
Five Year Plan

*Veterans Integrated
Service Network of
Ohio – VISN 10*

February 2012

Introduction:

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

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

In December 2010, the Department of Veterans Affairs in Washington, DC hosted a National Forum on Ending Homelessness Among Veterans. At this event, Secretary Eric Shinseki directed that the VHA Plan should be fully synchronized with the USICH Federal Plan to Prevent and End Homelessness along with efforts within the Veterans Benefits Administration (VBA) the National Cemetery Administration (NCA) and Vet Centers. The Secretary directed that each VHA entity director hold an organizational meeting to begin cross-talking and developing local plans. The first of these meetings took place in January and February of 2011. VAMC Directors hosted local Annual Homeless Veterans Summits comprised of key partners to end homelessness among Veterans. These Summits served as a vehicle to synchronize the VAMC Plans with VA and non-VA partners. From these Summits each VAMC developed their 2011 Working Five-Year Plan synchronized with *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness*. The Veterans Integrated Service Network of Ohio (VISN 10) Working Five Year Plan first released in February 2011 is a consolidation of the VAMC Plans from across the Network.

In May 2011, VISN 10 in cooperation with USICH and the Ohio Interagency Council on Homelessness and Affordable Housing (ICHAH) held a Network-State wide Summit addressing Veterans Homelessness and Homeless Prevention. Invited guests included representatives from VHA-VACO/VISN/VAMC, as well as VBA, NCA Vet Centers, Federal, State and Local/Regional Partners. Purpose of this Summit was to introduce the VISN/VAMC Five Year Plans to ending Veteran Homelessness and develop collaborative strategies to move forward.

In October/November 2011, VAMC Directors again hosted a Fiscal Year 2012 (FY12) Annual Homeless Veterans Summit comprised of key partners to end homelessness among Veterans. These Summits served as a vehicle to synchronize VAMC Plans with VA and non-VA partners. From these Summits each VAMC revised their Working Five-Year Plan including new strategies and resources. This Veterans Integrated Service Network of Ohio (VISN 10) Working Five Year Plan is a consolidation of these revised local Five Year Plans from the medical facilities across the Network.

VA Healthcare System of Ohio (VISN 10) is one of 21 **Veterans Integrated Service Networks (VISN)** of the Department of Veterans Affairs. VISN 10 is comprised of five VA Medical Centers, including one stand alone Ambulatory Care Center, and 30 community based outpatient clinics which provide comprehensive inpatient and outpatient health care to veterans in Ohio, Indiana, Kentucky and West Virginia. Medical Facilities are organized geographically with accompanying site code as Chillicothe/538, Cincinnati/539, Cleveland/541, Dayton/552 and Columbus/757.

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

PURPOSE

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

Synchronized Plan Objectives

VISN 10 Plan includes measurable goals, objectives and outcomes that will address and demonstrate the following:

- 1. Establish a “no wrong door” approach in serving homeless and at-risk Veterans**
- 2. Implement outreach initiatives targeting chronic homeless Veterans and special homeless Veteran population groups (OEF/OIF/OND; women Veterans; Veterans with families; rural Veterans; etc)**
- 3. Establish 24/7 rapid re-housing and support services for homeless and at-risk Veterans and right-size VA’s continuum of care to address the prevention, treatment, rehabilitation and supportive housing needs of homeless and at-risk Veterans**
- 4. Develop an active support network of community partnerships & collaborations**
- 5. Integrate VBA and NCA services in support of ending homelessness among Veterans**
- 6. 88% of HUD-VASH vouchers allocated will result in Veterans becoming housed by September 30, 2012**
- 7. 60% of Veterans served in Grant and Per diem (GPD) and Domiciliary Care for Homeless Veterans (DCHV) programs will discharge to independent housing by September 30, 2012**
- 8. 65% of Veterans served in HUD-VASH will meet criteria for chronic homelessness at time of admission to the HUD-VASH program by September 30, 2012**

VA Leadership involvement and Support

The VISN coordinates implementation of the Five Year Plan to end homelessness among Veterans through the Network’s Mental Health Care Line Management Team and Mental Health Care Line Council. In August 2010, the

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

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

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

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

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

Federal, State and community partners involvement

Each VAMC hosted an Annual Homeless Summit on the following dates:
Chillicothe: 10-5-11 Cincinnati: 10-28-11 Cleveland: 10-12-11 Columbus:
11-11-11 Dayton: 11-4-11

Attendance at these VAMC Homeless Summits varied, but generally included VAMC and VISN staff, as well as VA representatives from Veteran Benefits Administration and local Vet Centers, Federal Agency representatives from Housing and Urban Development, local Public Housing Authorities, community shelter providers, County Veteran Service Officers, local Continuum of Care representatives, and a variety of other community agencies. Cleveland held a Homeless Summit within a broader Homeless Outreach Kick-off Event, one of 28 communities across the country, and included representation from National VA Leadership. This Event attracted Veteran consumers as well as service providers and local and regional politicians. The Summits were generally well attended and more organized than the Summits held in fiscal year 2011. Each Summit shared a similar style with presentations followed by open discussion with a panel format to explore future action. VISN 10 will have a second annual Network-wide Homeless Summit midway thru the fiscal year to review and report on progress to date and plan for future steps with our partner agencies as we assess resource needs and opportunities.

Six pillars identified in va's plan to prevent and end homelessness (current services, gaps, barriers, opportunities, fiscal year (fy) 2012 actions and metrics for each pillar)

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

Outreach /Education

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

1. Each Facility has Homeless Outreach Staff.
2. Each Facility has a full-time Veterans Justice Outreach Case Managers. With the growth of Veterans Treatment Courts (VTC) in FY11 and early FY12, an additional VJO Case Managers will be added to Cincinnati, Cleveland and Columbus each to expand services in FY12. VISN 10 has two Health Care for Re-Entry Veterans Program (HCRV) Specialists making visits to all State and Federal Prisons within the Network.
3. Each Facility has a Homeless Committee responsible for developing a plan for education of VAMC and the community about homeless veteran needs and resources.
4. Each Facility conducts annual CHALENG meetings.
5. Each Facility participates in local annual Stand Downs.
6. Each Facility's Homeless Program Staff participate in local Homeless Continua of Care (CoC).
7. Each Facility will participate in the 2012 HUD local Point In Time Count. VISN and Facility Homeless leadership will coordinate with all CoC in the Network to ensure VA Homeless Program beds are included in the CoC Housing Inventory Count (HIC) and improve the accuracy of homeless veteran counts in the 2012 PIT Count.
8. All Community Grant & Per Diem and HCHV Residential Treatment Contract Providers will participate in local CoC Homeless Management Information Systems.
9. Each Facility participates in Regional Inter-Services Family Assistance Committee meetings targeting assistance to veterans, active duty military, Ohio National Guard and Reserves and their families.
10. The VISN Network Homeless Coordinator networks with the Ohio Interagency Council on Homelessness and Affordable Housing (OICHAH), the Coalition on Homelessness and Housing in Ohio (COHHIO), Corporation for Supportive Housing (CSH) and other state-wide organizations on Homelessness among Veterans.
11. Homeless Programs provide presentations on and continue to work with the County Veteran Service Officers and/or other community agencies to post the National Call Center Homeless Veterans phone number and fliers to increase community awareness.
12. Cleveland VAMC, awarded Community Resource and Referral Center for Cuyahoga and Summit Counties in FY11, provides virtual services. The CRRC facilities will open in Cleveland and Akron FY12.

13. The Network Homeless Coordinator is a member of the Balance of State CoC Homeless Advisory Committee. This role will serve to provide guidance on Homeless Veterans issues and support goal to leverage limited resources improving efficiencies.

14. VISN 10 internet site www.VISN10.va.gov includes a link for Health Care for Homeless Veterans. Visitors can learn about Homeless Programs for Veterans across the Network, get contact information for Homeless Coordinators at each Medical Facility and download a copy of VISN 10's Five Year Plan to End Homelessness Among Veterans.

15. Cincinnati developed a resource guide for homeless and at risk services for its community. This guide has received recognition locally and is a best practice approach to be replicated across the Network.

Gaps and Barriers

1. Lack of staff resources to provide outreach to rural counties.
2. Distribution of community resources across the Network.
3. Data Sharing and VHA HOMES integration with local HUD required HMIS systems.

Opportunities related to gaps in service

1. Resource requests for additional HCHV outreach staff.
2. Tele-mental health has potential for expansion in Community Based Outpatient Clinics and transitional programs to extend staff for greater outreach and case management capability.
3. Annual Homeless Summits offer opportunity to increase education to federal, state and community partners thru cross talk on homeless veteran needs and resources.
4. VISN has potential for five additional Veterans Courts to begin operating FY12.
5. VAMC continued development of HOMES Registry will enhance capacity for VHA-HUD-community data sharing.
6. Each Facility will develop an electronic resource guide to assist non-homeless program social work staff working with homeless Veterans and those at-risk of homelessness.

Treatment Services

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

1. Four facilities have Mental Health Residential Rehabilitation Treatment Programs with a current total of 514 Residential Rehabilitation operational beds throughout the Network. Cincinnati, Cleveland and Dayton have placed a small number of these beds out of service secondary to consolidation and construction projects. These projects will enhance patient care and environmental quality once complete. Cleveland relocated program beds from

Brecksville campus to new facilities at its Wade Park campus. Cincinnati and Dayton are completing major renovations to the building where Residential Rehabilitation beds are located requiring a temporary reduction of MHR RTP beds until construction projects are completed. Columbus ACC is an hour from Chillicothe and Dayton VAMC and regularly refers vets to these facilities for residential services.

2. There are currently 386 operational Grant and Per Diem (GPD) beds and 99 HCHV Residential Contract beds throughout the VISN with additional contract beds pending in Cleveland. HUD-VASH programs at each facility provide case management services to formerly homeless Veterans.

3. Each facility provides outpatient Primary Care and Mental Health treatment. Inpatient treatment for acute level of care detoxification is available at the four VAMCs in the Network.

4. All Facility Homeless Programs include a Substance Use Disorder Specialist to augment treatment services available at the facility for Homeless or formerly Homeless Veterans.

5. Cleveland and Cincinnati provide case management services at five Veterans Treatment Courts.

Gaps and Barriers

1. HCHV Contracts implementation has been slow to develop.

2. Access to treatment for rural areas, particularly the availability of community programs for veteran families with children and rural veterans.

Opportunities related to gaps in service

1. 142 additional approved Grant and Per Diem beds are scheduled to operate later in FY12. Of these, 62 are in rural or small city locations that lack program beds currently.

2. Tele-mental health has potential for expansion and may improve access to treatment of veterans in rural and underserved areas.

3. Representatives from VJO and HCRV will participate in National Homeless Program Office training in the third Quarter of FY12. These staff will participate in a Train the Trainer model training. The VISN will then host training for all VISN 10 VJO and HCRV staff in FY12Q4.

4. The Columbus ACC has requested funding for a Homeless Patient Aligned Care Team (PACT). This team would enhance Primary Care Services to Homeless Veterans in the Columbus catchment area.

5. Chillicothe, Columbus and Dayton may establish additional Veterans Treatment Courts in FY12.

Prevention Services

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

1. Each Facility has a Point of Contact for the National Call Center for Homeless Veterans.
2. Each facility through information and referral connects Veterans with community providers of homeless prevention services.
3. A Homeless Screen piloted in FY11 was rolled out to each facility. Additional refinement of the screen will occur in FY12 to ensure all veterans receiving services are screened at least once a year. VISN 10 will work with the Center on Veteran Homelessness to ensure the screen meets National plans for a Veteran Homeless screen.
4. Mental Health Services of Cleveland was awarded a Supportive Services for Veteran Families grant in FY11. VISN 10 and the Cleveland VAMC will collaborate with Mental Health Services to ensure their goal of providing prevention and rapid re-housing services to over 400 veteran families in Cuyahoga County is reached.
5. Cleveland VAMC will open Community Resource and Referral Center at two locations and collaborate with community partners including those that provide prevention services to the Veterans.

Gaps and Barriers

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

Opportunities related to gaps in service

1. A second SSVF grant will be available for application in FY12. VAMC and VISN will work to develop collaborations for information and referral once awards are made.
2. The VISN will explore means of identifying Veterans in default of GI loans with VBA and several colleges across the state to target support and homeless prevention services.
3. The VISN will explore means of identifying Veterans in default of VA home loans with VBA to target support and homeless prevention services.
4. VISN 10 and HUD will hold meetings with VAMC and community HPRP providers to improve HPRP access for veterans.

VISN 10 will explore models of collaboration between Facility Homeless and Suicide Prevention Programs to improve referral and service delivery to veterans with increased risk for both suicidality and homelessness.

Housing/Supportive Services

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

1. Each Facility has a HUD-VASH program with a total of 900 vouchers and 30 HUD-VASH Case Managers across the Network. Each facility in VISN 10 will seek to refer veterans to local Public Housing Authorities so that 100% vouchers may potentially be issued by end of the first quarter of FY2012. VISN 10 will meet or exceed VHA established national goal to leasing HUD-VASH vouchers. 88% of all allocated vouchers will result in veterans leased up by Sept. 30, 2012.

2. Each facility will target Chronically Homeless Veterans and Veteran Families with the HUD-VASH program and meet or exceed targets established by the National Homeless Veteran Program office.

3. Each facility has community partners that have supportive housing programs (project based, Shelter + Care or scatter site housing). Cleveland and Columbus have formalized agreements to provide services to veterans with these community housing programs.

4. Dayton and Chillicothe VAMC will work with third party providers to establish permanent supportive and transition housing units through the Department of Veterans Affairs Building Utilization Review and Repurposing initiative. VAMC building and land space will be converted to residential units thru this public-private partnership.

Gaps and Barriers

1. There is a lack of traditional Housing Choice Vouchers available for many local Public Housing Authorities. This creates significant waits for non Chronically Homeless Veterans who lack sufficient income or those who are marginally housed at risk for homelessness.

2. Availability of affordable housing in some locations across the VISN, particularly rural areas and lack of infrastructure (public transportation, internet or cell phone services) in many rural areas makes providing support services difficult.

3. There is a lack of community personnel to provide case management services to veterans in non HUD-VASH community housing programs.

Opportunities related to gaps in service

1. VISN and HUD will work together with VAMC and local PHA to develop a plan for strategic implementation of new HUD-VASH vouchers pending appropriation for funding for future vouchers.

2. VAMC and VISN will work to enhance community awareness of SSVF grant Notice of Funding Announcement and technical assistance training to improve opportunity for grant awards within the Network. Emphasis will be placed on short term case management and rapid re-housing services to Veterans not enrolled in HUD-VASH program.

3. There are plans for additional project based Permanent Supportive Housing projects in develop in Cincinnati, Cleveland and Columbus. Columbus will see an expansion of Commons at Livingston to add 50 units for Veterans. A partnership between Hamilton County Public Housing Authority, Talbert House and Model Home seek to develop 63 units with a preference for homeless Veterans in Cincinnati.

Income/Employment/Benefits

Current strategies for the provision of Income/Employment/Benefit Services throughout the VISN include:

1. Each Facility has a Vocational Rehabilitation Program with Compensated Work Therapy (CWT) and Supportive Employment (SE) programming across the Network. Compensated Work Therapy program provides vocational counseling, on-the-job supports, and job readiness training through the Transitional Work Experiences (TWE) to current and formerly homeless Veterans.
2. All Facilities have hired Homeless Veteran Supportive Employment Program (HVSEP) Specialists. These are homeless or formerly homeless or at risk Veterans that were hired in the VAMC CWT program, working with Homeless Program to assist Homeless Veterans with direct job placement. The Network has a total of 13 HVSEP Specialists. Though case loads are small, early results are encouraging as a model for assisting homeless Veterans secure community employment.
3. VBA specialists are now working at VAMC facilities directly or reach out to community GPD sites and area shelters to assist Veterans in applying for benefits.
4. VARO has a Homeless Coordinator assigned to process C&P claims and expedite homeless Veteran applications.
5. A VBA staff is dedicated to work with HCRV Specialists and VJO Case Managers to assist justice involved veterans with initiating benefit application or having benefits reduce when faced with long term incarceration to prevent overpayment and reduction in benefits upon return to the community.
6. Each Facility will work with Second Harvest Food Bank to improve access to mainstream benefits. This will be accomplished through in-service training of designated VAMC staff on Ohio Benefits Bank.

Gaps and Barriers

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

Opportunities related to gaps in service

1. Regional Inter Services Family Assistance Committees offer opportunity for development of regional Continuum of Care for Veteran Employment.
2. National initiatives to enhance Veteran employment have promise for struggling economic communities.

3. SSI Ohio Project is an initiative funded by the State of Ohio to assist homeless and low income individuals with disabilities with the SSI/SSDI application process. Possible partnership between Coalition on Homelessness and Housing in Ohio (COHHIO) and the Ohio Department of Veterans Services may improve access to SSI/SSDI benefits through augmentation of SSI Ohio Project.

Community Partnerships

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

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

2. The Annual Facility Homeless Summits were well attended and attest to the commitment VAMC partners have to assist with Facility Plans to end homelessness among our veterans. VISN 10 – USICH-Ohio ICHAH Homeless Summit held May 3, 2011 was well attended and provided opportunity to introduce VISN 10's Ending Homeless Veterans Plan. The VISN is planning a second annual Network wide Homeless Summit with USICH and Ohio ICHAH in 2012.

3. Each facility will hold CHALENG meetings in FY12. VISN 10 Network Homeless Coordinator participates on a national work group chaired by representative of Homeless Program Office to re-work CHALENG so that it is in line with VA's Plan to End Homelessness Strategies.

4. Each facility will participate or sponsor Homeless Stand Downs in FY12.

Gaps and Barriers

1. The VISN has requested the Ohio Regional ICHAH to include a VISN Network Director in its Council. Membership is thru Executive Order. The Ohio Governors office has a new administration which has delayed the process due to transitioning Administrations.

2. There continues to be lack of coordination of efforts between VAMC and some community partners, particularly with some vocational services.

3. There has been lack of sharing of information due to regulations and system design.

4. There is a lack of available resources in some communities, particularly rural or small cities.

Opportunities related to gaps in service

1. Regional Inter Services Family Assistance Committees offer opportunity for development of regional Continuum of Care for Veteran Employment. VAMC Vocational Program Managers will explore potential collaborations with this venue.
2. Veterans Treatment Courts are scheduled to operate later this year within the Network. At least two rural communities are potential sites for new VTC.
3. HOMES and HMIS data sharing will improve coordination of services.

VISN summary of FY 2012 actions to promote & Advance VHA's six Synchronize Plan Objectives

1. Each Facility has a HUD-VASH program - a total of 900 vouchers and 31 HUD-VASH Case Managers across the Network.
 - Each facility in VISN 10 will refer Veterans to local Public Housing Authorities so that 100% vouchers may potentially be issued by end of the first quarter of Fiscal Year 2012 (FY12Q1).
 - VISN 10 will meet or exceed VHA established End of Fiscal Year (EOFY12) goal of leasing HUD-VASH vouchers - 88% of all allocated vouchers currently issued to Veterans will result in Veterans leased up by Sept. 30, 2012.
 - Each facility HUD-VASH program will target Chronically Homeless Veterans and Veteran Families and meet or exceed EOFY12 targets established by the National Homeless Veteran Program office. VISN 10's target will meet or exceed the National target of 65% of all HUD-VASH admissions in FY12 will meet the definition of chronic homeless by September 30, 2012.
 - VISN 10 and HUD will work together with VAMC and local PHA to develop a plan for strategic implementation of new HUD-VASH vouchers allocated in FY12 as funding allows.
2. Veterans discharged from Grant and Per Diem (GPD) and Domiciliary Care for Homeless Veterans (DCHV) will be independently housed at time of discharge. VISN 10's target will meet or exceed the National target of 60% of all Veterans discharged from GPD and DCHV will be to independent living by September 30, 2012.

3. In support of VA and HUD efforts to fully account for number of homeless Veterans, VISN 10 collaborates with Continuum of Care (CoC) of Ohio Balance of State, Kentucky Balance of State, Cincinnati, Dayton, Columbus, Akron, Cleveland and Youngstown to ensure VHA program beds for homeless Veterans are included in CoC Housing Inventory Counts (HIC) and ensure Veterans in these VHA Homeless Program beds are included in local Point In Time counts in January 2012 count.

4. VHA's Homeless Operations Management and Evaluation System (HOMES), a component of the VA's Homeless Registry used VA staff nationwide to enter, update and track homeless Veteran data completed phase one. All VHA Homeless Programs throughout VISN 10 input data collected on program participants. The data collected through HOMES is used to support VA efforts to prevent and end homelessness among Veterans.

5. Tele-mental health has potential for expansion in Community Based Outpatient Clinics and transitional housing programs to extend staff for greater outreach and case management capability.

6. Mental Health Services of Cleveland was awarded a Supportive Services for Veteran Families (SSVF) grant in FY11. VISN 10 and the Cleveland VAMC will collaborate with Mental Health Services to ensure their goal of providing prevention and rapid re-housing services to over 400 veteran families in Cuyahoga County is reached. A second SSVF grant will be available for application in FY12. VAMC and VISN will work to develop collaborations for information and referral once awards are made.

7. Cleveland VAMC will open Community Resource and Referral Center (CRR) at two locations and collaborate with community partners including those that provide prevention services to the Veterans.

8. A Homeless Screen piloted in FY11 was rolled out to each facility. Additional refinement of the screen will occur in FY12 to ensure all Veterans receiving services are screened at least once a year. VISN 10 will work with the Center on Veteran Homelessness to ensure the screen meets National Homeless Program Office plans for a Veteran Homeless screen.

IMPLEMENTATION OF A "NO WRONG DOOR" APPROACH TO SERVING HOMELESS AND AT-RISK VETERANS

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics to implement a 'no wrong door' approach. Toward that end, the following efforts will be made through out the network.

1. Each Facility has ongoing Healthcare for Homeless Veterans (HCHV) Outreach and community residential contacts to ensure linkage to Homeless Programming.

2. Each Facility has Point of Contact for the National Call Center for Homeless Veterans (NCCHV). Each Facility will enhance after hour and weekend response for NCCHV referrals.

3. Each Facility will have single screening for Mental Health Residential Rehabilitation Program (MHR RTP) beds and streamlined access to treatment.

4. Each facility will implement a Homeless Screen. Prompt assistance will be provided to Veterans in need, utilizing both VA and community resources.

5. Each Facility has a Homeless Committee responsible for developing a plan for education of VAMC and the community about homeless veteran needs and resources.

6. All Homeless Programs now fully integrated into HOMES across the VISN. Additional HCHV beds have been added across the VISN. Total of 99 beds are available including 4 beds for women Veterans in Columbus with additional contract beds pending in Cleveland.

7. All facilities use a Housing First approach with HUD-VASH vouchers. This has had a dramatic impact on meeting the performance measure.

8. A fifth Veterans Treatment Court (VTC) opened in VISN 10 in FY11. Cuyahoga County joined four active courts (Mansfield, Youngstown, Canton and Hamilton County). The designated Veterans Justice Outreach (VJO) Case Manager works with VTC to facilitate access to VAMC treatment services.

Establish 24/7 rapid re-housing and support services for homeless and at-risk Veterans and right-size VA's continuum of care to address the prevention, treatment, rehabilitation and supportive housing needs of homeless and at-risk Veterans

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics to establish 24/7 rapid re-housing services and right-size VA's continuum of care needs of at risk and homeless veterans. Toward that end, the following efforts will be made through out the network.

1. Mental Health Services of Cuyahoga County received an SSVF Grant award to serve homeless and "at risk" Veteran Families in Cuyahoga County. Estimate over 400 Veteran families will receive assistance with this grant.

2. VISN 10 facilities will increase successful HUD-VASH voucher turnover rates to expand HUD-VASH capacity within our Network.

3. Veterans discharged from Grant and Per Diem (GPD) and Domiciliary Care for Homeless Veterans (DCHV) will be independently housed. VISN 10's target will meet or exceed the National target of 60% discharged to independent living

4. VISN 10 has a total of 386 GPD beds available including 21 GPD beds dedicated to women Veterans and 12 GPD beds that may serve men or women veterans. VISN 10 has a total of 99 HCHV Residential Contract beds including 4 HCHV beds for women Veterans in Columbus. All VISN 10 MHH RTP programs have dedicated beds available for women Veterans.

5. Columbus established an "on-call" system for Veterans residing at Permanent Supportive Housing units for after-hours and weekend coverage.

6. Each facility has Point of Contact for the National Call Center for Homeless Veterans. Each Facility will enhance after hour and weekend response for NCCHV referrals.

Implement outreach initiatives targeting chronic homeless Veterans and special homeless Veteran population groups (OEF/OIF/OND; women Veterans; Veterans with families; rural Veterans; etc

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics to target outreach initiatives aimed at chronic homeless and special population groups of at risk or homeless veterans. Toward that end, the following efforts will be made through out the network.

1. Each facility has formed a Homeless Committee that will develop a strategy to improve homeless and at risk response. Membership includes the Facility Homeless Champion, Facility Homeless Coordinator, a Primary Care Representative, Public Affairs officer, CWT Coordinator, OEF/OIF Program Manager, Women Veterans Program Manager and others that assist in identifying needs of homeless veterans, including special population veterans and develop strategies for educating staff and the community about these needs and resources to assist.
2. Outreach and prevention services will be expanded, whether through in-person outreach or through technology. Facility Homeless Programs will evaluate the needs in their catchment area and target outreach services to those counties that need more intensive outreach. Each facility will develop a targeted outreach service approach using local HUD Point In Time data.
3. Each facility will continue their plan to sustain and maintain outreach providers in shelters, grant and per diem sites and other community sites that provide services to the homeless population.
4. Development and interface with additional grant and per diem community approved sites.
5. Each facility will seek expansion of GPD and HUD/VASH to include housing services in the outliers of facility catchment area, especially in rural areas. Each facility will target Chronically Homeless Veterans and Veteran Families with the HUD-VASH program and meet or exceed targets established by the National Homeless Veteran Program office.
6. Facility's Homeless Program staff will maintain and expand committee memberships in local Continuum of Care ongoing.
7. Each facility's Homeless Program will encourage community agencies efforts to apply for homeless prevention grants to serve veterans in the community, ex. SSVFP by end of 2nd quarter FY 2012. Each facility will seek informal collaboration with SSVFP grant recipient where awarded. It is anticipated that this grant will be operational by the end of FY 2012.
8. Tele-mental health has potential for expansion and may improve access to treatment of veterans in rural and underserved areas. All facilities will develop strategy for including Tele-mental health services in Homeless and Rehabilitation programs.

Develop an active support network of community partnerships & collaborations

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

1. All facilities have developed an information sharing and networking process regarding community resource for homeless and at-risk veterans. Each facility will provide presentation regarding VA services to at least 2 community agencies per quarter, (ongoing, started FY 2010) to facilitate increased awareness of how to access and refer to VA services.
2. Improve collaboration between the justice system and VHA as demonstrated by at least three additional veterans court, more than 500 veteran contacts by HCRV specialists and a 10% increase in the number of veteran contacts by VJO Case Managers.
3. Each facility in the network will promote National Homeless Call Center for Homeless Veterans through community contacts and homeless education opportunities.
4. Plan for expansion of Grant and Per Diem (G&PD) program beds as follows:
 - a. Expansion of G&PD to Ross County (24 beds targeted to open 3rd quarter of FY 2012)
 - b. Expansion of G&PD to Fairfield County (8 beds for males targeted to open 2nd quarter of 2012)
 - c. Increase in G&PD beds at existing Pickaway County site for both men and women for treatment and programs (target date 10/1/2012 pending GPD NOFA).
 - d. Expansion of G&PD to Lorain County (30 beds targeted to open 2nd quarter of FY 2012)
 - e. Expansion of G&PD to Summit County (30 beds for males targeted to open 2nd quarter of 2012)
5. The Cleveland VAMC has been an approved pilot site for a Community Resource and Referral Center. Virtual operation of this site will began end of FY11Q3.
6. The Cincinnati VAMC developed a resource guide for homeless and at risk services for its community. This guide has received recognition locally and is a best practice approach to be replicated across the Network.
7. Each facility will hold Annual Homeless Summit in 1st quarter FY 2013.

Integrate VBA and NCA services in support of ending homelessness among Veterans

VISN 10 and its network of VAMCs will coordinate with VACO on national measures and metrics for execution of timely, effective referral assistance

systems between network facilities, Vet Centers, VARO and NCA. Toward that end, the following efforts will be made through out the network.

1. Each facility has held an Annual Homeless Summit by November 11, 2011. Efforts were made to reach out to Vet Centers, VARO and NCA to participate in these Summits.
2. The VISN Homeless/Psychosocial Expert Work Group includes representatives of VARO.
3. The VISN Veterans Justice Outreach Work Group includes representative of VARO.
4. Each facility Homeless Committee will include representatives of local Vet Centers.
5. VISN 10 with USICH and Ohio ICH held a network/state wide Homeless Summit in May, 2011. Representatives from VARO, VBA and NCA were invited. A second annual Summit will be held in 2012 and will include VBA, Vet Center and NCA representatives to enhance regional VA planning collaboration, response and review.
6. VISN 10 will invite representatives from NCA to network Homeless Expert Work group to discuss opportunities for VHA-NCA collaboration on Ending Homelessness initiatives.


SUMMARY AND THE WAY AHEAD


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


VISN 10 identifies the following areas that will need attention for this Plan to be a reality:


Targeting – Matching Veteran Needs with Resources - This means ensuring programming and services are of the right type, size and location. VISN 10 will conduct Women Veteran focus groups to better assess needs of Homeless Women Veterans and plan for delivery of services to this population. Meetings with VA, HUD and local PHA will help determine strategy for future allocation of vouchers for rural communities as our metropolitan communities reduce the


number of chronically homeless Veterans thru the HUD-VASH program. The access to data from HOMES will be necessary to support decision making of future resources.

 **Housing First Projects** – Hardest to serve veterans may benefit from expansion of VA funded model Housing First Projects. Intensive community services may improve outcomes for those Veterans that have not succeeded in HUD-VASH.

 **Access to Mainstream Benefits, including Legal Services** – Expansion of new models for VA community partnerships need considered to improve Veteran access to mainstream benefits. Legal issues continue to be a barrier in particular to employment and housing. VISN 10 will work with National Homeless Program Office, VA Regional Counsel and community partners to identify strategies to improve access to legal services.

 **Enhanced Opportunities for Employment** – VISN 10 is located in a region that has higher than national average unemployment rates. National efforts to stimulate the economy and support businesses to hire Veterans are encouraging. VISN 10 will work with the National CWT and Homeless Program Offices to evaluate HVSEP effectiveness and request additional resources if outcomes support expansion.

 **Enhanced Prevention Services** – In addition to improved economic opportunities through employment and access to mainstream benefits, new strategies for connecting Veterans with a network of community supports will be necessary. VISN 10 has received recommendations from local Continua of Care that VHA consider repurpose funding for Transitional Housing programs such as GPD and HCHV Residential Contract for expansion of Prevention and Rapid Re-Housing Programming. VISN 10 requests National Homeless Program Office consider increasing SSVF Program to ensure each of VISN 10 CoC have access to SSVF funding.

 **Sustaining Momentum (Glide Path)** – There will be continued need for support from VAMC, VISN and National VHA leadership. Facility Homeless Program staff will need on going training and information technology (IT) support. VA and HUD will need to evaluate the need for additional Housing Choice Vouchers for non-chronically homeless, disabled and low income Veteran Families.

Summary Tables:

VISN 10 – Ending Homeless Initiative Resources

VISN 10 MHR RTP BEDS									
Facility	Hml	Gen Dom	SA Dom	PTSD Dom	SAR RTP	PRRP	Gen PR RTP	TR	Total Beds
Chillicothe	0	50	0	0	0	0	25	0	75
Cincinnati	60	0	0	22	17	0	0	0	99
Cleveland	75	26	65	8	0	0	26	25	225
Dayton	25	50	25	15	0	0	0	0	115
Total	160	126	100	45	17	0	51	25	514*

Grant and Per Diem				
Facility	Location	Operational	Approved Not Operational	Total Beds
Chillicothe	Circleville	6	32	38
Cincinnati	Cincinnati	125	50	175
Cleveland	Cleveland	115	0	115
	Akron	4	30	34
	Kent	14	0	14
	Lorain	0	30	30
	Sandusky	8	0	8
	Youngstown	10	0	10
Columbus	Columbus	40	0	40
	Newark	4	0	4
Dayton	Dayton	60	0	60
Totals		386	142	528

HCHV Contract Beds	
Facility	Beds
Chillicothe	30
Cincinnati	6
Cleveland	14
Columbus	34
Dayton	15
Total FY11	99

MHRRTP Occupancy: Percent of Mental Health Residential Rehabilitation Beds that are Occupied TARGET CENSUS AT 85% CAPACITY AS EVIDENCED BY MONITORING ON A QUARTERLY BASIS

Parent Facility/Site Code	Operational GPD Beds	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Chillicothe/538	75												
Cincinnati/539	99												
Cleveland/541	225												
Dayton/552	115												
Columbus/757	N												
VISN 10 total	514												

Ending Homelessness Among Veterans VISN VHA Plan Target Projections					
	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
VA National Plan Projection*	107,000	95,000	59,000	35,000	0
VISN 10	2,363	2,098	1,298	770	0

This data is from 2010 VHA CHALENG Survey. Beginning in 2011, VHA will use HUD Point in Time Data.

REDUCTION IN NUMBER OF HOMELESS VETERANS: Decrease the number of veterans living on the streets, in campsites and in shelters by 25% by January, 2012 as evidenced by local point in time counts. Data reported by Housing and Urban Development for 2011 PIT.

CoC Number	CoC – Name Assigned VA	Total Veteran PIT Count January 2011	Sheltered Veteran PIT Count January 2011	Unsheltered Veteran PIT Count January 2011	
OH-500	Cincinnati/Hamilton County CoC	Cincinnati	192	186	6
OH-502	Cleveland/Cuyahoga County CoC	Cleveland	388	349	39
OH-503	Columbus/Franklin County CoC	Columbus	145	116	29
OH-504	Youngstown/Mahoning County CoC	Cleveland	12	10	2
OH-505	Dayton/Kettering/Montgomery County CoC	Dayton	156	153	3
OH-506	Akron/Barberton/Summit County CoC	Cleveland	76	25	51
OH-507	Ohio Balance of State CoC	All sites	200	165	35
OH-508	Canton/Massillon/Alliance/Stark CoC	Cleveland	20	9	11
*KY-500	Kentucky Balance of State CoC	Cincinnati	160(98)	117	43
	VISN 10 total		1349(1287)	1130	219

**Northern Kentucky is part of KY-500 and served by the Cincinnati VAMC. There were 98 Veterans counted in the eight counties served by Cincinnati VAMC, including 60 veterans in DCHV, in the 2011 PIT count.*

Data from 2012 Point in Time Counts not available at time of report 2/18/2012.

ENDING HOMELESSNESS

OVERVIEW:

An estimated one-third of the adult homeless population have donned a uniform and served in the military. VA estimates that roughly 107,000 Veterans are homeless on any given night, with perhaps twice that experiencing homelessness at some period over the course of a year. Many other Veterans are considered near homeless or at risk of becoming homeless.

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

VA PROGRAMS & SERVICES

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

Outreach and Education:

➤ **Healthcare for Homeless Veterans**

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

➤ **Veteran Justice Outreach**

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

Prevention Services :

➤ **National Call Center for Homeless Veterans**

VA has founded a National Call Center for Homeless Veterans to ensure that homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to trained counselors. The hotline is intended to assist homeless Veterans and their families, VA Medical Centers, federal, state and local partners, community agencies,

service providers and others in the community. To be connected with trained VA staff member call **1-877-4AID VET (877-424-3838)**.

➤ **Healthcare for Reentry**

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

➤ **Supportive Services for Veteran Families Program**

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

✚ **Housing Support Services:**

➤ **Department of Housing & Urban Development/VA Supported Housing**

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

➤ **Grant & Per Diem**

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

➤ **Supported Housing**

Like the HUD-VASH program identified above, staff in VA's Supported Housing Program provides ongoing case management services to homeless Veterans.

Emphasis is placed on helping Veterans find permanent housing and providing clinical support needed to keep veterans in permanent housing. Staff in this program operates without benefit of the specially dedicated Section 8 housing vouchers available in the HUD-VASH program but are often successful in locating transitional or permanent housing through local means, especially by collaborating with Veterans Service Organizations.

✚ **Treatment:**

➤ **Veteran Stand Downs**

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

➤ **Homeless Veteran Dental Assistance**

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

➤ **Domiciliary Care for Homeless Veterans**

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

➤ **Drop-in Centers**

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

✚ **Employment/Job Training /Benefits/Other Services::**

➤ **Compensated Work Therapy**

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

➤ **Homeless Veteran Benefit Assistance**

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

➤ **Property Sales for Homeless Providers**

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

➤ **Excess Property for Homeless Veterans**

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

✚ **Community Partnerships:**

➤ **National Center on Homelessness Among Veterans**

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

➤ **CHALENG**

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

services to the homeless to raise awareness of homeless Veterans' needs and to plan to meet those needs.

➤ **Opening Doors – Federal Strategic Plan to Prevent and End Homelessness**

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

➤ **Non-VA Resources for Assistance**

The following is a list of Federal and community resources that could be helpful to those who are homeless or are at risk for homelessness.

Federal Agencies-

• **National Resource Directory**

The National Resource Directory (NRD) provides access to services and resources at the national, state and local levels that support recovery, rehabilitation and community reintegration. It is an online partnership for wounded, ill and injured service members, Veterans, Their Families and those who support them.

• **Vet Resource Center**

Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone. Services are also available for their family members for military related issues.

• **Housing & Urban Development (HUD) - Veteran Information**

Housing & Urban Development (HUD) - Homelessness

National, State and Local HUD/Vet Resources are provided in addition to Local Homeless Assistance, Housing Counseling and other organizational resources.

• **Department of Labor (DOL)**

DOL-VETS provides veterans and transitioning service members with the resources and services to succeed in the 21st century workforce by maximizing their employment opportunities, protecting their employment rights and meeting labor-market demands with qualified veterans today.

• **Health & Human Services (HHS)**

HHS protects the health of all Americans and supports the delivery of essential human services, especially for those who are least able to help themselves. As such, the delivery of treatment and health and social services to persons experiencing homelessness is included in the activities of the Department.

• **Social Security Administration (SSA)**

The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources.

- **SAMHSA Homelessness Resource Center**
The SAMHSA Homelessness Resource Center seeks to improve the lives of people affected by homelessness who have mental health conditions, substance use issues, and histories of trauma. The Center features an interactive community of providers, consumers, policymakers, researchers, and public agencies at federal, state, and local levels.
- **Federal Emergency Management Agency (FEMA)**
The Emergency Food and Shelter National Board Program (EFSP), a Federal program administered by the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA), supplements and expands ongoing efforts to provide shelter, food and supportive services for the nation's hungry, homeless, and people in economic crisis.
- **Department of Agriculture (USDA)**
The USDA Nutrition Assistance Program provides children and low-income people access to food, a healthful diet, and nutrition education.

State Agencies

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

Homeless Organizations

- **National Coalition for Homeless Veterans (NCHV)**
NCHV is a resource for a national network of community-based service providers and local, state and federal agencies that provide emergency and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for hundreds of thousands of homeless veterans each year.
- **National Alliance to End Homelessness (NAEH)**
The National Alliance to End Homelessness is a nonprofit, non-partisan organization committed to preventing and ending homelessness in the United States . NAEH has an array of policy, data and program resources related to homelessness among veterans.
- **Corporation for Supportive Housing (CSH)**
With a focus on helping communities create permanent housing with services to end and prevent homelessness, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. Information about veteran homelessness can be found under the tab Policy/Advocacy/Our Policy Priorities.
- **National Health Care for the Homeless Council (HCH)**
The National Health Care for the Homeless (HCH) Council is a home for those who work to improve the health of homeless people and who seek housing, health care, and adequate incomes for everyone. Resources for

homeless people and those at risk are also available on this site in addition to information on Homeless Veterans Health Care at www.nhchc.org/veteranshealthcare.html

- **National Coalition for the Homeless (NCH)**

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

Faith-based Organizations

- **Goodwill Industries International**

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

- **The Salvation Army**

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

- **Volunteers of America (VOA)**

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

- **Catholic Charities**

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

Veteran Service Organizations

- **Iraq and Afghanistan Veterans of America (IAVA)**

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

- **Vietnam Veterans of America (VVA)**

Vietnam Veterans of America is the only national Vietnam veterans organization congressionally chartered and exclusively dedicated to Vietnam-era veterans and their families. VVA's goals are to promote and support the full range of issues important to Vietnam veterans, to create a new identity for

this generation of veterans, and to change public perception of Vietnam veterans. VVA has local chapters throughout the country in addition to Puerto Rico, Philippines and Guam.

- **American Legion**

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

- **Veterans of Foreign Wars (VFW)**

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

- **AMVETS**

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

- **Disabled American Veterans (DAV)**

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

- **Paralyzed Veterans of America (PVA)**

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

- **Service Women's Action Network (SWAN)**

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

- **Grace After Fire**

Grace After Fire has been created by women veterans for women veterans to offer a safe and confidential venue – a social network. Women can share common experiences and offer unique peer support for wellness while

providing increased access to resources for healthcare, family and self. Grace is designed to serve women veterans from all eras and branches of service.

Other Resources

- **Travelers Aid International**
Travelers Aid International advances and supports a network of human service provider organizations committed to assisting individuals and families who are in transition, or crisis, and are disconnected from their support systems.
- **American Bar Association (ABA)**
The ABA Commission on Homelessness & Poverty has been instrumental in establishing homeless courts across the country. Created to help homeless veterans navigate the criminal justice system, the Homeless Court addresses a full range of misdemeanor offenses and helps bring them back into society.
- **Free legal aid programs**
LawHelp helps low and moderate income people find free legal aid programs in their communities, and answers questions about their legal rights. For each State, information can be found on the website about how to address problems related to housing, work, family, bankruptcy, disability, immigration and other topics.
- **Homeless.us**
An array of national and state resources pertaining to health programs, education, services can be found on this site.
- **National Housing Database for the Homeless and Low Income**
Shelter Listings is dedicated to serving the homeless and low-income. The online housing database found on the website contains a database consisting of over 3,000 listings and includes emergency shelters, homeless shelters, day shelters, transitional housing, residential drug/alcohol rehabilitation programs and permanent affordable housing.
- **2-1-1 Call Center Search**
2-1-1 provides free and confidential information and referral. Calling 2-1-1 provides help with food, housing, employment, health care, counseling and more. As of November 2009, 2-1-1 serves over 241 million Americans (more than 80% of the entire population) covering all or part of 47 states (including 34 states with 90%+ coverage) plus Washington DC and Puerto Rico.

VISN 10 VA FACILITIES:



VISN 10 HOMELESS PROGRAM – POINTS OF CONTACT: VISN Office

James Kennelly
Network Homeless Coordinator
VA Medical Center, Cleveland
10701 East Boulevard
Cleveland, OH 44106
James.Kennelly@va.gov
Phone: (216) 791-2300 Ext. 5817

Kristi Sack
Deputy Network Homeless Coordinator
VA Medical Center, Cleveland
10701 East Boulevard
Cleveland, OH 44106
Kristi.Sack@va.gov
Phone: (216)791-2300 Ext. 5803

CHILLICOTHE

Amy Combs, HCHV Coordinator
VA Medical Center, Chillicothe
17273 State Route 104
Chillicothe, OH 45601
Amy.Combs@va.gov
Phone: (740) 773-1141 Ext. 6477

CINCINNATI

Christopher Chatfield, HCHV Coordinator
VA Medical Center, Cincinnati
3200 Vine Street
Cincinnati, OH 45220
Christopher.Chatfield@va.gov
Phone: (859) 392-3969

CLEVELAND

Kathleen Penman, HCHV Coordinator
VA Medical Center, Cleveland
10701 East Boulevard
Cleveland, OH 44106
Kathleen.Penman@va.gov
Phone: (216) 791-3800 Ext. 5662

COLUMBUS

Adam Ruege, HCHV Coordinator
Chalmers P. Wylie Ambulatory Care Center
420 North James Road
Columbus, OH 43219
Adam.Ruege2@va.gov
Phone: (614) 257-5206

DAYTON

Bobette Hart-Nelms, HCHV Coordinator
VA Medical Center, Dayton
4100 West Third Street
Dayton, OH 45428
Bobette.Hart-Nelms@va.gov
Phone: (937) 268-6511 Ext. 1364