency shelter upon program completion. This veteran reported having his master's degree and a good job prior to military service. Upon returning from the first Gulf War he suffered from PTSD and substance abuse disorder.

Others in the same program suggested that short-term loans would be useful for apartment costs, such as deposits and first few months' rent, as well as transportation to jobs. They explained that "struggling from day one opens the door for relapse."

Long-term Veteran-specific Rental Vouchers Are Limited and There Are Few Other Options for Subsidized Housing. As discussed in Chapter 1, many low-income and homeless veterans face housing costs which are out of reach. For these veterans, long-term rental subsidies can prevent homelessness or help them exit homelessness more quickly. Examining Fair Market Rent is a useful way to understand why some veterans need assistance with housing costs. For certain veterans, Fair Market Rent may not be affordable even with their entire monthly earnings, and for others, paying the full Fair Market Rent would leave insufficient money for other costs of living. As discussed, according to the National Low Income Housing Coalition, the Fair Market Rent for a two-bedroom apartment in Virginia was $946 in 2009. Extremely low-income households, or those earning 30 percent of the area's median income, earn just $1,873 a month. If this group were to pay 30 percent of their income on rent ($562), there would still be a $384 gap. For these veterans to afford Fair Market Rent, a rental subsidy is needed.

Urban Institute

The Urban Institute is a public policy think tank often used by HUD to evaluate programs for the homeless.

The State does not offer any long-term veteran-specific rental subsidies, and there is only one such program offered through the VA, in partnership with HUD (HUD-VASH, discussed in Chapter 3). Consequently, veterans who need assistance with housing costs have few places to turn for help. According to Congressional testimony by staff of the Urban Institute, the VA has a "homeownership loan program for veterans who can afford to buy a home, but there is little help for low-income veterans who are struggling to pay their rent."

Veterans who need rental subsidies must turn to local public housing authorities which administer HUD's Housing Choice vouchers and public housing programs. However, these programs typically have long waiting lists. Staff from the Hampton Redevelopment and Housing Authority noted that their waiting list for Housing Choice vouchers has been closed for nearly three years and initially had over 5,000 on the waiting list. They have another 1,400 on a waiting list for public housing.

While some housing authorities prioritize veterans on their waiting lists, low turnover of vouchers could still mean considerable waiting periods. According to the State's housing finance agency, the Virginia Housing Development Authority (VHDA), which collaborates with 35 local agencies to administer Housing Choice vouchers in communities that do not have public housing authorities, families keep their vouchers for an average of 12 years. VHDA turns over only about 50 families a month, out of over 9,000 with vouchers, and many of those families are simply moving to a new unit.

CoCs and providers report unmet needs for long-term rental assistance to reduce homelessness. Among respondents to the JLARC staff survey of providers, 85 percent of those that serve homeless veterans reported that less than half of the need among the homeless in their communities for long-term rental subsidies is being met. About 80 percent of CoCs reported that less than half the need of homeless veterans for long-term rental subsidies is being met (Appendix D).

During Next Decade, Some Incarcerated Veterans May Need Housing Assistance Due to Nature of Their Crimes

National data indicate that veterans are much less likely to be imprisoned than non-veterans. However, because of the nature of their crimes, some of the almost 2,000 veterans who were in Virginia State prisons at the end of 2009 may have limited housing options and insufficient income to obtain housing after their release. National data and some Virginia-specific information indicate that a portion of ex-offenders become homeless after incarcer-

ation, and their homelessness may be due to barriers related to their criminal history.

Housing options across the nation are limited for persons with a criminal history. The 2003 *Report of the Re-entry Policy Council*, which was funded by grants from the U.S. Departments of Justice, Labor, and Health and Human Services, as well as private organizations, noted that

> …only a handful of supportive housing programs [which provide permanent housing along with supportive services] are targeted specifically toward people leaving incarceration…These types of housing programs present extremely promising ways to improve the odds of successful reintegration.

(For example, a program for veterans that offers this type of housing is not available to anyone who is a registered sex offender.)

A study of those leaving correctional institutions in New York City in the late 1990s found that as many as six percent entered an emergency shelter within one month of their release (another five percent entered a shelter within the first three years). In the Richmond region and the Tidewater area, a significant portion of incarcerated veterans in Virginia may become homeless after they are released. Homeward, the lead agency for the Richmond region CoC, asks homeless veterans about their incarceration history at the point-in-time counts. In the last three years, 70 to 80 percent of those veterans who answered the question reported that they had previously been in prison or jail (Table 7). And two providers in the Tidewater area who serve the homeless, including homeless veterans, told JLARC staff that typically a large number of their clients have recently been in jail.

Veterans in State Mental Health Facilities

In May 2010, there were 115 self-identified veterans in the State's nine mental health facilities. Most were in Eastern State and Central State Hospitals and Southwestern Virginia Mental Health Institute. According to staff at DBHDS, staff at Virginia's CSBs are responsible for discharge planning for these patients, and DBHDS's performance contract with the CSBs specifies that no patients should be discharged to shelters or the street.

VA Programs for Incarcerated Veterans

The Health Care for Re-entry Veterans program offers outreach, referrals, and other services to incarcerated veterans in State and federal prisons who may be at risk for homelessness upon release.

The Veterans Justice Outreach Initiative targets veterans who are in contact with police, in jail, or are being supervised by the courts.

Table 7: Most Homeless Veterans in Richmond Region Who Responded to Survey Have Been Incarcerated in Prison or Jail

	2008 (n=181)	2009 (n=121)	2010 (n=122)
Homeless Veterans With Incarceration History	78%	80%	70%

Note: Number who responded to survey is less than the total number of homeless veterans counted in the Richmond region.

Source: Data and analysis from Homeward's point-in-time counts.

A Guidebook for Veterans Incarcerated in Virginia, prepared by the VA's Health Care for Re-entry Veterans specialist in Richmond (see sidebar), describes the situation: "There are not many [housing] programs that will admit you directly from prison in Virginia. I am aware of only one and it is in Hampton."

Many Incarcerated Veterans Have Convictions for Crimes That Increase Barriers to Housing. DOC policy is that offenders must have a home plan—a place to stay after being released—as a condition of their release. For prisoners near their release dates who do not have a home plan, DOC and VA re-entry specialists work together to try to find them housing. In interviews, these specialists emphasized to JLARC staff that a criminal history, particularly for crimes involving violence, sex offenses, and drugs, is a significant barrier to veterans and other ex-offenders seeking housing. If these individuals do not have their own housing or cannot move in with relatives or friends, they are likely to be denied housing. For public housing, these denials may be legal or mandatory.

Even veterans who do have a home plan may encounter barriers. The case study below illustrates the difficulties of finding housing for a veteran convicted of a sex offense:

> ***Case Study***
>
> *A Vietnam veteran on disability served time in prison for a sex offense. His plan was to live with relatives in another state after his release. Although Virginia has an interstate compact for prisoner releases with this state, DOC staff said that the placement was denied "at the last minute" because of the sex offense. The veteran then stated he could live with his sister in Virginia. However, it was discovered that she was living in a shelter, and DOC tries to avoid shelter placements. With nowhere else to go, the veteran was placed in a motel. While there, he attempted suicide and had to be hospitalized. Although his plan had been to live with family, the veteran now lives in a VA residential facility.*

DOC data indicate that a majority (71 percent) of veterans incarcerated in Virginia prisons in 2009 had been convicted of a violent crime (Table 8). Rape or sexual assault was the most frequent violent offense. A minority had drug offenses, but many reported problematic drug or alcohol use.

Table 8: Snapshot of 1,991 Veterans in Virginia State Prisons (December 31, 2009)

Convictions	
Violent Offense [a]	71%
Drug Sale/Possession	7%
Drug or Alcohol Use (Self-Reported)	
Illegal Drug Use	59%
Heavy Alcohol Use	32%

[a] Includes rape and sexual assault.

Source: Department of Corrections data. Veteran status based on inmate self reports.

Incarcerated Veterans May Also Have Reduced Income After Their Release. Income for housing and other necessities typically comes from employment or benefits. However, veterans with criminal records face obstacles to obtaining either jobs or benefits. The non-profit Legal Action Center reported that Virginia has nine of ten possible "roadblocks" to employment for ex-offenders, such as employers having the right to refuse to hire anyone with a criminal record no matter their qualifications. DOC re-entry specialists told JLARC staff that finding employment for ex-offenders is especially difficult during the current economic downturn, when even low-wage jobs are unavailable. Without the possibility of a job, these veterans may need to rely on benefits for which they are eligible. However, any benefits they had been receiving prior to incarceration, such as Medicaid, Supplemental Security Income, Social Security Disability Insurance, and VA benefits, are cut off or decreased during incarceration. Restoring those benefits can take several months, according to DOC staff. And the process of getting veteran benefits restored is "excruciating," according to the VA re-entry specialist in Richmond.

An Unknown Number of Veterans Are in Virginia Jails

Jails in Virginia do not track the military status of their inmates. However, according to the Bureau of Justice Statistics, in 2002 about nine percent of jail inmates nationwide were veterans. About 17,000 adult males were in Virginia jails at the end of November 2009 (according to the State Compensation Board website); thus, about 1,500, or nine percent, may have been veterans. Data from the Department of Criminal Justice Services confirm that this is a reasonable estimate: more than 4,000 adults arrested in Virginia in 2009 reported that they were either veterans or active duty military.

At Least 230 Virginia Veterans With Criminal History May Need Assistance With Obtaining Housing in Next Decade. As discussed, a history of incarceration makes it more difficult to find housing or obtain employment, and convictions for certain crimes exacerbate those barriers. However, not all of these veterans will become homeless or need assistance with housing, as some will be able to live with family or have other options.

The VA has estimated that about 20 percent of incarcerated veterans are at risk of homelessness after their release. Based on this estimate, about 230 Virginia veterans who were in prison on December 31, 2009, and are due to be released in the next ten years may be at risk. (DOC reports that 1,149, or 58 percent, of veterans incarcerated at the end of 2009 are scheduled for release in the next ten years.) Although the number of jail inmates in Virginia who are veterans is unknown (see sidebar), a portion undoubtedly are veterans. It is likely that some of those veterans were convicted of misdemeanors or less serious felonies; however, these veterans may also need assistance to obtain housing after their release.

STATE STRATEGIES COULD INCLUDE PRIORITIZING PREVENTION AND HELPING VETERANS EXIT HOMELESSNESS QUICKLY

Improving and strengthening the system's prevention and rapid re-housing components could lead to reductions in the number of homeless Virginia veterans. Upcoming changes in federal homelessness policy emphasize these activities and present opportunities to reprioritize State efforts on housing stability. Potential

State strategies to reduce homelessness among the non-chronically homeless include

- improving outreach to veterans after separation from the military,
- exploring options to improve veterans' access to employment,
- increasing (by about $1.5 million to $3.5 million) and targeting funding for the State's prevention and rapid re-housing program,
- funding long-term rental subsidies for homeless veterans who need this assistance to obtain and maintain housing (about $0.5 million a year),
- helping to decrease barriers to housing for veterans coming out of correctional institutions, and
- identifying behavioral health care services being accessed by veterans through the Virginia Wounded Warrior Program and considering additional funding for these services.

Greater State Outreach Effort After Separation May Help Veterans Access Needed Services and Stay Housed

Increased State efforts to inform Virginia veterans of available services could help prevent homelessness among the large number of service members who will be returning over the next few years. (As of March 31, 2010, 7,400 Virginia service members—4,400 active duty and 3,000 National Guard and Reserve troops—were deployed in either Iraq or Afghanistan.) A need for greater outreach was identified during DVS's March 2007 public meetings related to Executive Order 19 (2006). According to the final report, the need for the department to increase its outreach efforts for returning veterans was among the recommendations offered by the public at all five meetings. DVS identifies this need in its agency strategic plan, as its first goal is to "strengthen outreach and marketing efforts." However, outreach initiatives have not been implemented or funded. Therefore, DVS should examine how to take a more proactive role in contacting and informing veterans of the services and benefits for which they are eligible.

To increase awareness among Virginia veterans about benefits for which they are eligible, DVS should consider revamping how it contacts veterans. As part of the department's single mailing, in 2009, DVS sent letters and brochures to 5,622 veterans at a cost of approximately $2,475. The return rate on the mailings was about one to two percent, staff indicated. Given current postage rates, a follow-up letter to the same group of veterans one year later would cost the State the same amount plus the costs of printing and staff time. And since return rates are low, it can be assumed that the

mailings are reaching the veterans. Ideas provided during the Executive Order 19 public meetings included contacting veterans at six- and 12-month intervals after discharge and maintaining a veteran database that could be shared with veterans services organizations in order to conduct outreach to veterans in their localities.

In addition, DVS should consider requesting additional funding to increase other outreach efforts. For example, the department could request funding to reinstitute the veteran outreach position the department previously eliminated. DVS staff indicated in an email to JLARC staff that greater outreach efforts would likely require three additional positions with a total cost of $143,000 per year.

State Could Explore Opportunities to Assist Homeless Veterans to Obtain Employment

For homeless veterans who can work, facilitating access to employment assistance programs may help them obtain the stable income they need to exit homelessness. In addition, employment can end dependence on public assistance. Opinions vary as to how best to provide employment assistance to homeless veterans, but common approaches include vocational training, supported employment, on-the-job training, and assistance with employment search and resume writing. VEC staff work with employers to identify job opportunities and to make veterans aware of these openings. Still, among respondents to the JLARC staff survey of community-based service providers, 41 percent identified assistance with job search and placement as one of the top six priorities for additional State resources for homeless veterans.

Because a steady source of income is important to helping a homeless individual obtain housing, it is essential that State and local agencies maximize opportunities to assist homeless veterans find employment. Nonetheless, during interviews with JLARC staff, State agency personnel indicated that community-based providers are not obtaining certain federal grants for employment and support services. For example, the U.S. Department of Labor (DOL) funds two competitive grants specifically for homeless and at-risk veterans—the Homeless Veterans Reintegration Program and the Incarcerated Veterans Transition Program (recently renamed the Referral and Counseling Services program). Eligible entities include Virginia's 15 local workforce investment boards (One-Stops) and certain local service providers. (Some local service providers may already be offering such services.) However, according to DOL staff, neither grant has been awarded to a Virginia organization in at least 15 years. (A non-profit organization in Roanoke did receive a Homeless Veterans Reintegration Program grant in June of 2010.) JLARC staff were told by one CoC that organizations may not have applied for such grants for several reasons, including that

the award amount is insufficient or the application process is too complicated.

Increased Financial Assistance and Transitional Services Could Move Veterans More Quickly Out of Homelessness

The exact number of veterans needing assistance beyond an emergency shelter bed to move quickly out of homelessness is unknown. According to an expert consulted by JLARC staff, among any new cohort of homeless people, about half may be able to exit homelessness after a short shelter stay or limited financial assistance. Another 40 percent may require short- to medium-term rental assistance, and the remainder may need long-term rental vouchers (five percent) or permanent supportive housing (five percent). As one CoC explained, "Many members of the homeless community find themselves trying to re-enter society with no support. Additional resources to support this population would make a huge difference in the community."

Analysis of programs funded through HPRP and future HUD grants (due to HEARTH changes) will likely provide some insight about the best uses of prevention and rapid re-housing funds. DHCD staff indicated that these evaluations will provide information about what interventions are most efficient and how State funding could be better aligned to support those activities.

Effective Short- and Long-term Assistance to Move Veterans to Permanent Housing Could Reduce Demand for Shelter Beds. Emergency shelters provide needed assistance for many veterans to exit homelessness, and certain areas of the State report unmet needs for shelter beds. The VA does not have a program which funds veteran-specific emergency shelter beds, and there are reportedly no veteran-specific shelter beds in the State. In the 2009 *CHALENG* report, staff at the VA medical centers in Virginia identified the need for an additional 150 veteran-specific shelter beds, most of which were needed in the Richmond area.

However, communities reported being better able to meet the needs for emergency shelter beds among homeless veterans than other housing resources (Table 9). While only eight percent of CoCs reported meeting at least half the need for affordable housing and rental vouchers, 35 to 38 percent reported meeting at least half the need for shelter beds.

Further, lengthy shelter stays are expensive and could be minimized if other types of assistance were available to help homeless people transition to permanent homes. Before investing additional State resources in emergency shelters, the State may wish to focus on effective strategies to move homeless veterans into permanent

Table 9: CoCs Better Able to Meet Homeless Veterans' Need for Shelter Beds Than for Other Housing Resources

	% of CoC Survey Respondents			
Housing Resources	Half or More	Less Than Half	Do Not Know	Total
Seasonal Emergency Shelters	38%	35%	19%	92%
Year-round Emergency Shelters	35	50	15	100
Safe Haven	15	62	19	96
Transitional Housing	19	65	12	96
Short-term Rental Assistance	19	69	12	100
Permanent Supportive Housing	12	77	8	97
Long-term Rental Assistance (Vouchers)	8	81	12	100
Affordable Housing	8	85	8	100

Note: Where rows do not total 100%, remainder indicated "none or little of resource needed."

Source: JLARC staff survey of CoCs, February-March, 2010.

housing. Adequate affordable housing opportunities, along with needed short- or long-term supports, could minimize the need for additional shelter beds. A study in the late 1990s by two homelessness experts found that ten percent of the shelter population who were homeless for long periods of time consumed 50 percent of total shelter days. The authors suggested,

> By transferring chronic shelter stayers to other community housing programs [including supported housing and subsidized rental housing], more emergency resources would be available for their intended function.

According to DHCD staff, evaluations of HPRP will help them assess how to potentially redirect State funding toward effective prevention and rapid re-housing efforts. Currently, the State puts more funding into supporting emergency shelters and transitional housing (State Shelter Grant) than prevention and rapid re-housing (Homeless Intervention Program) (Table 10). DHCD staff cautioned that any redirection of State funds will be met with a great deal of resistance from providers of emergency shelters. This highlights the potential need for the State to provide education and technical assistance to providers about how they can best align their programs with evidence-based practices and community goals to end homelessness (see Chapter 4).

State Could Evaluate and Increase Funding for Prevention and Rapid Re-Housing Efforts. The State's Homeless Intervention Program (HIP) provides rental assistance (up to nine months), deposit assistance, and housing and financial management counseling to low-

Table 10: State Shelter Grant Receives More Funding Than Homeless Intervention Program

Funding	State Shelter Grant ($ millions)	Homeless Intervention Program ($ millions)
General funds	$2.56	$4.50
TANF	$3.47	$0.60
Total	**$6.03**	**$5.10**

Source: DHCD Homeless Programs Annual Report for 2008–2009.

income individuals and families experiencing a housing crisis due to unforeseen circumstances such as a sudden job loss. The HIP program, administered by DHCD, funds prevention and rapid re-housing assistance through a combination of general fund ($4.5 million) and Temporary Assistance for Needy Families (TANF) ($600,000) dollars. DHCD reported that over 2,000 households were served by this program from 2008 to 2009, with 87 percent successful in maintaining or obtaining stable housing. However, in FY 2011 and 2012, the budget for HIP includes a ten percent general fund reduction of $450,000. DHCD staff also reported that the use of TANF funds for homeless assistance programs will be eliminated by 2012. Staff indicated that while general funds will be used to address this reduction, the amount will not match the amount of TANF funds being eliminated.

Data suggests that effective use of HIP funds could reduce costs. Short- or medium-term rental assistance which prevents or shortens periods of homelessness is often less expensive than other homeless assistance. A 2010 cost study conducted for HUD stated:

> The costs to house individuals and families in homeless programs for extended periods are significantly higher than rental subsidies based on Fair Market Rents for an equivalent period.

The study reported that long periods of homelessness were associated with high housing costs (emergency shelter, transitional housing, and/or permanent supportive housing)—between $3,100 and $14,400 per individual (for four to 12 months), and $6,600 and $38,700 per family (for eight to 18 months) (Table 11). By contrast, HIP assistance cost about $2,200 per household in FY 2009.

Prevention and rapid re-housing efforts can minimize the human and financial cost of homelessness if effectively targeted. Nonetheless, prevention efforts are difficult to target and could result in homeless assistance funds being used to assist households that would not become homeless. According to NAEH, limited homeless

Table 11: Cost of State Homeless Intervention Program Compared to Costs of Stays in Housing Programs for the Homeless

	Long Stay (Shelter, Transitional, and/or Supportive Housing)	Short Stay (Emergency Shelter Only)	HIP Costs
Individuals	$3,103-$14,418	$321-$686	NA
Families	$6,574-$38,742	$784-$8,890	NA
Households	NA	NA	$2,225

Note: Short stays reflect up to 3 weeks for individuals and up to 3 months for families (which average longer stays). Long stays reflect 4-12 months for individuals and 8-18 months for families.

Source: JLARC staff analysis of *Costs Associated with First-time Homelessness for Families and Individuals*, HUD, March 2010, and DHCD Homeless Programs Annual Report 2008-2009.

resources are often more efficiently spent on re-housing assistance rather than prevention due to the virtually unlimited demand for prevention and the difficulty of accurately identifying people for those efforts. Consequently, the State may wish to consider adjusting HIP income requirements to better target those with the greatest needs.

Current income requirements for the HIP program may be too high to target those at greatest risk of becoming homeless. Households must be earning no more than 50 percent of the area median income (AMI) or less to qualify for federal HPRP assistance; however, households earning up to 80 percent AMI are eligible for State HIP assistance. In order to better target limited prevention resources, DHCD may wish to evaluate whether HIP income requirements should be lowered. In 2008 to 2009, half of program recipients had incomes between 31 and 80 percent AMI. According to DHCD staff, households at this income level can be at risk of homelessness. While these households no doubt benefitted from the assistance, there may have been others at greater risk of becoming homeless.

Based on an estimate by a homelessness expert, just over 40 percent of non-chronically homeless veterans, or about 600 veterans in Virginia, may need short- or medium-term rental assistance and services to exit homelessness. Current per-household HIP costs ($2,225) yield an estimated cost of $1 million in additional funding to expand assistance to this group. However, the HIP program provides up to nine months of assistance and a portion of homeless veterans may need assistance for that duration. Medium-term financial assistance can help a household with monthly rent payments until it regains financial stability. Providing nine months of rental assistance for 600 veterans may cost about $3 million a year, based on an average monthly cost of rental assistance identified by two public housing authorities in Virginia ($540). Because this approach would provide assistance needed by veterans to

move to permanent homes, it is estimated to have a high impact on reducing the number of homeless veterans in the State.

Recommendation (1). The Department of Housing and Community Development should review evaluations of the use of prevention and rapid re-housing funding in order to identify the most effective ways to use Homeless Intervention Program (HIP) funds, including considering whether to lower HIP income requirements to better target those at greatest risk of becoming homeless.

Recommendation (2). The General Assembly may wish to consider increasing funding for the Homeless Intervention Program.

HEARTH Changes to Emergency Shelter Grant (ESG)

The future ESG grant, or "emergency solutions grant," will have a greater focus on homeless prevention and rapid re-housing activities. In fact, a minimum of 40 percent of funds will have to be spent on these activities.

The State should continue to play an active role in applying for funding for prevention and rapid re-housing assistance through the Balance of State CoC applications. The HEARTH Act occasioned changes to HUD-funded activities. Because HUD will allow rural communities to apply for funding under more flexible criteria that emphasize prevention and rapid re-housing activities, localities in the Balance of State may be well positioned to take advantage of this funding. According to DHCD staff, while they have been successful in maintaining HUD funding for existing programs in the Balance of State, they have not submitted many new project applications, in part because these localities have access to fewer resources to support new project proposals.

State Could Fund Long-term Housing Vouchers to Reduce Veteran Homelessness. The State could supplement federal programs to make homes affordable to the extremely low-income through its own rental voucher program. A review of the President's FY 2011 budget by the Center on Budget and Policy Priorities reported that, despite proposed changes that would strengthen the Section 8 voucher program, "severe housing affordability problems among low-income renters will continue to far exceed the capacity of federal rental assistance programs to respond." Rental assistance will likely be a critical component of any strategy to reduce homelessness; yet, to date, the State has not financed long-term rental subsidies.

VHDA staff indicated that an efficient way to administer a State-funded rental voucher program would likely involve "piggybacking" on the Section 8 Housing Choice voucher program administered by public housing authorities. Because of the ongoing nature of rental vouchers, the State would likely need to identify a dedicated source of revenue to fund this approach. In other states, a housing trust fund has been used for this purpose (discussed in Chapter 5).

On an annual basis, the State could provide rental vouchers for 70 veterans for about $0.5 million. This estimate reflects about five percent of non-chronically homeless veterans (1,400) who may need this type of assistance. The monthly per-person cost ($540) of rental assistance is an illustrative example based on the average cost of vouchers as reported by two public housing authorities. The actual per-person cost of providing rental vouchers to veterans would vary throughout the State depending on the Fair Market Rent. This estimate does not include costs associated with administering the vouchers.

For homeless veterans who would receive vouchers, the impact of this option would be very high. However, given the small number of veterans estimated to need long-term vouchers to exit homelessness, the impact on reducing the number of homeless veterans in Virginia is medium relative to other options. If this assistance were expanded to those at-risk of homelessness (such as the 12 percent of veteran renter households facing a severe rent burden), the impact and cost would be greater.

Recommendation (3). The General Assembly may wish to consider funding long-term housing subsidies to help move veterans out of homelessness. The Virginia Housing Development Authority could collaborate with public housing authorities to administer long-term rental vouchers in a manner similar to Section 8 Housing Choice vouchers.

State Efforts to Reduce Veteran Homelessness Should Consider the Population of Incarcerated Veterans

The problems facing veterans with criminal histories are similar to non-veterans with similar backgrounds. The Governor's May 2010 Executive Order 11 has tasked the Virginia Prisoner and Juvenile Offender Re-entry Council (formerly the Virginia Prisoner Re-entry Policy Academy) with promoting strategies for the successful re-entry of offenders into society, including assisting them "into a stable home environment." Incarcerated veterans are specifically mentioned as one of the council's target populations, and a representative of DVS will serve on the council.

As discussed earlier, veterans who have a criminal history, particularly a history of violent offenses, may face substantial barriers to obtaining housing or a sufficient income. Based on a VA estimate of risk and the census of veterans in Virginia State prisons at the end of 2009, more than 200 veterans who will be released in the next decade may be at risk of homelessness. This is likely a conservative estimate because, undoubtedly, more veterans will be arrested, incarcerated, and released in the next decade. In order to reduce veteran homelessness, the barriers to housing and income

faced by these ex-offenders will have to be addressed. In addition, given that a significant portion of the veterans who were incarcerated at the end of 2009 were convicted of violent crimes, not assisting those who are released without access to housing can result in public safety issues. Also, an unknown number of veterans likely are in Virginia jails for so-called "nuisance crimes," such as public intoxication. These veterans may not be a threat to public safety but may still face barriers to housing and employment.

Given that a significant portion of the veterans who were incarcerated were convicted of violent crimes, not assisting those who are released without access to housing can result in public safety issues.

At a minimum, the State could target existing resources to this population. If increased resources were available, the State could consider instituting a program such as in Washington State, where a range of services is made available to eligible veterans who are identified at the time they are booked into jail.

State Could Prioritize Veterans Leaving Correctional Institutions for Assistance. State-funded assistance for housing and support services described in this chapter and Chapter 3 could include incarcerated veterans as a priority population. Veterans with substance abuse and/or mental illness who are released from institutions without a viable home plan will likely need permanent supportive housing, as will be discussed in Chapter 3. An expanded HIP program could assist veterans leaving institutions and who have less intensive needs to secure permanent housing.

State Leadership and Information Could Improve Service Delivery for Veterans Leaving Institutions. The State can play an important role in communicating information about programs and funding to community providers. As more federal funding is available for prevention and rapid re-housing activities, greater knowledge about and access to available resources could improve the ability of VA and DOC re-entry specialists to assist veterans leaving institutions who are at risk of homelessness. In fact, 24 out of 26 CoCs reported on the JLARC staff survey that State-level programs to transition incarcerated veterans back to the community, and State-level discharge planning efforts, would have a moderate to highly positive impact on reducing veteran homelessness.

Prisoner Re-entry Council Could Consider Targeting Incarcerated Veterans With Interventions. The Governor's Re-entry Council may want to consider programs in other states that have been successful at preventing homelessness among veterans discharged from correctional institutions. For example, a Washington State program focuses on veterans in jails. The Veteran's Incarcerated Reintegration Project is a joint project between the Washington State Department of Veterans Affairs and county and municipal jails in the Puget Sound area. Veterans are identified and asked if they have a history of homelessness at the time they are booked into jail, and services begin immediately. Some veterans are diverted

from incarceration into drug or alcohol treatment programs. Others who do serve time in jail are provided with short-term rental assistance and help with utilities after they are released. Veterans with more intensive needs, such as substance abuse disorders, are placed in supportive housing programs funded by a combination of federal, State, and local funds. Since the program's inception in 1996, the recidivism rate for veterans enrolled in the program in one county jail has averaged 16 percent compared to 40 percent for the general population.

Recommendation (4). The work group within the Virginia Prisoner and Juvenile Offender Re-entry Council that is focused on veteran offenders may wish to consider strategies to assist veterans who are released from correctional institutions and who encounter barriers to housing and employment related to convictions for violent offenses.

Increased Funding for Virginia Wounded Warrior Program Could Help More Homeless Veterans Access Services

The Virginia Wounded Warrior Program (VWWP) is well positioned to play a substantial role in the State's efforts to reduce and prevent veteran homelessness. The program already is serving some homeless veterans and is employing strategies that are recommended in this report to address veteran homelessness, such as ensuring that veterans are identified when they seek services and coordinating the provision of services. However, additional resources likely will be needed to ensure that all homeless veterans who are eligible can be served by the program.

PTSD and TBI Among Current Service Members

A 2008 RAND study found that 20 percent of returning service members report symptoms of PTSD or depression and 19 percent have experienced possible TBI. In 2009, the VA reported that the most common combination of diagnoses among returning combat soldiers is PTSD, major depression, and cognitive impairments due to mild TBI.

VWWP was authorized and funded by the 2008 General Assembly. The program offers a comprehensive system of services for veterans and National Guard and Reservists not in active federal service who have stress-related injuries (such as PTSD) and traumatic brain injury (TBI) resulting from military service. Support services for their family members are included. The program funds regional grants to assist with (1) coordinating local services and case management, (2) educating providers and communities about veterans with PTSD and TBI, and (3) providing limited financial assistance to veterans using the Veterans Services Fund administered by DVS.

VWWP does not currently focus on homeless veterans. However, its target population includes some veterans who are homeless and those who may be at risk of homelessness. To educate service providers about these conditions, training on evaluation and treatment of PTSD and TBI is being provided. Additional training on "military culture" is helping service providers better understand the particular needs of veterans.

Community services boards, along with providers who specialize in brain injury, are the primary providers of VWWP services. CSBs were already serving Virginia veterans, but had not been systematically identifying their clients' military status. As a result of VWWP, the CSBs now specifically ask clients who enroll in their programs whether they have served in the military. Identification is the essential first step in connecting veterans to services. That ability to connect veterans to services is also being strengthened because VWWP is educating CSBs and other community providers about the VA and veteran's benefits.

VWWP's community-based service model complements the VA's model. While veterans must travel to the VA's large, regional medical centers to access the majority of those services, VWWP-funded services are provided in the community. This community-based model addresses some of the barriers that homeless veterans experience in accessing services, such as a lack of transportation and a reluctance to accept treatment. JLARC staff were told that "VWWP staff will travel to where they are needed, including homeless shelters." Staff were also told that community-based care is particularly important for National Guard troops, who often are reluctant to seek treatment at the VA because they fear receiving a disability rating as a result of a diagnosis of PTSD or TBI. Such a rating can negatively affect their military careers.

While VWWP's program may help to identify and engage homeless and at-risk veterans with available services, the CSBs—the program's primary service providers—are, in the words of one CSB case manager, "already overwhelmed with their current caseload." The State could consider increasing program funding to ensure that all eligible veterans who seek CSB services receive them. Prior to providing additional funding, the State may wish to evaluate the methods by which veterans are accessing CSB services as part of VWWP and the types of services they are receiving. This analysis will also assist in calculations of the cost involved in expanding services. The State could use this information in order to effectively target future resources.

Chapter 3

Services for Chronically Homeless Veterans

In Summary

Reducing or ending homelessness among veterans who are chronically homeless is challenging, in part due to the scope of the difficulties many of these veterans face. However, a combination of permanent subsidized housing and supportive services (permanent supportive housing) has been demonstrated to effectively address the housing and service needs of this population while reducing costs associated with long-term homelessness. Important supportive services include case management, medical and behavioral health care, and assistance obtaining benefits.

Only parts of this system exist in Virginia. Additional steps that need to be taken to reduce veteran homelessness include making more permanent supportive housing available, particularly for individuals with multiple barriers who may not be well served by VA housing programs. Increased State funding for a veteran-specific supportive housing program could cost about $5 million to $11 million annually to provide this service for about 275 to 655 veterans who have been chronically homeless. Additional strategies for the State to consider include assisting communities to draw down additional federal funds and increasing efforts to connect veterans to benefits.

In 2010, an estimated 780 veterans may experience chronic homelessness in Virginia. Chronically homeless veterans spend long or frequent periods of time experiencing homelessness and have disabilities, including substance abuse and serious mental illness, which limit their ability to work or perform activities of daily living. By definition, these individuals have complex needs, which can be exacerbated by time spent homeless.

This chapter identifies obstacles faced by chronically homeless veterans in Virginia which prevent them from obtaining and maintaining stable housing. It also identifies several strategies Virginia could adopt to reduce homelessness among this group. Once the current population of chronically homeless veterans is housed, future chronic homelessness may be prevented through strategies described in Chapter 2.

PERMANENT SUPPORTIVE HOUSING CAN REDUCE HOMELESSNESS AND ASSOCIATED COSTS

Chronically homeless veterans experience multiple obstacles which can make transitioning out of homelessness particularly difficult. The following story of a self-identified veteran in Virginia living on the streets and emergency shelters illustrates the complexity of problems faced by some veterans experiencing chronic homelessness.

Case Study

A veteran with three years of peacetime service after the Vietnam War and an other than honorable discharge reported that he has been turned away from VA medical services. He reported suffering from back and foot problems. After spending six months in a rehabilitation program for substance abuse, he was sent to jail for failure to pay child support, despite not being able to work while part of the program. Now he sleeps on the streets or in an emergency shelter. While in the recovery program, he learned typing skills and is interested in employment, but reports difficulty finding a job due to his disability and barriers such as a lack of telephone and transportation.

This story, while not representative of all chronically homeless veterans, demonstrates the severity of obstacles faced by some people living on the streets. Among this group, it is not uncommon to cycle between homelessness, hospitals, jails, and other institutions. Despite multiple barriers, certain models have proven effective for enabling chronically homeless veterans to successfully transition to and maintain stable housing.

Reducing Chronic Veteran Homelessness Involves Connecting Veterans to Permanent Housing With Supportive Services

For chronically homeless veterans, emergency shelters do not offer services needed to transition out of homelessness. Many shelters are open for only certain hours (such as overnight) or certain seasons (such as winter), provide limited supportive services, and have various program requirements which exclude portions of the chronically homeless population. Emergency shelters offer neither the services nor stability needed for individuals to address mental health, substance abuse, employment, and other needs.

By contrast, supportive housing has emerged as a successful, cost-effective combination of permanent affordable housing and support services that help formerly homeless people maintain stable housing and live more productive lives. This approach provides individuals with very low incomes and chronic, disabling health conditions access to subsidized housing and flexible, comprehensive supportive services, including behavioral health care, medical care, case management, and life skills training. Tenants sign a lease to rent a unit and typically pay a portion of their income toward rent. Receipt of services is usually voluntary, and there are no time limits on a person's tenancy as long as the terms of the lease are met.

Models of supportive housing vary, depending on the availability of community resources and the needs and preferences of tenants. Some non-profit organizations provide site-based supportive hous-

ing, where tenants occupy apartments within a single building owned by the non-profit. For example, Virginia Supportive Housing (VSH), a non-profit organization based in Richmond, operates a two-story, four-unit apartment building that it renovated to provide supportive housing for eight formerly homeless disabled veterans (Figure 3). Tenants pay 30 percent of their income toward rent (which may come from disability payments), and the remainder is subsidized through a federal grant. Case management is provided by VSH staff, and other supportive services are provided by homeless service providers in the Richmond area and the VA medical center.

Figure 3: Virginia Supportive Housing Apartments for Veterans

Source: JLARC staff photo.

Other providers utilize apartments in scattered locations throughout a community. In this arrangement, the non-profit or public organization does not own the building or units. Instead, the organization identifies rental units in the area and enters into agreements with landlords. Like the site-based model, tenants pay a portion of their income toward rent, and the rest is subsidized by the supportive housing provider through grants or private donations. In either arrangement, a case manager or team works with tenants to directly provide, or connect them with, needed services.

Supportive housing arrangements often utilize community-based services to address tenants' mental health, substance abuse, employment or other needs. In fact, NAEH staff explained that, when possible, services should be provided by mainstream community providers (such as community mental health providers), because services provided by homeless providers are often unregulated,

duplicative, and lower quality. Program costs may also be lower when tenants make greater use of existing community services.

Though rent is subsidized through supportive housing programs, tenants still need income to afford housing and other costs. Homeless veterans' income is attained through employment or income benefits although veterans who are chronically homeless tend to have multiple barriers that make employment difficult. HUD's definition of chronically homeless includes the incidence of a disabling condition, which "may limit an individual's ability to work." When employment is not feasible, chronically homeless veterans may receive income through VA disability benefits, Supplemental Security Income, or Social Security Disability Insurance payments. Therefore, access to benefits for chronically homeless veterans is particularly important.

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)

SSI and SSDI are administered through the Social Security Administration for individuals who are unable to work at any job in the national economy. SSI provides a disability benefit for low-income individuals who have never worked. SSDI is a monthly benefit for adults with a significant work history.

Many supportive housing providers embrace other key principles which make housing accessible to chronically homeless individuals directly from the streets or shelters. These providers often adopt a "housing first" strategy which operates under the principle that safe, affordable housing is a basic human right and a prerequisite for effective mental health and substance abuse treatment. This approach is similar to "rapid re-housing" (Chapter 2) and is in contrast to an approach in which individuals are expected to transition through various levels of housing (that is, shelters to transitional housing to permanent housing) and address issues that may have led to homelessness before entering a permanent home (that is, wait until the person is considered "housing ready"). A housing first model for the chronically homeless has been identified as an evidence-based practice by the U.S. Substance Abuse and Mental Health Services Administration.

Housing First

Some key components of a housing first model include (1) a simple and immediate application process, (2) moving people directly to housing without preconditions of treatment, (3) robust services offered but not required, (4) services focusing on maintaining housing, (5) targeting the most disabled and vulnerable members of homeless population, and (6) substance use relapse does not result in housing loss.

Supportive Housing Has Led to Positive Outcomes and Reductions in Costs of Public Services Used by Chronically Homeless

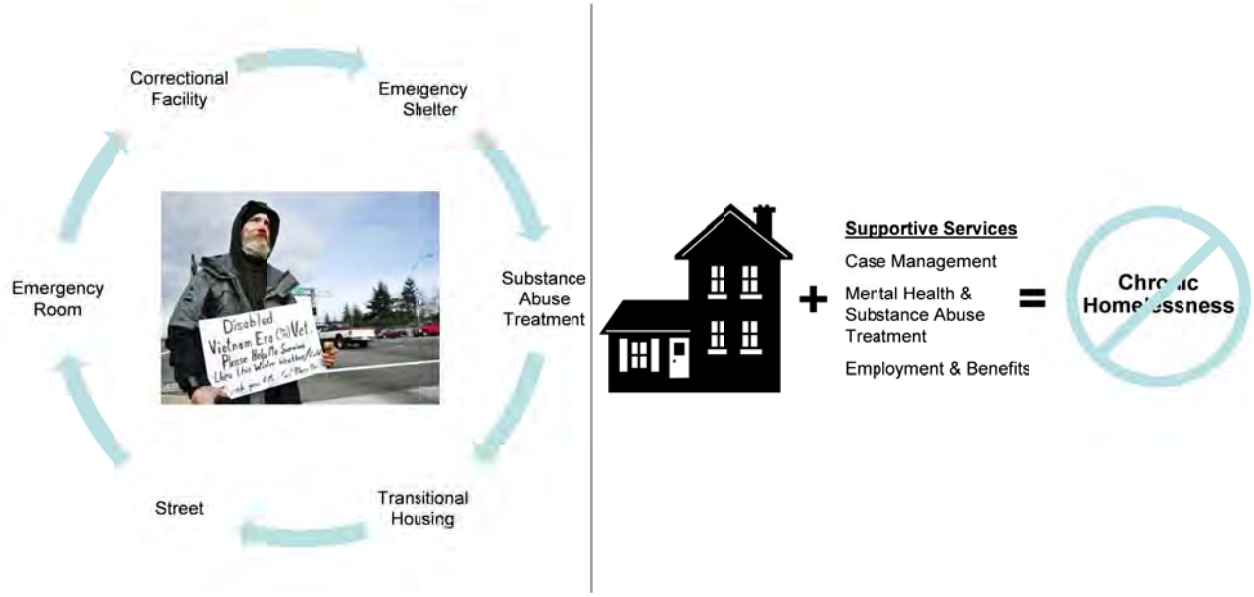
Research has demonstrated the positive results of supportive housing for individuals and communities. According to NAEH, chronic homelessness fell nationally by 28 percent between 2005 and 2008, and "reductions in chronic homelessness are largely the result of coordinated and focused efforts by communities to provide permanent supportive housing for chronically homeless individuals." Despite requiring ongoing costs, permanent supportive housing can offer a cost-efficient and humane approach to helping the chronically homeless.

The conditions faced by individuals experiencing chronic homelessness are difficult and expensive to address. While this group represents a minority of the homeless population, they utilize a disproportionate amount of homeless resources. In addition to uti-

lizing emergency shelters for long periods of time, this group often cycles through jails, emergency rooms, and inpatient hospitals. In a 2002 study of the impact of supportive housing for homeless persons with severe mental illness in New York City, the authors found that prior to housing placement, those individuals accumulated costs of "an average of $40,451 per year in health, corrections, and shelter system costs." (The study noted that these costs cannot be generalized to the entire homeless population.)

A growing body of knowledge suggests that supportive housing can break this cycle by providing housing and appropriate supportive services (Figure 4). Many supportive housing programs have been modeled after the Pathways to Housing program in New York City, which has achieved retention rates of 85 percent, even among tenants who are not considered by other programs to be "ready" for permanent housing. And in Virginia, Virginia Supportive Housing reports that 90 percent of their residents do not return to homelessness. A 2000 study published by *Psychiatric Services* found that "homeless persons with serious mental illness can remain in stable housing for periods of up to five years" with the provision of safe and affordable supportive housing. A 2006 study by HUD found that about half of residents with serious mental illness remained in supportive housing after three years, and that "for some clients, leaving is a desirable event that leads to better housing or to a higher level of independence."

Figure 4: Permanent Supportive Housing Can Break Cycle of Chronic Homelessness



Note: Sign reads "Disabled Vietnam Era Vet. Please Help Me Survive thru this Winter Weather/Cold. Thank you & May God Bless You."

Source: JLARC staff graphic.

Breaking the cycle can also reduce the demand for and cost of emergency care, shelter stays, and incarceration. According to the Corporation for Supportive Housing (CSH), studies have documented decreases of more than 50 percent in tenants' emergency room visits and hospital inpatient days, decreases of 80 percent in use of emergency detoxification services, and increases in preventative health care services. They also found increases of 50 percent in earned income and 40 percent in employment, when employment services were provided.

In the New York study above, the authors found that, based on a conservative assessment of the impact of supportive housing on service use and costs, "95 percent of the costs of the supportive housing . . . are compensated by reductions in collateral services attributable to the housing placement." According to NAEH, other studies have actually documented systemwide net cost *savings* through supportive housing—from $2,300 per person per year (Denver, Colorado) to more than $15,000 per person per year (Portland, Oregon).

Federal Government Policies Emphasize Importance of Permanent Supportive Housing

Federal government policies have emphasized the use of supportive housing to reduce chronic homelessness. In recognition of the need for supportive housing for chronically homeless veterans, the VA has partnered with HUD to offer a permanent housing voucher with supportive services (HUD-Veterans Affairs Supportive Housing or HUD-VASH) to veterans. Rental vouchers are administered by public housing authorities and case management is provided by VA staff. Veterans are connected to needed services at the VA medical center or in the community. To date, approximately 31,000 of these vouchers have been issued to public housing authorities nationwide.

An evaluation was done of HUD-VASH's initial implementation in the 1990s and found that the program provided various benefits to tenants, including fewer days homeless, fewer housing problems, and better social networks and family relationships. The study concluded:

> Subsidized housing vouchers, combined with intensive case management, are advantageous both for facilitating the initial transition from homelessness to being housed and for reducing the risk of discontinuous housing, even among individuals with more severe substance abuse problems.

HUD also issues grants through CoC applications which can be used for permanent supportive housing programs for homeless in-

dividuals, including veterans (Appendix E). These grants provide funding for the development and operation of supportive housing. As stated in the 2008 *Annual Homeless Assessment Report to Congress*, "For several years, one of HUD's policy priorities has been the development of permanent supportive housing…[for] formerly homeless people with disabilities." Consequently, the number of supportive housing units increased 22 percent between 2006 and 2008.

The President's FFY 2011 proposed budget also calls for increased supportive housing for homeless individuals and families through two initiatives. These programs would combine Section 8 rental vouchers with Health and Human Services and Department of Education funding to provide supportive housing and identify at-risk families.

CHRONICALLY HOMELESS VETERANS IN VIRGINIA FACE MANY OBSTACLES TO OBTAINING HOUSING AND INTENSIVE SUPPORT SERVICES

In many parts of the State, services provided to chronically homeless veterans are inadequate to help them exit homelessness and secure permanent housing. Key problems with the current system identified by JLARC staff include (1) inadequate funding for housing and supportive services, (2) program requirements that make services inaccessible to some chronically homeless veterans, (3) lack of needed medical and behavioral health care, and (4) eligible veterans not being connected to benefits.

Communities Report Unmet Housing Needs for Chronically Homeless Veterans

Vetshouse Transitional Housing

Vetshouse is a transitional housing program in Virginia Beach which operates almost exclusively by private donations. This program houses up to 16 veterans for up to 12 months. The program emphasizes sobriety, employment, self-sufficiency, and veteran camaraderie.

The VA, HUD, Commonwealth of Virginia, and private organizations fund programs that offer housing to chronically homeless veterans in the State. In addition to funding permanent supportive housing, both the VA and HUD fund transitional housing programs. Although transitional housing programs do not provide permanent housing, they do offer longer term housing assistance and a wider array of services than emergency shelters and assist some chronically homeless people to achieve independent living. Services for chronically homeless veterans in Virginia are also funded through private donations.

Unmet Needs for Transitional Housing Are Reported, but This Will Not Substitute for Permanent Supportive Housing. The VA funds a transitional housing program for chronically homeless veterans called the VA Homeless Providers Grant and Per Diem (Grant and Per Diem) program. Providers can apply for capital grants and/or operational costs. Programs are typically site-based, meaning veterans live together in one building, and support services are pro-

vided by the housing provider, community providers, and VA medical centers. Veterans may pay a portion of their income toward rent or services, and they are required to participate in services that may address behavioral health, life skills, and employment, among other needs. Veterans can typically reside in Grant and Per Diem programs for up to 24 months.

Staff at the VA medical centers in Virginia touted the effectiveness of the Grant and Per Diem program in assisting veterans with intensive service needs, and national data from the programs demonstrate positive outcomes for some veterans. For example, in 2008, 49 percent of people discharged from the program moved into an apartment, house, or similar situation and 61 to 69 percent showed improvements in mental health, alcohol, drug, medical, or social and vocational needs.

Grant and Per Diem Applicants From Virginia Are Competitive

Data provided by the VA suggests that providers in Virginia have been as successful as providers in other states in applying for Homeless Providers Grant and Per Diem funding. From 2005 to 2009, about 28 percent of applicants in Virginia and nationwide were awarded funding.

Currently, six organizations in Virginia, with the capacity to serve more than 100 veterans, are contracted by the VA to provide transitional housing through the Grant and Per Diem program, including two that are located on the grounds of VA medical centers. Programs are located in Richmond, Hampton Roads, and Southwest Virginia.

In addition, about 1,000 individual and 3,000 family transitional beds are funded through HUD grants for the general homeless population in Virginia. The State also funds transitional housing programs. In FY 2009, $6.0 million in TANF and State general funds were allocated through the State Shelter Grant program to support about 120 organizations providing more than 5,000 emergency shelter or transitional beds.

Nonetheless, VA staff and communities report unmet needs for transitional housing for veterans. According to the 2009 *CHALENG* report (an annual collaborative effort of the VA and local communities to identify the needs of homeless veterans and plan for how to meet those needs), an additional 120 veteran-specific transitional beds are needed in Virginia. In a JLARC staff survey, three of the six Grant and Per Diem providers in Virginia reported at least 87 veterans sought services in the past year whom they could not serve (two reported not facing situations when they could not serve homeless veterans and one did not know). About one-third of CoCs reported a lack of transitional housing among the top six unmet needs in their communities, and most (65 percent) reported meeting less than half of the need for this resource among homeless veterans (Appendix D).

While some chronically homeless veterans benefit from transitional housing, these programs do not offer a substitute to permanent supportive housing. Many veterans who leave transitional pro-

grams continue to need rental assistance and/or supportive services. In fact, staff at the Hampton VA medical center noted that at least 50 percent of people leaving transitional housing still need supportive housing. According to FFY 2008 Grant and Per Diem data, upon discharge, 24 percent of veterans moved to a halfway house or other institutional setting, 27 percent were unemployed, and a minority were receiving an income benefit (21 to 26 percent received non-VA and VA financial benefits, respectively). Additionally, transitional housing programs tend to be expensive and do not encourage a rapid exit to permanent housing (veterans residing in transitional housing programs are still considered homeless).

Lack of Permanent Supportive Housing for Veterans Will Limit the State's Ability to Reduce Homelessness Among Veterans. Staff at the VA and throughout the homeless assistance community cited the effectiveness of HUD-VASH for housing chronically homeless veterans. They explained that having a case manager helps veterans eliminate barriers to obtain housing and assures landlords that assistance will be provided should they encounter any problems with tenants.

VA staff report unmet needs for HUD-VASH vouchers. In 2008 and 2009, 350 vouchers were awarded to, and subsequently leased out by, housing authorities in Virginia to place veterans in permanent supportive housing. However, as of March 2010, case managers at the VA medical centers reported more than 400 veterans on waiting lists for HUD-VASH vouchers (and estimates suggest that about 780 veterans are chronically homeless throughout the year in Virginia).

HUD-VASH Vouchers in Virginia

The allocation of the 475 vouchers awarded in 2008, 2009, and 2010 is shown below:

Fairfax County: 35
Hampton: 140
Norfolk: 60
Richmond: 35
Roanoke: 25
Salem: 35
Virginia Beach: 60
State: 85

In June 2010, another 125 HUD-VASH vouchers were awarded to Virginia housing authorities. However, waiting lists for these vouchers and estimates of veterans in Virginia experiencing chronic homelessness throughout the year suggest that between 275 and 655 additional HUD-VASH vouchers may be needed.

Responses to a JLARC staff survey of CoCs also demonstrate unmet needs for supportive housing in Virginia. A majority of CoCs (77 percent) reported that less than half of the need for this resource is being met for veterans in their communities (Appendix D). One CoC noted that "affordable housing in our CoC catchment area is a significant problem – often if housing can be found the individual cannot sustain [it] without permanent support (both financial and case management)." Another stated,

> Persons with serious mental health or physical disabilities have virtually no options for housing in the community. Many of the homeless persons with chronic mental health

or substance abuse issues remain homeless due to no appropriate shelter or housing services for them.

Virginia Provides Limited Funding for the Chronically Homeless. To date, the Commonwealth has provided limited financial support to assist the chronically homeless, including veterans. While some general funds and TANF money have been designated to assist those experiencing or at risk of homelessness, these programs have focused on providing emergency shelter, transitional housing, and short-term assistance to households at imminent risk of losing their housing. To date, the State has not designated funding for supportive housing programs.

Requirements for VA and Other Community-based Housing Programs Keep Some Veterans From Receiving Needed Assistance

Chronically homeless veterans, by definition, have disabling conditions that require treatment. For that treatment to be successful, numerous studies have shown that individuals need stable housing—as one VA researcher put it, "Housing is health care." Yet many housing programs, including those funded by the VA, require veterans to address behavioral and other health problems as a prerequisite.

Some veterans may have difficulty complying with VA or community-based housing program requirements. For these veterans to exit homelessness, the State may need to offer alternative programs with fewer entry barriers. Anticipated federal changes to HUD-VASH case management could improve the ability of chronically homeless veterans to be placed in permanent housing before having to address multiple barriers.

Transitional Housing Program Requirements Have Precluded Some Chronically Homeless Veterans From Participating. According to the GAO, in 2005 about two-thirds of Grant and Per Diem providers nationwide required veterans entering the program to be drug free and sober for up to 30 days, and about a fifth excluded veterans with serious mental illness. On a JLARC staff survey, four of the six Grant and Per Diem providers in Virginia indicated that homeless veterans cannot enter their program if they are using illegal substances at the time services are sought.

Some privately funded transitional housing programs have similar criteria. A veterans-only housing facility that leases space on the Salem VA medical center campus requires that veterans with substance abuse problems first go through the medical center's inpatient treatment program, and residents also must be able to work. Other private programs accept a wider range of applicants, but may still preclude some chronically homeless veterans. A faith-based, no-cost residential recovery program in Roanoke accepts

persons who are not yet drug free and who have criminal histories if they demonstrate "commitment to treatment," but residents must accept the program's Christian focus.

Fewer restrictions apply to transitional housing programs known as "safe havens," which serve the homeless who have mental illness and often a co-occurring substance use disorder. Residents do not have to be drug free when admitted, nor do they have to participate in substance abuse treatment, although it is available. There are three safe havens in Virginia—in Newport News, Alexandria, and Richmond—but there appear to be only 15 beds reserved for homeless veterans, all in the Richmond area. Sixty-two percent of CoCs responding to the JLARC staff survey reported that "little" or "none" of the need for safe havens among homeless veterans is being met.

HUD-VASH Vouchers Reportedly Are Typically Used for "Housing Ready" Veterans and Those in Close Proximity to VA Medical Centers. It appears that veterans with the most intensive service needs may not receive HUD-VASH vouchers, or receive them only after exiting other VA programs, such as Grant and Per Diem, when they are "housing ready." A HUD presentation on HUD-VASH case management advised that if veterans are "not housing ready," they might be accepted pending "treatment in [a] residential and/or inpatient setting."

Hampton VA medical center staff stated that chronically homeless veterans with substance abuse problems need "clean time" before entering a permanent housing situation. They described the following scenario as typical for a chronically homeless veteran:

> *A veteran is admitted to the substance abuse recovery wing at the Hampton VA domiciliary (residential) program and stays until his treatment is considered successful. He then might move to their smaller residential program where he works under supervision (supported employment) or to their Grant and Per Diem transitional housing program run by the Salvation Army. After a successful discharge from either of these programs, he could be ready for a permanent housing situation, such as an apartment obtained by using a HUD-VASH voucher.*

The HUD-VASH program may not be designed to serve veterans with the most intensive service needs. VA staff indicated that the HUD-VASH program is not operating as a housing first model, in part because the case manager-to-tenant ratio funded by the program is too high. Currently, case management services for HUD-VASH are funded at a ratio of one case manager for every 35 vouchers; however, evidence suggests that ratio may not be ade-

quate to house and address the needs of chronically homeless veterans with the most severe needs.

According to the Urban Institute, a housing first model typically works best with a case manager-to-client ratio in the range of one to ten to one to 25, depending on the needs of the clients. Two housing first programs in Virginia cited having teams of professionals to provide case management and offer clinical services to tenants at their homes, as well as in the community. The Norfolk Community Services Board employs four case managers, a psychiatrist, a registered nurse, and a licensed therapist for 51 formerly homeless tenants with mental illness and co-occurring substance use disorders. A similar approach was cited by Virginia Supportive Housing.

The case management model as described by VA staff is less intensive than housing first models. VA medical center staff describe case management services as being most intense when a voucher is first issued and veterans need assistance getting into housing. After that, services consist of about one face-to-face meeting and one phone call per month, with additional assistance as needed. By contrast, a housing first provider that partners with the VA in Washington, D.C., indicated that case managers meet with clients at least weekly during the first six months and bi-weekly thereafter. Some veterans see case managers daily. CSH reports that a once-a-month meeting with a case manager is "insufficient to meet the needs of people who have experienced chronic homelessness."

Due to case management being provided by VA medical center staff, veterans who do not live in close proximity to a VA medical center may not be able to receive a HUD-VASH voucher. The relatively high caseloads of VA case managers may exacerbate this problem because case managers must be accessible to 35 veterans who live in apartments scattered throughout a region.

Discussions with the national HUD-VASH program director suggest that the future direction of the program will include funding for lower case manager caseloads. In addition, the VA is exploring ways in which VA case managers can work in teams to provide more intensive support services to those with more serious needs. The extent to which these efforts will result in the program serving veterans with the most intensive service needs is unknown, and will partially depend on how changes are implemented by VA medical center staff.

Chronically Homeless Veterans Do Not Receive All Needed Medical and Behavioral Health Services

Many homeless veterans have serious health care problems. In Virginia, at least 80 percent of the 700 homeless veterans who were evaluated by staff at three VA medical centers in 2008 had either a serious psychiatric or substance abuse diagnosis, and one-third to almost 60 percent reported having a medical problem.

Despite serious health problems, not all veterans can access needed services at the VA or through community-based providers. In fact, results of the survey of CoCs in Virginia suggest that, depending on the service, between 58 and 65 percent of the communities are meeting less than half of the need veterans have for mental health treatment and counseling, mental health stabilization, and substance abuse treatment and counseling.

VA Cannot Address Medical and Behavioral Health Needs of All Homeless Veterans. The VA admits to facing logistical challenges in meeting the treatment needs of veterans, particularly those with substance use disorders. A 2010 GAO report identified challenges facing the VA, such as lack of space in VA residential facilities and a shortage of professionals to treat substance use disorders. When JLARC staff visited the Hampton VA medical center, there was a two-week waiting list for substance abuse beds, and the program was below its goal of 85 percent capacity because of staffing issues. Other reasons for veterans not receiving needed services through the VA, such as barriers related to eligibility, geography, and personal choice, are described in Chapter 1.

Publicly Funded Medical and Behavioral Health Providers Also Face Challenges in Providing Services. Veterans who are not eligible, willing, or able to access VA health care services may seek treatment at Virginia's community-based providers, such as CSBs and non-profit clinics. These providers are more evenly distributed statewide than VA facilities and are also subject to State funding and oversight, unlike the VA. However, these providers also face challenges in providing needed medical and behavioral health services to homeless veterans.

CSBs are the point of entry into Virginia's publicly funded system of mental health and substance abuse services; however, the exact number of homeless veterans who are served by CSBs is unknown. CSBs have only been required to ask clients about their military status and report this information to the Department of Behavioral Health and Developmental Services since July 2009 (and all CSBs did not report this information until October).

Nonetheless, CSBs are serving some homeless veterans. About 200 veterans were served in FY 2009 by 15 mostly urban CSBs that re-

ceive federal funding to serve the homeless. These CSBs received a total of $1.1 million in FY 2009 from Projects for Assistance in Transition from Homelessness (PATH), a program funded by the U.S. Substance Abuse and Mental Health Services Administration that targets homeless/at-risk individuals with serious mental illness with or without a co-occurring substance use disorder. About ten percent of those enrolled in the program are veterans.

However, resource constraints, reflected by long waiting lists for services, may limit the ability of CSBs to serve veterans and other homeless persons. From January through April of 2009, CSBs reported 1,874 adults on waiting lists for substance abuse services and 4,146 adults waiting for mental health services. (These numbers did not reflect October 2009 budget reductions.) A lack of payment source could also limit the ability of a homeless veteran to receive CSB services. For most uninsured CSB clients, that payment source is Medicaid, but given Virginia's current eligibility criteria, only severely disabled veterans and female veterans with children are likely to be Medicaid eligible.

Homeless veterans may seek treatment at other sites of low- or no-cost health care in Virginia, such as emergency rooms, State mental health facilities, and non-profit community-based clinics, such as Richmond's Daily Planet, the Free Clinic of Central Virginia in Lynchburg, and the Gloucester-Mathews Free Clinic. Funding these services is a longstanding problem, however, which has only been exacerbated by Virginia's recent budget reductions. On a JLARC staff survey of providers in Virginia, a majority (56 percent) of respondents who had served homeless/at-risk veterans in the past 12 months stated they were able to meet those clients' health care needs only "some of the time" or "little of the time." As one provider commented, "The need for mental health services in our region is huge and largely unmet." Another wrote, "Because of our more rural nature there are not many options available to deal with mental or substance abuse issues."

Eligible Homeless Veterans May Not Be Connected to All Income Benefits

Virginia-specific data are not available on the proportion of homeless veterans who are eligible for and not receiving certain benefits, but other sources indicate the need for assistance with obtaining benefits. Multiple studies published over the last several decades show that many people eligible for particular benefits do not enroll or ever receive them, and individuals who are homeless tend to receive mainstream benefits at lower rates than others in poverty. According to CoC survey respondents, approximately half of homeless veterans' needs are not being met with regard to case management and assistance obtaining mainstream public benefits.

Homeless veterans interviewed for the *CHALENG* report in the Richmond VA medical center catchment area ranked assistance with the Supplemental Security Income and Social Security Disability Insurance process as one of their top ten unmet needs.

Chronically homeless veterans are often ruled ineligible for income and other mainstream benefits because they lack required documentation such as a birth certificate, social security number card, and/or military discharge papers. The chronically homeless who are disabled may have additional difficulties with completing income and benefit applications. Multiple service providers and State agency staff told JLARC staff that because applying for benefits is a complex and time-consuming process, homeless veterans tend to need additional assistance.

The capacity of DVS and the VA to process claims for benefits may also impact homeless veterans' access to benefits. DVS's current staffing level for processing benefits claims does not meet statutory requirements. Section 2.2-2002.1 of the *Code of Virginia* requires DVS to maintain a ratio of one benefit worker for every 26,212 veterans residing in Virginia. However, according to DVS staff, funding constraints have resulted in two unfilled benefits positions. As a further consequence of being understaffed, the DVS benefits office is unable to conduct greater outreach to alert veterans of their potential eligibility for veterans' pensions and disability incomes. As discussed in Chapter 2, the cost of two claims representatives is approximately $95,000 per year.

Recommendation (5). The Department of Veterans Services should fill all positions necessary to comply with §2.2-2002.1 of the *Code of Virginia,* which requires one claim representative for every 26,212 veterans in Virginia.

Claims processing at the VA is also problematic. Reports of significant delays with the VA's Veterans Benefits Administration's (VBA) processing of veterans' disability claims have been the subject of national concern in recent years. GAO reports that in FFY 2008, VBA processing time for initial claims averaged 196 days (6.5 months) and appeals averaged 776 days (25.9 months). In response to recent scrutiny, the VA has implemented several initiatives to improve claims processing, including hiring new staff, implementing new claims processing software, and reorganizing some processes. The impact of these initiatives has not yet been evaluated.

Supported employment offers chronically homeless veterans another potential source of income. However, more than 60 percent of CoC respondents to a JLARC staff survey reported that none or little of the need for supported employment among homeless individ-

uals is being met. Supported employment programs provide full- or part-time competitive employment for individuals with the most severe disabilities and include ongoing services, such as job training, transportation, and family support. The VA—including all three VA medical centers in Virginia—currently offer supported employment opportunities. The Virginia Department of Rehabilitative Services and various private non-profit entities also offer supported employment programs for which chronically homeless veterans may be eligible.

STATE STRATEGIES COULD FOCUS ON OBTAINING AND TARGETING FEDERAL FUNDS AND PROVIDING STATE RESOURCES FOR SUPPORTIVE HOUSING

Communities identified unmet needs for supportive housing and ranked this as a top priority for additional resources. According to responses from the JLARC staff survey of CoCs, 16 out of 25 (64 percent) respondents ranked permanent supportive housing among their top six priorities for additional resources, with seven ranking it as their number one priority (Appendix D). Case management, a support service needed to bring homeless people into permanent housing and help them stay housed, was also selected by CoCs as an important strategy to reduce homelessness. When provided a list of 28 potential State approaches to reducing veteran homelessness, 18 out of 26 CoCs ranked "increasing funding to expand case management of community-based service providers" among the top six that would have the greatest positive impact on reducing homelessness. Eight ranked it as their number one priority.

Potential State strategies to reduce chronic veteran homelessness include

- providing training and other assistance to help communities obtain and better target additional federal funds for transitional and supportive housing;
- funding supportive housing programs and services for veterans or all chronically homeless persons in Virginia; and
- improving veterans' access to benefits.

Increased funding for supportive housing appears particularly important, but is expensive. At an estimated $16,500 per veteran per year, 275 to 655 chronically homeless veterans could be served at a cost of about $5 million to $11 million per year.

The number of chronically homeless veterans in Virginia is small, and maximum use of VA services can make reducing homelessness among this group particularly achievable. Nonetheless, the strategies described below could be expanded to address the broader needs of chronically homeless people in Virginia. Increased funding for supportive housing appears particularly important, but is expensive. At an estimated $16,500 per veteran per year, 275 to 655 chronically homeless veterans could be served at a cost of about $5 million to $11 million per year.

Virginia Could Help Communities Obtain and Better Target Additional Federal Funds

The federal government provides funding for housing and support services for chronically homeless persons, including veterans, and there may be opportunities for communities to draw down additional funds. VA housing resources could also be better targeted to veterans with unmet housing needs. The following provide a few examples of how the State could play a more active role in assisting providers to draw down federal funds to serve chronically homeless veterans with multiple housing barriers.

State Could Assist CSBs or Other Community Providers to Collaborate With VA to Target HUD-VASH Vouchers to Veterans With Greatest Needs. Community-based providers such as CSBs may be able to collaborate with the VA to offer HUD-VASH vouchers to veterans with multiple housing barriers who are not considered "housing ready" by VA medical center staff, or those who do not live in close proximity to a medical center. VA staff have increasingly expressed interest in collaborating with community providers to meet the needs of homeless veterans. To successfully collaborate with the VA, DHCD and/or DVS would likely need to demonstrate (1) unmet needs among Virginia's homeless veterans, and (2) the capacity and expertise of CSBs or other providers to offer case management and work with the VA.

In Washington, D.C., the Department of Human Services (DHS) has an agreement with the VA to provide case management for the D.C. VA medical center's HUD-VASH program. DHS staff explained that this collaboration came about because they were able to demonstrate to the VA that there were chronically homeless veterans living on the city's streets who were not being served by its HUD-VASH program. In addition, DHS had experience providing supportive housing using a housing first model through a city-funded program. DHS now administers case management for approximately 100 veterans at a ratio of about one case manager for every 20 veterans. DHS staff cautioned that this collaboration resulted from a great deal of persistence on their part as well as interest among key political stakeholders.

State Could Play a Greater Role in Securing Grant and Per Diem Funds and Identifying Best Use of Programs. Expert opinion and national policy priorities suggest a movement away from transitional housing to permanent supportive housing to assist those experiencing chronic homelessness. A recent cost study prepared for HUD found that transitional housing is the most expensive housing service for homeless people. Nonetheless, transitional housing, if used strategically, could play an important role in ending homelessness. NAEH explained:

> By helping the majority of homeless individuals and families to move more rapidly back into permanent housing in the community, more intensive site-based service programs can be targeted to those who require and desire them.

This could include veterans in the early stages of recovery from alcohol or drug addiction "who require time-limited on-site supports and services to maintain sobriety." Staff at NAEH indicated transitional housing can work well as a recovery model. Veterans leaving State correctional or mental health institutions may be another group that could benefit from a transitional program.

The VA's Grant and Per Diem program director reported that there will be additional funding to support the program in the future, and the State could play a role in obtaining that funding. First, DVS (or DHCD) could directly apply for funding to house and support homeless veterans. Based on VA data, three states have been awarded capital grants to operate transitional programs since 2005 (New Jersey, Washington, and Wisconsin).

VA Technical Assistance

The VA has awarded about $2 million to three organizations to provide technical assistance to providers interested in applying for federal (VA and non-VA) grants to assist homeless veterans: the Governor's Institute on Alcohol and Substance Abuse, Technical Assistance Collaborative, and Public Resources.

Second, DVS or DHCD could help facilitate successful Grant and Per Diem applications by ensuring that providers are aware of three technical assistance centers funded by the VA that help providers apply for federal grants to serve veterans. Among 53 housing providers responding to a JLARC staff survey that served veterans in the past year, only nine used these centers. Yet, among those who did, all found them to be somewhat to very useful. Educating 1,000 providers in Virginia about these centers by mailing each of them a letter would cost about $500.

Third, Virginia could assist providers by offering land or matching funds. State property, including land or buildings, could be donated for transitional or other housing programs for homeless veterans. One transitional housing provider suggested that Camp Pendleton in Virginia Beach could be used for this purpose. In order to receive the capital grant funding, providers must document a 35 percent match. According to VA staff, if a provider has secured this funding during their first application submission, it is worth a certain number of points, which can help their applications be successful.

Finally, DVS or DHCD could provide training and assistance to help providers identify target populations for their programs and develop the expertise and capacity to manage these programs. The State could assist providers to design their programs to meet the needs of veterans with the greatest unmet housing needs, such as those who have recently been incarcerated (Chapter 2). Staff at the Grant and Per Diem program in Hampton said they are one of the few housing programs in the area that will accept veterans who

have been discharged from prison. They added that this population can transition easily to this type of structured program because they are accustomed to an institutional setting.

The State could also help providers design their programs to better align with community goals to rapidly re-house homeless veterans. Site-based transitional housing programs in which the housing provider also provides support services can lead to veterans losing both their housing and services when they leave the program. Greater use of community-based services, or utilizing apartments throughout a community with provisions that allow veterans to stay in their unit by taking over the lease after they are discharged from the program, may allow veterans to more easily transition to permanent housing. The 2010 cost study prepared for HUD suggested this might also be a strategy to "deliver transitional housing at lower cost to the homeless system."

Increasing the number of transitional beds available to homeless or at-risk veterans with unmet housing needs, such as those leaving correctional institutions, could reduce chronic street homelessness. Nonetheless, because transitional housing programs do not provide permanent homes, strategies designed to increase the number of these beds will have a lower impact on reducing the number of homeless Virginia veterans than strategies to move them into permanent homes.

State Could Assist VA Medical Centers to Obtain Additional HUD-VASH Vouchers for Virginia. There may be opportunities for the State to play a role in drawing down additional HUD-VASH vouchers. According to VA staff, vouchers are awarded to VA medical centers based on (1) demonstrated need and (2) ability to utilize vouchers in a timely fashion. Therefore, VA staff noted two key ways in which the State could affect the number of vouchers awarded to medical centers in Virginia.

First, staff noted that there is a "tremendous role for state departments of veterans' services and the community to better identify needs of veterans in the State." Because the number of vouchers awarded to a medical center is determined by need, accurate counts of homeless veterans are essential for receiving adequate vouchers. However, point-in-time counts in Virginia are reportedly underestimates, as discussed in Chapter 4. Staff at one VA medical center in Virginia reported that, because they are uncertain how many homeless veterans in their area need vouchers, they use a conservative estimate when requesting vouchers from the VA.

Second, because a medical center's ability to efficiently use vouchers affects their allocation of vouchers, the State could help facilitate this process. Specifically, some veterans may face obstacles

renting an apartment with a voucher if they lack money to pay past due bills, security deposits, furniture, and other costs associated with moving into an apartment. VA medical center staff in Virginia have not reported this to be a significant barrier; however, this may mean that veterans with the most complex needs are not being considered for the program. For instance, staff at one medical center reported that veterans need an income to receive HUD-VASH and have typically saved for these costs (this is not a federal requirement). Short-term financial assistance could facilitate placement of veterans with greater needs.

State assistance could be in the form of direct funding, such as the State Homeless Intervention Program discussed in Chapter 2, or facilitating a relationship between VA medical centers and local providers who receive federal funding for this type of assistance (HPRP or future HEARTH funding). DHCD could also help position non-profit providers in Virginia to receive new VA funding in 2010 which can be used for supportive services and time-limited financial assistance (Supportive Services for Veteran Families program; see Chapter 4).

If strategies to increase the number of HUD-VASH vouchers allocated to the State were successful, the impact on reducing the number of homeless veterans in Virginia would be high. However, because the State's ability to influence the allocation or funding of these federal vouchers is limited, strategies that directly increase State assistance would likely have a higher impact.

State Could Provide Intensive Training to Develop the Capacity of Providers to Operate and Fund Supportive Housing. JLARC staff have been told that financing and operating supportive housing is very complicated. These projects typically require multiple layers of funding from local, State, federal, and private sources, and many grants require applicants to match some portion of grant funds with their own resources. For example, Virginia Supportive Housing developed a 60-unit project to house formerly homeless adults in the Hampton Roads region. The project cost more than $7 million. Funding sources included the syndication of Low Income Housing Tax Credits, loans from DHCD and VHDA, and grants from private foundations. Rental subsidies are provided by the HUD Section 8 Moderate Rehabilitation Single Room Occupancy Program and the Housing Choice Voucher Program. The cities of Virginia Beach, Chesapeake, Norfolk, and Portsmouth also helped with development costs and contribute rental assistance.

State assistance, training, and other capacity-building activities could make it easier for interested providers to operate supportive housing programs and secure needed funding. Between 88 and 96 percent of CoCs responding to a JLARC staff survey reported that

grant writing assistance provided or arranged by the State, or State identification of potential funding sources for homeless veterans, would have a moderate or highly positive impact on reducing veteran homelessness.

State capacity-building activities could provide non-profit organizations with assistance in financial management, identifying grant opportunities, grant writing, and fundraising. State training could also provide information about best practices in serving the homeless and homeless veterans. Such an approach could be used to develop programs to serve veterans and other chronically homeless people. The cost and impact of capacity-building efforts would depend on the type and intensity of training provided and State development objectives. However, the cost relative to directly funding services would be low.

Several states have contracted with CSH to develop intensive training programs to help move supportive housing projects from conception to completion. The Indiana housing and community development agency contracted with CSH to develop an institute to provide intensive six-month (80-hour) courses to competitively selected organizations—both non-profit and for-profit, as well as mental health, medical, and social service providers. Organizations participating in the institute developed actual projects, the most feasible of which were connected with funding opportunities. In 2008 and 2009, the institute trained organizations that now have 600 permanent supportive housing units underway across the state. In addition, Illinois awarded CSH a $750,000 grant in 2006 to provide similar training for 16 to 20 non-profit organizations over two years (with $330,000 earmarked as pre-development financing to support activities such as appraisals, architectural plans, and other due diligence).

HEARTH Act Will Provide Funding for Capacity Building

The HEARTH Act will allow rural CoCs to use 20 percent of funding for capacity building. Through the Balance of State Continuum of Care, DHCD could apply for funding to develop the capacity of social service providers in rural parts of the State to offer supportive housing and other assistance described in Chapter 2.

Capacity building could help position providers to take advantage of a variety of federal resources, including a portion of future HUD-VASH vouchers that will be withheld for project-based assistance. Providers willing to rehabilitate apartment units to house formerly homeless veterans may be eligible for project-based rental assistance to help cover the cost. The HUD-VASH program director indicated this funding will likely go to projects that are "shovel ready," as opposed to those that will require five years to develop. Chronically homeless veterans with serious mental illness are one group the VA wants to target with these vouchers.

Training and capacity building could also better position organizations to take advantage of State financing for supportive housing. VHDA offers permanent mortgage financing at below market rates through its Sponsoring Partnerships and Revitalizing Communities (SPARC) program for private developers to increase perma-

nent supportive housing for the homeless and people with disabilities. In one case, VHDA even approved a zero percent interest loan for the development of supportive apartments for chronically homeless individuals. However, while this program offers developers an important financial tool, VHDA staff reported that many non-profit and social service providers lack the capacity to undertake this type of project.

Capacity building among non-profits to strengthen their ability to successfully apply for loans, grants, and tax credits to serve formally homeless individuals is a role that DHCD and/or VHDA could play. According to agency staff, DHCD used to provide capacity building to non-profit organizations, though the focus of that program was not specific to low-income or supportive housing providers. DHCD staff reported that eliminating the program was a "painful decision" that resulted from budget cuts to the agency in the last biennium.

State Could Fund Veteran or Non-veteran-specific Supportive Housing Programs

As indicated earlier, communities and VA staff report unmet needs for supportive housing for veterans in Virginia and identify this as a top priority for additional resources. Because future allocations of HUD-VASH vouchers will likely address some, but not all, of this need, the State may wish to provide additional resources to reduce chronic homelessness among veterans. State-funded programs could target veterans who are not benefitting from VA housing programs due to either limited VA resources, lack of proximity to a VA facility, or barriers to VA housing discussed earlier.

Many other states use housing or homeless trust funds to support initiatives aimed at increasing affordable housing and reducing homelessness. In fact, according to the Center for Community Change, 40 states plus the District of Columbia have housing trust funds. Potential revenue sources for these funds are discussed in Chapter 5.

State Could Fund a Veteran-specific Supportive Housing Program. The State could create a veteran-specific supportive housing program (similar to HUD-VASH) by reimbursing (1) public housing authorities for administering rental assistance, and (2) CSBs for providing case management and support services. CSB case managers and/or mobile service teams would travel to tenants' units throughout the community. Other supportive services would be provided by the VA or mainstream providers as needed. This program should target those veterans whose needs are not being met by the VA, including those with multiple housing barriers.

Case management is a core responsibility of Virginia's CSBs, and staff have expertise in addressing the behavioral health and substance abuse treatment needs of many homeless veterans. CSBs that receive funds from the PATH program (discussed above), and other federal and State funds to serve the homeless, would likely have the greatest expertise (Table 12). According to the State's PATH administrator, the program has affected the "culture" of these CSBs, such that their staff are more interested in serving homeless individuals. Further, CSBs that receive PATH funds are located in areas of the State where most of the chronically homeless population is found.

Table 12: CSBs Providing Homeless-specific Services Through Federal and State Funds in FY 2009

CSB	PATH Funds	Other Federal Funds	State Funds
Alexandria	●	●	
Arlington	●		
Blue Ridge Behavioral Health	●		
District 19	●		
Fairfax-Falls Church	●	●	
Loudoun	●		
Hampton-Newport News	●	●	●
Norfolk	●	●	
Northwestern Community Services		●	
Piedmont		●	
Portsmouth	●		
Prince William	●		
Rappahannock Area	●		
Region 10	●	●	●
Richmond	●		
Valley	●		
Virginia Beach	●		

Sources: SAMHSA PATH provider list, HUD FY 2009 CoC Homeless Assistance Award Report, DHCD's *Virginia's Homeless Programs 2008-09 Program Year*.

PATH workers in Virginia have had success assisting individuals who are difficult to reach and resist treatment. The majority of their clients live in the most precarious situations—either unsheltered or sleeping at emergency shelters—and many have not accessed services in the past. However, staff were able to establish trusting relationships with these clients such that, in one year, 45 percent of those who were unsheltered obtained shelter, 33 percent received mental health services, and 16 percent secured housing. The following case study shows how outreach and case management was effective in helping a chronically homeless veteran.

Case Study

After more than 20 years, a homeless veteran with a serious mental illness came out of the woods and spent the past win-

ter in an apartment of his own. Through the PATH program, CSB staff met with the veteran and assessed that he was seriously mentally ill. Trust with the therapist was slowly built over five years. With help from CSB staff, he now receives Supplemental Security Income and support to help him live indoors.

Further, many PATH workers already report coordinating with the VA medical center or VA outreach worker in their area, as well as veterans service organizations, in addressing the needs of clients who are veterans.

CSB staff also report success with the housing programs they operate. For example, a program operated by the Norfolk CSB that follows the housing first model is achieving successful outcomes for its clients. CSB PATH workers identify chronically homeless people with mental illness and a history of little or no engagement with services for the program. Once clients have been persuaded to accept services, they are moved as quickly as possible into an apartment so that services can be provided in a safe and stable environment. According to data supplied by the CSB, the program has successfully engaged clients in needed supportive services even though those services are not required as a condition of tenancy. Among 50 clients (six of whom are veterans), 92 percent are seeing a psychiatrist monthly and 96 percent are taking needed medications. These outcomes were reportedly achieved through active case management, group and individual therapy, and care at home and in the community by a licensed psychiatrist and registered nurse. Since July 2009, only one person has been evicted from the program.

Administering a joint program between CSBs and public housing authorities to house veterans should be possible. Several CSBs expressed interest in expanding case management in conjunction with housing, if resources were available. They noted that if vouchers were administered by public housing authorities, CSBs could concentrate on providing treatment, which is their primary mission.

VHDA staff indicated that "piggybacking" on the Section 8 Housing Choice voucher program administered by public housing authorities may be the most efficient way to deliver vouchers statewide. Several public housing authorities reported to JLARC staff that the existing supply of affordable rental units in their area is adequate to support additional vouchers. Furthermore, a staff member at a local housing authority that works with the VA to administer HUD-VASH noted that she wished case management accompanied all Section 8 Housing Choice vouchers. Nonetheless, concerns have been expressed that some public housing authorities

have been reluctant to administer HUD-VASH vouchers and this could affect their willingness to participate in a similar State-funded program.

The cost to the State to fund this program will vary based on tenant needs, the local housing market, and the ability and willingness of tenants to access support services through the VA. Table 13 provides per veteran cost estimates for three service intensity levels estimated by CSH. The housing cost estimate reflects an average cost of HUD-VASH rental vouchers for two public housing authorities in Virginia. Actual housing costs will vary by region. CSH describes the varying intensity levels as follows:

- Low: housing assistance, limited case management, and linkages to mainstream resources;
- Medium: case management, services to support housing retention and linkages to mainstream resources;
- High: case management, mental health, substance abuse treatment, prevocational and vocational services, transportation and recreation programs, access to health and dental care, and services to support housing retention. The ideal case manager-to-tenant ratio would be one to ten or 15.

Table 13: Cost Estimates for a State-funded Supportive Housing Program for Veterans

Service Intensity	Annual Service Cost	Annual Housing Cost	Total Annual Cost
Low	$4,000	$6,500	$10,500
Medium	8,000	6,500	14,500
High	10,000	6,500	16,500

Source: HUD-VASH housing cost provided by VHDA and Hampton Redevelopment and Housing Authority. Service cost ranges provided by CSH.

CSH staff indicated that most chronically homeless individuals need medium to high intensity services, at least initially. Assuming 275 to 655 veterans need the highest service intensity voucher each year, annual State costs may be between $5 and $11 million.

Several factors could mitigate State costs for this type of program. First, assuming a veteran is able and willing to receive services at a VA facility, the cost borne by the State for support services could be substantially lower. Second, over time, the intensity of services (and associated costs) needed by veterans in the program may decline. Third, additional federal grants, including VA funding, could be leveraged to offset State costs (discussed in Chapter 5).

Although the cost per person for permanent supportive housing is high, the costs of not providing it are often higher.

While costly, this strategy is estimated to have a high impact on reducing veteran homelessness by providing chronically homeless veterans with permanent homes. Further, although the cost per person for permanent supportive housing is high, the costs of not providing it are often higher. Studies of the cost effectiveness of supportive housing in other states have demonstrated positive returns, as discussed earlier.

State Could Competitively Award Funding to Communities and Providers to Offer Supportive Housing. The Commonwealth could designate funding to competitively award grants and other financing to community-based providers to offer supportive housing to veterans and other chronically homeless people in Virginia. Chapter 5 includes a discussion of potential funding sources, including a housing trust fund, for supportive housing and other homeless assistance. Designated funding could support a variety of project proposals—from supportive services only to the development of new supportive housing buildings. The State could prioritize funding for supportive housing projects that follow evidence-based models (such as housing first), target the lowest-income households (those earning 30 percent area median income or less), or serve specific populations with unmet housing needs. Specific populations that could be targeted for State funding include veterans, persons with mental illness (with and without co-occurring substance use disorders), and ex-offenders.

A housing trust fund could provide much needed funding for case management and other supportive services. According to DHCD staff, HUD funding, to a large degree, supports "bricks and mortar" for housing programs, as opposed to services. Because resources are limited, DHCD staff reported that they do not always know how local providers are able to fund supportive services. CSH reports that federal funding for services has declined and is insufficient to cover the cost of services needed by chronically homeless people. They indicated that federal grants are often supplemented with dedicated funding for supportive housing from state, county, and municipal governments. Yet, to date, Virginia has not provided this type of funding.

The State could also award funding for the development or rehabilitation of new supportive housing buildings or units. A tenant-based voucher program, such as HUD-VASH, does not encourage the development or rehabilitation of new units because the rental assistance can be used for any apartment the tenant chooses. By attaching rental assistance to a particular project or units within a building, a developer can build or rehabilitate with assurance that their operating costs will be subsidized by the government.

Experts suggest that project-based (site-based) and tenant-based (scattered site) supportive housing projects offer tenants different benefits, and a mix is beneficial. A site-based model may offer consumers close accessibility to supportive services and additional supervision. This model could work well for some veterans who have serious mental illnesses or physical disabilities, or veterans interested in the camaraderie of living with other veterans. However, tenants who wish to leave a site-based program risk losing both their rental assistance and their support services, which are often provided onsite rather than in the community. Tenant-based vouchers utilized in scattered apartments throughout a community offer greater choice and portability and may also allow veterans to better integrate in the community.

Total costs of this approach depend on the extent to which communities are able to utilize existing housing stock to meet supportive housing needs. A needs assessment would have to be conducted to determine how many new units of supportive housing are needed, particularly if the State considers expanding this strategy to address the needs of all chronically homeless persons. Per unit estimates of development costs range from $50,000 to more than $100,000.

Because this strategy would increase permanent housing opportunities for veterans, its impact on reducing the number of homeless veterans would be high. Applicants could be required to demonstrate that they have applied for all other available funding prior to applying for State support. Priority could be given to projects that demonstrate collaboration between providers, such as between public housing authorities and local departments of social services or CSBs, to leverage federal or local grants (for rental assistance or support services).

Recommendation (6). The General Assembly may wish to increase supportive housing for veterans or other chronically homeless people by (1) providing funding to the Department of Housing and Community Development (DHCD) to train local providers to improve their capacity to fund and operate supportive housing, (2) funding a veteran-specific supportive housing voucher program administered by the Virginia Housing Development Authority, and/or (3) competitively awarding funding through DHCD for the development and operation of supportive housing projects.

Additional Training Could Help Connect Chronically Homeless Veterans to Disability Benefits

Service providers and State agency staff interviewed for this study stressed the importance of connecting chronically homeless individuals with benefits, and identified the SSI and SSDI Outreach,

Access, and Recovery (SOAR) program as a particularly effective mechanism for making these connections. SOAR trains case managers and agency staff to assist chronically homeless individuals with behavioral health disabilities in applying for SSI and SSDI disability benefits. Initial SSDI disability applications submitted nationally have a 37 percent approval rating, but staff trained in SOAR report achieving a 65 to 95 percent initial approval rating. In Virginia, staff at 17 CSBs and one non-profit organization have received SOAR training, which is primarily funded through PATH.

Additional case managers and local agency staff trained in SOAR could increase homeless veterans' access to income benefits. Considering the current delays of VA disability benefits and an increasing number of veterans from Iraq and Afghanistan applying for benefits, obtaining SSI/SSDI financial assistance is a strategy to provide a more immediate source of income for eligible chronically homeless veterans. Additionally, CSB staff trained in SOAR noted that they frequently work with other local agencies that have contact with homeless veterans, such as local departments of social services, and these case managers would be able to provide the same assistance.

Additional training or staff focused on assisting homeless veterans to obtain VA benefits is also needed. Training SOAR case managers on VA benefits would provide a source of outreach that DVS is currently unable to provide. The cost of training SOAR staff on VA benefits would be less than hiring additional outreach staff; however, ongoing training would be required as staff turns over. Since SOAR uses a "train-the-trainer" approach, those individuals provide the information to local case managers employed by organizations that assist homeless persons, such as social services or CSBs. Currently in Virginia, six people are serving as trainers. The travel and per diem costs of training are the only direct cost to the local agencies, but staff time is also needed for case managers to receive the training and implement the program.

Chapter 4

Improving Leadership and Program Coordination for Homeless Veterans

In Summary

Comprehensive, community-wide planning around goals to address homelessness, and the concomitant coordination of services to achieve those goals, are essential for reducing homelessness. The need for coordination of services for veterans may be particularly acute because they are eligible for certain federally supported services that are not available for the non-veteran homeless. Until recently, the State has had a limited role in providing leadership and coordinating the effort statewide, and Virginia Continuums of Care have had mixed success in coordinating services in their geographic areas.

If the State wishes to prioritize reducing veteran homelessness, then it will likely need to take a stronger leadership and advocacy role. In April 2010, the Governor announced the initiation of an effort to reduce homelessness and expand affordable housing. To help address homelessness, the State could increase the emphasis that is given to veteran advocacy, information sharing, and technical assistance. Relatively low costs (up to about $420,000) would be entailed to help ensure an active and focused planning, outreach, and liaison function to address veteran homelessness and to create a resource directory. A stronger State role may also enable the State to better capitalize on significant programmatic changes and funding increases to federal homelessness assistance programs that begin in 2011.

In calling for a study of veteran homelessness, Virginia's Joint Leadership Council of Veterans Service Organizations (JLC) suggested that a need exists for an improved service delivery system for homeless veterans that better integrates federal, State, local, and private resources. JLC cited a perceived lack of coordination between service providers (for example, community service providers and the VA) as a reason why homeless veterans are not accessing needed services. JLC also cited a perceived lack of knowledge on the part of community providers about service and funding opportunities as a reason why homeless veterans are not accessing the "wide variety of specialized services" available to them.

Chapters 2 and 3 of this report illustrate how resource limitations, eligibility restrictions, and other issues can prevent homeless veterans from accessing such services. This chapter examines the extent to which Virginia veterans face the additional challenge of trying to access services from systems of care that lack coordination and from providers who are unaware of veteran-specific service and funding opportunities. By taking a leadership role in planning and coordinating homeless assistance programs, Virginia

could improve service delivery to homeless veterans at the State and community levels, which could substantially reduce veteran homelessness. While veterans would benefit from the options suggested in this chapter, so would other homeless populations.

STATE LEADERSHIP ADDRESSING VETERAN HOMELESSNESS HAS BEEN LIMITED

To some extent, federal funding structures limit the ability of the State to comprehensively address the needs of homeless veterans. State goals and objectives implemented in 2003 to end chronic homelessness and the council created to implement the goals have not been active since 2006.

Federal Emphasis on Community-level Planning Limits State's Ability to Influence Priority-setting and Project Selection

Since 1996, funding for HUD's competitive grant programs to assist the homeless has been distributed to localities based on their CoC applications. All members of the CoC are supposed to participate in developing goals to address homelessness, and each year, as part of their applications, CoCs identify the needs of their homeless populations, the resources that are available to address their needs, any gaps in services for the homeless, and most importantly, how those services are coordinated. Homeless veterans are one of the subpopulations targeted for assistance.

CoC Application for HUD Competitive Grants

To obtain HUD competitive grant funding, a CoC must submit a single comprehensive application describing its activities. The application also includes the grant requests of individual providers. HUD requires a single application to emphasize the importance of community-wide planning and coordination of efforts to assist the homeless.

HUD's emphasis on planning and coordination of services for the homeless at the community level constrains the State's ability to affect those plans. According to DHCD staff, the State has no formal relationship with the CoCs or local providers and little authority over the projects communities decide to support. For example, the CoCs are not required to report any information to DHCD because HUD funding for data collection and reporting goes directly to local organizations. As a result, DHCD is dependent on the CoCs' willingness to share data in order to develop a statewide estimate of the number of homeless. In addition, DHCD staff also emphasized that because of the funding structure, the State has no role in ensuring the uniformity, quality, and coordination of service delivery to the homeless population.

Virginia Lacks State Goals or Lead Group to Address Veteran Homelessness

Between 2003 and 2007, at least two attempts were made to establish goals for reducing homelessness in Virginia, but both of these efforts stalled. The first focused on reducing chronic homelessness and resulted in the creation of strategies to achieve that goal, an interagency council to implement the strategies, and several successes. The second attempt focused on integrating services for

homeless veterans but was abandoned because of budget reductions. For the last several years then, the State has lacked clear leadership and policies on the issue. In April 2010, the Governor announced his intention to implement a housing policy framework that coordinates housing-related activities across executive branch programs and that addresses homelessness.

Previous State Efforts to Address Chronic and Veteran Homelessness Became Inactive and Left a Leadership Vacuum. The State's initial efforts to reduce homelessness grew out of a 2001 federal initiative. Policy leaders of several State agencies serving homeless individuals participated in a National Policy Academy on Chronic Homelessness. Academy objectives included assisting states and local government with developing plans to end chronic homelessness in ten years by improving access to mainstream public assistance services, such as Food Stamps and Medicaid, and coordinating these services with housing opportunities. In addition, the academy focused on ensuring that State, local, and community efforts to address homelessness were integrated.

In 2003, academy attendees developed and released a planning document—*Virginia: Sharing a Common Wealth to End Homelessness*. This plan was approved by the Governor and submitted to the U.S. Interagency Council on Homelessness in January 2004. It established the following vision for ending chronic homelessness in the Commonwealth:

> An integrated, community-based system of individualized opportunities, services, and housing has ended homelessness in Virginia.

Similar to this report, the plan identified and prioritized the following five strategies as critical for implementing the vision:

- an affordable continuum of suitable and appropriate housing;
- accessible supportive services;
- prevention initiatives that reduce homelessness;
- sufficient financial resources; and
- an understanding of chronic homelessness at all levels.

VIACH Membership

VIACH was comprised of the following State agencies: DHCD, DVS, DBHDS (then DMHMRSAS), VHDA, DMAS, DSS, VDH, and DOC. Members also included public and private non-profit groups, such as the Richmond region CoC, the Virginia Coalition for the Homeless, and the Virginia Hospital and Healthcare Association.

Seeking to capitalize on the momentum following the plan's release, the Governor directed academy attendees to form and lead the Virginia Interagency Council on Homelessness (VIACH). The council's mission was to implement the plan's strategies to end chronic homelessness in Virginia. The council's membership included State agency executives "with the ability to recommend, impact, and implement state-level policy changes."

VIACH's efforts resulted in several successes. For example, in FY 2005 jurisdictions that had not previously been part of a CoC were brought together into a "Balance of State" CoC. Previously, local governments and community-service providers in these jurisdictions were ineligible for HUD's competitive grant funds. In FY 2006, organizations in the newly formed Balance of State CoC received $900,000 in HUD funding.

Despite its accomplishments, VIACH has been inactive since about December 2006, and the vision and strategies established in the 2003 plan no longer guide State efforts. DHCD staff indicated that changes in VIACH's membership, away from agency heads who could implement policy change to agency staff, contributed to the council's dormancy. Until April of 2010, few efforts were made to create new goals and objectives or to restart the council to guide State agency responses to homelessness.

In June 2006, an executive branch initiative was started with the intention of improving State services to veterans. DVS was directed to prepare a comprehensive report on current State programs and services for veterans and potential improvements, particularly pertaining to the needs of disabled veterans. All State agencies were directed to identify opportunities to partner with DVS on developing or expanding programs to meet the needs of Virginia's veterans.

The DVS report *Serving Virginia's Veterans* was released in April 2007 and identified the need to address veteran homelessness. Recommendations included improving coordination of services for homeless veterans by assuring that veterans were linked with available services and assisting providers with applying for federal grants. In particular, DVS identified the need for a "new, integrated model for serving Virginia's homeless veterans." Part of a full-time equivalent position within DVS was tasked with creating and coordinating outreach programs to homeless, incarcerated, and hospitalized veterans. However, State budget reductions curtailed these efforts and the part-time position was eliminated less than a year after it was created.

For several years, Virginia has not had a policy for reducing homelessness or integrating services for homeless veterans. In the absence of State guidance coordinating their efforts, agencies may have proceeded in different ways. For instance, agencies with responsibility for serving homeless populations may have continued to do so according to their own statutory requirements and programmatic opportunities. In such situations, opportunities are missed to develop a seamless system, share resources, and prevent overlapping services. Agencies that do not view homelessness, or veteran homelessness, as their statutory responsibility may have

chosen to do nothing at all. Studies have shown that efforts to prevent and end homelessness are more successful when a broader coalition of stakeholders is involved.

Administration's 2010 Intention to Create and Implement Housing Policy Framework Will Need a Sustained Commitment to Succeed. In April 2010, the Governor issued Executive Order Ten, calling for a housing policy framework to be developed to help guide executive branch decision-making and coordination regarding housing issues. The order states the framework should be consistent with recognition of the importance of the housing industry to economic development, promotion of sustainable and vibrant communities, an assurance that a range of housing options will be available, and an increased capacity to address the needs of homeless Virginians. With regard to homeless individuals, the order states that increased capacity should focus on reducing chronic homelessness, ensuring shelters and services, and investing in transitional and permanent supportive housing. Based on past experience, the success of this effort will depend upon leadership and momentum behind the framework being sustained over time.

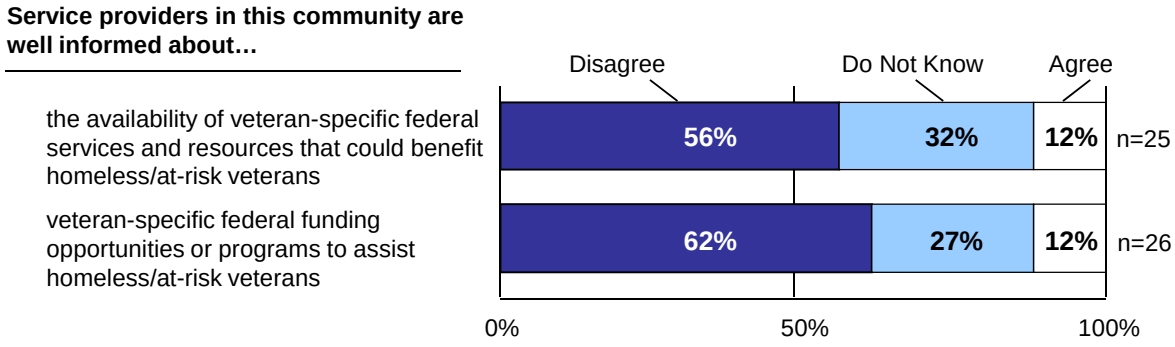
LACK OF COMMUNITY AWARENESS AND COORDINATION HAS PREVENTED VETERANS FROM ACCESSING SERVICES

Ensuring homeless veterans are linked to the federal services and programs for which they are eligible should be important to the State for at least two reasons. First, veteran-specific services may better address veterans' needs. Second, helping veterans access federal services frees State resources to be used in assisting others. Presumably, awareness and coordination between federal and community groups would help ensure such linkages. Nonetheless, there is evidence that knowledge about such federal opportunities and coordination between service providers are both lacking, leaving a "critical gap" in serving homeless veterans.

CoCs Indicate Service Providers Lack Awareness of Veteran-specific Services and Funding Opportunities

As discussed in Chapters 2 and 3, veterans' access to homeless services is limited by resources, eligibility barriers, and capacity issues. In addition, access can be limited when service providers are not aware of other programs and opportunities. This appears to be the case among Virginia providers. For example, 56 percent of the respondents to the JLARC staff survey of CoCs reported that providers in their communities were not well informed about the availability of federal services and resources to assist homeless/at-risk veterans, and 32 percent said they did not know whether providers were well informed (Figure 5). When asked whether service providers in their community are well informed about veteran-

Figure 5: CoCs Report Service Providers Are Not Well Informed About Veteran-specific Services and Resources, or Funding Opportunities



Source: JLARC staff survey of CoCs, February-March 2010.

specific federal funding opportunities for developing veteran services or programs, 62 percent of CoC respondents disagreed and another 27 percent reported that they did not know.

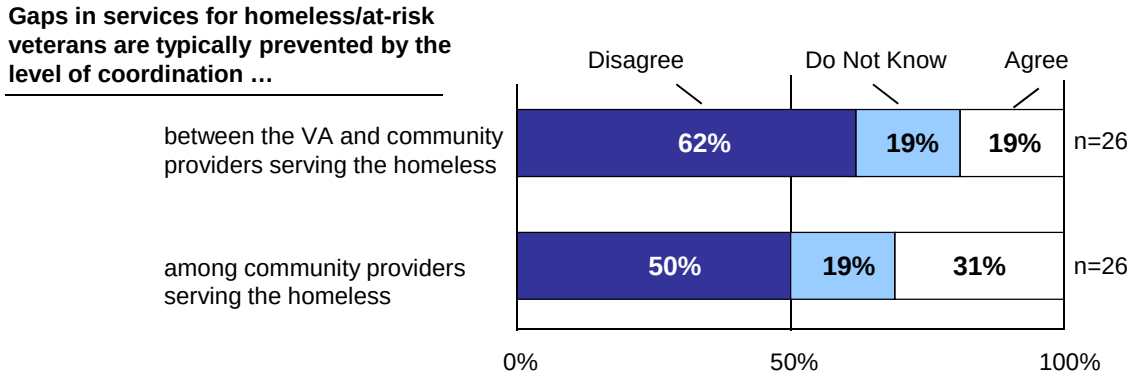
Most CoCs Reported Current Level of Coordination Does Not Typically Prevent Gaps in Services for Homeless Veterans

Sixty-two percent of the 26 CoC survey respondents indicated that coordination between the VA and community providers typically is inadequate to prevent gaps in services for homeless veterans (Figure 6). As previously discussed, homeless veterans who do not or cannot access VA services might seek help from community-based providers, State mainstream public assistance agencies, or local emergency rooms.

State and local providers play a substantial role in serving homeless veterans despite the existence of VA benefits and the Health Care for Homeless Veterans programs at VA medical centers. One reason for this, according to both national and Virginia-based providers and VA medical center staff, is that the federal system for veteran care has historically been designed to meet medical health care needs instead of the social needs that homeless veterans have, such as housing and employment. According to a VA medical staff person interviewed for this study, "We are a treatment and rehabilitation agency—not a social services program." Staff at another VA medical center further stated that case management has historically not been emphasized in the VA model of service delivery.

Despite the programs the VA administers for housing homeless veterans and providing them with employment training, the overall emphasis on medical care means that homeless veterans may be more apt to seek community-based services for their non-medical needs. However, it is unclear to what extent the VA

Figure 6: CoCs Report Inadequate Coordination Between the VA and Community-based Service Providers and Among Providers



Source: JLARC staff survey of CoCs, February-March 2010.

medical center staff are aware of the types and capacity of surrounding community-based services. According to a non-profit homeless service provider in the Richmond region, VA medical center Health Care for Homeless Veterans staff do not regularly participate in the CoC meetings. The provider indicated that the meetings are an opportunity to learn about other programs and services being offered in the area.

In addition to noting problems with coordination between providers and the VA, 50 percent of the CoC respondents indicated that coordination among providers was inadequate to prevent gaps in services for homeless and at-risk veterans. Two CoCs that reported high numbers of homeless veterans in their 2010 point-in-time counts described why they think coordination of services for homeless veterans is limited:

> Veteran services, at both the State and Federal level, tend to operate independently of other mainstream or homeless services. A closer connection with other homeless services would promote better coordination. However, this would require greater resources, both for direct assistance and case management.
>
> * * *
>
> The funding silos and the requisite regulatory requirements (interpreted or real at the local level) across State agencies prevent the real coordination of services. In some cases, agencies that provide assistance to common clients do not share information or coordinate the assistance they have to offer. This translates into inefficient and ineffective service delivery at the local level in many instances.

When CoCs were asked to describe the steps or strategies the State could pursue to improve coordination between the community-based providers and the VA, two themes were apparent. First, not all communities are being served by VA representatives. Second, the lack of information about VA services may be preventing better use of such services. The following comments highlight these issues:

> It recently took our CoC three months to find any VA rep who would answer or return phone calls seeking information. [The VA] should be seeking out local reps to provide assistance on a regular basis.
>
> * * *
>
> From a service provider level, our CoC sees little to no coordination – we feel that the VA should be doing more to reach out to the community.
>
> * * *
>
> Information is the best strategy. [It would be helpful] if someone could come and speak to the CoC and make sure that shelters and residential services have information that can be passed along to veterans or that will assist us to link veterans with services available to them.

To assess whether proximity to VA staff and services affected the CoC responses, JLARC staff reviewed the responses of CoCs which are located near VA medical centers. These responses indicate that CoCs closer to a medical center were as likely to cite accessibility concerns, suggesting that distance did not account for all of the problem. Almost all of the geographic areas covered by five CoCs—Fairfax, Norfolk, Newport News-Hampton-Virginia Peninsula, Richmond, and Roanoke-Salem—are within a 30-mile radius of a VA medical center. (In addition, these five CoCs account for about 64 percent of the total number of homeless veterans identified in the 2010 preliminary point-in-time counts.) The responses of the five CoCs were in line with those of all CoCs. Three of the five (60 percent) disagreed when asked whether the level of coordination between community providers and the VA typically prevented gaps in services for homeless veterans.

STRATEGIES FOR IMPROVING SERVICE DELIVERY COULD INCLUDE GREATER STATE LEADERSHIP AND ADVOCACY

The following case study illustrates the importance of coordination with regards to effectively serving homeless veterans.

Case Study

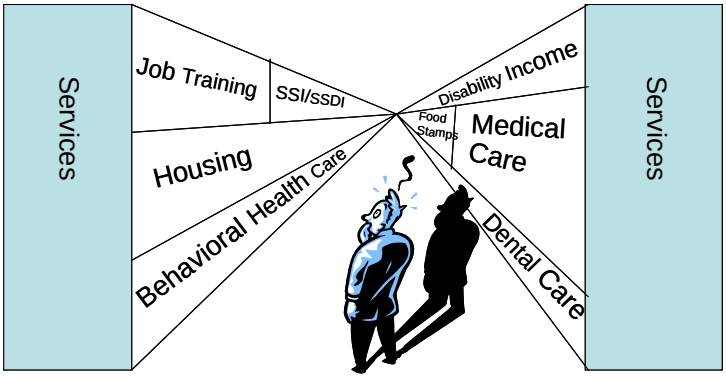
An unsheltered homeless individual sought assistance at a hospital emergency room for leg pain, where he was treated and released. He returned two weeks later seeking treatment for the same problem. This time, the leg was gangrenous and had to be amputated. After being discharged, he was directed to a community-based health clinic for follow-up. During intake, staff identified the individual as a veteran and determined he was eligible for VA services. Staff then helped him access VA services.

Had a well-coordinated service delivery system been in place, the individual would have been asked about his veteran status in the emergency room and subsequently connected to VA services, and he may not have lost his leg. By contrast, because the health clinic always asks about their clients' veteran status and has tried to integrate its services with other providers, the individual was eventually able to obtain the VA services for which he was eligible.

In 2000, GAO reported that homeless persons face greater challenges than other low-income persons when it comes to accessing federal services. This is true for homeless veterans in particular. While more services are available to them, homeless veterans could have a difficult time identifying, accessing, and using those services. Figure 7 illustrates some of those services, each of which might be provided by a different entity and have different eligibility requirements—a reason why coordination is important.

State action taken ahead of the implementation of new federal homeless assistance initiatives could ensure better access to higher quality services for homeless veterans. Action could also position the Commonwealth and its communities to maximize opportunities to obtain federal resources. Service delivery could be improved

Figure 7: Identifying, Accessing, and Using Services Can Be Challenging



Source: JLARC staff graphic.

by the development of goals and the identification of a lead agency or council to plan and coordinate efforts. Strategies the State may wish to consider include

- developing goals and identifying a lead entity for planning and coordinating State action,
- advocating on behalf of homeless veterans at the community level, and
- creating a resource directory and providing technical assistance.

State Should Develop Goals to Reduce Homelessness

While goals to end chronic homelessness were in place in 2006, the State may want to consider the extent to which new goals are needed. In particular, the State needs to decide whether its goals should address overall homelessness or specifically veteran homelessness. Several organizations indicated to JLARC staff that developing veteran-specific homeless programs and services could be ineffective because not all veterans identify themselves as such, and inefficient because of the additional resources that would be needed to operate two sets of programs.

State goals to reduce homelessness could contribute to broader community-level support for efforts to end homelessness. For instance, in some communities support may be limited for housing formerly homeless individuals, especially if they have mental illnesses or substance abuse that may be viewed as a threat to the community's safety. One large non-profit provider of homeless services in the Hampton/Newport News area reported having multiple project proposals stymied over concerns about the locations of the proposed projects. However, this type of barrier might be overcome by strong leadership, advocacy, education, public input, and demonstrations of positive outcomes.

The State's effort to reduce veteran homelessness could be more focused if a work group were convened to develop priority goals for consideration by policymakers. This group should include the various State and local entities that are involved with homelessness issues and that would potentially need to make substantial contributions to the achievement of the goals. The group should consider goals that can be achieved with existing funds as well as goals that ought to be pursued but would require additional funds.

It has been suggested that the Governor's Homeless Outcomes Advisory Group could establish such a work group. Although this suggestion has merit, there are some concerns. For example, all entities which ought to participate in developing goals specific to

veteran homelessness—such as a representative from each of the three VA medical centers in Virginia—are not part of this advisory group, which was set up to address general homelessness. Also, initial materials prepared by this advisory group indicate that its charge is to leverage existing resources and realize efficiencies. Therefore, it is uncertain whether a work group established under the advisory group's auspices would adopt goals to reduce veteran homelessness that would require additional resources.

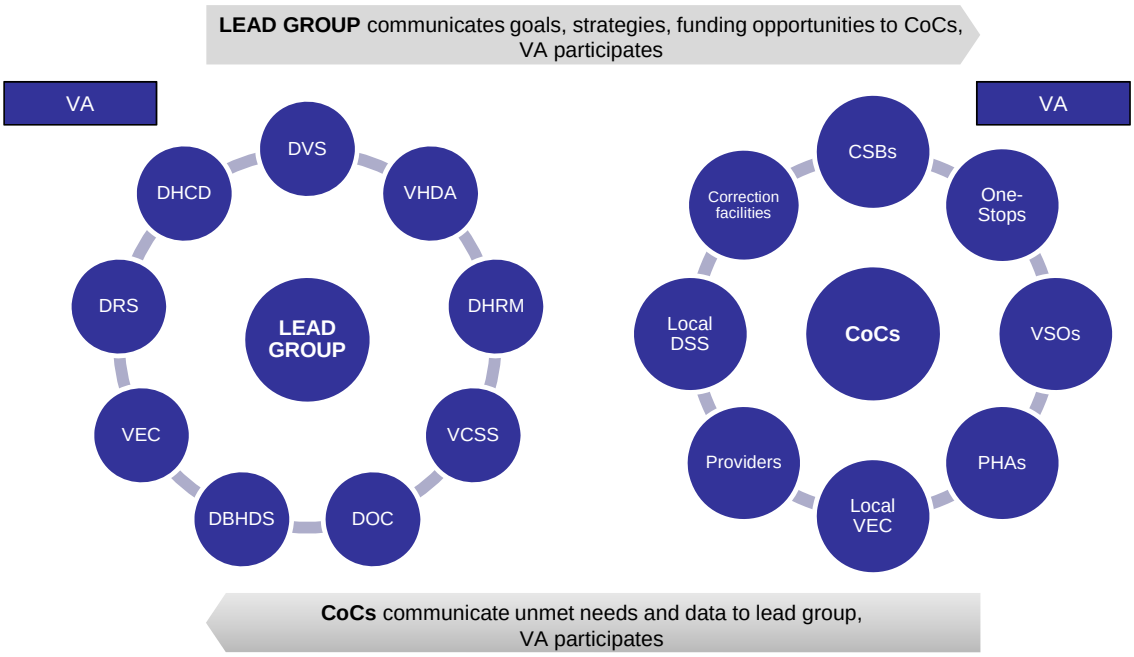
Recommendation (7). The Departments of Veterans Services and Housing and Community Development should convene a work group consisting of the Virginia Departments of Behavioral Health and Developmental Services, Corrections, Rehabilitative Services, and Social Services; the Virginia Employment Commission; the Virginia Housing Development Authority; Continuums of Care; community-based homeless service providers; community services boards; local public housing authorities; the U.S. Department of Veterans Affairs, and others as needed to identify goals for reducing veteran homelessness in Virginia. The work group's recommendations should be reported to the Department of Planning and Budget, the House Appropriations Committee, and the Senate Finance Committee by June 1, 2011. The work group should also report the estimated cost of achieving the goals.

State Should Create Lead Group to Plan and Coordinate Efforts to Reduce Homelessness

To implement the goals, the State could consider establishing a lead group that would be responsible for strategically planning and coordinating State efforts to reduce homelessness. As demonstrated by VIACH's initial successes, State-level planning and coordination can result in better access to services for Virginia's homeless individuals and higher quality services.

The State could choose from among several options for the type of group it wants. The State could consider establishing a lead group comprised of the leaders of agencies responsible for serving homeless individuals, as well as other stakeholders. Figure 8 illustrates such an approach, in which a lead group provides information about goals, strategies, and opportunities for funding and collaboration to the CoCs. The goals would address unmet needs identified by CoCs and VA staff. If it chooses this approach, a permanent homeless veterans' sub-group could be established. Alternatively, the State could create a group focusing only on veteran homelessness. Another approach would be to establish a position within DVS that is responsible for coordinating efforts to serve homeless veterans among State entities, advocating on behalf of veterans within the CoCs, working with the VA to ensure VA priorities are in line with State priorities, as well as other responsibilities.

Figure 8: Proposed State Leadership Can Contribute to Coordinated Service Delivery



VWWP Support of Community Organizations

VWWP has expressed a commitment to collaborate with community organizations to serve homeless veterans. In April 2010, VWWP provided letters of recommendation to support the applications of Total Action Against Poverty (TAP) in Roanoke and SkillSource Group, Inc. in Northern Virginia for grants from DOL's Homeless Veterans Reintegration Program. In June, TAP was awarded $200,000 to link homeless veterans to employment and supportive services through its This Valley Works program.

Other options to improve planning and coordination of veteran homelessness activities could be (1) to expand the scope of the Virginia Wounded Warrior Program (VWWP) to explicitly include homeless/at-risk veterans, or (2) to create a program similar to VWWP but specifically for homeless veterans. According to a VWWP regional director, the program is a natural fit for coordinating homeless/at-risk assistance efforts because of the program's emphasis on community outreach, resource identification, and collaboration with providers at all levels—areas that are also important for serving homeless individuals. Moreover, all three regional directors told JLARC staff the program is already identifying and serving homeless veterans and their families throughout the State because of the connections between homelessness, PTSD, and TBI. According to a regional director, as VWWP has become better known among providers, program staff have gotten more referral calls seeking assistance for homeless veterans.

Lead Group Could Be Responsible for Developing Strategic Plan to Implement Goal. A lead group could be tasked with creating a strategic plan to address homelessness, with a specific focus on veteran homelessness. Such a group could recommend policy, regulatory, and funding changes needed to implement adopted changes. Furthermore, a group could also be charged with conducting or contracting for data collection and evaluation of services in use

throughout the State as a means of guiding future decisions. Successful planning encourages participation from a diverse group of community stakeholders. Long-range planning efforts help identify the needs of homeless persons, catalog available resources, and identify the additional resources needed to fill gaps in services. Planning also helps build consensus around new programs and projects, as well as prioritize limited resources and avoid duplication of effort.

Homeless veterans' assistance organizations reported that services improved for their clients after they participated in community planning efforts. The 2002 HUD report *A Place at the Table: Homeless Veterans and Local Homeless Assistance Planning Networks* states that many veterans' advocates reported that the needs of homeless veterans were not being adequately considered when communities were prioritizing their resources. However, after the veterans' organizations became more involved with other service providers, identified how their veteran-specific projects could address local service gaps, and undertook greater leadership roles, their communities began to better integrate the needs of veterans into the planning process. Consequently, the organizations found that veterans were better served by the resulting increased collaboration with other organizations to develop veteran-targeted projects or veteran set-asides in existing homeless projects, and acquisition of additional HUD funding.

Lead Group Could Be Responsible for Coordinating State Agency Efforts to Reduce Homelessness. Service coordination is another essential component of reducing homelessness for which the group could be responsible. According to a 2002 GAO report, numerous studies have demonstrated that assistance should be provided through coordinated programs because homeless individuals can seek help for their multiple needs from a variety of sources. The group could focus on coordinating State-level efforts and work with communities to integrate these changes at the local level.

One of the most comprehensive evaluations of the effectiveness of coordinated homeless assistance delivery systems is HUD's *Evaluation of Continuums of Care for Homeless People* (2002). HUD commissioned the Urban Institute to evaluate the extent to which the CoC planning process had increased community coordination. The evaluation examined 25 communities that appeared to have successfully implemented the CoC process and received more than a typical share of HUD funding. Among these so-called "high-performing" CoCs, the report stated that participation in planning efforts increased communication and information sharing between providers, including homeless-specific organizations and mainstream agencies. The additional communication and information sharing led to increased service coordination because providers

...additional communication and information sharing led to increased service coordination...

knew more about the services available and providers began to collaborate on more projects. As a result of these developments, community providers indicated that more homeless individuals were able to access a greater number of services and participate in better coordinated programs.

The lead group could also be responsible for coordinating the efforts of mainstream public assistance agencies. According to HUD, NAEH, and Urban Institute research studies, effectively engaging mainstream public assistance agencies as part of a coordinated service delivery system is essential to the effective implementation of strategies to reduce homelessness. HUD's *Evaluation of Continuums of Care for Homeless People* (2002) reported that "the communities that are beginning to take seriously the goal of eliminating homelessness recognize that the goal will never be reached if the only involvement comes from homeless-specific programs and advocates." Communities should look beyond those agencies historically serving the homeless population, to the practices of departments of corrections, mental health, employment assistance, and jails as a way to prevent discharges into homelessness. For assisting homeless veterans, communities must also include the VA as part of their coordinated approach to homelessness.

According to homelessness researchers interviewed for this study, state leadership such as a lead group can help communities better position themselves to take advantage of future federal funding opportunities. As discussed in previous chapters, the federal HEARTH Act made significant changes to federal homeless assistance policies. For example, HEARTH increases resources for prevention and rapid re-housing activities and creates and funds a program for rural homelessness. As part of its own goal-setting and planning activities, a lead group could collaborate with rural communities to align their goals, strategies, and service delivery systems with HEARTH's funding priorities.

As part of HEARTH's increased emphasis on community performance, HUD will provide additional funding to communities that can demonstrate well-integrated service delivery systems. To ensure that funding applications submitted by Virginia's CoCs are viewed more favorably by HUD, the State could require its mainstream public assistance programs to actively participate in regional planning and service delivery efforts.

In order to make a lead group more efficient, it should have a position dedicated to organizing and administering its activities. The skills needed for such a position appear similar to those of a planning specialist, and include project management, evaluation and planning, and analytical research. These functions could be tasked to an existing position or a new position could be created. The sala-

ry and other benefits costs for a new position could be as much as $112,000. Implementing a lead group would likely have an indirect impact on reducing veteran homeless.

DVS Should Advocate on Behalf of Homeless Veterans During Communities' Planning Processes

HUD's 2009 funding notice for the Continuum of Care grants stated that "to ensure that the CoC system addresses the needs of homeless veterans, it is particularly important that CoCs involve veteran service organizations with specific experience in serving homeless veterans." However, CoC respondents to the JLARC staff survey indicate varying levels of involvement by veteran service organizations or the VA. Almost 40 percent of CoC respondents reported that advocates for veterans rarely or never attend region-wide CoC meetings or other relevant activities (Table 14). A CoC in the Tidewater area offered this assessment of efforts on behalf of veterans, "It would seem that this area should have strong advocacy efforts on behalf of veterans who are homeless. Other than the agencies that serve this population, it doesn't seem to exist."

Table 14: Less Than One-quarter of CoC Survey Respondents Report Veterans Advocates Are Active in Region-wide Events

Frequency of Attendance by Veterans Advocates	CoCs (Percentage)
Always	11.5%
Most of the time	11.5
Some of the time	19.2
Rarely	19.2
Never	19.2
Do not know	19.2

n = 26.

Note: In the survey, veterans advocates were defined as veterans service organizations, representatives of the U.S. Department of Veterans Affairs (including a VA medical center or outpatient clinic) or other individuals/organizations focused on veterans' interests.

Source: JLARC staff survey of CoCs, February-March 2010.

To address the need for increased advocacy for veterans, the State could send a veterans' liaison or advocate to each CoC's strategic planning activities (including funding decisions). The veterans' liaison or advocate would be responsible for ensuring that the needs of homeless veterans receive sufficient attention. This could potentially be achieved by using DVS benefits staff who are located throughout the State or establishing new DVS positions. As discussed in Chapter 2, DVS benefits staff were previously able to provide some outreach to community-based service providers, and in some cases, to homeless veterans about benefits and eligibility.

However, increased workloads and staffing shortages currently make it very challenging to perform those functions.

The State could also consider creating and funding a specific State-level liaison position or positions within DVS for homeless veterans. As previously discussed, DVS used a part-time position to perform outreach to veterans who were homeless, incarcerated, or in institutions before eliminating the position. Such a position could also potentially function as the liaison between the State and the VA. According to the department, annual costs for such a position would be about $48,000 per year.

Recommendation (8). The Department of Veterans Services (DVS) should identify the most appropriate way for the department to serve as an advocate for homeless veterans, including during the planning and priority-setting activities of the Continuums of Care. At a minimum, DVS should consider how the department could have a representative at each Continuum of Care planning meeting.

A need for greater State involvement on behalf of veterans has been identified previously. In 2006-2007, DVS held five public meetings around Virginia about improving veteran services. A basic theme from each meeting was the need for increased State advocacy on the part of veterans. Speakers at the meetings recommended that DVS play a more important role in advocating for veterans and provide a link between other State agencies in gathering information about identifying veterans' needs, identifying service gaps, and proposing plans to address the gaps.

State Could Provide a Resource Directory and Technical Assistance for Data Collection and Analysis

The State could assist community efforts to reduce homelessness by serving as an information portal. For example, DHCD or DVS could take steps to ensure that up-to-date information about VA or community-based services for homeless veterans is available. Additionally, DHCD could provide technical assistance to increase communities' capacity to address homelessness.

State Could Provide Information About Veteran and Homeless Resources. The following case study describes how a Virginia Department of Social Services case worker who was knowledgeable about veterans and homeless services assisted three homeless veterans obtain housing:

> ***Case Study***
>
> *In separate interviews with three formerly homeless veterans living in the Richmond area, JLARC staff were told that the same case manager at the Richmond City DSS had been*

particularly helpful to them. In addition to assisting them with applying for mainstream benefits, such as Food Stamps, the case manager connected them to the Richmond VA Medical Center, as well as other local service providers. As a result of these connections, each veteran found housing. All three veterans credited this case manager with making a difference in ending their homelessness.

In the above case study, the case manager's awareness of programs other than the ones for which he was responsible made a significant difference in the lives the homeless veterans he helped. Making similar information available statewide could also assist others in connecting homeless veterans to services.

The State should explore opportunities to create a resource directory of homeless service providers and make that available to all case managers as well as the public. Several CoC responses to the JLARC staff survey cite a need for a State role in providing information about veteran-specific services. When asked to suggest potential State-level strategies for improving coordination between community-based service providers and the VA, many CoC respondents indicated a need for greater information about services, including VA eligibility criteria and benefits. The following CoC comments illustrate the need for such a function:

> At the State level, having one reference of contacts via a website with local links for the clients and local community partners to access would help [improve coordination between service providers].
>
> * * *
>
> Provide information to CoC about VA community-based services. Provide contact information for VA. Share information about what other CoCs or communities are doing to coordinate services.

Sharing such information with the VA could also help homeless veterans and increase coordination between the State, VA, and community providers. In March 2010, the VA implemented a national call center for homeless veterans. The call center provides homeless/at-risk veterans with free, around-the-clock access to VA trained counselors. According to the director of VA's Homeless Veterans Programs, the department is also working with HUD to have an up-to-date list of community-based homeless service providers throughout the country, so that if a homeless veteran does contact the call center, he or she can be directed to the nearest provider, regardless of whether it is a VA-operated facility.

In developing a resource directory, DVS and DHCD should consider utilizing the existing Virginia 2-1-1 resource that is operated by DSS. Virginia 2-1-1 is supposed to contain service provider information. DVS may want to explore the extent to which the system contains veteran-specific information, and potentially add or increase this information, as needed.

Recommendation (9). The Department of Veterans Services should collaborate with the Department of Housing and Community Development and other relevant State agencies and stakeholders to create and maintain a resource directory that includes information about homeless services and programs, particularly those that are veteran specific. The directory should be available on the Internet.

Recommendation (10). The Department of Veterans Services should meet with representatives of the U.S. Department of Veterans Affairs to discuss a mechanism for sharing information about homeless service providers in Virginia.

State Could Provide Technical Assistance to CoCs and Community-based Service Providers. While it would not directly reduce the number of homeless veterans, providing technical assistance to CoCs and service providers could result in a positive impact at the community level. Assistance could be provided with counting the number of homeless veterans. The State could also help communities collect and analyze data, and report outcomes.

The State may be able to supplement training and assistance provided by CoCs to participating providers. On a JLARC staff survey, less than half of providers reported benefiting from technical assistance or training through the CoCs (Table 15). Increased State training and education could help providers receive and use additional funding to quickly and efficiently move veterans and others experiencing homelessness to permanent homes. Nearly all CoCs reported that increased State efforts to identify and dissemi-

Table 15: Minority of Providers Report Benefiting From Training or Technical Assistance From Their CoCs

Potential Training or Technical Assistance Benefit	Providers (Percentage)
Greater awareness of funding opportunities for services	42%
Improved and/or more frequent training and technical assistance opportunities	38
Improved ability to develop competitive grant applications	36
Receipt of additional funding	25

n = 69.

Source: JLARC staff survey of providers, February-March, 2010.

nate information on effective practices would have a positive impact on their ability to reduce veteran homelessness.

State-provided education and technical assistance could assist CoCs in (1) obtaining additional funding and (2) effectively targeting and using funding to reduce shelter stays among veterans and others experiencing homelessness. These efforts could better position CoCs and providers to take advantage of federal money that will be available through the HEARTH Act and the VA Supportive Services for Veteran Families Program.

From the State's perspective, accurately identifying the number of homeless persons is important because some federal homeless assistance programs use the number when allocating resources. As part of the application scoring process for its competitive funding grants, HUD awards points based on the extent to which CoCs identify the number of homeless individuals in their areas. As discussed in Chapter 3, the VA also uses the number to allocate HUD-VASH vouchers. If the number of homeless persons can be better quantified, then local organizations can obtain more federal resources. In turn, State resources can be programmed to other needy populations.

Some CoCs likely need assistance in conducting accurate point-in-time counts. For example, one CoC told JLARC staff that it could not provide preliminary 2010 point-in-time count data because volunteers who completed the counting forms may not have correctly identified children versus adults, resulting in potential counting errors. And 52 percent of the 26 CoCs responding to the JLARC staff survey reported that a State-level effort to identify homeless veterans and perform outreach would have potentially high positive impacts on reducing veteran homelessness.

Last year, in preparation for the January 2010 count, DHCD began providing more technical assistance to the local continuums that comprise the Balance of State CoC. During the months leading up the count, DHCD staff stated that they provided the local continuums with information about how counts in other CoCs are conducted and how these approaches could be adjusted for rural locations. Because of the size of some of the local continuums and the physical challenges associated with attending region-wide meetings, DHCD also divided two local CoCs into four to make it easier to prepare for and perform the count. While the poor economy certainly contributed to the increase, it appears the technical assistance helped identify more homeless veterans. Preliminary data from the January 2010 counts conducted in the Balance of State CoC identified 864 homeless individuals, an increase of 55 percent over the previous year's counts. The count also identified

41 homeless veterans, whereas only 17 were identified the prior year.

Better collaboration between the VA, CoCs, and local providers could also result in more accurate counts, and this could also result in more veterans receiving assistance. During CoC point-in-time counts, VA staff could assist in designing survey questions to accurately capture veteran status or identifying unsheltered locations where veterans are known to live. In addition, the State could encourage CoCs conducting the counts to share some of their information with the VA and community-based providers. For example, when unsheltered homeless veterans are encountered residing in places that have not been previously identified, CoCs could report these locations to the VA and service providers, who could use this information to conduct outreach to the individuals and potentially connect them with services.

Recommendation (11). The Departments of Veterans Services (DVS) and Housing and Community Development (DHCD) should collaborate to provide information to Virginia's Continuums of Care that could lead to improved counting of homeless veterans. DVS should also provide information on the number and locations of homeless veterans to the appropriate U.S. Department of Veterans Affairs (VA) medical centers and community-based facilities to assist with outreach and the provision of needed services. Continuums of Care, the VA, and service providers should be encouraged by DVS and DHCD to share information that would improve the ability to serve homeless veterans.

Under the provisions of the HEARTH Act, HUD will be rewarding CoCs that can demonstrate successful outcomes. CoCs that can report reductions in the number of chronically homeless, shorter stays in emergency shelters, and other positive outcomes will be better positioned to obtain additional funding. However, not every CoC in Virginia has the capability or capacity to collect and analyze the data needed to demonstrate performance outcomes. Virginia could consider offering technical assistance for community-led evaluations, or limited financial assistance for CoCs to contract for such evaluations. For example, Hennepin County, Minnesota, which is considered a nationwide leader in addressing homelessness, contracts with an organization to collect information about individuals receiving the county's homeless services. The organization analyzes the information and reports on the outcomes. Without such information, the county would not be able to document the positive outcomes of its program to rapidly re-house homeless families and individuals.

In order to provide the information and technical assistance described in this section, the State may need to establish a new posi-

tion within DHCD for training and development. Part of a position may also be needed to create and maintain the electronic database. While these efforts are unlikely to produce significant reductions in the number of homeless veterans, they may help service providers better address their needs. Estimated costs of a full-time position and a part-time position are about $166,000 per year.

Recommendation (12). The Department of Housing and Community Development should consider expanding its technical assistance efforts for data collection and evaluations of outcomes related to homeless programs operating in Virginia. The department should make the results of these evaluations available electronically to the public to illustrate promising practices and/or potential challenges.

Chapter 5

State Strategies for Serving Homeless Veterans and Potential Funding Alternatives

In Summary

Access to the variety of services available to homeless veterans is limited by resource constraints and a lack of coordination between providers, especially community providers and the VA. The State could consider several options if an increased priority is given to reducing veteran homelessness. As indicated by previous chapters, through increased financial assistance the State could target prevention and rapid re-housing efforts to ensure veterans stay housed or quickly return to stable housing, and also expand the availability of permanent supportive housing options for chronically homeless veterans. To improve service coordination, the State could expand its leadership and advocacy efforts, including the establishment of statewide goals and the development of a central information source supportive of local efforts to coordinate services for the veteran homeless. The cost range for certain key actions identified in the study is estimated at about $6.5 million to $15 million.

To fund improvements, Virginia should seek to maximize federal funding, and should also consider creating a funding mechanism for the State's housing trust fund. Alternative funding sources could include creation of a veterans trust fund, increased utilization of the State's Medicaid program, more targeted use of financing for supportive housing, and/or assisting community efforts to obtain foundation and private funding.

Preceding chapters of this report identified the current level of services, as well as service gaps, for homeless veterans and addressed the extent to which the delivery of services for the homeless in Virginia is well coordinated. This chapter summarizes those findings and potential State strategies. In addition, this chapter offers funding options for reducing veteran homelessness.

CURRENT SERVICE DELIVERY SYSTEM FOR HOMELESS VETERANS IS LIMITED BY RESOURCES AND COORDINATION ISSUES

Continuums of care and providers of services for the homeless report that only some of the needs of Virginia's homeless veterans are being met. Major challenges to meeting their needs appear to be resource constraints and limited coordination of services. For example, inadequate funding for the development of permanent supportive housing limits the ability to serve chronically homeless veterans. Funding is also limited for prevention and rapid re-housing initiatives that could help the majority of non-chronically homeless veterans remain housed or quickly exit homelessness.

The time veterans spend in homelessness is extended by long waiting lists for rental assistance programs, such as vouchers. Access to case management services, medical care, substance abuse counseling and other services to help veterans remain stably housed is also limited. All these resources for homeless veterans may be stretched even thinner in the future depending on the number of OEF/OIF veterans who experience homelessness.

Compounding the problem is a lack of coordination between service providers, including community-based providers and the VA. Providers appear to be unaware of all opportunities and resources from the federal government to assist veterans. That lack of awareness hinders coordination of services that could shorten the time a veteran is homeless, or prevent him or her from becoming homeless.

Previous State leadership around the issue of chronic homelessness resulted in some successes. However, the State's ability to influence and coordinate community efforts has been limited by the federal focus on activities at the community level and the inactivity since late 2006 of Virginia's interagency council responsible for implementing strategies to end chronic homelessness. In April 2010, the Governor issued an executive order establishing a framework to address housing needs in Virginia and articulating principles for that framework. For this effort to succeed in substantially reducing veteran homelessness, a sustained commitment and resources will be needed.

POTENTIAL STATE STRATEGIES FOR IMPROVING EFFORTS TO ASSIST VIRGINIA VETERANS

Table 16 summarizes potential strategies for reducing veteran homelessness that are identified in this report. The table also estimates the relative impact and cost for each strategy based on JLARC staff's review of the research literature, interviews with homelessness researchers and community-based service providers, and results of surveys of CoCs and providers. Cost estimates are illustrative based on certain assumptions described in the report. The cost range for certain key actions is estimated at $6.5 million to about $15 million.

Improved coordination and an increased capacity of the system to address homelessness are key aspects of the strategies. These dual concerns were also noted in the recent executive order referenced above.

Table 16: Summary of Potential State Strategies to Reduce Veteran Homelessness

Potential State Strategies (report page)	Impact on Reducing Veteran Homelessness	Relative Magnitude of State/ Federal Cost[a]	Illustrative Cost Estimates (Annual Cost)
Chapter 1: Overview of Veteran Homelessness			
1) Expand housing stock affordable to lowest income households (p. 9)	High	High	Determining the supply of housing that is needed and the cost are beyond the scope of current study
Chapter 2: Services for Non-chronically Homeless Veterans			
2) Increase DVS outreach after separation from service (p. 30)	Low	Low	$2,480 (follow-up mailing) to $143,000 for creation of up to three new DVS outreach positions
3) Increase, better target funding for State's Homeless Intervention Program (p. 33)	High	Medium	$1 million to $3 million to serve an estimated 600 non-chronically homeless veterans
4) Fund long-term rental subsidies (p. 36)	Medium	Low to High	$500,000 per year for an estimated 70 non-chronically homeless veterans About $6,500 per year per veteran targeted to those highly at risk for homelessness
5) Target veterans leaving correctional institutions for housing assistance (p. 38)	Low to High	Low to High	See Strategies 2, 3, 8, 9, and 11 to 14
6) Provide information about available resources to re-entry specialists (p. 38)	Medium	Low	See Strategy 18
7) Increase Virginia Wounded Warrior Program grant funding to CSBs (p. 39)	Medium	Low to Medium	Cost of CSB services for veterans is unknown
Chapter 3: Services for Chronically Homeless Veterans			
8) Assist CSBs or other community providers to collaborate with VA to target HUD-VASH vouchers (p. 57)	Low	Low	See Strategy 18
9) Play greater role in gaining Grant and Per Diem funds and identify best use of programs to address unmet needs (p. 57)	Low	Low to High	$500 for a mailing to roughly 1,000 providers about VA technical assistance. Cost of directly operating a program is unknown
10) Help Virginia VA medical centers obtain additional HUD-VASH vouchers (p. 59)	Medium	Low	See Strategies 2 and 18
11) Provide intensive training to develop the capacity of providers to operate and fund supportive housing (p. 60)	Medium	Low	$0 to $750,000 for State-led or contracted intensive training, including some predevelopment financing
12) Fund a veteran-specific supportive housing program (p. 62)	High	High	$5 to $11 million ($16,500 per veteran per year for 275 to 655 chronically homeless veterans)
13) Designate new funds for supportive housing to be awarded competitively (p. 66)	High	High	Dependent on existing housing stock
14) Improve veterans' access to benefits (p. 67)	Medium	Low	Cost borne by local organization
Chapter 4: Improving Leadership and Program Coordination for Homeless Veterans			
15) Develop goals to end veteran homelessness (p. 78)	Low	Low	$0
16) Identify lead group to plan and coordinate State efforts (p. 79)	Medium	Low	$0 to $112,000. Includes cost of planning specialist position
17) Advocate on behalf of homeless veterans during communities' planning processes (p. 83)	Low	Low	$0 to $143,000. Options include creating planning specialist position or up to three new DVS outreach positions
18) Create a resource directory and provide technical assistance for data collection and outcome evaluation (p. 84)	Medium	Low	$0 to $166,000. Includes costs for positions for training and development and also information technology (part-time)

[a] Not net costs because preventing homelessness and reducing chronic homelessness produce offsetting cost savings.
Source: JLARC staff review of research, interviews with homelessness experts, interviews with community-based service providers, and assessment of State position descriptions and pay band structures.

Regarding homelessness, the Governor indicated that the Commonwealth's housing policy framework should include the following principle:

> Increase capacity to address the needs of homeless Virginians by focusing on the reduction of chronic homelessness, ensuring the continued viability of the safety net of shelters and services, and investing in transitional and permanent supportive housing.

In broad terms, the principle articulated in the executive order and the findings from this study of veteran homelessness are consistent. Findings from this review support the necessity of a multi-pronged approach to homelessness which includes prevention, a safety net for emergency needs, and programs to arrange housing for the homeless. This review also indicates the need for additional investments to significantly reduce homelessness.

It may be possible, however, to sharpen the State's focus for where increased system capacity and investments appear most needed. While shelters continue to be necessary for emergency situations and transitional housing has been a useful tool in aiding some homeless persons and reducing street homelessness, individuals served by these programs still lack a permanent home. To prioritize additional resources, the State might wish to focus most on

- permanent supportive housing, as noted in the executive order, particularly for the chronically homeless,
- prevention focused on those most at risk, such as those to be discharged from institutions who face multiple barriers to housing,
- rapid re-housing efforts and long-term rental subsidies for the homeless with less intense needs, and
- other strategies that have potential to produce a relatively high impact at a low cost (for example, State actions aimed at increasing community-level capacity or knowledge could help local organizations potentially obtain substantial increases in federal funding).

State investments may be offset by reductions in demand and cost for emergency shelters and certain mainstream services utilized by those experiencing homelessness, such as psychiatric hospitals, and may lead to greater federal funding obtained by the State and local providers. For example, strategies aimed at reducing chronic homelessness could require the most substantial investment, but may also yield the greatest cost avoidance. Expanding strategies to assist more than just homeless veterans would represent a significantly greater State investment, but would also have a greater im-

pact on reducing the human and financial costs of homelessness. However, such cost savings from service reduction are often realized by private hospitals or local governments, and the potential magnitude of cost avoidance to the State is not known. Nonetheless, the benefit of the State's investment will be best measured by a reduction in the number of Virginia veterans experiencing homelessness.

POTENTIAL FUNDING SOURCES TO IMPLEMENT STRATEGIES

Resources to assist homeless individuals and homeless veterans have been limited. The report findings suggest that to some extent better coordination between federal, State, local, and community stakeholders could result in additional resources. However, it is unclear whether this would be enough.

To address funding needs, the State needs to fully pursue federal funding opportunities. At the federal level, in 2009 the President pledged to expand U.S. Veterans Affairs programs and work to end veteran homelessness. In July 2009, the Secretary of Veterans Affairs spoke of a "zero tolerance" policy for veterans falling into homelessness, and announced a departmental goal to end veteran homelessness within five years. The Secretary stated that "unless we set ambitious targets for ourselves, we would not be giving this our very best efforts," adding that "even in tough economic times, this is still the wealthiest, most powerful Nation in the world," and "no veteran should be living on the streets without care and without hope." The extent to which federal resources will be available to achieve the ambitious goals remains to be seen. However, preliminary indications are that through HEARTH and other avenues, substantial federal funding for this purpose may be available for those states that are well positioned to draw down the funds.

In addition to the actions needed to maximize federal funds and the funding mechanisms described in earlier report chapters, there are other potential funding sources being used in other states that Virginia could consider. Potential sources include a housing or veterans' trust fund, Medicaid, changes in housing finance instruments, and foundation and private sources.

Virginia Housing Trust Fund

As mentioned in Chapter 3, many states have a housing trust fund which can be used to fund supportive housing and other initiatives to reduce homelessness. Some states have multiple trust funds to support different types of activities. Strategies described in this report that could be supported through a housing trust fund include

Virginia Tax Check-off for Housing Fund

Section 58.1-344.3 of the *Code of Virginia* authorizes the Virginia Tax Check-off for Housing Fund. The fund, which contains about $33,000, is supported by voluntary contributions from taxpayer refunds. DHCD is required to use the proceeds "to provide assistance for emergency, transitional, and permanent housing for the homeless" among other purposes. The *Code of Virginia* also states that the fund can be used to supplement, but not supplant the Virginia Housing Partnership Revolving Fund.

- development and operation of supportive housing and other housing programs designed to reduce homelessness;
- short- and medium-term financial assistance to families at risk of or transitioning out of homelessness;
- rental vouchers (similar to Section 8 Housing Choice vouchers) alone or in conjunction with supportive services.

Virginia has a housing trust fund (called the Virginia Housing Partnership Revolving Fund), but funding is insufficient to address affordable and supportive housing shortages. The 1988 General Assembly created the fund with the expectation that it would eventually become self-sustaining through investment income, repaid loans, and interest revenue. Initial investments included $40 million in State general and non-general funds in FY 1989 and 1990. However, State appropriations have decreased since that time. In recent years, the only sources of funding have been relatively small amounts dedicated from the Real Estate Transaction Recovery Fund and the Common Interest Community Management Recovery Fund. The fund's annual report indicates there was $310,000 in the fund at the end of FY 2009.

As established in statute, the Virginia Housing Partnership Revolving Fund was collaboratively administered by DHCD and VHDA. DHCD selected the projects for funding, and VHDA staff performed the underwriting of the loans, closed and serviced the loans, and re-paid the partnership fund. VHDA staff noted that this was an appropriate collaboration because their staff are experts on administering loans, while DHCD staff have more expertise on homeless-specific projects and administering grants.

While reductions in veteran homelessness may occur through State short- or medium-term assistance, long-term investment will be needed to end homelessness. As discussed in Chapters 3 and 4, a minority of homeless veterans may need rental assistance, with or without supportive services, to exit homelessness and remain permanently housed. Strategies to reduce homelessness among this group will require a consistent and reliable source of State funding. In addition to the long-term nature of this type of support, dedicated revenue is also needed because homeless financial assistance will likely need to be in the form of grants, forgivable loans, or very low to zero percent interest loans. These types of assistance may not be repaid and do not generate revenue to help perpetuate the fund.

A typical revenue source for state housing trust funds is the real estate transfer tax or the document recording fee. Legislation introduced in Virginia during the 2009 General Assembly Session and prior years recommended designating $0.02 of every $100 in

recordation tax revenues collected in excess of $200 million as revenue for the fund. Other revenue sources used by other states could also be considered, such as developer fees, property taxes, unclaimed property, tax increment funds, general funds, general obligation bond revenues, housing finance authority revenues, or interest from government-held and/or market-based accounts, and private donations.

Status of the National Housing Trust Fund

The House included funding for the trust fund as part of H.R. 4213—known as the Unemployment Compensation Extension Act of 2010—but this was stripped out prior to the Senate's passage of the bill. Supporters are urging Congress to include the National Housing Trust Fund with any other piece of legislation that is likely to pass this session.

A National Housing Trust Fund was established in 2008, but it has not yet been funded. (The President's proposed federal fiscal year 2011 budget requested $1.1 billion for the fund. See sidebar.) If funded, all National Housing Trust Fund dollars will go directly to the states. It will be administered by HUD and distributed based on a variety of factors. However, no state will receive less than $3 million. There is currently no state matching requirement; however, funds must be spent or committed within two years or the funds are returned to HUD and redistributed. To receive funds, the state administering agency (DHCD or VHDA) will have to develop an allocation plan. These funds, if and when available, could supplement a State housing trust fund.

State revenues dedicated to a housing trust fund could be used to help draw down additional federal funds. Shelter Plus Care, a HUD competitive grant, provides rental assistance for supportive housing programs. Applicants—states, local governments, and public housing authorities—must match federal rental assistance dollars with an equal amount of supportive services from other sources. A Virginia housing trust fund could be used to fund those supportive services. In rural Maine, over half of the cost of rental subsidies for supportive housing tenants comes from this federal grant. Georgia's trust fund provided $900,000 to supplement Shelter Plus Care funds from HUD.

Similarly, housing resources made available through the trust fund could enable CSBs or similar providers to obtain supportive services grants. In FY 2009, the U.S. Substance Abuse and Mental Health Services Administration announced a Treatment for the Homeless Grant which provided funding of up to $350,000 per year for organizations to provide supportive services in conjunction with permanent housing. Applicants had to demonstrate a source of funding for the housing component. The VA provides another source of potential funding for community-based supportive housing initiatives for very low-income veterans and their families. The VA is expected to announce funding for a Supportive Services for Veteran Families program in 2010. This funding can be used for services which facilitate a transition to permanent housing or enable veterans and their families to remain housed.

A lead agency or interagency council should continually review federal grants to identify opportunities to supplement State investment in supportive housing and other initiatives to reduce veteran homelessness.

Some notable examples of state-administered housing trust funds include:

- Illinois Rental Housing Support Program: Funded through a $10 surcharge on real estate document recordings, this fund targets households earning less than 30 percent or 15 percent area median income (AMI). The state housing development authority awards funds to local agencies (local governments, non-profit organizations, or housing authorities) which contract with landlords to make rental units affordable (tenants pay 30 percent of their income and the local agency pays the balance of rent negotiated with the landlord).
- New Jersey Special Needs Housing Trust Fund: Revenue is generated from bond revenues securitized by motor vehicle surcharges. Project-based rental assistance or operating subsidies target special needs populations earning less than 30 percent AMI, including individuals with mental illness and individuals and families who are homeless. Applicants must include a social services plan outlining the scope of services and funding sources. New Jersey also provides developmental subsidies and rental assistance to support other low income and special needs populations.
- Georgia Housing Trust Fund for Homeless: Combines HUD funding for the Balance of State with state funding to support a variety of activities, including prevention, HMIS statewide system, acquisition and development of shelters, permanent supportive housing, and a re-entry housing program. Zero percent interest capital financing and project-based rental assistance are provided for the development of supportive housing.

If the State pursued a trust fund as a means to support activities to reduce and prevent homelessness, the existing statute establishing the Virginia Housing Partnership Revolving Fund provides a good basis for the program but may need to be reviewed. VHDA staff suggested the fund could be used to support a variety of housing programs for low-income households and those with disabilities. However, statutory changes to allow grants for supportive services in conjunction with housing may be needed. VHDA staff suggested that language could be revised to allow for funding of supportive services that are "functionally related" to housing.

Recommendation (13). The General Assembly may wish to consider designating a revenue source for the Virginia Housing Partnership Revolving Fund. The revenue source should be sufficient to address the goals, needs, and strategies to reduce homelessness identified by the Department of Housing and Community Development or a lead group.

State Veterans Trust Fund

The State could also consider addressing veteran homelessness by creating and funding a veterans trust fund. Several other states administer such funds to assist veterans and their families experiencing financial hardship. Some states, such as Wisconsin, Colorado and Kentucky, use their funds to specifically target homelessness, among other purposes.

Support Our Troops Fund

Virginia collects revenue from the sale of "Support Our Troops" license plates. A portion of the proceeds goes to the Florida-based non-profit Support Our Troops, Inc., and support their Virginia activities to help service members and their families meet medical and household expenses. More than $34,000 was provided in FY 2009.

The 2006 General Assembly established the Virginia Military Family Relief Fund to assist veterans and their families in need of financial assistance. According to statute, the fund's purpose is to assist members of the Virginia National Guard and Virginia residents called to active duty and their families with living expenses, such as housing, utilities, food, and medical care. The fund, which is administered by the Virginia Department of Military Affairs (DMA), originally received a $500,000 general fund appropriation in FY 2006, and is now supported by the remaining appropriated amount, private donations, voluntary contributions from income tax refunds, and interest. Table 17 shows the amount of assistance awarded and the number of approved applications from FY 2007 to FY 2009. As of April 27, 2010, the fund balance was approximately $335,000.

Table 17: Virginia Provided More Than $208,000 to 170 Needy Military Families Since FY 2007

Fiscal Year	Expenditure	Approved Applications
2007	$29,053	31
2008	$125,372	88
2009	$54,224	51
Total	**$208,649**	**170**

Source: Virginia Department of Military Affairs, *Virginia Military Family Relief Fund Annual Reports*, 2007–2009.

In addition to those already described, other mechanisms exist for funding a veterans trust fund. For example, the Wisconsin Department of Veterans Affairs (WDVA) offers assistance to needy veterans through small grants and programs funded from a veterans trust fund. Like Virginia, revenue sources for the Wisconsin veterans trust fund consist of voluntary income tax refund contributions from individuals and corporations, the sale of specialty li-

cense plates, general fund appropriations, and other sources. Additionally, the Wisconsin veterans trust fund also receives ongoing revenue from repayments and interest from a WDVA-administered personal loan program for veterans.

If additional funding were available, the State could consider using the fund to address veteran homelessness. Upon determining a client is a veteran, community-based service providers could make an application to the fund to assist with the cost of service. DMA could continue to administer the fund, but could collaborate with DVS and DHCD in determining which requests are funded.

Utilizing Medicaid for Medical Care and Supportive Services

The Medicaid program is another potential funding source for serving Virginia's homeless veterans, and would allow the State to share the cost of providing services with the federal government. Virginia's Medicaid program provides some of the services homeless veterans could benefit from, including inpatient and outpatient hospital care, mental health services, substance abuse services, and transportation services. However, non-disabled adults without dependent children are typically ineligible for coverage. Still, some states use Medicaid to pay for services to assist the homeless. For example, California, Illinois, and Ohio established programs using Medicaid funds to reimburse supportive housing providers for delivering services to help their homeless clients live independently. Typically, these providers already had contracts with the state or local mental health agencies to provide similar services in other settings.

In addition, federal health reform initiatives scheduled to take effect January 1, 2014, will increase the number of homeless veterans eligible for health coverage under Medicaid. As passed in April 2010, the federal Patient Protection and Affordable Care Act (P.L. 111-148) expands Medicaid coverage to all individuals under age 65 with incomes up to 133 percent of the federal poverty income guidelines. While it is difficult to identify the exact number of homeless veterans currently covered by the State's program as well as the exact number that health reform would require to be covered, based on the income criteria, it is likely that almost all homeless veterans would be eligible for coverage.

Financing Permanent Supportive Housing

There may be opportunities for the State to increase its use of below-market interest rate loans for housing and national Low-Income Housing Tax Credits (LIHTC) to incentivize the development of supportive housing. Currently, VHDA's Sponsoring Partnerships and Revitalizing Communities below-market financing includes provisions requiring at least half of project units to serve

households earning not more than 50 percent AMI with the remaining units serving households with incomes not exceeding 150 percent AMI (or 100 percent of units serving up to 150 percent AMI in rural communities). However, for units to be truly accessible to formerly homeless households, these income limits are too high. The State may wish to consider reducing the requirement to 30 percent AMI for a portion of units, or offering more favorable financing for projects that will serve this population. To incentivize developers to target extremely low-income households, rental assistance or operating subsidies will likely be needed. In addition, State training to develop the capacity of providers to undertake these projects may also be needed, as discussed earlier.

The LIHTC is one of the most important federal housing programs to develop affordable homes for low-income and special needs populations. Developers who are awarded tax credits sell them to investors to generate equity for their projects. Through a Qualified Allocation Plan (QAP), states outline requirements for how tax credits will be allocated to developers, with requirements or incentives to encourage projects consistent with state objectives. Using these plans, states have promoted supportive housing in a variety of ways. While Virginia does have some scoring incentives for serving extremely low-income and populations with disabilities, there may be opportunities to utilize threshold requirements or set-asides to further encourage supportive housing. Documents developed by the Corporation for Supportive Housing may offer ideas for how the State could further utilize the QAP to encourage supportive housing for veterans or other homeless populations.

State Could Assist Community Efforts to Obtain Foundation and Private Funding

In addition to public resources, private sources of funding are also available for homelessness assistance activities. Organizations such as Funders Together to End Homelessness and the John D. and Catherine T. MacArthur Foundation fund grant programs to end homelessness and increase affordable housing alternatives. According to its website, Funders Together to End Homelessness is a national network of foundations and corporations supporting strategic and effective grant-making to end homelessness. One of the group's stated objectives is to leverage "at least $100 million in funding from other national and locally-based foundations, financial institutions, and businesses" to end homelessness.

Although state governments are generally not eligible for private funding, in 2009, ten states and the cities of Denver and Los Angeles received $32.5 million in grants and investment funds from the MacArthur Foundation for projects preserving affordable housing. The Maryland Department of Housing and Community Develop-

ment received $4.5 million in foundation grant and investment funding to educate the public about affordable rental housing and to capitalize a loan fund for short-term financing of preservation projects over the next ten years. While DHCD did apply for this grant, the State needs to continue to ensure that it is aware of funding opportunities from non-governmental entities.

Virginia could also do more to help service providers access foundation, trust, and business resources. For example, the State could serve as a resource directory regarding information about private funding sources. Additionally, the State could seek to ensure that service providers have access to appropriate grant writing resources.

List of Recommendations:

Reducing Veteran Homelessness in Virginia

1. The Department of Housing and Community Development should review evaluations of the use of prevention and rapid re-housing funding in order to identify the most effective ways to use Homeless Intervention Program (HIP) funds, including considering whether to lower HIP income requirements to better target those at greatest risk of becoming homeless. (p. 36)
2. The General Assembly may wish to consider increasing funding for the Homeless Intervention Program. (p. 36)
3. The General Assembly may wish to consider funding long-term housing subsidies to help move veterans out of homelessness. The Virginia Housing Development Authority could collaborate with public housing authorities to administer long-term rental vouchers in a manner similar to Section 8 Housing Choice vouchers. (p. 37)
4. The work group within the Virginia Prisoner and Juvenile Offender Re-entry Council that is focused on veteran offenders may wish to consider strategies to assist veterans who are released from correctional institutions and who encounter barriers to housing and employment related to convictions for violent offenses. (p. 39)
5. The Department of Veterans Services should fill all positions necessary to comply with §2.2-2002.1 of the *Code of Virginia*, which requires one claim representative for every 26,212 veterans in Virginia. (p. 55)
6. The General Assembly may wish to increase supportive housing for veterans or other chronically homeless people by (1) providing funding to the Department of Housing and Community Development (DHCD) to train local providers to improve their capacity to fund and operate supportive housing, (2) funding a veteran-specific supportive housing voucher program administered by the Virginia Housing Development Authority, and/or (3) competitively awarding funding through DHCD for the development and operation of supportive housing projects. (p. 67)
7. The Departments of Veterans Services and Housing and Community Development should convene a work group consisting of the Virginia Departments of Behavioral Health and Developmental Services, Corrections, Rehabilitative Services, and

Social Services; the Virginia Employment Commission; the Virginia Housing Development Authority; Continuums of Care; community-based homeless service providers; community services boards; local public housing authorities; the U.S. Department of Veterans Affairs, and others as needed to identify goals for reducing veteran homelessness in Virginia. The work group's recommendations should be reported to the Department of Planning and Budget, the House Appropriations Committee, and the Senate Finance Committee by June 1, 2011. The work group should also report the estimated cost of achieving the goals. (p. 79)

8. The Department of Veterans Services (DVS) should identify the most appropriate way for the department to serve as an advocate for homeless veterans, including during the planning and priority-setting activities of the Continuums of Care. At a minimum, DVS should consider how the department could have a representative at each Continuum of Care planning meeting. (p. 84)

9. The Department of Veterans Services should collaborate with the Department of Housing and Community Development and other relevant State agencies and stakeholders to create and maintain a resource directory that includes information about homeless services and programs, particularly those that are veteran specific. The directory should be available on the Internet. (p. 86)

10. The Department of Veterans Services should meet with representatives of the U.S. Department of Veterans Affairs to discuss a mechanism for sharing information about homeless service providers in Virginia. (p. 86)

11. The Departments of Veterans Services (DVS) and Housing and Community Development (DHCD) should collaborate to provide information to Virginia's Continuums of Care that could lead to improved counting of homeless veterans. DVS should also provide information on the number and locations of homeless veterans to the appropriate U.S. Department of Veterans Affairs (VA) medical centers and community-based facilities to assist with outreach and the provision of needed services. Continuums of Care, the VA, and service providers should be encouraged by DVS and DHCD to share information that would improve the ability to serve homeless veterans. (p. 88)

12. The Department of Housing and Community Development should consider expanding its technical assistance efforts for data collection and evaluations of outcomes related to homeless programs operating in Virginia. The department should make the results of these evaluations available electronically to the

public to illustrate promising practices and/or potential challenges. (p. 89)

13. The General Assembly may wish to consider designating a revenue source for the Virginia Housing Partnership Revolving Fund. The revenue source should be sufficient to address the goals, needs, and strategies to reduce homelessness identified by the Department of Housing and Community Development or a lead group. (p. 99)

Appendix A Study Mandate

COMMONWEALTH OF VIRGINIA
HOUSE OF DELEGATES
RICHMOND

M. KIRKLAND "KIRK" COX
MAJORITY WHIP

131 OLD BRICKHOUSE LANE
COLONIAL HEIGHTS, VIRGINIA 23834

SIXTY-SIXTH DISTRICT

COMMITTEE ASSIGNMENTS:
APPROPRIATIONS
AGRICULTURE, CHESAPEAKE, AND
NATURAL RESOURCES
RULES

January 22, 2009

Mr. Philip A. Leone
Director
Joint Legislative Audit and Review Commission
Suite 1100, General Assembly Building
Richmond, Va. 23219

Dear Phil:

I would like **the Joint Legislative Audit and Review Commission to study ways to reduce homelessness among veterans in the Commonwealth**, and for this issue to be included in the Commission's 2009 Work Plan. As you know, I have always been supportive of efforts to improve services available for our veterans. I realize that you have a number of pressing study priorities and resource constraints. Therefore, I am suggesting that you complete this study as soon as practically possible, but not later than July 1, 2010. I have attached a Joint Leadership Council (JLC) paper that provides background information on this important issue.

Thank you for giving this study issue your prompt attention.

Sincerely,

Kirk Cox
Chairman
Joint Legislative Audit and Review Commission

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Homeless Veterans Study

1. **OBJECTIVE:** To begin the process of reducing homelessness among veterans in the Commonwealth by: 1) identifying gaps in current services; 2) developing an improved service-delivery model that better integrates federal, state, local, and private resources; and 3) identifying the resources needed to implement the improved service-delivery model.

2. **BACKGROUND:**
   - An estimated 900 veterans are homeless in Virginia at any one time
     - 500 in Hampton Roads
     - 200 in Central Virginia
     - 50 in the Roanoke Valley and Southwest Virginia
     - 150 in other parts of the state
   - In addition to the factors affecting the general homeless population, veterans experience homelessness due to the lingering effects of Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and a lack of family and social support networks
   - "(Nationwide) veterans make up a disproportionate share of homeless people. They represent roughly 26 percent of homeless people, but only 11 percent of the civilian population 18 years and older. This is true despite the fact that veterans are better educated, more likely to be employed, and have a lower poverty rate than the general population." *National Alliance to End Homelessness*
   - A variety of specialized programs are available for homeless veterans through the U.S. Department of Veterans Affairs (the VA) and other federal agencies, including:
     - Grant funding for transitional and permanent supportive housing
     - Employment assistance and compensated work therapy
     - Medical care
     - Substance abuse counseling
     - Disability compensation

3. **DISCUSSION:**
   - While a wide variety of specialized services are available to homeless veterans (in addition to the services available to the general homeless population) there is a perceived:
     - Lack of coordination between service providers (for example, between community providers and the VA). This has left critical gaps in services that could be provided for homeless veterans, if there was a community partner who was 1) willing to provide those services, and 2) had the resources to do so
     - Lack of knowledge among community service providers about services available from the federal government and how to connect homeless veterans to those services
     - Lack of knowledge among community service providers about the funding opportunities available from the federal government and how to access those funding sources
   - Because of the lack of a coordinated service delivery program for homeless veterans, community organizations in Virginia have generally been unsuccessful when competing for federal grant resources

4. **RECOMMENDATION:** That the Governor and General Assembly fund a study to: 1) examine the current level of services provided to homeless veterans in the Commonwealth of Virginia; 2) identify gaps in service; and 3) identify the need for and cost of additional services as part of a coordinated service delivery model.

Appendix B

Research Activities and Methods

Key research activities and methods for this study included

- interviews with State and federal agency staff;
- interviews with providers of homeless services, organizations, and experts;
- interviews with homeless and formerly homeless veterans;
- attendance at relevant conferences and events;
- survey of Continuums of Care (CoCs) and local continuums in the Balance of State CoC;
- survey of providers of homeless services;
- data analysis; and
- document and literature review.

STRUCTURED INTERVIEWS

As discussed throughout the report, a wide range of State and federal agencies administer programs that assist homeless veterans, from homeless and veteran-specific programs to mainstream programs designed to assist low-income families. Consequently, JLARC staff contacted more than 30 State, federal, and local agencies and community-based service organizations to gather information related to homelessness and veteran homelessness. The content of these interviews varied widely, from unmet needs of homeless veterans to coordination and best practices.

State and Federal Agency Staff

At the State level, JLARC staff met with representatives from the Virginia Departments of Housing and Community Development, Veterans Services, Corrections, and Behavioral Health and Developmental Services; and Virginia's Employment Commission, Wounded Warrior Program, and Community College System; and the Virginia Housing Development Authority. Staff also conducted phone interviews with staff at the Department of Criminal Justice Services, the State Compensation Board, and Virginia Tech.

JLARC staff also interviewed community services boards (CSBs) and local housing authority staff. JLARC spoke with representa-

tives from the Virginia Association of Community Services Boards and held independent interviews with four CSBs to determine the extent to which they provide services to homeless individuals, including veterans. In addition to VHDA, staff from the Hampton Redevelopment and Housing Authority were consulted about their participation in the HUD-VASH program.

Federal government staff from the U.S. Department of Veterans Affairs (VA), U.S. Department of Labor (DOL), local U.S. Department of Housing and Urban Development (HUD) office, and VA medical centers were also interviewed during the study. VA staff provided information about the Homeless Providers Grant and Per Diem, Health Care for Homeless Veterans, and HUD-VASH programs, as well as the future direction of VA homeless assistance. Staff from all three VA medical centers in Virginia provided information about homeless veteran needs in their communities. DOL staff discussed the Veterans Employment Training Service, funding and grants, and the federal priority of service policy for veterans. Local HUD representatives provided information about CoC plans.

Homeless Providers, Organizations, and Experts

In order to learn about the availability and funding of homeless services, barriers to homeless services, and best practices in reducing veteran homelessness, JLARC staff consulted a number of providers and experts. In particular, JLARC met with representatives of CoCs and local providers that serve homeless veterans in Richmond, Hampton, Virginia Beach, and Norfolk.

Staff also conducted meetings and phone interviews with national experts at the National Coalition for Homeless Veterans, National Alliance to End Homelessness, Urban Institute, Corporation for Supportive Housing, and the University of Pennsylvania. JLARC staff spoke with Virginia Housing Commission staff about the history of Virginia's housing trust fund.

Homeless and Formerly Homeless Veterans

In order to gain the perspective of veterans who are experiencing or have experienced homelessness, JLARC staff spoke with veterans receiving homeless assistance in several parts of the State. First, staff spoke with formerly homeless veterans living in supportive housing in the Richmond area. Second, staff interviewed homeless veterans at an emergency shelter and substance abuse recovery program in the Roanoke area. Not all the veterans in the recovery program were homeless, but many are homeless, had been homeless, or are at risk of homelessness when they exit the program. Finally, staff spoke with homeless veterans in a transitional housing program in Virginia Beach.

In each case, veterans shared their experiences with JLARC staff, including their perspectives about barriers they face or faced to receiving needed assistance when homeless, the types of services that helped them the most, needed services that were not available, how being a veteran impacted their homeless experience, and ideas they have for reducing homelessness.

ATTENDANCE AT MEETINGS, CONFERENCES, AND EVENTS

JLARC staff attended national and State-level meetings and conferences as well as VA and local service fairs held for veterans and other homeless individuals.

- Meeting of the Joint Leadership Council of Veterans Service Organizations, Richmond, August 12, 2009. Staff attended this meeting to discuss the scope of the study and answer questions.
- Homeless Veteran Summit in Washington, D.C., November 3-5, 2009. The VA presented its five-year plan to end veteran homelessness. Staff attended workshops on a range of topics including prevention, outreach, community collaboration, housing, employment, mental health recovery, re-entry, and veterans' incarceration.
- Regional Conference on Best Practices to Prevent and End Homelessness hosted by Richmond's CoC, Homeward, on September 24, 2009. Staff learned about issues related to homelessness such as employment, homeless data management, prevention and rapid re-housing, housing for former offenders, and coordination of services.
- Virginia Wounded Warrior Program Conference in Richmond on February 18, 2010. Staff attended sessions about income benefits, outreach, 2-1-1 Virginia, the VA veterans' center, and listened during regional brainstorming break-out sessions.
- Project Homeless Connect in Richmond on November 19, 2009. Staff observed the interaction of VEC veterans' representatives with homeless veterans and spoke with staff from the VA Medical Center, Offender Aid and Restoration, and other service providers.
- McGuire VA Career Fair (December 15, 2009) and Stand Down (December 16, 2009). JLARC staff observed VA staff's interaction with veterans, service providers, and potential employers during the two-day event and spoke with staff from the VA medical center and Vet Center in Richmond, Central Virginia Legal Aid Society, Richmond City Department of Social Services, Department of Veterans Services, and others.

- Richmond region CoC point-in-time count held by Homeward on July 23, 2009. JLARC staff observed the homeless count, survey administration, and spoke with several service providers who were present.

SURVEY OF CONTINUUMS OF CARE IN VIRGINIA

JLARC staff administered an online survey of Virginia's 21 Continuums of Care (identified in Figure 1, Chapter 1) and ten local continuums that make up the Balance of State CoC (Table B-1), entities that are responsible for planning and coordinating homeless assistance efforts in their areas. (Because the Balance of State CoC is administered by the Department of Housing and Community Development and is comprised of geographically dispersed areas, staff chose to survey each of the ten local continuums that comprise the CoC, rather than the department, in order to obtain a more local perspective.) Staff requested that the survey be completed by each CoC and local continuum's lead planning group as identified by DHCD staff. Staff received responses from 20 of the 21 CoCs for a response rate of 95 percent. In addition, responses were received from six of the ten local continuums for a response rate of 60 percent.

CoC and local continuum staff were asked to identify current service levels and service gaps for homeless persons, including veterans; rate the extent of coordination between service providers; and provide feedback into ways the State could help reduce veteran homelessness.

Table B-1: Local Continuums That Comprise the Balance of State CoC

Local Continuum	Cities and Counties
Lenowisco	Norton; Lee, Scott, Wise
Cumberland Plateau	Buchanan, Dickenson, Russell, Tazewell
Hope	Bristol, Galax; Bland, Carroll, Grayson, Smyth, Washington, Wythe
New River Valley	Radford; Floyd, Giles, Montgomery, Pulaski
Piedmont Housing Network	Culpeper, Fauquier, Madison, Orange, Rappahannock
Southside	Brunswick, Halifax, Mecklenburg
Piedmont	Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Prince Edward
Northern Neck	Lancaster, Northumberland, Richmond, Westmoreland
Middle Peninsula	Gloucester, King and Queen, King William, Mathews, Middlesex
Accomack-Northampton	Accomack, Northampton

Source: DHCD, 2009 Directory of Local Continuum of Care Planning Groups and JLARC, Review of Regional Planning District Commissions in Virginia, 1995, p. 5.

SURVEY OF COMMUNITY-BASED HOMELESS SERVICE PROVIDERS IN VIRGINIA

JLARC staff conducted an online survey of more than 400 community-based homeless service providers in Virginia. A purpose of the survey was to collect information on the service needs of the homeless populations in their communities, including veterans, and the role of community providers in addressing those needs. The survey was also intended to obtain providers' feedback into ways the State could help reduce homelessness among veterans. In order to save providers time and ensure that respondents were familiar with the needs of homeless veterans, JLARC staff limited access to the substantive survey questions to providers who indicated that they provided services directly to clients and that they had served homeless veterans or veterans at risk of homelessness within the previous 12 months. Survey recipients who did not meet both criteria were asked to provide certain descriptive information and given the opportunity to provide written feedback about veteran homelessness, such as promising practices.

In identifying community-based providers to survey, JLARC staff relied on several information sources, including DHCD's list of organizations that received funding from State-administered homelessness programs, a list of organizations provided by the Virginia Coalition to End Homelessness, and lists from CoCs identifying their member organizations. Based on this information, 425 e-mails were sent to community-based service providers. Responses were received from 115 organizations that provided direct services. Of those, 69 indicated they had served veterans within the previous 12 months.

Table B-2 illustrates the number of respondents, by CoC, who indicated they served homeless veterans or veterans at risk of homelessness during the 12 months prior to the survey as well as the total number of respondents, including those service providers who did not serve veterans.

DATA COLLECTION AND ANALYSIS

JLARC staff primary collected data from existing sources, but also conducted analysis on data from the American Community Survey.

Data Collection

Data collected from federal, State, and local agencies was used to describe the population of homeless veterans and other homeless individuals in Virginia and services being provided to them. Local CoCs provided point-in-time data collected during 2009 and 2010. Homeward provided JLARC staff with detailed point-in-time data

Table B-2: Number of Respondents to the JLARC Staff Survey of Community-based Service Providers by CoC, Winter 2010

Continuum of Care	Number of Responses	
	Served Homeless and Veterans	Total
Alexandria	2	3
Arlington	1	1
Charlottesville	3	3
Chesapeake	0	1
Danville	1	1
Fairfax	4	6
Fredericksburg	3	3
Harrisonburg	1	4
Loudoun	1	4
Lynchburg	3	6
Newport News	6	8
Norfolk	6	6
Prince William	3	3
Petersburg	0	3
Portsmouth	3	4
Richmond	11	12
Roanoke	7	8
Staunton	0	3
Suffolk	0	1
Virginia Beach	2	3
Winchester	2	3
Balance of State	9	12
Total	**69**	**115**

Note: Totals do not add up because for up to seven responses, the CoC is not known.

for homeless veterans in the Richmond area and the 2008 *CHALENG* report broken out by VA medical center was also used.

Several State agencies provided data about services for the homeless and homeless veterans in Virginia, including the Virginia Community College System (VCCS), Department of Corrections (DOC), Department of Criminal Justice Services (DCJS), and Department of Behavioral Health and Developmental Services (DBHDS). VCCS provided data from the local Workforce Investment Boards on the number of veterans served. DOC provided data regarding the numbers of incarcerated veterans in State correctional institutions and under community supervision. DCJS provided data on the number of veterans who were arrested and booked into jail in 2009. DBHDS provided data identifying the number of veterans currently being treated in State mental health hospitals.

Data Analysis on Rent Burden

Staff analyzed Census data from the American Community Survey to help assess the extent to which housing costs appear to present a substantial burden for Virginia veterans. Analysis was also conducted to assess how housing cost burdens appear to vary in different parts of the State. Population and household datasets were

merged using a unique identifier (serial number). This data was merged to utilize the military service variable in the population dataset and the household income variables in the household dataset. Staff analyzed the 2006 to 2008 dataset.

In the analysis, the overall portion of observations identified as having veteran status or renter status and facing a substantial housing or rent cost burden were calculated. The following variables were used during this analysis:

- Military service: Observations with values of "2" or "3" were included. These values represented individuals who were on active duty (either in the past 12 months or prior to the past 12 months) but who are no longer on active duty;
- Gross rent as a percentage of household income for the past 12 months;
- Selected monthly owner costs as a percentage of household income during the past 12 months; and
- Housing tenure: Observations had values that corresponded with "owned with mortgage or loan," "owned free and clear," or "rented."

Gross rent as a percentage of household income was used to assess the rent burden for observations where housing tenure equaled "rented." Selected owner costs as a percentage of household income was used to assess the housing cost burden for an observation when housing tenure equaled "owned with mortgage or loan" or "owned free and clear." Observations for which gross rent or gross owner costs as a percentage of household income exceeded 30 percent were considered rent or cost burdened. Observations with gross rent or owner costs exceeding 50 percent of household income were considered severely cost burdened.

Analysis was also conducted to examine variations in housing cost burdens among Virginians and Virginia veterans at different income levels. The percentage of observations facing a housing cost or rent burden at various income levels were compared.

In addition, analysis was conducted to assess the impact of geography on housing cost and rent burdens. The puma codes contained in the datasets, which correspond to particular locations in Virginia, were used for this analysis.

DOCUMENT AND LITERATURE REVIEW

JLARC staff reviewed numerous documents and studies to supplement and validate findings, as well as to identify other states'

best practices that could be transferred to Virginia. A review of the literature was conducted regarding the

- effectiveness of housing and support service strategies,
- practices used in other states and recommended nationally, and
- program details, descriptions, and outcome data.

Finally, JLARC staff reviewed State statutes and policies related to homelessness and veterans.

Appendix C

Trends in Homelessness and Calculating the Number of Homeless

HOMELESSNESS DECREASED FROM 2005 TO 2009

It is estimated that on any given night in 2009, about 643,000 persons were homeless in the United States—a slight decrease from the 2008 estimate of about 664,000 homeless persons. These estimates are from the U.S. Department of Housing and Urban Development (HUD) and are a compilation of data from point-in-time (PIT) counts conducted in January of 2008 and 2009 by Continuums of Care (CoCs) across the nation.

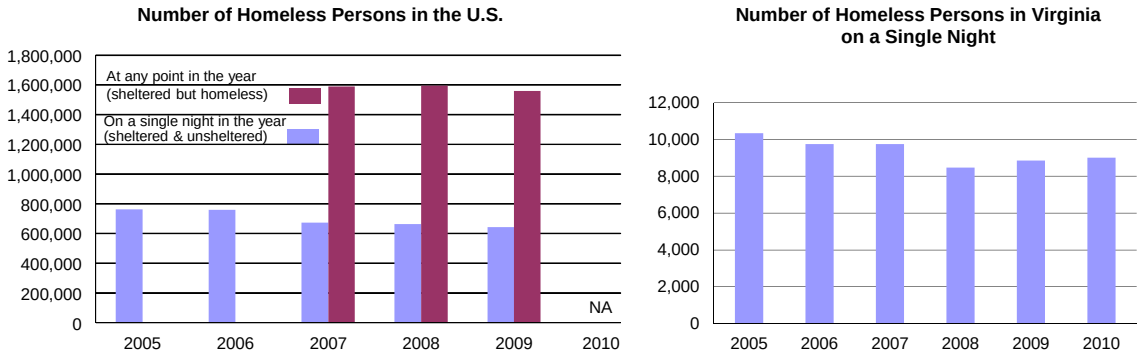
HUD also estimates the number of persons who are sheltered but still considered homeless at any point over the course of a year. In 2009, this estimate was about 1.5 million persons, a slight decrease from about 1.6 million in 2008. These estimates are from additional data reported to HUD by a sample of CoCs on the number of homeless persons who used emergency shelter or transitional housing at any point throughout the year. (Data are unduplicated to avoid double-counting the sheltered homeless. Persons living in emergency shelters or transitional housing are counted as homeless.)

National data for 2010 are not yet available, so Virginia's 2009 homeless counts are reported for comparison. Based on the PIT counts conducted by Virginia's CoCs, about 8,850 individuals were homeless in the State on a single night in January 2009. Of this number, 46 percent were in emergency shelters, 36 percent were in transitional housing, and the rest (18 percent) were unsheltered. In 2009, Virginia ranked 41st nationally in the percentage of state residents reported as homeless.

From 2005 to 2009, the number of persons reported as homeless in the nation by the PIT counts decreased about 16 percent—from about 763,000 to 643,000, and in Virginia decreased about 14 percent, from about 10,300 to 8,850. Researchers and homeless service providers suggested that the reduction in the estimated number of homeless individuals in those years was linked to a strong U.S. economy in previous years. (A 2007 change in data collection and reporting methods also likely accounts for some of the reduction.)

Figure C-1 summarizes the data reported above.

Figure C-1: Number of Homeless Persons in the United States and Virginia (2005-2010)



Source: HUD Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, http://www.hudhre.info/index.cfm?do=viewHomelessRpts except for Virginia 2010 data, which are from DHCD and JLARC staff analysis of Virginia Continuums of Care reports; U.S. data on sheltered homeless at any point in the year from *3rd Annual Homeless Assessment Report to Congress* (July 2008); *4th Annual Homeless Assessment Report to Congress* (July 2009), and *The 2009 Annual Homeless Assessment Report to Congress* (June 2010).

NUMBER OF HOMELESS VETERANS DECREASED FROM 2005 TO 2009

A minority of veterans experience homelessness: less than one percent of the estimated 23.1 million U.S. veterans were homeless in 2009. However, their rate of homelessness is higher compared to the general population. In 2009, there were an estimated 107,000 homeless veterans according to the U.S. Department of Veterans Affairs (VA)—approximately a rate of 46 homeless veterans for every 10,000 veterans, more than double the rate of homelessness among the general population.

Both the VA and HUD provide estimates of the number of homeless veterans. To calculate these estimates, HUD uses data from CoCs that report numbers of homeless subpopulations via their Homeless Management Information System (HMIS); these data are state specific. VA estimates are from annual surveys of their staff, primarily at the VA medical centers, and from nearby community providers who serve homeless veterans, and from surveys of homeless and formerly homeless veterans. VA data, however, are not state specific. Table C-1 shows estimates from HUD and the VA of the number of homeless veterans in the United States and Virginia from 2005 to 2009. (Preliminary HUD data for Virginia also are available for 2010 and are shown on the table.)

Compared to the national average, Virginia has proportionately fewer homeless veterans than its large veteran population would suggest. In 2008, homeless veterans comprised 0.12 percent of Virginia's total veteran population—only Maine (0.08 percent) and Vermont (0.03 percent) reported lower percentages. (Among the

states and the District of Columbia (D.C.), D.C. reported the highest percentage of homeless veterans, 7.51 percent.)

From 2007 to 2010, the estimated number of homeless individuals in Virginia, according to HUD data, has declined by approximately eight percent, and the estimated number of homeless veterans increased by about five percent.

Table C-1: Number of Homeless Veterans in the United States and Virginia (2005-2010)

Year	VA Data		HUD Data		
	U.S.	Virginia	U.S. (PIT)	U.S. (HMIS)	Virginia (PIT)
2005	194,254	911	71,269	n/a	1,185
2006	195,827	870	71,900	n/a	683
2007	153,584	752	61,720	137,561	848
2008	131,230	819	62,989	135,583	898
2009	106,558	660	59,390	127,634	806
2010[a]	--	--	--	--	886

[a] Virginia PIT data for 2010 are preliminary. National data for 2010 are not yet available.

Note: PIT, point-in-time; HMIS, Homeless Management Information System.

Source: VA Data: Annual *Community Homelessness Assessment, Local Education and Networking Group (CHALENG) for Veterans* reports, 2005-2009; Virginia data are for VISN 6 and do not include portions of the State. HUD Data: PIT data from Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, http://www.hudhre.info/index.cfm?do=viewHomelessRpts except for Virginia 2010 data, which are from DHCD and JLARC staff analysis of Virginia Continuums of Care reports; HMIS data from *3rd Annual Homeless Assessment Report to Congress* (July 2008); *4th Annual Homeless Assessment Report to Congress* (July 2009), and *The 2009 Annual Homeless Assessment Report to Congress* (June 2010).

Appendix D

Extent of Needs Met By Communities

Table D-1: Portion of Homeless Veterans' Housing Needs Being Met in the Community, as Reported by CoCs

Continuum of Care	Emergency shelter (year-round)	Transi-tional Housing	Safe Haven	Permanent Supportive Housing	Afforda-ble Per-manent Housing	Short-term Rental	Long-term Rental
Alexandria	Most	Some	None	Little	Little	Majority	None
Arlington County	DNK	DNK	Little	Some	Little	Little	Little
BoS Accomack[a]	Little	None	None	Little	Little	Little	Little
BoS Hope[a]	Some	Little	DNK	Little	Little	Little	Little
BoS Lenowisco[a]	Majority	Majority	Majority	Majority	DNK	DNK	DNK
BoS Piedmont Housing[a]	Some	Little	Little	Little	Little	Little	Little
BoS Piedmont Farmville[a]	None	None	None	None	None	None	None
BoS Southside[a]	None	None	None	Majority	Majority	Majority	Majority
Charlottesville[b]	Some	Little	DNK	None	Little	Little	Little
Chesapeake	Most	Some	All	Most	Most	Most	Most
Danville / Martinsville	Little	None	None	None	Little	Little	Little
Fairfax	Majority	Some	Little	Some	Some	Some	Some
Fredericksburg	Majority	Little	DNK	Little	Some	Majority	Some
Harrisonburg / Rocking-ham	Little	Some	None	Some	Some	Majority	Little
Loudoun	Majority	Majority	None	Little	Little	Some	Little
Lynchburg	DNK	Majority	DNK	Little	Little	Some	Little
Newport News, Hamp-ton, Virginia Peninsula[c]	Little	Some	Little	Little	Some	Little	Little
Norfolk	Majority	Some	None	Some	Some	Some	Little
Petersburg	Some	Little	Majority	None	None	Some	Little
Prince William	Some	None	None	Little	Little	Some	Little
Richmond, Henrico, Chesterfield, Hanover	Majority	Most	Most	Some	Some	Some	Little
Roanoke / Salem	Most	Most	None	Some	Some	None	Some
Staunton, Waynesboro, Augusta, Highland	Some	No/Little Need	No/Little Need	No/Little Need	Some	Some	Some
Suffolk[d]	DNK	DNK	DNK	DNK	Little	DNK	DNK
Virginia Beach	Some	Some	None	Some	Some	Some	Some
Winchester	DNK	DNK	None	DNK	DNK	DNK	DNK

[a] Part of Balance of State Continuum of Care that is represented by a local continuum.
[b] Includes Albemarle, Fluvanna, Greene, Louisa, and Nelson counties.
[c] Includes Poquoson, Williamsburg, James City and York County.
[d] Includes Isle of Wight, Southampton, Surry, and Franklin counties.

Notes: The following percentage ranges were given as guidance to define the above categories: 100% for "All," 75 to 99% for "Most," 50 to 74% for "Majority," 25 to 49% for "Some," 1 to 24% for "Little," and 0% for "None." "DNK" equals "Do Not Know," and "No / Little Need" equals "No or little service needed."

Source: JLARC staff survey of CoCs, February-March, 2010.

Table D-2: Portion of Homeless Veterans' Health and Case Management Service Needs Being Met in the Community, as Reported by CoCs

Continuum of Care	Mental Health Treatment/ Counseling	Mental Health Crisis Stabilization	Substance Abuse Treatment/ Counseling	Assistance Obtaining Benefits	Medical Care	Dental Care	Case Management	Re-entry Services for Incarcerated
Alexandria	Majority	Majority	Some	Most	Some	Some	Most	Most
Arlington County	Little	Little	Little	Majority	Little	Little	Little	Some
BoS Accomack	Little	Little	Little	Little	Most	Most	DNK	DNK
BoS Hope	Little	Little	Little	Some	Little	None	Some	None
BoS Lenowisco	Majority	Majority	Majority	Majority	DNK	Some	Majority	DNK
BoS Piedmont Housing	Little	Some	Little	Little	Majority	Some	Some	DNK
BoS Piedmont Farmville	DNK	DNK	DNK	DNK	DNK	DNK	DNK	DNK
BoS Southside	Most	Some	Some	Some	Majority	Majority	Majority	DNK
Charlottesville	Some	Some	Some	Majority	Majority	Little	None	None
Chesapeake	DNK	DNK	DNK	DNK	Majority	Most	A	DNK
Danville / Martinsville	Some	DNK	DNK	DNK	Some	DNK	DNK	DNK
Fairfax	Majority	Majority	Some	Some	Little	Little	Some	Little
Fredericksburg	Majority	Majority	Majority	Some	Little	Little	Some	Little
Harrisonburg / Rockingham	Some	Little	Some	Some	Some	Little	DNK	DNK
Loudoun	Some	Some	Some	Some	Little	Little	DNK	DNK
Lynchburg	Majority	Majority	Majority	Majority	Majority	Majority	Some	Some
Newport News, Hampton, Virginia Peninsula	Some	Some	Little	Majority	Some	Little	Majority	Little
Norfolk	Little	Little	Little	Some	Some	Little	Some	Majority
Petersburg	Some	Some	Some	Some	Some	Some	Some	Some
Prince William	Little	Little	Some	Majority	Little	None	Some	Little
Richmond, Henrico, Chesterfield, Hanover	Some	Majority	Majority	Majority	Majority	Some	Most	DNK
Roanoke / Salem	Some	Some	Some	Majority	Majority	Little	Some	Little
Staunton, Waynesboro, Augusta, Highland	Some	Some	Some	Some	DNK	DNK	DNK	DNK
Suffolk	DNK	DNK	DNK	Some	Majority	DNK	DNK	None
Virginia Beach	Little	Some	Little	Majority	Little	Little	Some	Little
Winchester	DNK	DNK	DNK	DNK	DNK	DNK	DNK	None

Source: JLARC staff survey of CoCs, February-March, 2010.

Table D-3: Portion of Homeless Veterans' Employment, Income, and Other Needs Being Met in the Community, as Reported by CoCs

Continuum of Care	Vocational/Job Skills Training	Tuition Assistance	Supported Employployment	Job Placement /Search	Food Security	Child Care	Legal Services	Financial Management Counseling	Transportation Assistance
Alexandria	Little	None	None	None	Majority	Some	Majority	Little	None
Arlington County	Some	Little	Little	Little	Some	DNK	Little	Little	Some
BoS Accomack	Some	DNK	DNK	Some	Most	DNK	DNK	DNK	DNK
BoS Hope	Majority	Majority	DNK	Some	Majority	Majority	Majority	Majority	Little
BoS Lenowisco	DNK	DNK	DNK	DNK	DNK	DNK	Some	Majority	Majority
BoS Piedmont Housing	Little	DNK	Little	Little	Some	Some	Little	Little	Little
BoS Piedmont Farmville	DNK	DNK	DNK	DNK	DNK	DNK	DNK	None	DNK
BoS Southside	Some	DNK	DNK	Majority	Some	DNK	Some	Some	Majority
Charlottesville	Little	DNK	DNK	Little	Majority	DNK	Majority	Little	Little
Chesapeake	DNK	None	Some	No / Little Need	Most	DNK	Majority	DNK	Some
Danville / Martinsville	DNK	Some	DNK	DNK	DNK	DNK	DNK	DNK	DNK
Fairfax	Some	DNK	DNK	Some	Majority	No/ Little Need	Little	Little	Some
Fredericksburg	Some	Some	Some	Some	Some	Some	Some	Some	Some
Harrisonburg / Rockingham	DNK	DNK	DNK	Some	Some	Some	DNK	DNK	DNK
Loudoun	DNK	DNK	DNK	Some	DNK	DNK	DNK	DNK	DNK
Lynchburg	Some	DNK	Some	Some	DNK	DNK	Majority	Majority	Some
Newport News, Hampton, Virginia Peninsula	Majority	Little	Little	Some	Little	Some	Some	Majority	Little
Norfolk	Little	Little	Little	Some	Most	Little	Some	Little	Little
Petersburg	Some	Little	Some	Some	Some	Little	Some	Some	Little
Prince William	Little	Some	Some	Some	Some	DNK	Little	DNK	DNK
Richmond, Henrico, Chesterfield, Hanover	Some	DNK	Little	DNK	DNK	Little	Most	Most	Little
Roanoke / Salem	Some	Some	Some	Some	All	Little	Some	Little	Some
Staunton, Waynesboro, Augusta, Highland	Some	Some	Some	Some	DNK	DNK	Some	Some	DNK
Suffolk	DNK	DNK	DNK	Little	DNK	DNK	DNK	Little	DNK
Virginia Beach	Little	Little	Little	Little	Some	Little	Little	Little	Little
Winchester	DNK	DNK	DNK	DNK	DNK	DNK	DNK	DNK	DNK

Source: JLARC staff survey of CoCs, February-March, 2010.

Table D-4: Portion of Housing and Non-housing Needs (for Select Services) Being Met, by Percentage of CoCs Responding

	None	Little	Some	Majority	Most	All	No/Little Service Needed	Do Not Know
Housing Needs								
Permanent Support-ive Housing	15.4%	34.6%	26.9%	7.7%	3.8%	0.0%	3.8%	7.7%
Long-term Rental Assistance (i.e. vouchers)	7.7	53.8	19.2	3.8	3.8	0.0	0.0	11.5
Affordable Housing	7.7	42.3	34.6	3.8	3.8	0.0	0.0	7.7
Safe Haven	46.2	15.4	0.0	7.7	3.8	3.8	3.8	19.2
Transitional Housing	19.2	19.2	26.9	11.5	7.7	0.0	3.8	11.5
Assistance with Ancil-lary Housing Costs	3.8	34.6	26.9	7.7	0.0	0.0	3.8	23.1
Short-term Rental Assistance	7.7	26.9	34.6	15.4	3.8	0.0	0.0	11.5
Year-round Emergency Shelters	7.7	15.4	26.9	23.1	11.5	0.0	0.0	15.4
Seasonal Emergency Shelters	11.5	11.5	11.5	15.4	23.1	0.0	7.7	19.2
Non-housing Needs								
Job Placement/ Search	3.8	19.2	50.0	3.8	0.0	0.0	3.8	19.2
Vocational/Job Skills Training	0.0	23.1	38.5	7.7	0.0	0.0	0.0	30.8
Assistance Obtaining Mainstream Benefits	0.0	7.7	38.5	34.6	3.8	0.0	0.0	15.4
Case Management	3.8	3.8	38.5	11.5	7.7	3.8	0.0	30.8
Dental Care	7.7	38.5	19.2	7.7	7.7	0.0	0.0	19.2
Medical Care	0.0	26.9	23.1	30.8	3.8	0.0	0.0	15.4
Substance Abuse Treatment/Counseling	0.0	26.9	38.5	15.4	0.0	0.0	0.0	19.2
Mental Health Crisis Stabilization	0.0	23.1	34.6	23.1	0.0	0.0	0.0	19.2
Mental Health Treat-ment/Counseling	0.0	26.9	34.6	19.2	3.8	0.0	0.0	15.4

Note: Based on responses from 20 CoCs and six local continuums.

Source: JLARC staff survey of CoCs, February-March 2010.

Table D-5: Services Ranked Among Top Six Priorities for Additional Resources, by Number and Percentage of CoCs Reporting

Service/Resource	Number	Percentage
Increase permanent supportive housing units	16	64%
Increase availability of rental/mortgage assistance	15	60
Increase affordable housing units	13	52
Increase emergency shelter beds	9	36
Increase transitional housing beds	8	32
Increase services to assist with ancillary costs of housing	8	32
Increase availability of community-based mental health services	8	32
Increase housing for veterans with disabilities	7	28
Increase availability of community-based substance abuse services	7	28
Increase availability of job placement/search assistance	6	24
Increase safe haven beds	5	20
Increase availability of life skills and personal financial management training	5	20
Increase housing for veterans with criminal histories	4	16
Increase availability of dental care	4	16
Increase availability of vocational training	4	16
Increase availability of re-entry services for incarcerated veterans	4	16
Improve quality of services available for supportive housing	3	12
Increase availability of medical care	3	12
Increase housing for veterans with families	3	12
Increase availability of crisis stabilization or respite services	2	8
Improve quality of transitional housing	1	4
Improve quality of affordable housing	1	4
Increase availability of affordable child care services	1	4
Increase availability of legal assistance services	1	4
Improve quality of emergency shelters	0	0
Increase availability of family reconciliation services	0	0
Increase availability of housing for female veterans	0	0

Note: Based on responses from 20 CoCs and five local continuums.

Source: JLARC staff survey of CoCs, February-March, 2010.

Appendix E

Programs and Grants That Can Serve Homeless Veterans

Program / Grant	Housing	Medical / Behavioral Health Care	Employment/ Income Support	Prevention	Case Management
Child Care for Homeless Children			●		
Child Services Coordinator					●
Compensated Work Therapy			●		
Domiciliary Care for Homeless Veterans	●	●	●		
Education for Homeless Children & Youth			●		
Emergency Food & Shelter Program	●		●		
Emergency Shelter Grant	●			●	
Food Stamps / SNAP			●		
Health Care for the Homeless		●			
Health Care for Homeless Veterans		●			●
Health Care for Re-entry Veterans				●	●
HOME Investment Partnerships	●				
Homeless Intervention Program	●			●	
Homeless Management Information Systems					●
Homeless Providers Grant & Per Diem	●				●
Homeless Veterans' Reintegration Program		●	●		
Homelessness Prevention & Rapid Re-housing	●			●	
Housing Opportunities for Persons with AIDS	●	●			●
HUD-VASH	●				●
Incarcerated Veterans Transition Program		●	●		
Jail Diversion and Trauma Recovery				●	
Joint Outreach Initiative			●		
Low-Income Housing Tax Credit	●				
Medicaid		●			
PATH		●		●	●
Public housing	●				
Priority of service for veterans			●		
Re-entry services (DOC)				●	●
Section 8 Housing Choice Vouchers	●				
Section 8 Moderate Rehabilitation SRO	●				
Shelter Plus Care	●				
SPARC			●		
Stand Down	●	●	●		
State Shelter Grant					●
SSI/SSDI			●		
SOAR			●		●
Supportive Housing Program	●	●	●		●
Temporary Assistance for Needy Families	●		●		
Transition Assistance Program				●	
Transitional Housing Assistance Program	●				
Veterans' Employment and Training Service			●		
Veterans hiring preference			●		
VA disability benefits			●		
Veterans Justice Outreach Initiative				●	
Veterans' Workforce Investment Program			●		
Virginia Wounded Warrior Program		●		●	●
Vocational Rehabilitation & Employment			●		●
Workforce Investment Act			●		
Wounded Veterans Internship Program			●		

Program / Grant	Description
Child Care for Homeless Children Program	Federal grant from the Department of Health and Human Services (HHS) administered by the Virginia Department of Social Services (DSS). The Department of Housing and Community Development (DHCD) has an interagency contract with DSS to provide for the payment of child care services for homeless children residing in emergency shelters and transitional housing facilities that receive State Shelter Grant funding. Homeless families in shelter facilities may receive assistance for the cost of child care while working or participating in an educational or job training program. In the 2008-09 program year, DSS provided DHCD with $300,000 from its block grant to support the program.
Child Services Coordinator Grant	State grant administered by DHCD that provides support to non-profits and local governments for an in-house coordinator to address the special health care, mental health, and educational needs of children residing in emergency shelters or transitional housing facilities.
Compensated Work Therapy	VA program that provides veterans with an individual rehabilitation plan and compensation while participating in a variety of structured work environments either in the community or at the VA medical center. Referrals must come from within the VA (that is, a veteran must be receiving medical, mental health, or substance abuse care or homeless services from the VA).
Domiciliary Care for Homeless Veterans	VA transitional housing program offering residential treatment for homeless veterans with medical and behavioral health problems on VA medical center grounds. Services include outreach and referral, vocational counseling, rehabilitation, and post-discharge community support. In Virginia, domiciliary care is available only at the Hampton VA Medical Center and none of the beds are reserved for homeless veterans.
Education for Homeless Children and Youth	Formula grant program of the U.S. Department of Education to ensure that homeless children and youths have equal access to free and appropriate public education and to facilitate their enrollment, attendance, and success in school.
Emergency Food & Shelter Program	A program of the Federal Emergency Management Agency of the U.S. Department of Homeland Security whose purpose is to supplement and expand the work of local social service organizations to provide shelter, food, and supportive services for homeless and hungry individuals.
Emergency Shelter Grant (ESG)	HUD formula grant distributed to state governments and certain entitlement communities (cities and urban counties). Purpose is to improve the availability and quality of emergency shelters, and fund shelter operating costs, including social services. A portion of funding (30 percent) can be used for prevention activities.
Food Stamps / Supplemental Nutrition Assistance Program (SNAP)	SNAP, formerly known as the Food Stamp Program, provides financial assistance to low- and no-income persons and families to purchase eligible food items.
Health Care for the Homeless	HHS grant program. Grantees strive to provide a coordinated, comprehensive approach to health care including substance abuse and mental health services.
Health Care for Homeless Veterans	VA program, begun in 1987, that provides outreach, health and mental health assessments, treatment and referrals for homeless veterans with mental health and substance abuse problems.

Health Care for Re-entry Veterans	VA program, begun in FFY 2008, that offers outreach, referrals, and short-term case management for incarcerated veterans in State and federal prisons who may be at risk for homelessness upon release.
HOME Investment Partnerships	HUD formula grant to states and localities. Purpose is to increase amount of affordable housing in the nation. Funds can be used to provide home purchase or rehabilitation financing assistance to eligible homeowners and new homebuyers; build or rehabilitate housing for rent or ownership; acquire and improve existing sites; and demolish dilapidated housing and relocate its inhabitants and provide rental assistance. States may distribute funds to smaller localities. Recipients must contribute or match 25 cents for each dollar of HOME funds spent on affordable housing.
Homeless Intervention Program (HIP)	State program to prevent homelessness through providing short-term rental or deposit assistance, housing counseling, and financial management skills to low income individuals and families experiencing a housing crisis. HIP funds are a combination of State general funds and federal TANF funds and are distributed by DHCD.
Homeless Management Information Systems (HMIS)	Computerized data-collection tool designed to capture client-level, system-wide information over time on the characteristics and services needs of homeless individuals. HMIS allows data to be aggregated across agencies to generate unduplicated counts and service patterns of clients served. HUD requires all recipients of its homeless assistance grants to participate in an HMIS.
Homeless Providers Grant and Per Diem Program	VA competitive grant that provides capital and operating funds for veteran-specific transitional housing programs. Operating costs are reimbursed based on a per diem amount. Potential recipients include non-profit organizations, veteran services organizations, and state and local governments.
Homeless Veterans' Reintegration Program (HVRP)	U.S. Department of Labor (DOL) competitive grant program (through VETS) that provides funding to organizations for job counseling and supportive services to homeless veterans. Services include classroom training, job search activities, job preparation, subsidized trial employment, on-the-job training, job placement and follow-up. Grantees are required to provide supportive services, such as substance abuse treatment, either themselves or through subcontracted services or referrals to other agencies. Funds may not be used to provide housing, but grantees should provide housing referrals and work with other homeless service providers to develop appropriate housing. Since 2007, Virginia Commonwealth University has received a HVRP grant to operate the HVRP National Technical Assistance Center, which provides assistance to HVRP programs nationwide (2009-10 grant funding was $424,800). Virginia had not received an HVRP grant for direct services until June 2010, when a non-profit in Roanoke, Total Action Against Poverty, received a $200,000 HVRP grant.
Homelessness Prevention and Rapid Re-housing Program (HPRP)	Part of the American Recovery and Reinvestment Act of 2009, this one-time appropriation provided federal funds for efforts to prevent homelessness and rapidly re-house homeless persons. Grantees are states, urban counties, cities, and U.S. territories. Funds can be used to provide rental assistance, security and utility deposits, motel and hotel vouchers, housing relocation and stabilization services, data collection and evaluation, and other activities. Mental illness, substance abuse, low income, and past institutional care, but not veteran status, were included as risk factors and service priorities for re-housing. The Commonwealth and 13 Virginia localities directly received the funds when HUD allocated them in March 2009. Recipients have until September 1, 2012, to spend the funds.

Housing Opportunities for Persons With AIDS (HOPWA)	HUD formula grants to states and cities (with more than 1,500 cumulative AIDS cases) and competitive grants to states, local governments, and non-profits. Grantees are encouraged to develop community-wide strategies and form partnerships with area non-profits. Funds can be used for housing development, rental assistance, support services, facility operations, and short-term payments to prevent homelessness among individuals with HIV/AIDS and their families.
HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Supportive housing program in which VA case managers screen homeless veterans for program eligibility and provide ongoing case management. HUD provides the veterans and their immediate families with permanent housing subsidies by allocating rental subsidies (vouchers) from its Section 8 Housing Choice Program to public housing authorities (PHAs), which then distribute the vouchers to the eligible veterans. Primary goal of HUD-VASH is to move veterans and their families out of homelessness. VA case management services are designed to improve the veteran's physical and mental health and enhance the veteran's ability to live in safe, affordable permanent housing.
Incarcerated Veterans Transition Program (IVTP)	DOL competitive grant program that provides funds to state and local Workforce Investment Boards, for-profit businesses, and non-profits. IVTP grantees provide career counseling, employment training, job search assistance, and life skills support services. Programs may begin prior to or at release.
Jail Diversion and Trauma Recovery Program--Priority to Veterans	U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) competitive grant whose purpose is to support local implementation and statewide expansion of jail diversion programs to address the needs of individuals with mental illness such as post-traumatic stress disorder (PTSD) involved in the justice system. Prioritized eligibility for veterans. Six grants were awarded in FFY 2009; Virginia did not receive an award.
Joint Outreach Initiative	At some VA medical centers, a Social Security Administration claims agent is placed in homeless programs and trains VA staff to make referrals.
Low-Income Housing Tax Credit (LIHTC)	Federal program sponsored by the U.S. Treasury Department and authorized under Section 42 of the IRS Code of 1986. Administered in Virginia by the Virginia Housing Development Authority (VHDA), the program encourages the development of affordable rental housing by providing owners a federal income tax credit. It also provides incentive for private investors to participate in the construction and rehabilitation of housing for low-income families.
Medicaid	Entitlement program financed by state and federal governments and administered by the states. In Virginia, the program is administered by the Department of Medical Assistance Services (DMAS). The Virginia Medicaid program covers a broad range of health care services, including inpatient and outpatient hospital care, nursing home care, and substance abuse services.
Projects for Assistance in Transition from Homelessness (PATH)	SAMHSA grant program that provides outreach and engagement to individuals who are suffering from serious mental illness; or are suffering from serious mental illness and from substance abuse; and are homeless or at imminent risk of becoming homeless. The Department of Behavioral Health and Developmental Services (DBHDS) administers PATH funds in Virginia. States or localities must put forward $1 in cash or in-kind services for every $3 in federal funds.

Public housing	Established by the federal government to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Ranges in type from scattered single family houses to high rise apartments for elderly families. Public housing is managed by PHAs.
Priority of service for veterans	Established by the Jobs for Veterans Act of 2002. With respect to qualified DOL employment and job-training programs, veterans and eligible spouses are given priority over non-veterans for the receipt of employment, training, and placement services.
Re-entry services	Re-entry services are provided by specialists with the Virginia Department of Corrections (DOC) who oversee the process for releasing offenders who do not have viable home plans. Re-entry services are also available for the most problematic releases such as medically and/or mentally disabled offenders who require placement in assisted living facilities or nursing homes. Re-entry services for veterans are also provided by the VA's HCRV program.
Section 8 Housing Choice Vouchers	HUD program in which tenants choose their own rental unit and a local PHA reimburses the landlord for the difference between 30 percent of the household's income and the unit's rent or payment standard. The PHA determines a payment standard that is the amount generally needed to rent a moderately priced unit in the local housing market and is used to calculate the amount of housing assistance a family will receive. However, the payment standard does not limit or affect the amount of rent a landlord may charge or the family may pay. A family which receives a housing voucher can select a unit with a rent that is below or above the payment standard. The family must pay 30 percent of its monthly adjusted gross income for rent and utilities and if the unit rent is greater than the payment standard the family is required to pay the additional amount.
Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program	HUD competitive grant. Purpose is to bring more standard SRO units into the local housing supply and make the units available to homeless individuals. PHAs and private non-profit organizations are allowed to apply for rental subsidies for homeless individuals. HUD enters into annual contracts with PHAs for limited rehabilitation of residential properties to create multiple single room units. The PHA is responsible for selecting suitable properties and identifying landlords to participate. Guaranteed cash flow from federal rental assistance payments helps property owners obtain private financing to rehabilitate the property, cover operating expenses, service project's debt, and make a profit. Each unit must receive a minimum amount of rehabilitation.
Shelter Plus Care (S+C)	HUD competitive grant awarded through CoC applications to states, units of general local government, and PHAs. Provides rental assistance for homeless people with disabilities that together with other social services will provide permanent supportive housing. Rental assistance may be tenant-, project-, or sponsor-based, or may support SRO dwellings. Applicants must provide or fund accompanying supportive services.
Sponsoring Partnerships and Revitalizing Communities (SPARC) loans	VHDA permanent mortgage financing at below-market rates for private developers to increase permanent supportive housing for the homeless and people with disabilities.
Stand Down	DOL-financed outreach event hosted semi-annually by the VA medical centers, in partnership with other government agencies and community agencies who serve the homeless. Stand Downs are one- to three-day events providing services to homeless veterans, such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling,

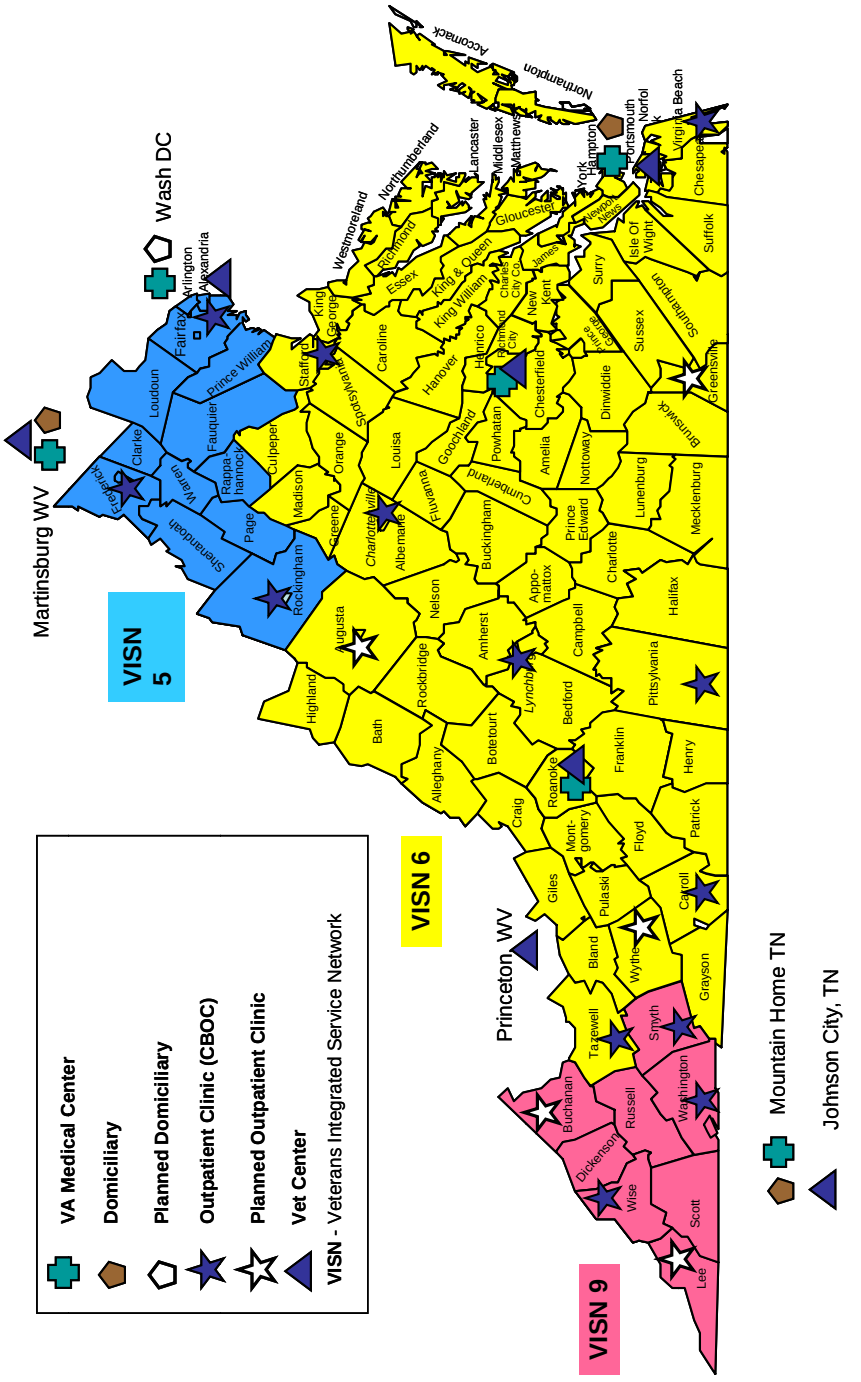
	and referrals to housing, employment programs, and substance abuse treatment.
State Shelter Grant	State grant comprised of both State and federal TANF funds. Program goal is to assist homeless families and individuals by providing financial support, technical assistance, and training opportunities for local governments and nonprofit agencies that provide services and support through the operation of emergency shelters and transitional housing facilities in Virginia. Funding can be used by housing providers to defray operating costs such as salaries, administration, maintenance, rent, utilities, insurance, supplies, and furnishings or to support the delivery of essential human services addressing employment, substance abuse, education, or health needs.
Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)	Provides Supplemental Security Income to low-income individuals who are disabled, over 65 years old, or blind (SSI) and disability benefits to insured workers (those who worked long enough and paid Social Security taxes) with a 100 percent disability (SSDI). Some benefits may also be received by the spouse or children of the disabled individual. Like all but five states, Virginia supplements SSI with State funding.
SSI/SSDI Outreach, Access, and Recovery (SOAR)	A strategy that helps states increase access to SSI/SSDI for people who are homeless or at risk of homelessness. Case managers and agency staff are trained to assist chronically homeless individuals with behavioral health disabilities in applying for SSI and SSDI disability benefits.
Supportive Housing Program (SHP)	HUD competitive grant awarded to state and local governments, PHAs, private non-profits, and public non-profit mental health organizations via CoC applications. Funding helps develop housing and related supportive services for people moving from homelessness to independent living, including: (1) transitional housing; (2) permanent housing for persons w/ disabilities; (3) supportive services only; (4) safe haven; (5) Homeless Management Information Systems (HMIS); and (6) Innovative Supportive Housing.
Temporary Assistance for Needy Families (TANF)	TANF provides eligible families with a monthly cash payment to meet their basic needs. Virginia's TANF program emphasizes personal responsibility. Participants may be provided with services such as job skills training, work experience, job readiness training, child care assistance, transportation and other work related expenses.
Transition Assistance Program (TAP)	A DOL program which is a voluntary seminar for discharged or soon-to-be separated service members. The program consists of a three-day workshop on job searching, current labor market conditions, veterans' benefits, and résumé and interview preparation. In Virginia, offered by nine Virginia Employment Commission workforce centers and most military bases.
Transitional Housing Assistance Program Grant for Victims of Domestic Violence, Dating Violence, Stalking, or Sexual Assault Program	Grant program of the U.S. Department of Justice that focuses on a holistic, victim-centered approach to provide transitional housing services that move individuals who are fleeing domestic violence, dating violence, sexual assault, or stalking into permanent housing.
Veterans' Employment and Training Service (VETS)	VETS' mission is to provide veterans with the resources and services to succeed in the workforce by maximizing their employment opportunities, protecting their employment rights, and by meeting labor market demands with qualified veterans. VETS provides a number of training and employment services and funds grant programs targeted to veterans. Local veterans' employment representatives (LVERs) and disabled veterans' em-

	ployment program specialists (DVOPs) are trained to provide outreach and intensive case management to meet the employment needs of veterans and veterans with disabilities. LVERs and DVOPs provide services through the State's workforce development centers and One-Stops.
Veterans hiring preference	Veterans with honorable and general discharges receive preference in federal competitive appointments as well as some special noncompetitive employment. Most departments and agencies in the federal government are required to have an affirmative action program for the recruitment, employment, and advancement of disabled veterans. Federal contractors and subcontractors are also required to take affirmative action to hire veterans and file an annual report showing the number of veterans in their workforce. Since 2007, veterans have received preference when applying for State and local government jobs in Virginia. Veterans with service-connected disabilities receive additional preference in Virginia. The Virginia Department of Human Resources Management has a Veterans Outreach Council that works to recruit veterans for State positions. The American Recovery and Reinvestment Act of 2009 included a tax credit to employers that hire unemployed veterans in 2009 and 2010. Eligible veterans must have separated from the military within five years of their hiring date and received unemployment compensation for at least four weeks during the one-year period before their hiring date.
Veterans' Affairs disability benefits	The VA's Veterans Benefits Administration provides benefits for veterans with service-connected disabilities who were discharged under conditions other than dishonorable. Veterans with at least a ten percent service-connected disability are eligible for monthly disability compensation. Veterans with low income who are permanently and totally disabled or over the age of 65 may receive an additional disability pension. In 2006, there were 105,797 veterans in Virginia receiving VA compensation for service-connected disabilities; approximately one-third of these veterans had a service-connected disability of 50 percent or more.
Veterans Justice Outreach Initiative	VA program, begun in FFY 2009, targeting veterans in contact with police, in jail, or being supervised by the courts. Purpose is to avoid unnecessary criminalization of mental illness and extended incarceration among veterans by ensuring that eligible justice-involved veterans have timely access to VA mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate.
Veterans' Workforce Investment Program	DOL competitive grant program (through VETS) to provide support for employment and training services through grants and contracts that assist eligible veterans with reintegration into meaningful employment and stimulate the development of effective service delivery systems to address their complex employment problems. Funding is from a percentage of the Workforce Investment authorization.
Virginia Wounded Warrior Program (VWWP)	The 2008 General Assembly authorized and funded the Virginia Wounded Warrior Act. The act's intent is to coordinate assessment, treatment, and benefits at the State and local levels for Virginia veterans who are coping with the effects of stress-related injuries, such as PTSD, and traumatic brain injury resulting from their military service, to include support services for family members affected by the veterans' injuries. In April 2009, VWWP granted over $1.7 million to five community services boards for the provision of services.
Vocational Rehabilitation and Employment (VR&E)	VA program whereby eligible veterans work with a vocational rehabilitation counselor and develop an individual plan to obtain and maintain employment or increase independent living. Interested veterans with a 20 percent

	or more service-connected disability rating are eligible for services for up to 12 years after separation or receipt of a disability rating and may receive VR&E services for up to two years. Participants work with a vocational rehabilitation counselor to develop an individual plan to obtain and maintain employment or increase independent living. Offered at all three VA medical centers in Virginia.
Workforce Investment Act (WIA)	The WIA, signed into law in 1998, was designed to provide a national framework for workforce preparation that meets the needs of businesses and job seekers. Training and employment programs are designed and managed at the local levels so that community needs are understood and addressed. Services are provided through "One Stop" career centers where employment services are provided and referrals are made to job training, education, and other social and community services. In FY 2010 Virginia received approximately $8.2 million in Workforce Investment funds at the State level, and local governments received more than $24.4 million.
Wounded Veterans Internship Program	Virginia Department of Transportation (VDOT) program, begun in September 2006, designed for veterans who are not suited physically or emotionally to a former job or the job is no longer available. Allows veterans to revamp old job skills or develop new ones. The first veterans joined the agency in March 2007. VDOT attempts to locate the internships close to where the veterans are receiving rehabilitation or now live. Only one of its kind among departments of transportation across the country.

Appendix F

Veterans Affairs Facilities in and Near Virginia



Source: Virginia Wounded Warrior Program.

Appendix G

Agency Responses

As a part of the extensive validation process, State agencies and other entities involved in a JLARC assessment are given the opportunity to comment on an exposure draft of the report. Appropriate technical corrections resulting from comments provided by these entities have been made in this version of the report. This appendix includes written responses from the Office of the Governor, the Department of Veterans Services, the Department of Housing and Community Development, and the Virginia Employment Commission.

COMMONWEALTH of VIRGINIA

Office of the Governor

Terrie L. Suit
Assistant to the Governor
for Commonwealth Preparedness

June 8, 2010

Philip A. Leone, Director
Joint Legislative Audit and Review Commission
Suite 1100, General Assembly Building, Capital Square
Richmond, Virginia 23219

Dear Director Leone:

Thank you for the opportunity to comment on the exposure draft report, Reducing Veteran Homelessness in Virginia. In January 2009, the Joint Legislative Audit and Review Commission (JLARC) directed its staff to study the services available to veterans, and ways to reduce homelessness among veterans in the Commonwealth of Virginia.

The JLARC recommendations appear to be sound and accurately capture the challenges facing the Commonwealth, however, the draft report represents research and extensive analysis based substantially on the then "current levels of service" under the previous Administration. The recommendations, many of which require funding by the General Assembly, will be reviewed as part of Governor McDonnell's overall strategy to address veterans' issues and homelessness.

Providing housing and services for our veterans are high priorities for this Administration. Governor McDonnell is a strong supporter of military service members, their families, and the veterans who have served this Nation and the Commonwealth. Early in his administration, the Governor took a number of positive steps to demonstrate his commitment to veterans. In March 2010, the Governor designated me as his Senior Advisor for Military Relations. In this capacity, I will work with the senior military leaders and installation commanders throughout the Commonwealth to identify critical issues affecting not only the active service members, but veterans. Additionally, under Executive Order No. 11, the Secretary of Public Safety has established a task force to consider all the challenges highlighted in the report with respect to incarcerated veterans.

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The JLARC draft report makes several recommendations, including that the Commonwealth seek federal grant opportunities as a means of reducing veterans' homelessness. The McDonnell administration has already begun work to achieve these goals. Specifically, one of the first actions I took, to ensure that these federal opportunities were not overlooked, was to fill a vacant Grants Coordinator position in my office. I have tasked the Grants Coordinator with researching grants to support both Homeland Security activities, as well as funding opportunities to support veterans' issues, especially those dealing with housing and homelessness. The Grants Coordinator will identify grant opportunities and will work with state agencies to apply for these grants.

Recently, under the direction of the Secretary of Public Safety, the Virginia Department of Veteran Services seized an opportunity through a federal grant to expand the Virginia Wounded Warrior Program to provide healthcare services to veterans in rural areas of Southwestern Virginia.

Governor McDonnell believes that housing is an essential factor in the achievement of major policy objectives in the areas of economic development, the provision of human services, and the development of transportation systems. The location, arrangement, and cost of housing also intersect with broad urban, rural and environmental policies. Because of these interactions, housing policy within the executive branch must be coordinated with, and be an integral part of each of these parallel policy initiatives. Governor McDonnell is committed to instituting a fair and comprehensive executive branch housing policy for all Virginians. Executive Order No. 10, establishes the Governor's Housing Policy Advisory Committee led by Senior Advisor Bob Sledd. The Committee will focus on improving access to quality and affordable housing for all Virginians. The Governor has acted quickly, and taken measurable steps early in his Administration, to establish the framework for addressing housing and homeless issues in the Commonwealth.

On behalf of the Secretary of Public Safety Marla Decker, Senior Economic Advisor Bob Sledd and myself, I would like to thank you and your staff for the work that went into preparing this very important report. If you need any additional information, please do not hesitate to contact me at (804) 225-3826.

Sincerely,

Terrie L. Suit

cc: The Honorable Marla G. Decker, Secretary of Public Safety
cc: Bob Sledd, Governor's Senior Economic Advisor

COMMONWEALTH of VIRGINIA

Department of Veterans Services

Paul E. Galanti
Commissioner

Telephone: (804) 786-0286
Fax: (804) 786-0302

June 7, 2010

Mr. Philip A. Leone
Director
Joint Legislative Audit and Review Commission
Suite 1100, General Assembly Building, Capitol Square
Richmond, Virginia 23219

Dear Director Leone,

Thank you for sharing the exposure draft report: *Reducing Veteran Homelessness in Virginia*. Thank you also for taking time out of your busy schedule last week to discuss the report. I enjoyed the opportunity to meet you and your staff, to learn more about the challenges you faced in putting the report together, and to discuss the stellar recommendations and strategies you have identified to reduce homelessness among Virginia's veterans.

You and your team are to be commended for preparing an outstanding report. Please pass on my personal "Bravo Zulu" (that's Navyspeak for "Great Job!") to Team Leader Eric Messick and to Janice Baab, Jenny Breidenbaugh, Martha Erwin, and Tracey Smith. Thanks to their hard work and expertise, we now have the concrete information, and, more important, the roadmap, to reducing veteran homelessness in Virginia.

I have attached a list of suggestions prepared by James Thur, the Virginia Wounded Warrior Program's Regional Director for the Northern Region. Please feel free to contact Jim at (703) 277-3501 or at James.Thur@dvs.virginia.gov to discuss his proposed changes.

Again, thank you.

Sincerely,

Paul E. Galanti
Commissioner

cc: The Honorable Marla Graff Decker
Secretary of Public Safety

The Honorable M. Kirkland Cox
Virginia House of Delegates

Mr. Thad A. Jones
Chairman, Board of Veterans Services

Colonel Daniel D. Boyer, USAF (Ret)
Chairman, Joint Leadership Council of Veterans Service Organizations

Attachment

Robert F. McDonnell
Governor

James S. Cheng
Secretary of
Commerce and Trade

COMMONWEALTH of VIRGINIA

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

William C. Shelton
Director

June 9, 2010

Mr. Philip A. Leone, Director
Joint Legislative Audit and Review Commission
General Assembly Building, Suite 1100
Capital Square
Richmond, Virginia 23219

Dear Mr. Leone:

Thank you for the opportunity to provide input to the Joint Legislative Audit and Review Commission report, *Reducing Veteran Homelessness in Virginia.* We have reviewed the exposure draft and discussed some areas of clarification with your staff.

The exposure draft notes Governor McDonnell's creation of a housing policy initiative, which will include the work of a recently-formed Homeless Policy Committee. We believe that the report's recommendations will be very useful as these policy initiatives move forward.

As noted in the report, resources for addressing and preventing homelessness are limited. Some of the report's recommendations address funding issues and concerns. While resource constraints must be acknowledged, the Department of Housing and Community Development will thoughtfully review and give serious consideration to the report's 13 recommendations.

We appreciate the opportunity to work with your staff on this critical issue and look forward to assisting Virginia's homeless veterans through expanded service options.

Sincerely,

Bill Shelton

Bill Shelton

wcs\ljm

Joint Legislative Audit and Review Commission

Exposure Draft

Reducing Veteran Homelessness in Virginia

The Virginia Employment Commission (VEC) agrees that more leadership, services and resources are needed at the federal, state, and local levels to prevent homelessness and to help veterans exit homelessness in an expeditious manner whereby affordable housing can be sustained.

1. Efforts should be collaborative with DVS as the state lead in developing proposals for grants to meet the various needs stated in the JLARC study. A wide range of proposals should be developed to cover the various short term and permanent housing needs of veterans. VEC would participate in collaborative activities to assist in developing proposals.

2. Pages 24 and 25 reference the Transitional Assistance Program (TAP) operated by the Virginia Employment Commission under the direction of the Department of Defense and Department of Labor Veterans Employment and Training Services (DOD and VETS). VEC is one of two TAP providers in the state of Virginia. JLARC notes that the emphasis is placed upon helping recently separated service members become more competitive in the labor market. The corrected language is that TAP works with transitioning service members. The provision of resume writing assistance, interview skills, employment searches and benefits information are methods of preparing transitioning servicepersons for successful job search.

   JLARC has noted three reasons that TAP is not a successful tool in preventing homelessness: 1) The sessions are not mandatory, 2) service members are more likely to be focused on returning to families and civilian life, 3) limited assessment for the risk factors associated with homelessness occurs during the training.

   Military counseling sessions are provided to each transitioning service member prior to TAP sessions. More emphasis can be placed upon homelessness risk assessments even at that point of service; however, if this type of assessment is not already provided.

   The VEC provides TAP sessions based upon the Department of Defense and Veterans Employment and Training Service (DOD and VETS) mandated curriculum. The primary goal is to provide an awareness of services, resources, and activities that will move the service person to a successful transition. Focus is also placed upon informing the transitioning service person of the Local Veteran Employment Representatives (LVER) and Disabled Veteran Outreach Program representatives (DVOP) nationwide, and of One-Stop services that assist veterans with supportive service needs to include prevention of homelessness.

3. **State Could Explore Opportunities to Assist Homeless Veterans to Obtain Employment –** Page 33, paragraph one states that VEC programs focus on helping clients look for a job, as opposed to "putting clients in a job." Please note that only employers put clients in jobs. Consideration could be given to the wording here. VEC provides the required preparation to have the applicant compete successfully for the position. VEC also makes extensive contacts with employers to obtain "hidden" vacancy information so that opportunities are made available for service persons and veterans to apply for positions that could prevent homelessness. Actual LVER and DVOP job referral data was provided JLARC in January 2010 but was not included in the report to demonstrate the direct referral of veterans to actual vacancies. The Employment Service umbrella Job Service Program also provides direct referral of veterans to vacancies. These services help to prevent homelessness.

4. **Incarcerated veterans and ex-offenders** – Several DVOP and LVER staff persons are involved in counseling incarcerated veterans and ex-offenders in job search, but also in preparing for life after incarceration. This includes assessing the risk factors for homelessness and joblessness. This was not included in the report.

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Joint Legislative Audit and Review Commission

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