Veterans Homelessness Prevention Demonstration Evaluation

Interim Report

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U.S. Department of Housing and Urban Development
Office of Policy Development and Research
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Preface

The federal strategic plan to prevent and end homelessness, *Opening Doors*, places a high priority on ending homelessness among veterans. One initiative undertaken in pursuit of this goal is the Veterans Homelessness Prevention Demonstration (VHPD), a joint effort of the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans Affairs (VA), and the U.S. Department of Labor (DOL). The VHPD investigates for the first time prevention and rapid rehousing interventions for U.S. military veterans. The VHPD evaluation is designed to draw lessons from the VHPD experience about how to prevent veterans from becoming homeless, including in particular women, parents, veterans returning from Iraq and Afghanistan, and members of the National Guard and Reserve.

The evaluation interim report finds that the VHPD fills a critical gap in services by offering short-term assistance for veterans who do not require the intensive interventions funded through the VA Grant and Per Diem and HUD-VASH programs and for veterans who need a bridge to receiving more intensive assistance. It also identifies areas for additional effort on the part of grantees (increasing enrollment), on the part of HUD (improving data elements and standardization of definitions), and on the part of the federal government in facilitating collaboration between HUD, VA, and DOL in the direct provision of services. Finally, the report highlights the difficulty of effectively targeting the intended clients of prevention and rapid rehousing services—i.e., those who would become or remain homeless but for the assistance, but who nevertheless can be well served with only short- to medium-term assistance.

In addition to providing valuable insights in its own right, the interim report is the foundation for interpreting the final evaluation report, which will assess the impact of VHPD services by surveying VHPD participants when they enter the program and then again 6 months after they leave the program and comparing VHPD clients to selected comparison groups of veterans and non-veterans in terms of housing status.

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Executive Summary

This interim evaluation report describes the first year of the Veterans Homelessness Prevention Demonstration (VHPD). Funded in FY2009, the VHPD is a joint effort of the U.S. Departments of Housing and Urban Development (HUD), Veterans Affairs (VA), and Labor (DOL) to provide homelessness prevention and rapid rehousing to veterans, especially those returning from conflicts in Afghanistan and Iraq. The VHPD has five sites, with each associated with a military base and a Veterans Affairs Medical Center (VAMC). The sites are in Utica, NY; Tampa Bay, FL; Tacoma, WA; San Diego, CA; and Austin, Texas. It is the first attempt to investigate homelessness prevention and rapid rehousing services for veterans and their families.

Prevention and rapid rehousing are necessary components in any plan to end homelessness. Veterans are at greater risk of homelessness than comparable non-veterans, with veterans of recent conflicts possibly at higher risk than veterans of earlier conflicts. Further, compared to earlier generations of veterans, service members returning from post-9/11 conflicts include more women, parents, and members of the National Guard and Reserve units. Because of this, Congress intended that the VHPD evaluation investigate ways to reach and serve veterans at risk of homelessness among these subgroups.

Evaluation Research Questions

Three questions guide the evaluation research:

1) What are effective ways to identify, reach, and assist veterans who are at risk for homelessness or are experiencing short-term homelessness?
2) Are the services provided through VHPD effective?
3) What are the barriers to providing services?

The evaluation will address these specific questions in relation to two larger policy issues: the feasibility of homelessness prevention and the need for specially adapted programs for veterans. This interim report describes the first year of the VHPD and thus lays the foundation for the outcomes analysis that will be presented in the final report, scheduled to be available in late 2014.

Methods

The VHPD evaluation includes both a process and an outcomes study. The process study is based on multiple site visits, focus groups with clients, and analysis of Annual Performance Report (APR) data. The outcomes study will analyze survey data collected from clients 6 months after they exit the program. It will also use HMIS[1] data and apply statistical methods to compare housing status of VHPD clients to two different groups: (1) similar veterans who did not participate in VHPD and (2) non-veterans who received prevention or rapid rehousing assistance through the Homelessness Prevention and Rapid Rehousing Program (HPRP).

[1] Homeless Management Information System

Interim Report Findings

The VHPD fills a critical gap in services by offering short-term assistance for veterans whose needs do not require the intensive interventions funded through the VA Grant and Per Diem and HUD-Veterans Affairs Supportive Housing (VASH) programs or who need a bridge to receiving more intensive assistance. Each VHPD site includes an affiliated VA Medical Center (VAMC), and most programs work with a local Vet Center, which includes outreach specialists who educate veterans and community organizations about VA services and reach out to VHPD target populations. Each site collaborates with local DOL Veterans' Employment and Training Service (VETS), the Disabled Veterans' Outreach Program (DVOP) and the Local Veterans Employment Representative Program (LVER).

Characteristics of Persons Served

In its first year, the five sites served a total of 586 eligible veterans and their families (1,366 people in 574 households). Overall, sites have enrolled fewer veterans, and spent money at a slower rate, than projected. At program entry, most clients (86 percent) were unstably housed or at imminent risk of losing housing; three-quarters of adult clients (veterans and family members) were unemployed; and 38 percent had no income. About 30 percent of persons served reported a mental or physical health condition.

Characteristics of Veterans Served

As noted above, Congress intended the VHPD to reach veterans of recent conflicts, who are younger, more likely to be female and more likely to be parents and members of the National Guard and Reserve. Accordingly, HUD and its partners selected sites with high numbers of soldiers returning from recent conflicts. Characteristics of veterans served by VHPD indicate successful outreach to targeted subgroups. For example, among VHPD clients, 42 percent had served in the post-9/11 era, a much higher proportion than found among all veterans.[2] Half of VHPD clients were between the ages of 25 and 44, while only 19 percent of all U.S. veterans fall into this age group.[3] Further, among VHPD clients, 153 (26 percent) were women. This far exceeds the share of women in the total population of veterans (8 percent)[4] and even among the population of homeless sheltered veterans (9.8 percent).[5] VHPD also succeeded in serving families, with 264 (45.1 percent) clients in households with children. Only 5 percent of veterans in VHPD had served exclusively as activated National Guard members and Reservists.[6] About half of VHPD veterans had served in a war zone and most of these (69 percent) had received hostile or friendly fire.

[2] Probably less than 10 percent, based on 2 million deployed and current total veteran population of 22.7 million.

[3] Table 1L: VETPOP2011 LIVING VETERANS BY AGE GROUP, GENDER, 2010-2040

[4] VetPop2007 estimate for 2011.

[5] Estimates presented in the 2011 AHAR.

[6] This proportion is far below the share (approximately 30–40 percent) of National Guard and Reservists among troops deployed in OEF and OIF/OND, but many of these may be veterans of active service and thus counted as such. Thus, in the absence of any data on the proportion of the deployed National Guard and Reserve troops who were also active member veterans, it is impossible to say whether 5 percent represents successful outreach to this target group.

VHPD Services and Length of Program Participation

All five VHPD sites offered homelessness prevention and rapid rehousing services, including financial assistance, case management, and housing search services. Eighty-two percent of client households received prevention services. The remaining client households were already homeless and therefore received rapid rehousing services. Ninety-three percent of households served received financial assistance, including rental assistance (85 percent), utility payments (44 percent), and security/utility deposits (38 percent). Nearly all clients (98 percent) received case management, but only 11 percent received housing search and placement assistance and only 2 clients received legal or credit repair services. At the end of the first year, about half of clients had participated for under 60 days and about 44 percent fell in the 61 to 180 day range.

Housing Status of Veterans Exiting the Program

Most VHPD clients were either homeless (14 percent) or unstably housed (86 percent) when they entered the program. By the end of the first year, among the 950 clients who had left the program (including veterans and family members), 77 percent were stably housed, 2.5 percent were unstably housed, 4 percent were at imminent risk of losing housing, and 1 percent were literally homeless. Information was missing for the remaining 15 percent.[7]

Implementation Challenges

The interim evaluation identified several implementation challenges. Waiting times and case backlogs at VAMCs cause difficulties. For instance, a change in discharge status might be needed before a veteran is eligible for VHPD or a veteran may be able to become self-sustaining if his or her disability status is changed, but VHPD assistance might not last long enough to bridge the period of waiting for a VA decision. VHPD staff in all sites report that they are not well prepared to cope with consequences of trauma, including post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

All sites experienced conflicts between the impulse to serve the most needy and the goal of serving target subgroups, such as women, families, and veterans of recent conflicts in Afghanistan and Iraq. VHPD grantees struggled to serve veterans who would be homeless without their assistance while also serving veterans likely to sustain housing on their own after short- or medium-term assistance. At one extreme, San Diego enrolled only clients highly likely to sustain housing on their own after 3 months of assistance. Consequently, case managers spent most of their time assessing applicants rather than working with enrolled clients. Further, the sites struggled to serve the entire area assigned to them, a particularly acute problem in New York where VHPD serves a rural and frontier region.

[7] Data on leavers from the Tacoma site were missing when this was written, accounting for most of the overall missing data. Tacoma data will be available in the evaluation final report.

Recommendations & Conclusions

The report provides recommendations for improving data collection. In particular, the VHPD HMIS does not capture whether a veteran served in particular operations in Afghanistan or Iraq (i.e., Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn) nor does it document a veteran's enrollment in education or training. In addition, the report suggests that the definitions of housing status at program entry and exit may be interpreted and applied differently across the sites. Training to standardize application of the definitions would help with tracking outcomes.

The evaluation interim report suggests some areas for additional effort on the part of grantees (increasing enrollment) and on the part of HUD (improving data elements and standardization of definitions). It also suggests that federal officials need to consider how to better facilitate collaboration between HUD, VA, and DOL in the direct provision of services—if not for the VHPD right now, then in future efforts to link homelessness assistance with employment services. The report also indicates a need for better training and resources to increase the capacity of VHPD sites now—and future veterans' homeless assistance efforts—to cope with consequences of trauma and brain injury. Finally, it highlights the difficulty of effectively targeting the intended clients of prevention and rapid rehousing services, those who would become or remain homeless but for the assistance but who also are well served with only short- to medium-term assistance.

The interim report forms the background for the outcomes analysis that will be presented in the final evaluation report, scheduled to be available in late 2014.

Chapter 1. Introduction

Overview

Concerned about the increasing risk of homelessness among veterans returning from the wars in Iraq and Afghanistan, Congress authorized the Veterans Homelessness Prevention Demonstration (VHPD), a joint program of the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans Affairs (VA), and the U.S. Department of Labor (DOL). VHPD is the first homelessness prevention program to explore interventions that are successful in keeping veterans and their families stably housed. This interim report provides early findings from Silber & Associates and the Urban Institute's evaluation of the VHPD. With data collected during program reconnaissance, the first wave of site visits, and program administrative data, the report paints a picture of VHPD program design and implementation during its first year. This chapter provides background on VHPD, including an overview of the Obama administration's plan to end homelessness among veterans, and describes the purpose and methods of the VHPD evaluation.

VHPD Background

Overview of the Administration's Plan to End Veteran Homelessness

President Obama has made ending homelessness among veterans a national priority, noting that his administration has a "zero-tolerance" policy for veterans sleeping on the street or in a shelter. His administration's plan to end homelessness, *Opening Doors,* sets the target of ending homelessness among veterans by 2015. To fulfill this promise, Department of Veterans Affairs Secretary Shinseki released a five-year plan that outlines key strategies to "bring veterans home."[8] The Plan includes: (1) a GI Bill to help veterans pursue college; (2) programs that encourage veteran-owned businesses; (3) VA homeless-specific programs; (4) aggressive diagnosis and treatment of psychological disorders; and (5) collaborating with housing agencies to administer permanent housing.[9] "Our plan enlarges the scope of VA's efforts to combat homelessness," said Shinseki. "In the past, VA focused largely on getting homeless veterans off the streets. Our five-year plan aims also at preventing them from ever ending up homeless."[10] As Secretary Shinseki notes, to end homelessness among veterans, policymakers need to help veterans who are currently homeless get back into permanent housing and prevent homelessness among those at risk.

Homelessness Among Veterans: Size of the Problem

Reliable numbers on homeless veterans have been hard to come by, but increasingly are becoming part of HUD's Annual Homeless Assessment Reports (AHARs) to Congress. HUD's 2011 AHAR, released in November 2012, provides data from the 2011 point-in-time count and persons using shelters during the 2011 fiscal year (October 2010 through September 2011), while Volume I of HUD's 2012 AHAR provides

[8] U.S. Department of Veterans Affairs, Office of Public and Intergovernmental Affairs. 2009. "Secretary Shinseki Details Plan to End Homelessness for Veterans." http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1807.
[9] Ibid.
[10] Ibid.

data from the 2012 point-in-time count. Point-in-time counts reveal that on a single night in January 2012, approximately 62,600 veterans were homeless, with 56 percent staying in emergency shelters or transitional housing programs and the rest living on the street or other places not meant for sleeping U.S. Department of Housing and Urban Development (HUD 2012a, p. 15). This represents a decrease of 17.2 percent from 2009. Analyzing annualized data for the 2011 fiscal year from the homeless management information systems of a nationally representative sample of communities, HUD indicated that some 141,449 veterans used emergency shelter or transitional housing at some time during fiscal year 2011, representing a decrease of 5.5 percent compared to fiscal year 2009, the first year for which these data were reported (HUD 2012b). These estimates, although limited, are improving over time and are widely used by government agencies, advocates, and researchers.

The 2011 and 2012 AHAR data also give some sense of how much veterans are overrepresented among homeless people. Veterans comprise only 8 percent of the total U.S. population, but made up 9.9 percent of all homeless persons counted in the January 2012 point-in-time counts (15.9 percent of all single adults) (HUD 2012a), and 9.4 percent of all persons using shelters in 2011 (14.4 percent of single adult shelter users) (HUD 2012b). As is true for the general homeless population, African Americans and Latinos are overrepresented among the sheltered homeless veteran population. Homeless veterans using shelters during 2011 were far more likely than the general homeless population to be single individuals (96.5 percent compared to 66 percent) (HUD 2012b).

Today, a majority of sheltered homeless veterans (52 percent) are 51 or older—old enough that many are likely to still be struggling with the devastating and enduring effects of serving in Vietnam. Most of the rest (42 percent) are men in mid-life (in 2011, 42 percent were age 31 to 50) (HUD 2012b). Further, the share of homeless veterans over 50 has been increasing and the share of those ages 31 to 50 decreasing between 2009 and 2011; this pattern suggests that already-homeless veterans are getting older. Another small change in the age distribution of sheltered homeless veterans is an increase in those between the ages of 18 and 30, who have gone from 8.4 to 9.1 percent of sheltered homeless veterans (HUD 2012b). With upward of 2.3 million people deployed to the wars in Afghanistan and Iraq, more veterans are returning from war than any time since Vietnam (Veterans for Common Sense 2012). A small, vulnerable subset are experiencing homelessness.

The number of women serving in the military has grown significantly in the past decade. Overall, about 8 percent of veterans are women (about 1.8 million women veterans in total) (U.S. Government Accountability Office (GAO) 2011). While women were not allowed to fill combat positions until recently, the dangerous nature of U.S. military campaigns in the Middle East, Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) has left women more exposed to combat situations, such as defending against attacks from insurgents (Patten and Parker 2011). Women are also more likely to experience Military Sexual Trauma (MST), which the Veterans Health Administration (VHA) describes as, “severe or threatening forms of sexual harassment and sexual assault sustained in military service” (Kimerling et al. 2007, p. 2160). MST is too common among women

veterans: a study of VA administrative records found that 22 percent of screened veteran women report MST (about 29,418 patients) (Kimerling et al. 2007, p. 2160).[11]

These demographic changes in military composition have implications for homelessness prevention, as research finds that returning women and younger military personnel are at high risk for homelessness when compared to their nonveteran counterparts (HUD and U.S. Department of Veterans Affairs 2011). Among sheltered homeless veterans, 9.8 percent were women in 2011, up from 7.5 percent in 2009 (HUD 2012b), providing evidence that women veterans are more likely to be homeless than their representation in the veteran population would suggest.

Homeless veterans are homeless for slightly longer periods than nonveterans (HUD 2012b). There is some evidence that homeless veterans may face more challenges in finding affordable housing than their nonveteran counterparts. HUD's affordable housing programs, for example, are less likely to serve veterans, and veterans are more likely than nonveterans to have unique health needs conditions, such as posttraumatic stress disorder (PTSD) or traumatic brain injury (TBI), that require special attention (GAO 2007). Homeless veterans have high rates of mental illness and substance abuse (U.S. Interagency Council on Homelessness 2010). These factors contribute to high rates of incarceration among veterans; at last count, approximately 140,000 veterans were incarcerated (Drug Policy Alliance 2009).

Recent reports show that a small number of veterans who served in OEF/OIF/OND are trickling into homeless shelters across the country.[12] At last count in 2006, the VA identified 8,200 OEF/OIF/OND veterans as homeless or at risk of homelessness. This number has increased considerably each year; these young veterans are seeking assistance earlier than past cohorts (VA 2006). While the number of OEF/OIF/OND veterans experiencing homelessness is relatively small, some troubling data—including high rates of PTSD and TBI among OEF/OIF/OND veterans—suggest that without homelessness prevention and targeted affordable housing programs, returning veterans may face a high risk of homelessness.

Returning veterans face a host of challenges, including reentering life with friends and family and finding employment (Institute of Medicine (IOM) 2010). According to a recent Pew Research Center survey of 1,842 veterans, 44 percent of veterans who served after 9/11 say that reentry was difficult (Morin 2011). The VA faces severe shortages in mental health care professionals and long backlogs for accessing disability benefits, leaving many veterans vulnerable (IOM 2010). According to the Bureau of Labor Statistics, veterans also experience higher rates of unemployment: about 12 percent for veterans who served in the military post-9/11 compared to about 8 percent for nonveterans (U.S. Department of Labor, Bureau of Labor Statistics (DOL, BLS) 2013). It is not surprising, then, that, as research suggests, veterans are at greater risk of homelessness than their civilian counterparts.

[11] This study examined administrative records collected by the Veterans Health Administration (VHA). VHA has a universal screening program for MST. Kimerling and co-authors found that 70 percent of VHA patients were screened for MST.

[12] See Definition of Terms for explanation of the meaning of OEF/OIF/OND.

Preventing and Ending Homelessness Among Veterans

Understanding causes and risk factors for homelessness among veterans is important for developing identification strategies and homelessness prevention programs. Studies find that military service alone does not increase risk for homelessness; but other risk factors—some related to military service, others that present before deployment—contribute to homelessness among veterans (Mares and Rosenheck 2004). Individual risk factors—poverty, education, employability, mental and physical health, substance use, factors related to military service, and incarceration—are associated with higher risk of homelessness. Structural factors—such as the loss of affordable housing, rising unemployment, unprecedented numbers of foreclosures, and an erosion of the safety net—contribute to homelessness among veterans and the general population alike. In addition, a single event (e.g., health problem, job loss, rent burden, eviction) may often precipitate homelessness; these events are difficult to predict with economic models largely due to lack of data, but also because some of these events are, in fact, unpredictable. When implementing plans to prevent and end homelessness among veterans, policymakers should consider three steps: (1) identifying risk groups; (2) conducting outreach to at-risk veterans, particularly those who served in OEF/OIF/OND; and (3) implementing cost-effective interventions. VHPD is one program that is attempting to address these three key steps while allowing policymakers and practitioners to learn about ways to provide comprehensive services to veterans who are homeless or at risk for homelessness.

Introduction to the VHPD Program

Congress authorized the VHPD program to test the efficacy of homelessness prevention and rapid rehousing programs that target veterans. According to HUD, "the purpose of VHPD is to explore ways for the Federal Government to offer early intervention homelessness prevention, primarily to veterans returning from wars in Iraq and Afghanistan" (HUD 2009).

The demonstration is a collaborative effort of three federal agencies: HUD, VA, and DOL. HUD received $10 million to conduct the demonstration, VA received $5 million to support case management and services, and DOL helps veterans access employment and job training programs through its existing veterans employment specialists located in One-Stop Career Centers (hereafter, One-Stops), but without additional staff or resources. HUD allowed VHPD grantees broad discretion in program design. Local grantees had to decide how to define eligibility, how their programs would identify populations and enroll them in services, and what types of services to provide.

Program Services

VHPD sites are required to spend 65 percent of their grant on housing assistance, but beyond this requirement they have discretion to develop program activities that reflect local need. VHPD grantees and their subgrantees provide a range of financial, case management, and housing location services to homeless households and those at risk of homelessness. VHPD provides short- or medium-term housing assistance (3 to 18 months), including security deposits, rent, rental arrearages (up to 6 months back rent), moving cost assistance, and utilities, as well as case management and referrals to community-

based services and supports.[13] Service providers may also use VHPD funds for childcare, credit repair, and transportation expenses. HUD prohibits that VHPD grantees pay mortgage payments or arrears.

Eligible Program Participants

Grantees have discretion in targeting veterans most in need of homelessness prevention and rapid rehousing. HUD requires that the target groups are veterans and veterans with families at risk of homelessness or experiencing short-term homelessness (fewer than 90 days). In addition, HUD requires that the "household must also lack the financial resources and support networks needed to obtain housing or remain in its existing housing" (HUD 2009). HUD advised the grantees to ask, "would this veteran or his/her family be homeless but for this assistance" (HUD 2009). This clause has become known as the "but for" rule. The household must also meet at least one of the following "instability criteria":

- Short-term homelessness (homeless for fewer than 90 days).
- Rental arrearages (at least 1 month behind in rent).
- Pending eviction in 2 weeks.
- Institutional discharge (within 2 weeks from an institution where the person has been a resident for more than 180 days, e.g., prisons, mental health institutions, or hospitals).
- Condemned housing.
- One month of utility arrears.
- Housing cost burden greater than 50 percent of household income.
- Sudden loss of significant income (defined as greater than 25 percent drop in income).
- Recent traumatic life event (e.g., divorce, death of a spouse, or health crisis) that prevents the household from meeting financial obligations.
- Imminent unemployment.
- Mental health or substance use issue (treatment by time in housing encouraged).

HUD also provided VHPD grantees additional risk factors to consider (e.g., physical disabilities, homeless in the last 12 months, young head of household, overcrowded household) and combat-related risk factors specific to veterans (e.g., PTSD, history of major depression, history of anxiety, multiple deployments, illness/injury either physical or psychological, substance use, and TBI) (HUD 2009).

In addition to HUD's housing-related eligibility criteria, veterans must also be eligible for VA medical benefits to qualify for VHPD. This means they cannot have a dishonorable discharge and they must meet VA-specified terms of service requirements. Veterans from all periods of service are eligible, but HUD is encouraging focused outreach to OEF/OIF/OND veterans. National Guard members and those who served in the reserves are also eligible for VHPD financial assistance and services if they meet terms of service requirements.

[13] Per HUD policy, any financial assistance provided for ongoing rent payments are paid directly to the landlord.

Program Timeline

The Omnibus Appropriations Act of 2009 authorized funding for VHPD (Public Law 111-8, signed into law on March 11, 2009). HUD issued the program notice in July 2010, the selected Continuums of Care (CoC) accepted the program by August 2010 and each submitted a business plan by October 2010. HUD signed the grant agreements by November 2010 (HUD 2009) and the VHPD programs began enrolling clients in March, April, or May of 2011. The program is a 3-year grant and is slated to end January 2014.

VHPD Sites

HUD, in consultation with VA and DOL, selected five military bases and their surrounding communities to participate in VHPD: Camp Pendleton in San Diego, CA (San Diego); Fort Hood in Killeen, Texas (Central Texas); Fort Drum in Watertown, NY (Upstate Northern New York); Joint Base Lewis-McChord in Tacoma, WA (Tacoma); and MacDill Air Force Base in Tampa, FL (Tampa/Hillsborough). HUD demonstration funds were allocated directly to the largest CoCs in the geographic area covered by the VHPD programs: the City and County of San Diego; Austin/Travis County; Utica/Rome/Oneida County; Tacoma/Lakewood/ Pierce County; and Tampa/Hillsborough County. Appendix A provides in-depth descriptions of each program, including types of services provided and veterans served in the program's first year.

HUD selected sites based on the following criteria: (1) the number of homeless veterans in the geographic area; (2) the number of unique returned OEF/OIF/OND veterans who accessed health care through the VA between FY2002 and first quarter FY2009; (3) the number of homeless veterans reported through the VA's CHALLENG report; (4) the range and diversity of military represented by the selected sites (e.g., all branches, including the National Guard and Reserves); (5) access to and availability of VA health care; (6) overall geographic distribution; and (7) capacity of the community to carry out the demonstration project (HUD 2009).

HUD awarded each grantee $2 million for a period of three years; grants went to homeless assistance programs in designated CoCs or to the CoC itself, to deliver housing and supportive services in collaboration with VA medical centers and DOL One-Stops.

Central Texas—Fort Hood

The Austin/Travis County CoC selected The Salvation Army (TSA) to run this program, which serves as the VHPD grantee for Central Texas and received HUD's $2 million directly; there are no subgrantees. The VA partner is the Central Texas Veterans Health Care System (CTVHCS), the local agency for the VA, located in Killeen. The program also involves the Killeen/Heights Vet Center, which helps do outreach for VHPD and other programs serving veterans. The DOL partner in Central Texas is the Texas Veterans Commission, which oversees the work of veteran-specific employment specialists for disabled and other veterans. Each of the three key partners has dedicated staff that work together to operate the VHPD program.

The VHPD service area in Central Texas is large, and includes Travis, Williamson, Bell, Coryell, and McLennan counties. TSA VHPD staff are based in Austin and at the VA VHPD office in Harker Heights; the Austin-based TSA case manager primarily serves program participants in Travis and Williamson counties

while the Harker Heights–based case manager primarily serves participants residing in Bell, Coryell, and McLennan counties.

San Diego—Camp Pendleton

The San Diego Regional Continuum of Care Council, the local CoC, is the grantee and recipient of HUD's $2 million for this program. The CoC identified the Veterans Village of San Diego (VVSD) to act as the VHPD grantee on its behalf; VVSD in turn re-granted funds to two local nonprofit organizations, Interfaith Community Services (ICS) and St. Vincent DePaul Village (SVDPV), to provide the program's direct services as subgrantees. The VA partners include staff at the San Diego VA Medical Center (VAMC) and the San Diego Vet Center. The DOL partner is the regional office of the state's Employment Development Department (EDD).

The VHPD program serves the entirety of San Diego County, which includes the City of San Diego–a very large urban center. For the purposes of VHPD program administration, the service area is divided by Highway 52: ICS covers the area north of Highway 52, and SVDPV covers the urban area south of Highway 52.

Tacoma—Joint Base Lewis-McChord

The Tacoma/Lakewood/Pierce County CoC selected a community agency, Catholic Community Services of Western Washington (CCSWW), to serve as grantee and receive HUD's $2 million directly. The Washington State Department of Veterans Affairs (WDVA) is a subgrantee to CCSWW, assisting with outreach and facilitating interactions with the state offices that handle discharge status and disability ratings. The American Lake Medical Center is the VAMC affiliated with the program, located close to Tacoma. The DOL partner in Tacoma is the Washington State Employment Security Department, which oversees and supervises the specialized employment staff at the various One-Stops in the VHPD catchment area whose job is to facilitate veteran employment.

Tacoma's VHPD program serves veterans living in Pierce, King, Kitsap, and Thurston counties. This means that, while the Pierce County CoC is the lead CoC for this program, veterans being served by VHPD can also live within the jurisdictions of two other CoCs—the Seattle/King County CoC and the Washington Balance of State CoC.

Tampa/Hillsborough—MacDill Air Force Base

The Homeless Coalition of Hillsborough County (HCHC), the local CoC, is the grantee and recipient of HUD's $2 million for this program. The grantee invited all interested community-based organizations to apply for VHPD funds and selected three subgrantees: Tampa Crossroads (TC), Hillsborough County Health and Social Services (HCHSS), and the Agency for Community Treatment Services (ACTS). The VA partners include the James A. Haley VAMC and the Tampa Vet Center. The DOL partners are the Tampa Bay Workforce Alliance in Hillsborough County, Polk Works in Polk County, and Career Central in Pasco and Hernando counties.

The VHPD service area includes Hernando, Hillsborough, Pasco, and Polk counties. Tampa Crossroads and HCHSS serve veterans within Hillsborough County, including Tampa, and ACTS serves veterans in Hernando, Pasco, and Polk counties.

Upstate Northern New York—Fort Drum

The Central New York Veterans Outreach Center (CNYVOC) is the grantee and recipient of HUD's $2 million in funds for the VHPD program. Because the catchment area is extensive, covering six counties, the grantee sought a partner to serve the northern three counties, including the one where Fort Drum is located. Transitional Living Services of Northern New York thus became CNYVOC's subgrantee. VA partners include the Donald J. Mitchell VA Outpatient Clinic in Rome, the Syracuse VAMC, and the Watertown Vet Center. DOL partners include the New York State Department of Labor in Albany, the Utica Workforce Solutions One-Stop Center in Utica, and The Work Place in Watertown.

This VHPD covers Madison, Herkimer, and Oneida counties at the southern end of the catchment area and Jefferson, St. Lawrence, and Lewis counties at the northern end. Upstate Northern New York is the only VHPD site classified by HUD as "rural"; VHPD personnel describe the six-county region as rural frontier territory with small urban centers and large, sparsely populated counties.

Overview of the VHPD Evaluation

In addition to funding the demonstration, Congress directed HUD to conduct an evaluation of program outcomes. HUD contracted with Silber & Associates and the Urban Institute to undertake a process and outcomes evaluation that will describe program models at each of the five VHPD programs, evaluate VHPD's efficacy in preventing homelessness among veterans, and provide policymakers with greatly needed knowledge on how to design effective prevention programs. Three questions guide the research: (1) what are effective ways to identify, reach, and assist veterans who are at risk for homelessness or are experiencing short-term homelessness; (2) are the services provided through VHPD effective; and (3) what are the barriers to providing services? To answer these questions, the research team will do the following:

- Complete two rounds of visits to VHPD programs to conduct key informant interviews and focus groups with program participants. These data will contribute to the process study and help describe the program models and housing and services needs of at-risk veterans. One round has already been completed, with results forming the basis for this report.
- Collect outcomes data, including a baseline and follow-up survey and administrative data using a robust sampling strategy:
    - *Group 1.* Five hundred VHPD participants enrolling between September 2012 and August 2013, for baseline and follow-up interviews (up to 1,000 interviews total);
    - *Group 2.* Comparison group of approximately 300 to 500 veterans who would have qualified for VHPD services but did not receive them; and

— *Group 3.* Comparison group of approximately 300 to 500 nonveterans who received services from the Homelessness Prevention and Rapid Rehousing Program (HPRP).

One of the challenges of evaluating VHPD is eliminating selection bias and isolating the outcomes that can be attributed to program effects rather than to the characteristics of people who select into the program. Doing this requires finding groups that look similar and that can be compared to VHPD participants. Comparing outcomes of Group 1 with those of Group 2 will reveal how well VHPD prevents homelessness among similar veterans, some of whom got the intervention (Group 1) and some of whom did not (Group 2). Comparing outcomes of Group 1 with those of Group 3 will reveal whether veterans and nonveterans facing similar housing crises and receiving similar assistance fare equally well, or whether there is something unique about the veteran population.

Study Timeline

Data collection for the process study began with early program reconnaissance, during which researchers talked to program staff and Homeless Management Information System (HMIS) administrators from all five sites. The understanding of each site's procedures and data collection efforts gained from this reconnaissance helped shape the evaluation research design. Reconnaissance occurred from November 2011 to January 2012, with the first round of site visits following in April and May 2012. The second round of site visits is scheduled to occur in summer 2013, and will include focus groups with veterans participating in VHPD. VHPD program staff at each of the five sites have been recruiting veterans to participate in the outcomes evaluation (i.e., to complete the baseline and follow-up telephone surveys) since mid-September 2012. We will recruit veterans for this component of the study until June 2013. Veterans are being contacted within a few weeks of agreeing to participate in the study to complete the baseline survey, and again 6 months after they stop receiving rental assistance through VHPD to complete the follow-up survey. The follow-up survey data collection period will remain open until all veterans have completed the follow-up interview, which we estimate to be around June 2014. The evaluation's final report is expected in fall 2014.

Process Study Description

The research team has been collecting qualitative data on program models and implementation of VHPD programs. The research team is using data collected through late fall 2012 to paint a picture of how each VHPD program implements the basic program concept. In addition to documenting how the program is working, this information will allow us to contextualize findings from the survey. Policymakers can use this information to inform the design of future prevention programs. As we began to answer the broad questions set out by HUD, we recognized that they are quite broad and imply several more specific questions, which the research team has developed. Specifically, the process study will answer the following questions:

1) How do veterans get to the VHPD provider?

2) What program(s) identifies them? Engages them? Enrolls them in VHPD? What is the screening and eligibility determination process? What was tried and modified? What seems to work best?

3) Which program(s) assess the crisis and short-term needs of veteran households once they are enrolled? What is the assessment/case planning process? How does the assessment influence what is offered? How is assistance tailored to the needs of the individual program participant?

4) What housing and supportive services are offered to program participants by way of assistance?

5) Which program(s) provide which supports? Which agency orchestrates and integrates the various types of assistance to each veteran household?

6) What is the impact of the HUD-VA-DOL local-level partnership on the delivery of assistance and the comprehensive nature of assistance?

7) Who is served through the program? What are their needs? Is it possible to identify specific constellations of needs that characterize subgroups of veterans; in particular, the program's target populations of younger veterans, OEF and OIF veterans, National Guard, women, and young families?

8) Are the identified needs of VHPD program participants different from the needs of comparison group members (non-VHPD veterans or HPRP program participants)?

9) How do variations in community context, VHPD program design and targeting, and prior collaborative experience affect identification, recruitment, screening, assessment, case planning, and service delivery in VHPD programs?

10) What barriers limit prevention services, from the providers' perspective?

11) What barriers limit effective services or stability, from the veterans' perspectives?

12) Are any barriers unique to preventing homelessness among veterans in general or specific subgroups of veterans, in particular younger veterans, OEF and OIF veterans, National Guard, women, and young families?

13) Have any changes been made in program operations since inception? If yes, why? Have they helped? What lessons would you share with other communities desiring to mount a similar program for veterans?

Process Study Data Collection Methods

Information needed to answer the research questions outlined above is collected through program reconnaissance, site visits, key informant interviews, document analysis, and administrative data analysis.

Program Reconnaissance

Our evaluation design and interim findings are informed by extensive program reconnaissance, consisting of telephone calls conducted in December 2011 through January 2012 with VHPD grantees, VAMCs working with VHPD grantees, and CoC and HMIS administrators. Through reconnaissance researchers gathered information on the types of data the grantees collect and enter into HMIS and the written consent and data-sharing protocols the programs currently have in place. We also ascertained the capacities and preferences of HMIS systems for providing some or all of the data we will need to answer the study's research questions, and the best approach for gaining permission to use the HMIS data for our purposes.

Program reconnaissance also involved collecting extensive program documents, including VHPD proposals, referral protocols, screening and assessment tools, and program descriptions. As part of ongoing review, the research team is collecting monthly and quarterly reporting documents as well as other relevant materials.

Site Visits

During the first wave of site visits, conducted in April and May 2012, the research team interviewed key informants, including program staff and other key stakeholders:

- VHPD grantee staff (agency director; program director; direct line workers doing intake, assessment, housing search, placement, and stabilization, and ongoing case management; data/management information people).
- VAMC staff (VHPD director, director of all VA homeless assistance, VHPD caseworkers; clinical staff as appropriate).
- CoC representatives (convener, HMIS administrator, others as appropriate).
- One-Stop/workforce development staff (director, staff working directly with VHPD households).
- Veterans advocacy organizations, if they exist independent of the VHPD provider.
- Other stakeholders suggested or recommended by local informants.

To ensure that research staff collected the same types of information during interviews, the research team developed and implemented a field discussion guide covering all the process research questions. All staff conducting visits participated in field training that reviewed the goals and questions outlined in the interview guides and on-site protocols. Since there are a small number of sites, field staff have been limited to only a handful of Urban Institute staff. Upon return from the site visits, researchers entered all VHPD field notes into the appropriate sections of an electronic process evaluation file created to store information in program typology framework. The basic domains of this framework are as follows:

Program Participants

- Pathways to enrollment in VHPD—identification and outreach, recruitment.
- Screening and eligibility determination; how the "but for" guidance is implemented.
- Processes of assistance—assessment, case plan development and support for implementation, primary and secondary goals, follow-up, reassessments.
- Types and levels of assistance—months of rental assistance, types and length of supportive services.
- Data entry and tracking.

Service Agencies and Systems

- Program structure, partners, relationships with other aspects of the homeless and other assistance systems; how this particular structure and participants were selected for each VHPD community.
- Role of VA, workforce development, and the primary housing/service partner in VHPD in the community, historical relationships that may have eased or complicated implementation of VHPD, perceived value to the VA and homeless systems of new relationships developed and/or new systems brought into interaction.
- Interactions and approaches to integrating housing and services receipt across VHPD partners (and others, if relevant).
- System changes already accomplished, plans and implications for future joint work.

This framework is critical, as it guides the process evaluation team through all aspects of the process evaluation.

Administrative Data Collection (APR and QPR)

Administrative data collected by the VHPD grantees' HMIS systems are extensive. Local HMIS administrators compile these data into annual (APR) and quarterly (QPR) performance reports. The APR and QPR data cover all five VHPD grantees and all of the clients they have enrolled and served within the report's timeframe.

The administrative data collected for VHPD participants and described in the annual and quarterly reports are rich. They include basic participant and household demographics, including number of enrolled households, participant employment status, participant income, and income sources, income supplements, receipt of cash benefits, and receipt of other means tested benefits. Health demographic data are collected, including disability status, illness and chronic illness, mental illness, substance abuse, and domestic violence. Data are also collected on veteran status, the veteran's theater of operations, military branch, discharge status, and exposure to hostile or friendly fire. There are also indicators specific to VHPD assistance, such as services received under the umbrella of prevention and rapid rehousing—under financial assistance we have data on rental assistance, security and utility deposits, utility payments, moving cost assistance, motel and hotel vouchers, and under housing relocation and stabilization services we have data on case management, outreach and engagement, housing search and placement, legal services, and credit repair. The APRs also report residential and employment status at entry and exit as well as length of participation in VHPD by exit status.

This interim report uses APR data from the first year of the program (February 1, 2011 to February 1, 2012) to better understand the characteristics of those who have been served by the VHPD program during that timeframe, the services provided to them, and some basic outcomes for those participants. It should be noted, however, that the local HUD grantees experienced significant challenges with the rollout of the VHPD HMIS report and continue to note the difficulty of correcting the data they enter due to the design of their HMIS systems. While staff note that data quality has been improving since the Year 1 APR challenges still exist and pose problems for data quality. This report uses the Year 1 APR because it is the only standard source of data for all VHPD participants and consequently the only source of information available to provide a profile of VHPD participants and the services they received. Challenges with HMIS will be discussed in more detail in Chapter 7.

Contribution to Knowledge of the *Veterans Homelessness Prevention Demonstration Evaluation Interim Report*

Existing studies of homelessness prevention do not illuminate the special character of programs needed to reach veterans effectively. Studies of homelessness among veterans have not yet investigated prevention and rapid rehousing interventions. The evaluation interim report contributes to research on homelessness prevention and understanding the particular aspects of homelessness among veterans by describing VHPD implementation and the characteristics of clients served during the program's first year.

Understanding program outcomes is the task of the final report, which will analyze client follow-up data that are currently being collected. The interim report simply describes the programs and supplies information that will be transformed into contextual variables to incorporate into the outcomes component of the evaluation. The final report on the evaluation will provide this outcomes analysis and offer evidence in relation to two key policy questions: (1) Can homelessness prevention be feasible and effective? (2) Are specially adapted programs needed to adequately address veterans' needs for homelessness prevention and rapid rehousing services? The evaluation research findings will help fill gaps in knowledge about OEF/OIF/OND/ veterans, including their general readjustment; assessment of their educational and vocational needs; identification of gender-specific concerns; and information needed to develop programs to address particular readjustment issues such as TBI, PTSD, and risk of homelessness.

Chapter 2. VHPD Households

Introduction

An important question we seek to answer with VHPD administrative data is how well VHPD has been able to reach and enroll the households it was designed to serve, and whether programs differ in which households they reach and how they reach them.

Program Reach

Overall Number Served

During the first year, VHPD programs served 1,366 people in 574 households (see Exhibit 2.1).[14] This means that on average each program served 273 persons and 115 households. Central Texas, Tacoma, and Upstate Northern New York each served fewer than 240 people in 105 households during their first year. In contrast, San Diego and Tampa/Hillsborough each served well over 300 people in at least 130 households.[15]

Exhibit 2.1 Numbers of Persons and Households Served, by Household Type

	Total		Central Texas		San Diego		Tacoma		Tampa/ Hills-borough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of persons served, by household type:												
In households without children	417	30.5	58	24.4	109	29.4	65	30.7	89	26.3	96	46.6
In households with children	949	69.5	180	75.6	262	70.6	147	69.3	250	73.7	110	53.4
Total	1,366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0
Number of households, served by household type:												
Without children	317	55.2	45	47.4	82	53.9	50	53.2	64	49.2	76	73.8
With children	256	44.6	50	52.6	70	46.1	43	45.7	66	50.8	27	26.2
With only children	1	0.2	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0
Total	574	100.0	95	100.0	152	100.0	94	100.0	130	100.0	103	100.0

Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

[14] The first year of VHPD covers the period from February 1, 2011, to January 31, 2012. However, it should be noted that VHPD programs did not begin enrolling clients into the program until April and May 2011.

[15] These differences are not due to start times. San Diego, which has served the largest number of persons and households, got the latest start, beginning to enroll clients in May of 2011. By contrast, Tacoma started enrolling clients first (February 2011) and has served the fewest households. All other programs began enrolling clients in April 2011.

More than half of households served (55 percent) were single households and the rest were households with children. Four of the five programs served between 45 and 53 percent family households, while Upstate Northern New York served only 26 percent family households. Program staff in Central Texas and Tampa/Hillsborough note that they serve a large number of single-parent households, mostly single-mother households. Program staff in San Diego also say that they make an effort to serve families with small children when possible. Upstate Northern New York was starkly different from the other four VHPD programs with respect to the structure of households served, having had more single households (76 percent) and fewer families (26 percent) than the other four programs. Adults comprised 63 percent of persons served (640 persons), with children making up the rest.

Veterans Served

Overall, VHPD served 586 veterans in its first year, representing 43 percent of all persons served and 67 percent of all adults served by the program. Almost all VHPD veterans were honorably discharged from the military (about 90 percent), though this ranged modestly by program from 83 percent in Central Texas to 94 percent in San Diego. Across all programs, about 6 percent of VHPD veterans received general discharges; this ranged from under 3 percent in San Diego to 9 percent in Central Texas. About 1 percent of VHPD veterans received either a medical, bad conduct, or dishonorable discharge.[16]

Reaching Veteran Target Populations

Generally, it appears that VHPD is serving the veteran target populations it was intended to serve; however, our ability to determine this is limited by the reports produced from VHPD administrative data. Though OEF/OIF/OND veterans are a VHPD target population, VHPD performance reports do not explicitly capture whether veterans served by the program served in these conflicts. However, we can use service era, war zone served in, and age of veterans as proxy variables to try to capture this population. Veterans were asked to cite all of the service eras in which they served; the 586 veterans in VHPD served, on average, in 1.17 service eras, and 36 percent of those eras were after September 11, 2001. Further, about 47 percent of VHPD veterans served in a war zone. Veterans who served in a war zone were asked to cite all of the war zones in which they served; 19 percent of war zones cited were Afghanistan and 31 percent were Iraq. It is important to note, however, that these veterans may or may not have served in the OEF/OIF/OND conflicts since the question asked only where the veteran served and not when.[17]

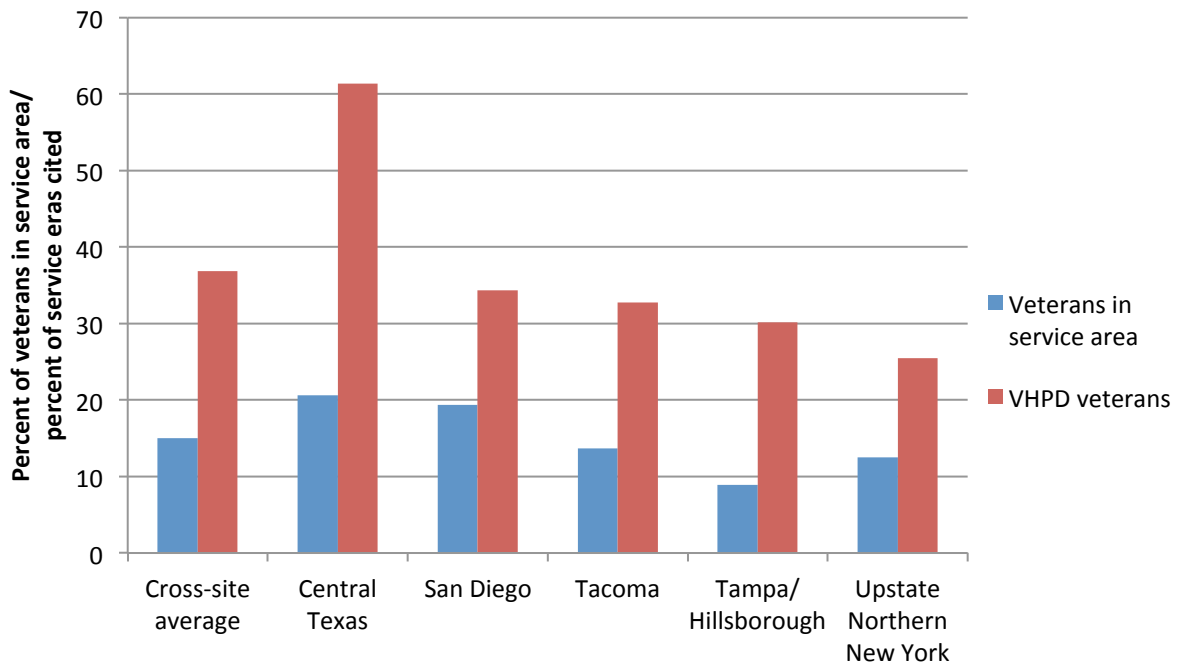
To further understand how well VHPD programs are reaching this target population, we used American Community Survey 1-Year estimates for 2011 to compare the percentage of veterans living within each

[16] To qualify for VHPD, veterans must be eligible for VA medical benefits, which in turn means a veteran must have an honorable or a general discharge (see Definition of Terms). The one veteran with a dishonorable discharge could be a member of a multiple-veteran household, could have received help to get the discharge status changed, or this could be the result of a data entry error.

[17] While certainly some of these veterans served in OEF/OIF/OND, this question asks only where the veteran served and not when the veteran served. We cannot determine from APRs how many served in the Post-9/11 service era. Further, the list of war zones includes Persian Gulf and an "Other" category, which program staff have been instructed to use exclusively for service in Iraq. These two categories could overlap, and it is not known how sites are deciding to use one or the other.

VHPD program's service area who served in the post-9/11 service era with the percentage of times the post-9/11 service era was cited among veterans participating in each VHPD program. While these percentages from the American Community Survey and the VHPD APR data are not directly comparable since VHPD veterans could cite multiple service eras, they do show a consistent trend: the share of times VHPD veterans cited the post-9/11 service era is higher in all programs than the share of such veterans in the population (see Exhibit 2.2). Collectively, these data suggest that the VHPD programs' targeting efforts have succeeded in reaching veterans of the recent conflicts.

Exhibit 2.2 Post-9/11 Veterans in Service Area and in VHPD



Note: Percentages for veterans in service era are the number of veterans who served in the post-9/11 service era out of the total number of veterans in service area, while percentages for VHPD veterans are the number of times the post-9/11 service era was cited out of the total number of serivce eras cited.
Source: for veterans in service area, U.S. Census Bureau American Community Survey, 2011 1-Year Estimates; for VHPD veterans, HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

Only a few VHPD veteran clients (about 6 percent) were very young—between the ages of 18 and 24—indicating that they began and ended military service very recently. Far more (27 percent) were between the ages of 25 and 34, while 24 percent were between 35 and 44, and 25 percent were between 45 and 54. Smaller shares are between 55 and 61 and age 62 and older (13 and 5 percent, respectively). Veterans served by VHPD were younger than the population of veterans in shelter. According to the 2011 Annual Homeless Assessment Report to Congress**, only 9 percent of veterans in

shelter were between 18 and 30 years old; 39 percent were between 31 and 50; 42 percent were between 51 and 61; and 10 percent were age 62 and older (HUD 2012b).

Further, about 5 percent of veterans served by VHPD were activated National Guard members and Reservists (see Exhibit 2.3).[18] This is slightly higher than their share in the general veteran population—about 4 percent—and indicates that the VHPD programs have been able to reach and serve this subset of veterans.[19] About 45 percent of VHPD's veterans were in family households, and 26 percent were women. This latter figure exceeds the share of women in the general veteran population, which was about 8 percent in 2008 and is projected to increase to 9 percent by 2013 (U.S. Department of Health and Human Services (HHS) 2010). The high proportion of women in VHPD reflects the changing gender makeup of the military over the past decade or two, as well as the special efforts the VHPD programs are making to serve women veterans.

[18] The HMIS Assessment for VHPD does not have an explicit category for National Guard or Reserves in the question that asks for branch of military service. Program staff have been instructed to use the "Other" category to exclusively refer to National Guard Members and Reservists.

[19] Urban Institute analysis of The Veteran Population Model (VetPop2007) data maintained by U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics.
http://www.va.gov/vetdata/Veteran_Population.asp.

Exhibit 2.3 Characteristics of Veterans Served

	Total		Central Texas		San Diego		Tacoma		Tampa/ Hills-borough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of adults served, by veteran status												
Veteran	586	67.6	98	70.5	158	67.8	94	70.1	132	63.2	104	68.4
Not a veteran	278	32.1	39	28.1	75	32.2	40	29.9	76	36.4	48	31.6
Don't know/refused	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Information missing	3	0.3	2	1.4	0	0.0	0	0.0	1	0.5	0	0.0
Total	867	100.0	139	100.0	233	100.0	134	100.0	209	100.0	152	100.0
Veterans served, by household type												
In households without children	322	54.9	44	44.9	85	53.8	52	55.3	64	48.5	77	74.0
In households with children	264	45.1	54	55.1	73	46.2	42	44.7	68	51.5	27	26.0
Total	586	100.0	98	100.0	158	100.0	94	100.0	132	100.0	104	100.0
Veterans served, by gender												
Male	432	73.3	54	54.0	127	80.4	70	74.5	92	69.2	89	85.6
Female	153	26.0	44	44.0	30	19.0	24	25.5	40	30.1	15	14.4
Transgendered	1	0.2	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Missing	3	0.5	2	2.0	0	0.0	0	0.0	1	0.8	0	0.0
Total	589	100.0	100	100.0	158	100.0	94	100.0	133	100.0	104	100.0
Veterans served by age group												
18–24	37	6.3	9	9.0	10	6.3	3	3.2	6	4.5	9	8.7
25–34	158	26.9	44	44.0	46	29.1	24	25.5	31	23.5	13	12.5
35–44	138	23.5	15	15.0	36	22.8	38	40.4	30	22.7	19	18.3
45–54	146	24.8	24	24.0	40	25.3	14	14.9	36	27.3	32	30.8
55–61	79	13.4	5	5.0	17	10.8	11	11.7	21	15.9	25	24.0
62+	28	4.8	1	1.0	9	5.7	4	4.3	8	6.1	6	5.8
Missing	2	0	2	2.0	0	0	0	0	0	0	0	0
Total	588	100.0	100	100.0	158	100.0	94	100.0	132	100.0	104	100.0
Veterans served, by discharge status												
Honorable	526	89.5	83	83.0	149	94.3	83	88.3	116	87.9	95	91.3
General	37	6.3	9	9.0	4	2.5	8	8.5	8	6.1	8	7.7
Medical	3	0.5	0	0.0	2	1.3	0	0.0	0	0.0	1	1.0
Bad conduct	1	0.2	0	0.0	0	0.0	0	0.0	1	0.8	0	0.0
Dishonorable	1	0.2	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	4	0.7	0	0.0	2	1.3	2	2.1	0	0.0	0	0.0
Don't know/refused	3	0.5	1	1.0	0	0.0	0	0.0	2	1.5	0	0.0
Missing this information	13	2.2	6	6.0	1	0.6	1	1.1	5	3.8	0	0.0
TOTAL	588	100.0	100	100.0	158	100.0	94	100.0	132	100.0	104	100.0

Exhibit 2.3 Characteristics of Veterans Served

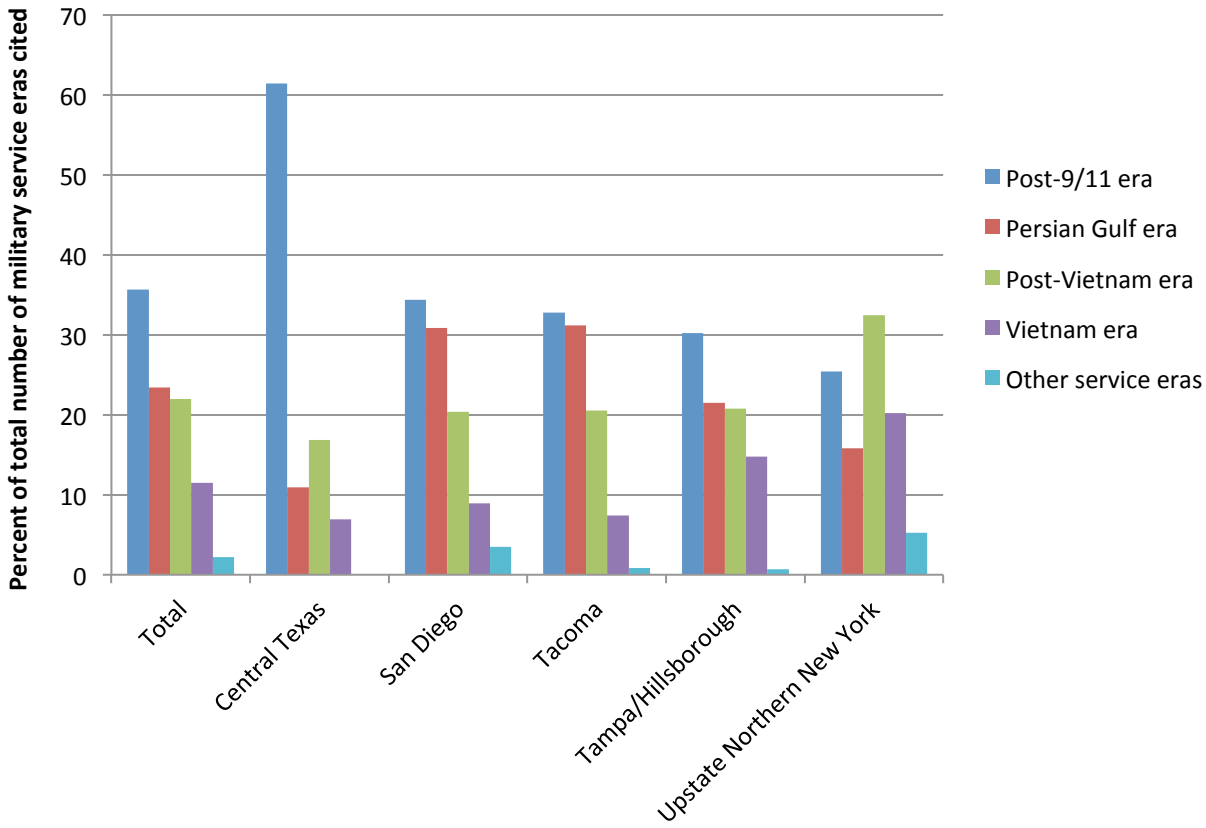
Note: Inconsistencies in total number of veterans across different indicators is due to internal consistency problems in APRs submitted to HUD. Since APRs provide aggregate level data only and individual level data would be required to correct these issues, data presented here use totals provided for each individual question.

Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

The overall VHPD data show that the program has been able to serve significant shares of the target population groups, particularly with respect to women veterans and veterans with families. The cross-site totals mask significant program-by-program variation, however. In the first year, Central Texas stood out as the VHPD program that served the largest share of target population veterans (see Exhibits 2.4 and 2.5). For example, Central Texas served about 44 percent women veterans, while the remaining four programs served between 14 percent (Upstate Northern New York) and 30 percent (Tampa/ Hillsborough). Further, 53 percent of veterans served by Central Texas were between 18 and 34 years of age, while the share of veterans served in this age group ranged from 21 percent to 35 percent in the other four programs.

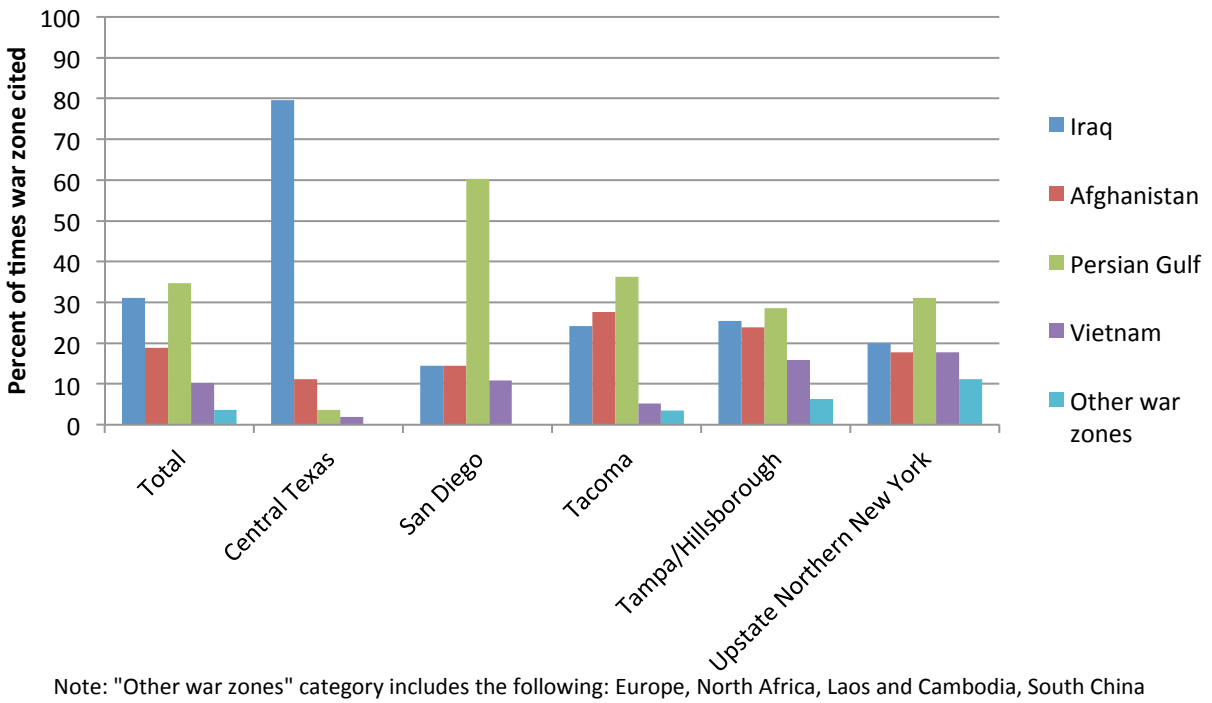
Central Texas was also exceptional in its ability to reach veterans likely to have served in OEF/OIF/ OND. Of the war zones cited by Central Texas VHPD veterans who served in a war zone, 91 percent of the citations were either Iraq or Afghanistan (80 percent served in Iraq and 11 percent served in Afghanistan). Among the other four programs, the shares for Iraq or Afghanistan ranged from 29 percent (San Diego) to 52 percent (Tacoma). Further, more than 60 percent of the service eras cited by Central Texas VHPD veterans were after September 11, 2001—almost twice the next highest share (34 percent in San Diego).

Exhibit 2.4 Share of Times Military Service Eras Cited by VHPD Veterans



Note: "Other service eras" includes Between Vietnam and Korean Wars, Korean War, Between Korean War and WWII, and WWII.
Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

Exhibit 2.5 Share of Times War Zone Cited by Veterans Who Served in a War Zone



Note: "Other war zones" category includes the following: Europe, North Africa, Laos and Cambodia, South China Sea, China/Burma/India, Korea, and South Pacific.
Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

However, Central Texas cannot claim the largest share of veterans who served in the National Guard or Reserves (see Exhibit 2.3). About 16 percent of veterans participating in Tacoma's VHPD program served in the National Guard or Reserves, which was twice Central Texas's share (about 8 percent). In contrast, San Diego served one National Guard or Reserves veteran (0.6 percent of the total number of veterans served), and Upstate Northern New York did not serve any National Guard or Reserves veterans.

Program staff in Tampa/Hillsborough and Upstate Northern New York say that reaching OEF/OIF/OND veterans has been more challenging than recruiting veterans from other service eras. As Exhibit 2.4 shows, Tampa/Hillsborough has the lowest share of post-9/11 service era veterans in its service area.

The VHPD programs' ability to serve the target populations appears to be attributable in large part to the number of relevant veterans in their communities. All programs have made strong efforts to reach veterans in the target groups, but they can only find the veterans who live there or who have been sent to a particular base for discharge. The bases chosen for VHPD differ significantly in the types of military personnel being discharged. For instance, Fort Hood in Central Texas discharges many young people who served for relatively few years and are not from Central Texas, while more of the people leaving the service at Fort Drum have had careers in the military and may have lived in the Fort Drum area for some years.

Profile of Persons Served

We now turn to a more detailed profile of all VHPD clients, looking at demographic characteristics, income levels and employment status, presence of physical and mental health conditions, and housing status upon entering the program. This examination also provides separate information on children and nonveteran adult household members.

Demographic Characteristics

Across all sites, in its first year VHPD served a slightly larger share of men than women, and a little over one-third of those served were children (see Exhibit 2.6). Further, VHPD primarily served white and African-American persons, who together comprised 88 percent of program clients. Males comprised 56 percent of persons served. Given the proportion of families in VHPD, it is not surprising that 37 percent of persons served were minors (under 18). Another 26 percent were between 18 and 34, and 38 percent were age 35 and older. About half of those served by VHPD were white, and about 39 percent were African American. Approximately 7 percent identified as multiracial. Less than 1 percent of persons served identified with each of the remaining racial groups (Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander). Less than 11 percent of persons served identified as being of Hispanic or Latino origin.

Three of the five programs—San Diego, Tacoma, and Tampa/Hillsborough—served similar populations. San Diego, Tacoma, and Tampa/Hillsborough served slightly more men than women; about a quarter of people served were children; about one-third were between the ages of 18 and 34; and about half were white. Differences that stand out include the following: Tacoma served the largest share of persons identifying as multiracial (17 percent). San Diego and Tampa/Hillsborough served 17 and 12 percent Hispanic or Latino persons, respectively, while Tacoma served only 6 percent of persons with Hispanic or Latino origins.

Exhibit 2.6 Demographic Profile of VHPD Participants

	Total		Central Texas		San Diego		Tacoma		Tampa/ Hillsborough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Persons served, by gender												
Male	761	55.7	126	52.9	207	55.8	123	58.0	174	51.3	131	63.6
Female	601	44.0	110	46.2	163	43.9	89	42.0	164	48.4	75	36.4
Transgendered	1	0.1	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Missing	3	0.2	2	0.8	0	0.0	0	0.0	1	0.3	0	0.0
Total	1,366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0
Persons served, by age group												
Under 18	499	36.5	99	41.6	138	37.2	78	36.8	130	38.3	54	26.2
18–24	119	8.7	24	10.1	30	8.1	16	7.5	24	7.1	25	12.1
25–34	231	16.9	56	23.5	66	17.8	33	15.6	53	15.6	23	11.2
35–44	191	14.0	23	9.7	48	12.9	45	21.2	47	13.9	28	13.6
45–54	195	14.3	27	11.3	55	14.8	18	8.5	53	15.6	42	20.4
55–61	92	6.7	5	2.1	22	5.9	15	7.1	23	6.8	27	13.1
62+	38	2.8	3	1.3	12	3.2	7	3.3	9	2.7	7	3.4
Missing	1	0.1	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0
Total	1,366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0
Persons served, by race												
White	677	49.6	98	41.2	169	45.6	93	43.9	176	51.9	141	68.4
Black or African American	528	38.7	128	53.8	156	42.0	60	28.3	133	39.2	51	24.8
Asian	17	1.2	1	0.4	15	4.0	1	0.5	0	0.0	0	0.0
American Indian or Alaska Native	12	0.9	0	0.0	0	0.0	9	4.2	1	0.3	2	1.0
Native Hawaiian or Other Pacific Islander	17	1.2	0	0.0	5	1.3	12	5.7	0	0.0	0	0.0
Multiple races	99	7.2	6	2.5	24	6.5	36	17.0	21	6.2	12	5.8
Missing	16	1.2	5	2.1	2	0.5	1	0.5	8	2.4	0	0.0
Total	1,366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0
Persons served, by ethnicity												
Non-Hispanic/Non-Latino	1,216	89.0	219	92.0	308	83.0	200	94.3	295	87.0	194	94.2
Hispanic/Latino	143	10.5	15	6.3	62	16.7	12	5.7	42	12.4	12	5.8
Missing	7	0.5	4	1.7	1	0.3	0	0.0	2	0.6	0	0.0
Total	1,366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0

Note: Missing category includes "Don't Know or Refused," "Information Missing," and "Age Error" (for age only) APR classifications.

Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

In contrast, the persons served by Central Texas's VHPD program were younger and more likely to be African American. Central Texas served larger shares of children (34 percent) and adults age 18 to 34 (42 percent). Further, of all five programs, Central Texas was the only VHPD program that did not serve a plurality of white persons: the majority (54 percent) was African American, with 41 percent being white. Only about 6 percent of persons served by Central Texas's VHPD program were Hispanic. This low proportion of Hispanic clients is quite surprising, given that 28 percent of the population living in the five-county service area identified as Hispanic or Latino.[20] The low level of Hispanic and Latino participants likely reflects the people the Army sends to Fort Hood for discharge and the relatively low level of Hispanic and Latino persons among the veteran population—only about 5 percent according to 2009 American Community Survey estimates.[21]

Upstate Northern New York's VHPD program served more males, more older persons, and more white people than the other programs—64 percent were men, only 23 percent were children under the age of 18, and only 26 percent were adults age 18 to 34. Sixty-eight percent identified as white, while only 25 percent identified as African American and less than 6 percent as multiracial. Six percent identified as Hispanic or Latino. The larger share of white persons served by Upstate Northern New York's VHPD program reflects the demographic composition of that VHPD program's six-county service area—91 percent of people living in the Upstate Northern New York area were white, while this share ranges from 64 to 77 percent in the other programs' service areas, according to the 2010 Decennial Census.[22]

Income Level and Employment Status

Most adults served by VHPD were unemployed at program entry, and a large share (38 percent) had no income. This pattern was largely consistent across programs (see Exhibit 2.7). However, because the San Diego program placed greater emphasis on the veteran being employed at program entry than the other programs, its statistics were somewhat different (for more detail see Chapter 4). A higher share of that program's adults had income from permanent employment at program entry than did persons served in the other four programs.

In addition to those with no income (38 percent), 20 percent of VHPD clients had incomes at or below $750 per month when they enrolled. Another 25 percent had incomes between $751 and $1,500 per month, and 15 percent had incomes more than $1,500 per month. The share of adults entering the program with no income varied only modestly by program, from 34 percent in San Diego to 42 percent in Tampa/ Hillsborough. The share with incomes at or below $750 was around 25 percent in four of the

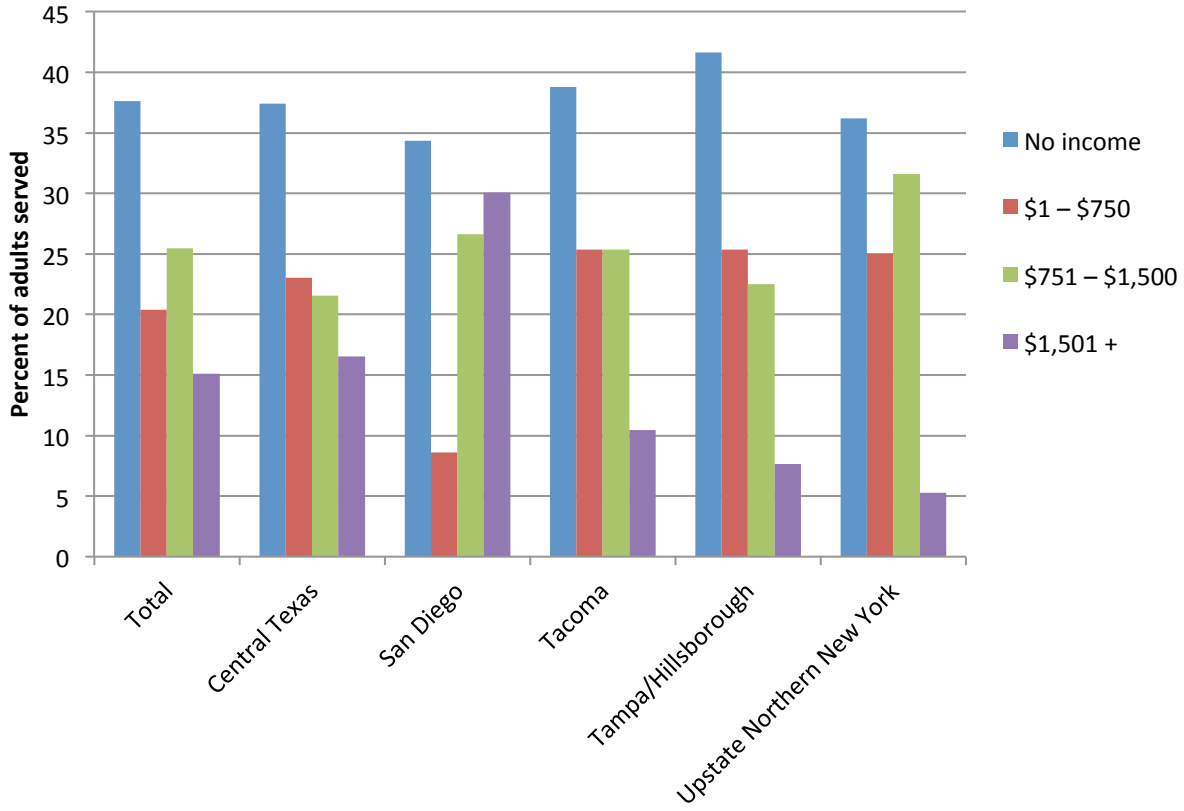
[20] Urban Institute analysis of U.S. Census Bureau 2010 Decennial Census Summary File 1 data.

[21] Urban Institute analysis of tables provided in U.S. Census Bureau. 2012. "Statistical Abstract of the United States: 2012, National Security and Veterans Affairs."
http://www.census.gov/compendia/statab/2012/tables/12s0522.pdf.

[22] Source: Urban Institute analysis of U.S. Census Bureau 2010 Decennial Census Summary File 1 data. Note that race categories used in HUD VHPD Annual Performance Reports differ from those used by the U.S. Census Bureau. While similar, HMIS reports exclude "Some other race alone" as an option. However, since only 1 percent of the service area population identify as "some other race alone," this likely does not skew results appreciably. See Table 4 of Appendix B for a comparison of the demographic composition of those served by VHPD to the population of the VHPD programs' service areas.

five programs and less than 9 percent in San Diego. Further, the share of adults earning more than $1,500 per month was 30 percent in San Diego, which was almost twice the next highest share (17 percent in Central Texas).

Exhibit 2.7 Share of Adults Served by Income Level and Program Entry



Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

Overall, 76 percent of adults served were unemployed at program entry; 16 percent had permanent employment; and 4 percent had temporary employment. San Diego served the smallest share of adults unemployed at program entry (73 percent), though only by a small margin. For the remaining four programs, between 75 and 83 percent of adults were unemployed at program entry. Additionally, San Diego served a larger share of adults who were permanently employed at program entry than other programs. This share was 25 percent in San Diego and ranged from 9 to 17 percent in the remaining four programs.

Across VHPD programs, staff cite several key challenges for veterans in gaining and maintaining employment. Central Texas and Tacoma staff identify translating military skills into qualifications for civilian employment as a main obstacle. According to Central Texas staff, this is a particular barrier for

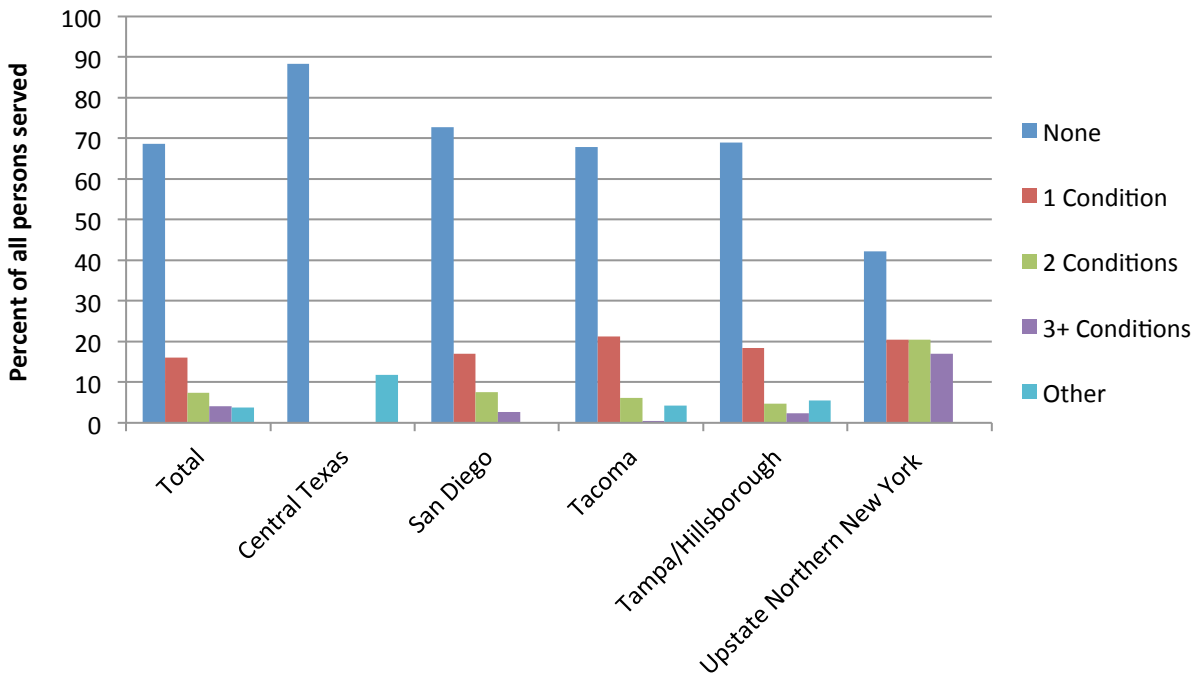
young veterans, many of whom entered the military at 18 and had not held a job before enlisting. Staff in Tampa/Hillsborough note that many VHPD-assisted veterans lack access to transportation, phones, or computers, which makes finding employment difficult. Further, because many veterans have small but steady incomes, they often get into financial trouble with predatory payday and title loans (the latter are on their cars).[23] These loans have very high interest rates, which compound if there is any delinquency, according to Central Texas program staff.

Physical and Mental Health Conditions

More than two-thirds (69 percent) of all persons served by VHPD reported having no known mental or physical health conditions at program entry; an additional 16 percent reported having one known condition, while only 12 percent reported having two or more conditions. It is important to note that these data are for people served by VHPD, which includes all members of the household, not just the veteran. This general pattern characterized four of the five programs, but of those served by Upstate Northern New York, mental and physical health conditions were more common. There, only 42 percent had no known health conditions; 20 percent reported one known condition; an additional 20 percent reported having two conditions; and 17 percent reported having three or more health conditions. In the other four programs, the share of persons served having three or more known conditions ranged from 0 percent to 3 percent (see Exhibit 2.8).

[23] Institute of Medicine (IOM) 2010, supra note 24.

Exhibit 2.8 Share of Persons Served by Number of Known Physical and Mental Health Conditions



Note: "Other" category includes the following: condition unknown, don't know/refused, and information missing.
Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

Across all five programs, each person served had an average of 0.45 known mental or physical health conditions. However, this varied by program. In three of the five programs—San Diego, Tacoma, and Tampa/Hillsborough—the average number of conditions per person ranged from 0.35 to 0.40, while the average number of conditions cited in Central Texas was lower at 0.20 conditions. As we would expect given the number of participants citing one, two, or three conditions above, the average for Upstate Northern New York was much higher at 1.14 conditions per person. To some extent these differences reflect differences across programs in the ages of their participants.

Overall, the most commonly cited condition (35 percent) was physical disability. Of all conditions cited, 32 percent were mental illnesses and 23 percent were chronic health conditions. In Central Texas and San Diego, mental illness was the most frequently cited condition, while in Tacoma and Tampa/Hillsborough, physical disabilities were the most common. In Upstate Northern New York, mental illness, chronic illness, and physical disability each accounted for around 30 percent of all conditions cited.

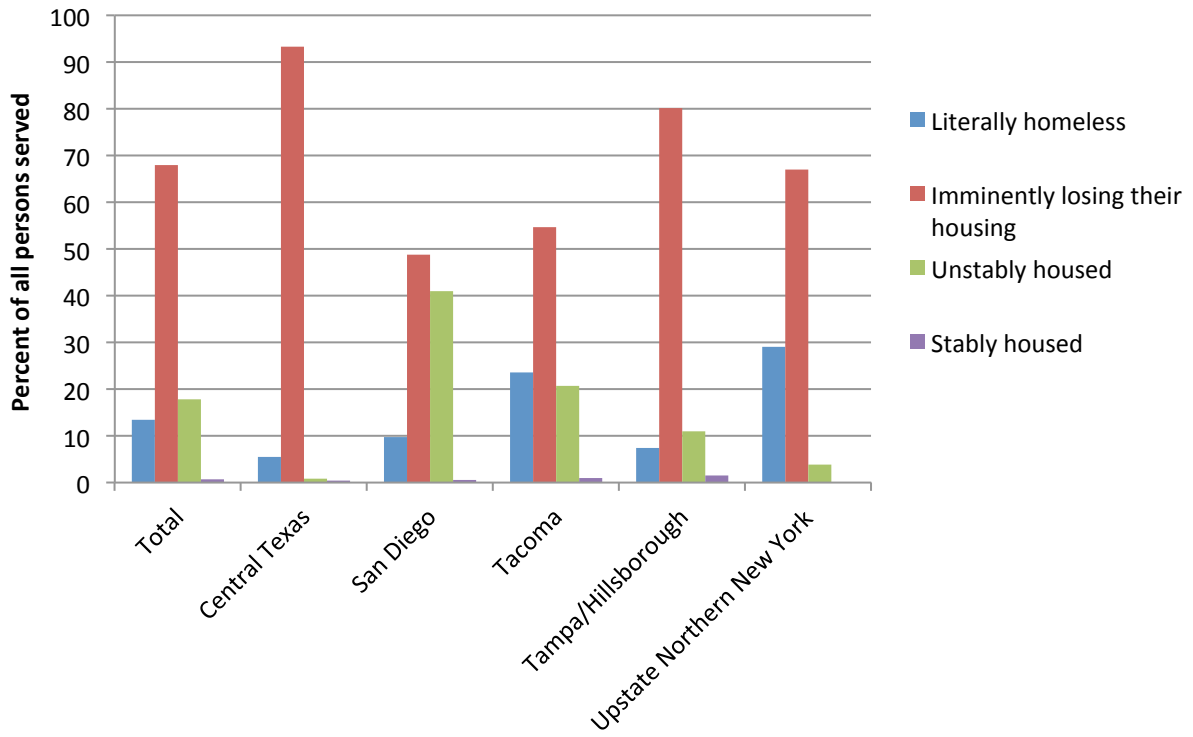
While Upstate Northern New York clearly served the largest population of those with health conditions, program staff at three of the remaining four programs cite mental health as a key issue for the people they serve through VHPD. Tacoma staff in particular stressed the prevalence of PTSD, depression, and symptoms of TBI for the veterans they serve.

Housing Status at Program Entry

As already mentioned, VHPD can serve both those who are at imminent risk of losing housing and those who have recently become homeless (for fewer than 90 days). By examining data on housing status at the time of program entry, we can see whether programs primarily serve those who are already homeless versus those facing a housing crisis who are not yet homeless. Further, for those not yet literally homeless, we report VHPD program judgments regarding homelessness risk—are the households at imminent risk, unstably housed, or are they stably housed (see Definition of Terms for details on what these categories mean).[24]

Of those served by VHPD during its first year, 14 percent were literally homeless at time of program entry and in need of rapid rehousing assistance. Another 68 percent were judged to be at imminent risk of losing their housing; 18 percent were seen as unstably housed; and less than 1 percent were recorded as being stably housed at program entry (see Exhibit 2.9). As with other statistics, these percentages varied substantially across the five programs. Only Tacoma and Upstate Northern New York served large shares of literally homeless persons—24 and 29 percent, respectively.

Exhibit 2.9 Share of Persons Served by Housing Status at Entry



Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

[24] These definitions are paraphrased from HUD's guidance on VHPD HMIS Data Collection Instruments, which can be downloaded from the following source: "VHPD HMIS Data Collection Template Instructions." https://www.onecpd.info/resources/documents/VHPD_DataCollectionProtocols.pdf. Accessed March 4, 2013.

The remaining three programs all served less than 10 percent of already homeless persons needing rapid rehousing. Central Texas and Tampa/Hillsborough primarily served those at imminent risk of homelessness at enrollment—93 and 80 percent, respectively. By contrast, in San Diego about half of those served were at imminent risk of homelessness, and 41 percent were considered to be unstably housed. San Diego served the largest portion of persons deemed by program staff to be unstably housed, with the next highest share being about half San Diego's rate (21 percent in Tacoma). Central Texas deemed less than 1 percent of its clients to be unstably housed at program entry.

Summary

During the program's first year, VHPD served 1,366 people in 574 households (586 veterans). It appears that VHPD is serving the veteran target populations it intended to serve: in the first year, 36 percent of those enrolled served in the military after 9/11; a little more than one-quarter were women; about 45 percent were persons in families with children; and 5 percent were National Guard or reservists.

During the first year, VHPD primarily served white and African-American persons, who together comprised 88 percent of program clients. Males comprised 56 percent of persons served. Given the proportion of families in VHPD, it is not surprising that 37 percent of persons served were minors (under 18). Another 26 percent were between 18 and 34, and 38 percent were age 35 and older.

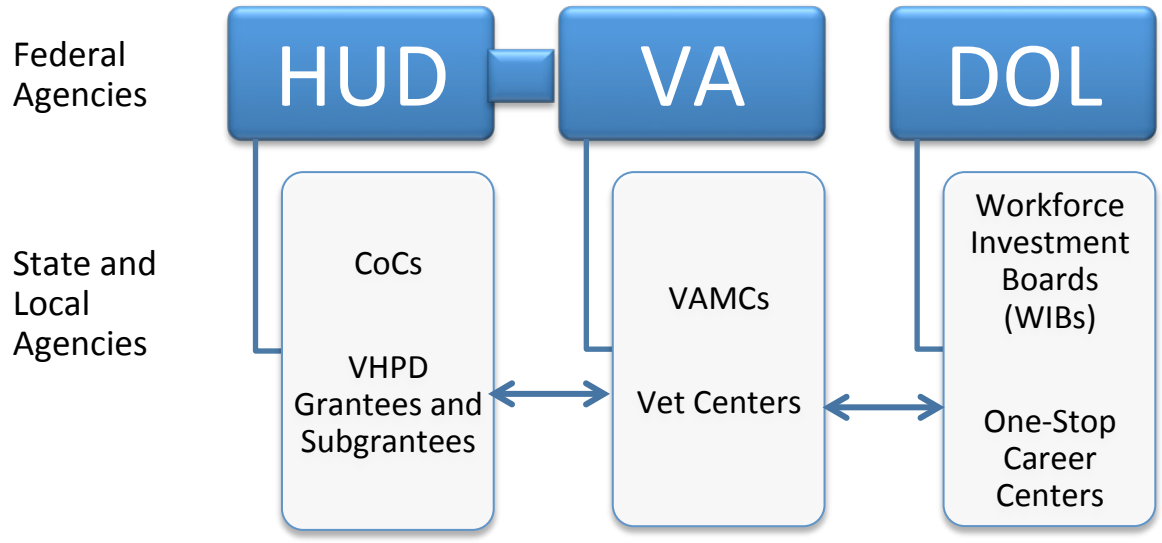
So far, VHPD has been primarily a homelessness prevention program. Of those served by VHPD during its first year, 14 percent were homeless at time of program entry and in need of rapid rehousing assistance while the remaining were currently housed, but were at imminent risk of homelessness or unstably housed. The majority of adults served by VHPD were unemployed at program entry, and a large share (38 percent) had no income.

Chapter 3. Program Structure, Relationships, and History

Introduction

The Veterans Homelessness Prevention Demonstration (VHPD) is a collaboration of three federal agencies, each with counterparts in the five communities selected to mount the program (Exhibit 3.1). Local VA involvement comes from the local VA medical centers (VAMCs) and often the local Vet Center as well. VAMCs are responsible for verifying a veteran's eligibility for VA medical benefits and for assessing a veteran's physical and behavioral health care needs and then delivering appropriate services. Vet Centers, a community-based arm of the Veterans Health Administration providing services to combat veterans, have also been involved with the program, primarily by conducting outreach for VHPD. HUD grantees are responsible for providing the resources for housing-related financial assistance (rent, utilities, and similar needs) and for case management and links to community resources. DOL-related agencies are responsible for providing supports to help veterans find jobs, get better jobs, and get the training needed to secure those jobs. To fulfill these responsibilities, Congress appropriated funds to the VA and to HUD. The VA distributed its funds internally to the appropriate VA agencies in each VHPD community. HUD distributed its funds as grants to Continuums of Care (CoCs), which in turn selected local providers to deliver direct services. DOL did not receive resources specifically for VHPD, but was expected to have its veteran-specific staff in local One-Stop Career Centers—' Outreach Program Specialists (DVOPs) and Local Veteran Employment Representatives (LVERs)—coordinate with VHPD and work with clients.

Exhibit 3.1 VHPD Program Structure



When a new program seeks to involve agencies from different systems in a local cooperative venture, bureaucratic silos usually make it difficult for agencies to work together. VHPD is no exception. The three federal agencies have different ways of operating at the local level, and their local geographies affect how they have come together to create VHPD. Because VHPD is a veteran-specific program, VA geography defines the boundaries of the "community" being served. Each base selected for VHPD is served by a VAMC, and that VAMC's catchment area defines the geographic scope of VHPD responsibilities. Four of the five VAMCs involved in VHPD have catchment areas ranging from one to five counties. Because Congress mandated that VHPD include a rural site, HUD, in consultation with the VA, selected Upstate Northern New York, whose geography is defined by relative proximity to Watertown and Fort Drum rather than to the VAMC, which is in Syracuse three or four counties away from Fort Drum and outside the six-county VHPD catchment area. Two of that VAMC's satellite clinics are located in the VHPD area, however; one is in Rome and one is in Watertown.

HUD's homeless assistance programs are organized quite differently from VA catchment areas, working locally through CoCs. CoCs are entities composed of many local stakeholders that come together to estimate need for various types of homeless assistance programs, establish priorities, apply for and administer HUD homeless dollars, operate an HMIS to collect client and service use characteristics, and report back to HUD on program performance. A CoC's geography may cover a single city, a city and county, a group of counties, a whole state, or any combination.

Exhibit 3.2 Counties and CoCs in VHPD Catchment Areas

VHPD Program	Counties (county with base[s] capitalized)	Continuums of Care (lead CoC capitalized)
Central Texas	BELL, Coryell, McLennan, Travis, Williamson	AUSTIN/TRAVIS COUNTY CoC Waco/McLennan County CoC Balance of State CoC
San Diego	SAN DIEGO COUNTY	SAN DIEGO CITY & COUNTY CoC
Tacoma	King, Kitsap, PIERCE, Thurston	TACOMA/LAKEWOOD/PIERCE COUNTY CoC Seattle/King County CoC Balance of State CoC
Tampa/ Hillsborough	HILLSBOROUGH, Hernando, Pasco, Polk	TAMPA/HILLSBOROUGH CoC Citrus/Hernando/Lake/Sumter Counties CoC Pasco County CoC Whitehaven/Polk County CoC
Upstate Northern New York	Herkimer, Madison, Oneida, JEFFERSON, Lewis, St. Lawrence	UTICA/ROME/ONEIDA COUNTY CoC Jefferson/Lewis/St. Lawrence Counties CoC

The five VAMC catchment areas are home to 12 CoCs (see Exhibit 3.2). For each VHPD program, HUD had to select one CoC to accept VHPD program funds, design the program and its cooperating agencies, and select one or more agencies to deliver the housing-specific resources available through VHPD. Further, that CoC had to be willing to accept all VHPD data into its Homeless Management Information

System, even if it came from VHPD grantees or subgrantees located in another CoC, and take responsibility for reporting program performance to HUD. Although HUD tried to pick the CoC closest to the designated military bases and the VAMC, it was only able to do so for San Diego, Tacoma, and Tampa/Hillsborough.

For Central Texas, the CoC with the greatest provider and HMIS capabilities was Austin/Travis County, about an hour and a half drive from Fort Hood and the VAMC (which are in Bell County and covered by the Texas Balance-of-State CoC). For the Upstate Northern New York VHPD program, the military base, Fort Drum, is in Watertown in the far north, while the VAMC is in Syracuse, about 60 miles away. The nearest center of highly organized homeless assistance and HMIS capability was the Utica/Rome/Oneida County CoC.

DOL works at the state level and locally through Workforce Investment Boards, which in turn fund One-Stop Career Centers, among other activities. (We refer to these centers as "One-Stops" throughout this report, as they have different names in each state.) One-Stops are run independently, some by nonprofit agencies and some as for-profit concerns. The staff designated to help veterans with employment issues, DVOPs for the veteran and LVERs for identifying work opportunities among employers as well as working with veterans, are technically state employees in most states, but are located at the One-Stops.

Community Context

As already noted, HUD selected one CoC near each of the VA-designated military bases to be the primary administrator of that area's VHPD program, although in four of the five VHPD locations the service area does not align with CoC boundaries. In agreeing to operate VHPD in their community, these CoCs agreed to submit a plan for selecting a local organization as the VHPD grantee, be responsible for the housing supports and financial assistance coming through HUD, and accept responsibility for maintaining the HMIS data for the program. In some VHPD sites—particularly Central Texas and Upstate Northern New York—the ability of service providers in the selected CoC to cover the entire catchment area was a key influence in the selection process.

All five CoCs were involved in the early phases of VHPD design and start-up because they had to select the agency that would serve as the VHPD grantee. The degree to which the CoCs remain involved in VHPD varies, however. The Tampa/Hillsborough CoC's involvement remains high since it serves as the VHPD grantee, supervising three subgrantees that deliver the actual program services and work directly with veterans. The San Diego City and County CoC also retains some involvement with the VHPD program by maintaining communication with the grantee and working with the grantee organization to troubleshoot implementation issues between the grantee and its two subgrantees. However, the CoCs for the three remaining VHPD programs have had only minimal involvement with the VHPD program once the grantee was selected. Their primary role is to receive, manage, and report the VHPD program's HMIS data.

Key informants note that VHPD has filled a critical gap in the array of services available to homeless veterans in their communities. While resources exist for homeless veterans in need of transitional and

supportive housing through VA Grant and Per Diem and HUD-Veterans Affairs Supportive Housing (VASH), homelessness prevention and rapid rehousing services for veterans who do not need such intensive interventions were missing. Even communities that have Supportive Services for Veteran Families (SSVF) programs appreciate VHPD, because SSVF focuses more on linking veteran families to supportive services and has strict caps on the amount of financial assistance that households can receive for housing (no more than 8 months, and usually a lot less). Community stakeholders described VHPD as an important resource because it can cover significantly more months of financial assistance.

VHPD Grantee Selection Processes

The five VHPD CoCs used a variety of procedures to select the VHPD grantee organization for their area. Two of the five CoCs, Tacoma/Lakewood/Pierce County and Utica/Rome/Oneida County, issued a formal request for proposals (RFP) to announce the availability of VHPD funds and solicit interest from community service providers in becoming the VHPD grantee. Review committees assessed the responses and made recommendations about which agency to choose. In Tacoma, the Tacoma/Lakewood/Pierce County CoC established a review committee specifically to evaluate VHPD proposals; this committee included representatives from United Way, the City of Tacoma, Pierce County, and the Washington Department of Veterans Affairs. For Upstate Northern New York, the committee included representatives of homeless service providers, local government agencies, nonprofits, and formerly homeless persons.

While Central Texas and San Diego do not consider their selection procedures to have been as formal as an RFP, the processes were similar to those in Tacoma and Upstate Northern New York. In both Central Texas and San Diego, the CoCs first determined what capabilities the grantee organization (plus subgrantees if applicable) would need to successfully administer the VHPD program. Organizations that met their threshold for capacity were asked to apply. In each location, committees reviewed applications. In San Diego, the committee used a scoring rubric it developed to determine which proposal to support.

The Tampa/Hillsborough CoC's process was somewhat different, and produced a different result. Upon learning of the VHPD funding, the Homeless Coalition of Hillsborough County, the lead agency of the Tampa/Hillsborough CoC, presented the opportunity to the CoC. Following its process for structuring HPRP, the CoC recommended that the Homeless Coalition apply as the grantee, with the expectation that the Homeless Coalition would be the managing partner and identify subgrantee organizations to directly interact with VHPD households. Ten organizations expressed interest in being involved in VHPD. Of these, the CoC asked nine to submit an application to be a subgrantee. A review committee evaluated the subgrantee applications and recommended that seven of the nine organizations be part of VHPD. Tampa/Hillsborough initially submitted its business plan with seven subgrantee organizations, but HUD requested that it limit the number of subgrantees to three. The Homeless Coalition selected the three organizations of the seven in the original business plan with the most experience working with HUD, VA, and DOL.

VHPD Grantee and Subgrantee Organizations

Across the 5 VHPD communities, 12 HUD-funded organizations participate in VHPD, including 5 grantees and 7 subgrantees. All grantees except The Salvation Army in Central Texas have at least one subgrantee (see Exhibit 3.3, second and third columns). The 12 HUD-funded organizations involved in VHPD can be categorized into four types: community-based homeless service organizations that do not exclusively serve veterans, community-based service providers that do expressly serve the veteran population, community-based treatment providers (usually for behavioral health concerns), and nonfederal departments of veterans affairs.

Community-Based Homeless Organizations: Of the four organizational types, the most common is the first: community-based homeless service organizations that serve veterans but also serve many other types of homeless people, usually through a wide array of programs from emergency shelter to permanent supportive housing. Five of the 12 organizations belong to this category, including the grantees in Central Texas, Tacoma, and Tampa/Hillsborough (The Salvation Army [TSA], Catholic Community Services of Western Washington [CCSWW], and the Homeless Coalition of Hillsborough County, respectively) and the two San Diego subgrantees (Interfaith Community Services [ICS] and St. Vincent de Paul Village [SVDPV]). Four of these five organizations directly provide services to homeless persons in their communities, while the Homeless Coalition of Hillsborough County, as the lead agency for the Tampa/Hillsborough CoC, acts as the coordinator of homeless service efforts in the Tampa area and does not directly provide services. The four direct service providers (TSA, CCSWW, ICS, and SVDPV) operate large portfolios of programs for homeless persons, including other VA homelessness programs (e.g., HUD-VASH and VA Grant and Per Diem). CCSWW and ICS are both former HPRP providers, and TSA has experience providing prevention and rapid rehousing services through its Passages Rapid Rehousing demonstration and Home Sweet Home homelessness prevention program.

Community-Based Veterans Organizations: The remaining two grantees—Veterans Village of San Diego (VVSD) and Central New York Veterans Outreach Center (CNYVOC)—are community-based service providers that exclusively serve the veteran population. Both agencies were founded by veterans to serve the needs of veterans, but VVSD and CNYVOC differ from each other in a number of ways. VVSD focuses on providing case management, counseling, and employment development for veterans and also operates a residential treatment program for veterans with substance abuse issues. By contrast, CNYVOC focuses on providing a broader array of less intensive supports, including transportation assistance, referring veterans to VA benefits and legal assistance, and operating an onsite food pantry, donation room, and thrift store. CNYVOC also provides case management through its own staff, VA social workers, and the New York State Department of Labor. Neither organization operated an HPRP program.

Exhibit 3.3 Agencies Involved in VHPD Programs

Pilot Site	Grantee[1]	Subgrantees[2]	VAMC[3]	Vet Center[4]	DOL partner agencies[5]
Central Texas (CT)	The Salvation Army (TSA)	None	Central Texas Veterans Health Care System, Health Care for Homeless Veterans Program	Killeen/Heights Vet Center	Texas Veterans Commission (TVC) and up to 20 staff in One-Stops in VHPD's five counties, all of whom answer and respond to the TVC representative to VHPD. Serves vets for employment
San Diego (SD)	Veterans Village of San Diego (VVSD)	St. Vincent de Paul Village (SVDPV) serves vets in south county; Interfaith Community Services (ICS) serves vets in north county	San Diego VAMC	San Diego Vet Center	California Employment Development Department, Workforce Services, Southern Division; VHPD-related activities are focused in south county
Tacoma (T)	Catholic Community Services of Western Washington (CCSWW)	Washington Department of Veterans Affairs (WDVA) does outreach and helps resolve discharge and disability ratings issues	American Lake VAMC	Federal Way Vet Center (south King County), provides one of the program's three outreach/ screening staff	State office + eight veteran-specific staff in the One-Stops in VHPD's four counties, some of whom are willing to work with VHPD and some of whom are not
Tampa/ Hillsborough (T/H)	Homeless Coalition of Hillsborough County	Serving Hillsborough County: Tampa Crossroads (TC) and Hillsborough County Department of Health and Social Services, Veterans Affairs Program (HCDHSS) (dropped in Year 2) Serving remaining three counties: Agency for Community Treatment Services, Inc. (ACTS)	James A. Haley Veterans' Hospital	Tampa Vet Center	Tampa Bay Workforce Alliance, for Hillsborough County; Polk Works for Polk County; Career Central for Pasco and Hernando counties
Upstate Northern New York (UNNY)	Central New York Veterans Outreach Center (CNYVOC)—(a private nonprofit agency serving veterans, not a part of VA)	Transitional Living Services of Northern New York (TLSNNY) provides all VHPD services for vets in VHPD's three northern, rural/remote, counties (Jefferson, Lewis, and St. Lawrence Counties)	Syracuse VAMC, Health Care for Homeless Veterans program (50 miles from Utica) or two VA outpatient clinics (in Rome and Watertown)	Watertown Vet Center	Eight One-Stops spread across the five of the six counties in the service area. All VHPD referrals for employment-related help must go through central office in Albany first, which then refers specific vets to one of the local One-Stops. No One-Stops in Lewis County.

[1] Three grantees do direct service (CT, T, UNNY); two administer the program but subgrantees do all direct service (SD, T/H). [2] Staff from T's subgrantee, the WDVA, helps with outreach and facilitates changes in discharge status and disability ratings; UNNY's subgrantee provides direct service to households in three of VHPD's six counties. [3] All VAMCs screen potential VHPD clients for eligibility for VA medical benefits (an eligibility criterion for VHPD) and do psychosocial assessments if the veteran has not completed one prior to applying for VHPD. They are also available to meet veteran health needs, and coordinate with grantee and subgrantees. [4] All Vet Center staff include outreach specialists; four of the five VHPD programs work with one of the Vet Centers in their services areas. Each of the four Vet Centers involved have assigned an outreach specialist to work with VHPD. UNNY has a Vet Center in its service area, but it does not conduct outreach for the VHPD program; it does, however, serve as a source of referrals. [5] Linkages to DOL agencies, usually One-Stops, are the weakest part of VHPD. In Central Texas, the TVC has an organizational commitment to VHPD and by far the most integrated VHPD-DOL relationship; the remaining VHPD programs have either good relationships but for only part of their catchment area, or awkward relationships (everything having to go through the Albany office for UNNY) or uncooperative relationships (nonresponsive DVOPs and/or LVERs) for at least some part of their catchment area.

Community-Based Treatment Organizations: Three organizations—Agency for Community Treatment Services, Inc. (ACTS), Tampa Crossroads (TC), and Transitional Living Services of Northern New York (TLSNNY)—focus primarily on providing services to those with mental health and/or substance abuse issues. ACTS and TC, both Tampa/Hillsborough subgrantees providing case management to VHPD households, offer treatment services as well as other housing and case management services. These agencies operate residential treatment, transitional housing, and permanent supportive housing programs as well as providing case management and other supports. Tampa Crossroads has prior experience with homelessness prevention and rapid rehousing efforts through its participation in HPRP. The third organization, TLSNNY, is the Upstate Northern New York subgrantee. TLSNNY works with people who have psychiatric illnesses and/or addictions, or otherwise need rehabilitative services so they can live in the community, including those who are homeless. TLSNNY also has programs supporting disadvantaged youth.

Nonfederal Veterans Affairs Agencies or Programs: The remaining two subgrantees are state or local government veterans affairs agencies or programs: the Washington State Department of Veterans Affairs and the Hillsborough County Health and Social Services Department. These organizations have expertise in helping veterans to access benefits for which they are eligible.

Models of Program Administration: Division of Responsibilities among Grantee and Subgrantee Organizations

Each VHPD program had to make decisions about whether to use subgrantees and, if yes, how the responsibilities of the HUD arm of VHPD (e.g., financial assistance, case management, and other supportive services) would be divided among the agencies involved. Across the five VHPD programs, this structure has developed in three main ways: no subgrantees for direct services; grantee program manager; and grantee program manager and case manager. We describe these approaches in more detail below.

No Subgrantees for Direct Services: In the first model, the grantee organization provides financial assistance and case management without the help of a subgrantee. In Central Texas and Tacoma, the grantees opted to provide financial assistance and case management services entirely in-house without using subgrantees for these purposes. The Tacoma grantee, CCSWW, does have a subgrantee, the Washington State Department of Veterans Affairs (WDVA), but the WDVA's role is to help with program outreach, assist veterans to access benefits, and help screen veterans for program eligibility, not to provide direct case management or financial assistance. The Salvation Army, the Central Texas grantee, does not have any subgrantees. Instead it works in a highly collaborative manner with its VA and DOL partner organizations to provide comprehensive case management services. The Central Texas working relationships will be discussed in more detail below.

Grantee Program Manager: In the second model, the grantee plays a program management role through its oversight and direction of subgrantees and processing of financial assistance payments, but all work directly with clients is done by subgrantee organizations. San Diego and Tampa/Hillsborough have set up their VHPD programs to work in this way.

Grantee Program Manager and Case Management: In the third model, the grantee performs the program management role and also provides case management. But the grantee shares case management responsibilities with a subgrantee, which assists additional households. The grantee processes the financial assistance payments for households served by its own staff and also the subgrantee staff. Upstate Northern New York's VHPD program works in this manner, primarily due to its large service area, its own lack of capacity in the far north, and the availability of an appropriate service provider in greater proximity to the three northern counties in the catchment area.

Where multiple organizations provide case management services to VHPD households (the second and third models), programs have divided their VHPD service area into smaller geographies and have assigned each subgrantee to serve specific subparts of the total catchment area. The San Diego VHPD program, which covers all of San Diego County, split its service area in half and assigned Interfaith Community Services to serve the northern half and St. Vincent de Paul Village to serve the southern half. Tampa/Hillsborough has two subgrantees serving all of Hillsborough County and a third subgrantee covering the other three counties in the VHPD catchment area. Upstate Northern New York divides its six counties into two groups, with the grantee serving the southern three counties and the subgrantee serving the northern three counties.

Working Arrangements Among VHPD, VA, and DOL Agencies

VHPD operations assume a three-legged stool—HUD grantees and subgrantees, DOL grantees, and the federal VA, which in some sites includes the involvement of both the local VAMC and Vet Center—to ensure that VHPD households receive a comprehensive set of services to help them stabilize in housing, access benefits, and health care through the VA, and locate employment opportunities through local DOL grantees. Therefore, a key determinant of VHPD's success locally is how well the agencies representing each leg of the stool work together to serve VHPD households. As will be seen, successful working partnerships involving agencies representing all three legs of the stool sometimes do and sometimes do not happen consistently at the local level.

Framework for Evaluating Partnering Arrangements

Before describing VHPD grantee, VA, and DOL relationships and examining the levels and types of interaction among HUD grantees, subgrantees, and other partner agencies, we first briefly present the framework we use to assess these relationships. We rely on the five-level integration framework developed by Martha Burt, focusing only on the first four stages.[25]

At the lowest level of integration, agencies exist in **isolation**. They do not attempt to communicate with one another, nor do they recognize the need to do so. Though staff may interact at committee meetings, they do not really know much about each other's services or capabilities. The second level of integration and the first step toward a more collaborative relationship is **communication**. At this stage, agencies are "…talking to each other and sharing information in a friendly, helpful way…." (Burt and

[25] See the following sources: Burt and Spellman 2007; Burt and Anderson 2006; Burt, et al. 2000

Spellman 2007). This communication can occur between line workers, middle management, and/or agency leadership in two or more agencies. Examples of communication-level activities include sending one another clients, letting a referring agency know that its client was seen by the receiving agency, notifying each other of special events such as open eligibility periods, and keeping each other informed of eligibility criteria and available services and benefits. As people familiar with the way community agencies operate may realize, these activities at the communication level are already considerably more than many community agencies do.

At the third stage, **coordination**, staff from two or more agencies work together to serve clients they have in common. Colocation is a common form of coordination. Colocation places staff from two or more agencies in the same place at the same time, making it easier for clients to connect with all of the agencies from which they need assistance. The organizations have not changed their priorities or procedures, other than to cooperate with each other to make life easier for clients and improve the chances that clients get the services they need. Again, this can occur at either the line worker level, the middle management level, or at the higher levels of the organizations' leadership.

At the fourth stage, agencies achieve true **collaboration**. Collaborative relationships are built on the recognition that agencies share clients, for whom they have similar or compatible goals. They plan jointly, use performance data to tell themselves how they are doing, and modify their own eligibility criteria, procedures, and internal working relationships to reduce barriers that prevent themselves and their partner agencies from being able to assist their clients in the most efficient and, particularly, the most effective way possible. While the previous stages may occur at line worker or middle management levels without agency leadership being involved, it is not collaboration if agency leadership has not engaged to the point of accepting modifications to goals, policies, and procedures, such that the agency changes and commitments are in place to ensure that the interagency arrangements are permanent and the relationship and working arrangements will endure.

Exhibit 3.4 Framework for Evaluating Partnerships	
Partnership level	**Definition**
Isolation	No communication
Communication	Talking to each other in a friendly way, sharing knowledge of each other's capabilities, resources, staff, constraints, and operating procedures
Coordination	Staff from different agencies cooperate with each other
Collaboration	Shared goals, use performance data to monitor progress, modify internal procedures, reduce service barriers

Partnership Among VHPD and VA Health Agencies

Each VHPD program includes an affiliated VAMC that bears primary responsibility for acting as the VA arm of VHPD. In Upstate Northern New York, where the VAMC is far away, VA clinics serve this role. One or more Vet Centers also operate within each VHPD program's catchment area, and four of the five VHPD programs work with a Vet Center.

VAMC staff assigned to work with VHPD (referred to in this report as VA VHPD staff) are typically housed at the VAMC, though some colocate with HUD grantee or subgrantee staff in community-based offices. VA VHPD staff usually include two to three VAMC social workers, one of whom leads the program and is designated the VA VHPD program coordinator. Tacoma's and Tampa/Hillsborough's VHPD programs also include a peer support specialist—a veteran with a history of homelessness who can empathize with the VHPD household and provide supportive services. Other VHPD programs used peer support specialists at one time, but either already have or intend to replace the people in that role with an additional social worker. Reasons for this vary. In Central Texas, program staff cited a desire to reduce travel times as the reason for wanting another staff member able to conduct program screening, and they could not afford both positions. In San Diego, however, program staff cited challenges with staff in this position respecting professional boundaries when working with VHPD households. Peer support specialists must have been homeless as well as being a veteran, and may still be too close to those experiences to maintain appropriate relationships.[26]

[26] As with peer support personnel for all types of issues (e.g., mental health, addictions, rape and battering, cancer), appropriate screening of applicants, training, and ongoing supervision should be in place to ensure that these staff maintain their roles, but sometimes these safeguards are not consistently used.

Exhibit 3.5 Vet Centers in VHPD Service Areas	
VHPD program	**Vet Centers in service area** (Vet Center conducting VHPD outreach capitalized)
Central Texas	KILLEEN HEIGHTS VET CENTER; Austin Vet Center
San Diego	SAN DIEGO VET CENTER; Chula Vista Vet Center; San Marcos Vet Center
Tacoma	FEDERAL WAY VET CENTER; Seattle Vet Center; Tacoma Vet Center
Tampa/ Hillsborough	TAMPA VET CENTER; Polk County Vet Center; Pasco County Vet Center
Upstate Northern New York	Watertown Vet Center (not integrated into VHPD outreach)

Most VHPD programs also work closely with a local Vet Center. Vet Center staff include outreach specialists who educate veterans and community organizations about the services the VA can provide through VAMCs, Vet Centers, and other aspects of the VA system. Their responsibilities also include reaching and engaging already homeless veterans or those at risk of homelessness. Outreach specialists working with VHPD inform the community and employees in other parts of the VA about the availability of VHPD and who might be eligible for the program. With the exception of Upstate Northern New York, where the local Vet Center has not been engaged in this capacity, VHPD programs currently work with only one of several Vet Centers in their service area to perform this outreach function (see Exhibit 3.5), specifically for VHPD. However, other area Vet Centers often serve as referral sources.

Partnership Level

Interactions among HUD grantees and subgrantees and their local VAMC partners are strong, in general, while interactions with Vet Centers are more mixed, with varying degrees of true collaboration among partners across the five programs.

Using the framework described above, Central Texas is the only VHPD program that can be classified as fully collaborative, with this collaboration including DOL as well as VA agencies. VHPD grantee staff (TSA) work daily with VA VHPD staff. At the request of VA, the VA VHPD staff are colocated with one of the two TSA VHPD case managers. The VA VHPD program coordinator worked with the TSA VHPD project manager and the lead DOL representative to create screening and release of information forms for VHPD that would serve the needs of all three agencies. TSA and VAMC staff share responsibility for providing case management to VHPD households. Both organizations and a representative from DOL attend weekly staff meetings where they work together to develop case plans for newly enrolled households and troubleshoot challenges with current VHPD households. This collaboration has strong support from higher-level leadership at the VAMC, TSA, and the TVC. Further, the program has actively engaged the Killeen Heights Vet Center, which provides a designated VHPD outreach coordinator who works closely with other program staff.

The remaining VHPD grantees and subgrantees do work with their VAMC partners, but they have not achieved as high a level of integration and collaboration as occurs in Central Texas. For example, the Tacoma grantee, CCSWW, and the VA VHPD staff at the American Lake VAMC meet twice weekly to select potential clients from newly screened households and discuss the progress of active households, and communicate daily, but their efforts lack support from the higher levels of VAMC leadership.

In Tampa/Hillsborough, relationships among the VA and subgrantees are strong. Subgrantee staff communicate regularly with VA VHPD staff. Tampa Crossroads and ACTS staff have weekly contact with VAMC staff to discuss current VHPD households and ways to troubleshoot issues they might be having. All parties also communicate regularly between meetings. While subgrantees are responsible for providing financial assistance and case management services, VA VHPD staff conduct outreach, screen applicants, ensure eligibility for VA health care on the front end, and continue to be involved through the provision of mental health and other treatment while the household is enrolled in VHPD. The VA VHPD peer support specialist is also available to assist with housing search and employment.

By contrast, in Upstate Northern New York, VAMC satellite clinics are primarily involved in the front-end work of identifying eligible veteran households and referring them to the grantee and subgrantee. A VA VHPD staff person from the Rome satellite clinic colocates one day per week at CNYVOC (the grantee) to meet with newly referred veterans. This colocation has helped reduce barriers due to the service area's extent and lack of public transportation. VAMC, grantee, and subgrantee staff attend monthly Utica/Rome/Oneida County CoC meetings to provide the CoC with an update on VHPD.

Compared to the other VHPD programs, the relationship between the San Diego grantee and subgrantees and the local VAMC has undergone the most change. Early on, VA VHPD staff involvement was more limited, often consisting only of verifying veterans' eligibility for VA medical benefits to ensure eligibility for VHPD. The VAMC capacity to deliver health and behavioral health services was not being tapped as much as in other VHPD sites, despite willingness on the part of the VAMC staff. This relationship has progressed from one of limited communication to more coordination at HUD and VA urging. Following replacement of the program manager at the grantee, VVSD, and efforts on the part of the new manager, key informants at the VAMC expressed increased satisfaction with the relationship, especially now that the VA VHPD social workers attend the weekly case management conference calls with the grantee and each of the subgrantees.

Exhibit 3.6 VHPD Program Partnership Level: Grantee/Subgrantee and VAMC

VHPD program	Partnership level
Central Texas	Collaboration
San Diego	Communication (moving toward Coordination)
Tacoma	Coordination
Tampa/ Hillsborough	Coordination
Upstate Northern New York	Coordination

Partnership Among VHPD and DOL Agencies

Interactions among the HUD VHPD grantees and subgrantees and local DOL staff responsible for assisting veterans have been challenging. Difficulties can be at least partially attributed to the way workforce development activities are structured at the state and local levels as well as to lack of VHPD-specific funding for DOL grantees.

DOL funds workforce development activities by providing grants to states, which establish state Workforce Investment Boards (WIBs) that develop a state plan, designate local workforce investment areas, and approve applications from local Workforce Investment Boards established to cover the designated areas. The local WIBs plan local workforce development activities and create a local One-Stop system for delivering workforce development services. Local WIBs competitively select public or private agencies to operate One-Stop Career Centers, known by different names in different states.

DOL's Veterans' Employment and Training Service operates the Jobs for Veterans State Grants (JVSG) program, which provides state workforce agencies with funds to support two types of staff positions that specifically serve veterans: Disabled Veterans' Outreach Program Specialists (DVOPs) and Local Veterans' Employment Representatives (LVERs). DVOPs are responsible for providing veterans—particularly those with educational or economic disadvantages, homelessness, and barriers to employment—with intensive employment and training-related services. LVERs conduct outreach to employers to increase the employment opportunities available for veterans and encourage hiring . They may also help veterans gain and maintain employment.

DVOPs and LVERs serving veterans in the five VHPD communities are stationed at local One-Stops. Though they are technically state-level employees, they answer to the One-Stop directors in most states, an arrangement that poses challenges for accountability when they are expected to participate in collaborative projects, such as VHPD. As the One-Stops receive no additional resources to serve VHPD clients, they may perceive that they cannot afford to devote existing resources to these clients. In at least some VHPD catchment areas, the DVOPs and LVERs are less responsive to state leadership and more responsive to their own agencies' management. If that management is favorable to working with VHPD clients, then they do; if management is unfavorable, then they do not, or do not work as cooperatively or willingly. State structures in the five VHPD states make a big difference for the level of involvement that One-Stop staff have had with VHPD, as will be seen below when we discuss the level of interactions among the three main agencies in the five VHPD programs.

The accessibility of One-Stop veteran employment staff varies depending on state and local bureaucratic structures. In the Tacoma VHPD catchment area, for example, the veteran-specific staff person in one of the local One-Stops is very helpful, staff in some other One-Stops are mixed, and the designated staff person in a final One-Stop will not respond to VHPD referrals. The state agency staff person nominally in charge of the local DVOPs and LVERs acknowledges that he has little ability to improve this situation.

In contrast, Upstate Northern New York's workforce investment structure requires all veterans to be referred to the state employment department before being routed to a veterans' employment staff at a local One-Stop. This more centralized system was put in place to overcome differences in the services

provided in different workforce investment areas. However, because of this design, veterans and their VHPD caseworkers must overcome numerous levels of bureaucracy before the veteran can begin to receive employment services. The VHPD agency must refer the veteran's case to the state employment department, which reviews it and then assigns the case to a DVOP or LVER at an appropriate local One-Stop. The DVOP or LVER will then attempt to contact the household. The system slows the process of getting adults in the household access to employment services and sometimes causes missed connections between the VHPD veteran and the DVOP or LVER. Only after assignment can VHPD staff begin to develop a client-centered relationship with local DOL personnel and work together to best serve the veteran.

Texas operates under a different structure—one that works greatly to the advantage of the Central Texas VHPD program. All DVOPs and LVERs are employed by and report to the Texas Veterans Commission, which is dedicated to providing veterans with employment services and connections to educational and other benefits. While its DVOPs and LVERs are housed in One-Stops throughout the state, they consider themselves "tenants" of the space, and are accountable only to the TVC rather than to the One-Stop operator or local WIB. Since the VHPD service area covers multiple local workforce investment areas that each have their own One-Stop systems and Workforce Investment Boards, having all veteran employment staff accountable to the TVC makes linking VHPD households to employment services easier and more efficient, facilitates oversight, and improves outcomes.

Partnership Level

The level of collaboration among HUD grantees and subgrantees and local DOL agencies is mixed.

Central Texas provides an example of true collaboration. At the same time the VAMC social worker refers the household to its TSA case manager, he or she also refers the household to a TVC DVOP or LVER stationed at the household's nearest One-Stop. The TVC VHPD supervisor makes sure the VAMC social workers have an updated list of all veterans employment staff in the Central Texas region, so the social workers can make appropriate referrals. The TVC VHPD supervisor keeps in contact with all DVOP and LVER staff serving VHPD households to monitor progress and also contacts veterans directly with employment or training opportunities where appropriate. The TVC VHPD supervisor takes responsibility for ensuring that VHPD households referred to employment-related case management get it, attends the weekly VHPD staff meetings, and is a part of all program management-level decisions along with the TSA VHPD program manager and VA VHPD program coordinator. The TVC VHPD supervisor was also involved in developing the VHPD screener with the VA VHPD program coordinator and TSA program manager.

Other VHPD programs have struggled to develop relationships with the various One-Stops operating in their large service areas. ACTS in Tampa/Hillsborough serves VHPD clients in three counties. Program staff cited difficulties negotiating relationships with staff at each of the different One-Stops in the area, such that ACTS staff were not regularly referring VHPD households to the One-Stops for employment services. Recognizing the importance of making this linkage, however, the Homeless Coalition (the grantee) is working with ACTS and the other subgrantees to develop these relationships.

CCSWW in Tacoma has similar issues working with local veterans' employment staff, with eight DVOPs and LVERs scattered across several different One-Stops. VHPD caseworkers say fruitful partnerships with local veterans' employment staff are completely dependent on the individual: three cooperate with VHPD and readily serve VHPD household members while the others either refuse to work with VHPD clients or are significantly less helpful. Veterans can get assistance at any One-Stop, not just the one nearest them, so CCSWW case managers often refer those participating in VHPD to the more helpful veterans employment staff in the area and avoid those that are not. However, this often means traveling longer distances than the person would have to if services were equally forthcoming across staff and One-Stops. CCSWW case managers also help veterans find employment themselves using Craig's List and personal connections. In some cases the relationships among the HUD-funded VHPD agencies and DVOPs and LVERs are not even at the level of communication.

In San Diego, the relationship with the California State Employment Development Department (EDD), which manages the local One-Stops, is limited primarily because the HUD-funded VHPD organizations often focus services on those who are already employed and not in need of employment services, according to grantee and subgrantee staff. One subgrantee, SVDPV, has referred veterans to EDD for services *before* enrollment, to help them get a job and therefore qualify for VHPD assistance.[27] Representatives from EDD report that they want to participate in the VHPD and have made efforts to better inform the HUD-funded VHPD agencies about the range of services EDD can offer veterans. Because of this, the grantee and subgrantees are systematizing the process of referring adults in VHPD households to EDD when they need employment services.

As noted above, New York's state employment development system requires veterans and their VHPD case managers to negotiate more complex bureaucratic processes, increasing the wait time between referral and the provision of employment services as compared to the other pilot sites. Providing VHPD households with employment services is further complicated by tension and misunderstanding between the New York State Department of Labor (NYSDOL) and the HUD-funded VHPD agencies. NYSDOL cites two reasons for the discord: (1) the HUD-funded agencies' failure to engage its staff in the planning process as the reason for its lack of integration in VHPD; and (2) lack of understanding on the part of the HUD grantee and subgrantee about how employment services would be provided after being briefed by NYSDOL staff. On the other hand, the Upstate Northern New York VHPD grantee and subgrantee note that lack of flexibility on the part of NYSDOL makes getting VHPD households access to employment service and joint case management a challenge. For example, NYSDOL veterans' employment staff are unable to meet clients at the grantee or subgrantee offices and are also reportedly not allowed to attend meetings in person at grantee or subgrantee offices. NYSDOL says that logistical challenges in the six rural VHPD counties prevent this colocation. Further, local veterans employment staff say they have difficulty getting the VHPD participants to follow up with them, but due to the bureaucratic complexity

[27] San Diego's VHPD program has defined the sustainability criterion to mean that the household must be self-sustaining within three months. Given this, adults in the households served by VHPD often need to be employed or have access to other benefits when they apply for the program. Chapter 4 discusses this in more detail.

of NYSDOL's system grantees and subgrantees say there is nothing they can do to facilitate veterans' engagement with LVERs.

Exhibit 3.7 VHPD Program Partnership Level: Grantee and One-Stops	
VHPD program	**Partnership level**
Central Texas	Collaboration
San Diego	Communication
Tacoma	Communication
Tampa/Hillsborough	Communication
Upstate Northern New York	Isolation/limited communication

Summary

The five VHPD programs vary in terms of how they have decided to divide responsibilities among HUD grantees, subgrantees, the VA VHPD staff, Vet Centers, and veteran-related employment staff at local One-Stops. Three models emerged for dividing responsibility, conducting program management, and providing case management and other services directly to VHPD households: (1) the grantee is entirely responsible for both managing the program and interfacing with VHPD households, perhaps with the help of VA and DOL agencies but without a subgrantee; (2) the grantee manages the program and uses subgrantees to provide services directly to households; and (3) the grantee manages the program and provides case management to a subset of households and also uses a subgrantee to provide case management services to the remaining households.

Overall, the partnerships among the grantees and the VAMCS are strong, with some site variation. While interactions range from mere communication to full collaboration, some practices emerge as promising signs of coordination or full collaboration. These include colocating staff at partner agency offices, holding regular cross-agency meetings to discuss participating households and work together on case management, and creating collaborative procedures or forms for administering the program. However, while individual VHPD staff persons across agencies may be willing and eager to work with other partner agencies, the partnership with the DOL is uneven and broader factors, such as lack of funding, little commitment to collaboration from organizational leadership, and the DOL bureaucratic structure, may inhibit enduring collaborative relationships from forming.

Chapter 4. Implementation: From Outreach to Enrollment

Introduction

This chapter and the next describe aspects of VHPD implementation. Chapter 4 looks at how VHPD projects do the work needed to find at-risk and short-term homeless veteran households, interest them in the program, determine eligibility, and enroll them in the program. Chapter 5 looks at how programs work with veteran households once they are in the program. These chapters synthesize site visit findings, summarized in the site memos provided in Appendix A.

VHPD programs have developed mechanisms to do four pre-enrollment tasks:

1. Identify and reach veterans at imminent risk of homelessness or having recently become homeless.
2. Establish entry points—locations (or virtual locations) that veterans could reach to ask about the program and begin the application process.
3. Screen and assess veterans and their households to gather the information needed to determine eligibility.
4. Select eligible households.

The rest of this chapter describes the approaches that the five VHPD programs have developed to accomplish these tasks.

Outreach

VHPD programs have a very specific target population that is not always easy to find. VHPD began serving veterans in early 2011, and serves veterans and their families with incomes below 50 percent of the Area Median Income (AMI) who are imminently at risk of becoming homeless or who have recently become homeless (within the past 90 days). High-priority subpopulations for VHPD programs include women veterans, young veteran families with children, OIF/OEF/OND veterans, and those with major health and mental health issues. Once a new program becomes known in the community, word of mouth may suffice to attract the right households. Until that happens, though, new programs such as VHPD usually have to do some strenuous outreach to alert people to their existence, the types of people they can serve, and what they offer.

VHPD target populations point to locations where outreach efforts must occur if they are to have the greatest chance of finding eligible veterans. VA's various programs and activities are obvious locations, but many veterans do not contact VA even though they may need the types of resources that VA programs offer. Therefore, an early public information campaign is a vital first step. It is also essential that VHPD programs contact places where people go when they face a housing crisis (e.g., emergency shelters and other homeless assistance programs) and organizations with a specific mission to help veterans (e.g., the American Legion). Public benefits offices, community-based health and social service

organizations, and educational institutions may also encounter veterans who need VHPD services and need to be informed about the program. VHPD programs do all of these things.

Public Announcements and Informational Meetings

Public announcements and meetings were early strategies for most of the VHPD programs. Before it opened its doors, the Tacoma VHPD program used radio spots and newspaper stories to spread the word about its services. At the same time, it organized a meeting for all service providers and other interested parties in Pierce County, attended by about 80 people, at which it described the program, who would be eligible, and how to refer veterans to the program when they were newly homeless or were about to lose their housing.

In most of the VHPD programs, outreach specialists associated with one or more Vet Center are active in recruiting potential VHPD clients. They speak at veterans' organizations and civic associations about the program and who might benefit from it, attend health fairs and job fairs to spread the word, and go to Yellow Ribbon[28] events and Stand Downs.[29] If VHPD program statistics indicate that the program is not serving an adequate number of a particular target group, program staff adjust their outreach strategies to compensate. For instance, if they are having trouble finding OIF/OEF/OND veterans, they might focus on events at colleges and universities to connect to younger veterans who might have served in those conflicts.

Hotlines

VA supports a National Call Center for Homeless Veterans (1-877-4AID VET) to help homeless and at-risk veterans connect to needed help. Four of the five VHPD programs—Central Texas, San Diego, Tacoma, and Tampa/Hillsborough—mentioned that many of the veterans who reach their program first contacted this hotline, where they learned about VHPD. Local general-purpose hotlines, such as 211, may also be referral sources. San Diego VHPD staff mentioned that many referrals come from either the general 211 hotline for the area or Courage to Call, a branch of 211 that assures a veteran calling in that the call will be taken by another veteran. The Tacoma VHPD program set up its own hotline to take referrals and conduct initial screening interviews on the phone. Three people rotate responsibility for staffing this hotline, each taking it for a full week. One of the three works at the VAMC, one at the Federal Way Vet Center, and one at the state's Department of Veterans Affairs. Every agency and stakeholder in the program's catchment area knows to direct a veteran to this local VHPD hotline if a housing crisis is part of the picture.

[28] Yellow Ribbon events target National Guard, Reservists, and their families during all stages of deployment. Vet Center outreach specialists usually attend demobilization and post-deployment events to let veterans know about the services offered through VHPD.

[29] Stand Downs are typically 1- to 3-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. Stand Downs are collaborative events, coordinated among local VAs, other government agencies, and community agencies that serve homeless people.

In-Reach to VA Program Staff

VA staff in many programs may encounter veterans facing a housing crisis or who are already homeless. When VHPD began, outreach staff made a point of alerting these VA social work staff to the availability of VHPD and discussing ways that veterans with a housing crisis could be identified and referred to VHPD. Likewise VA's homeless assistance programs were briefed on VHPD availability. For example, the Central Texas VHPD outreach coordinator has focused on educating and maintaining contact with Health Care for Homeless Veterans staff, veterans' justice outreach workers, women's health program staff, and Veterans Benefits Administration homeless outreach coordinators. These connections with VA programs continue to function as referral sources.

Connecting With Homeless and Other Supportive Service Programs

For all VHPD programs, the agencies responsible for rental and other financial assistance and case management are multiservice agencies that are part of the local homeless CoC and/or social service system. People come to these agencies to meet a variety of needs, and they have experience working with families to determine what offering best meet families' needs. Staff throughout these agencies are aware of VHPD and refer appropriate households to that program. In addition, all VHPD programs have spread the word to other relevant agencies in their community and receive referrals from them.

Outreach to Military Bases

HUD deliberately located all VHPD programs close to one or more military bases from which many active-duty military are demobilized. Some, such as Central Texas and one of the San Diego subgrantees, have realized that quite a few recent veterans are ill-prepared for civilian life. One group for which this appears to be true is young veterans who entered the military directly after high school, had not held a full-time job before serving, and did not serve in the military long enough to have acquired specialty skills or leadership positions. The Department of Defense (DOD) in conjunction with the DOL and VA provides some "transition assistance" for those about to be discharged. The Transition Assistance Program (TAP) offers preparation counseling and a voluntary 3-day workshop, but the concentration is on employment, not housing.[30] The Central Texas VHPD outreach staff have begun to attend these demobilization briefings, as well as briefings within the DOD's integrated disability evaluation system, to ensure that personnel attending these briefings are aware of VHPD. The San Diego VHPD subgrantee for the northern part of the county has likewise begun to reach out to transition staff at Camps Pendleton and Miramar.

[30] On July 23, 2012, President Obama announced his plan to redesign TAP. The program will be extended from three days to five to seven days. The core curriculum will include information on available veterans' benefits, available services, and training on how to translate military skills into civilian employment opportunities. For more information, see: The White House. 2012. "Fact Sheet: President Obama's Work to Honor our Military Families and Veterans." http://www.whitehouse.gov/the-press-office/2012/07/23/fact-sheet-president-obama-s-work-honor-our-military-families-and-vetera.

The Intake Process

VHPD programs determine eligibility against a standard set of HUD-established criteria and population targets. HUD-established VHPD eligibility criteria include the following:

- Income—household income is below 50 percent of AMI.
- Housing status—short-term homelessness or imminent risk of becoming homeless.
- "But for"—absence or exhaustion of available alternatives and resources.
- Sustainability—the likelihood that the veteran will be able to pay the full cost of housing once VHPD financial assistance ends.

Some VHPD programs have modified these criteria, or else adopted indicators that they use to operationalize a criterion. For instance, Tacoma requires that a household have a 3-day "pay or vacate" notice to qualify as being at imminent risk. San Diego generally aims to serve households for no longer than 3 months, and places great emphasis on selecting households that are expected to reach self-sufficiency within that timeframe (i.e., be able to pay for housing on their own). The program will, however, occasionally serve households beyond 3 months if a household's situation requires continued assistance. The San Diego program used current employment or the immediate future prospect of employment or benefit receipt (e.g., Post-9/11 GI Bill) as a selection criterion to increase the chances that the sustainability criterion would be met.

In addition to these criteria, VHPD programs are charged with serving particular target groups, as noted early in this chapter. These groups include young veterans, women veterans, veteran households with children, and veterans of the recent Middle East conflicts (OEF/OIF/OND). Finding people who meet the basic criteria and also fit one or more of the target groups can sometimes be a challenge.

The process of determining eligibility and completing enrollment begins once a veteran contacts a VHPD program. VHPD programs vary in the locations where veterans may first make contact with the program, as well as in the strictness with which they maintain a particular order of events. By "first contact," we mean a veteran's first connection with an official VHPD partner, not the first person or agency that the veteran sees about a housing crisis, who is likely to be the person who refers the veteran to the right hotline or official VHPD partner. Regardless of where their first contact is, all VHPD participants must be found eligible for the program by two agencies—the VAMC associated with the program for veteran status and health care and the VHPD grantee agency or its subgrantees for financial and housing assistance and case management. The final enrollment decision happens only after both screenings have found the household to be eligible. Exhibit 4.1 diagrams the process as it occurs in the Tacoma VHPD program; enrollment specifics vary somewhat in other programs.

Exhibit 4.1 Tacoma VHPD Intake Process

Outreach/referred to program

Veteran calls program hotline, completes screener

Tuesday meeting—VAMC and VHPD coordinators and the three screeners meet to decide which veterans to send to caseworkers for initial assessment this week

Veteran meets with caseworker, completes assessment, submits documentation

Thursday meeting—Entire staff meets, caseworkers present information on potential new clients they assessed, group decides whether or not to offer the program to the veteran, and what supports to offer

Veteran signs service agreement and is enrolled in VHPD; financial and other assistance begins.

The VA screening almost always comes first for the Central Texas and Tampa/Hillsborough VHPD programs. The VAMC's VHPD program coordinator then refers all households found to be VA-eligible to the VHPD grantee (or subgrantees in Tampa/Hillsborough). In Tacoma, the first screening is done by the local VHPD hotline, followed by VAMC and VHPD caseworker screening in either order. The enrollment decision is done jointly once both screeners have been completed. In Upstate Northern New York, veterans can make first contact with the VHPD grantee, the upstate VHPD subgrantee, or the VAMC. If either of the first two agencies gets the first contact, staff refer the veteran to the VAMC for that screening and conduct the VHPD screening themselves. If the first contact is with the VAMC, its staff refer VA-eligible clients to the grantee or upstate subgrantee, depending on location.

In San Diego, veterans can make first contact with either subgrantee or the VAMC. If the veteran is referred to the VAMC first, the VAMC VHPD staff screen him or her to determine eligibility for VA health care and then refer the veteran to the appropriate subgrantee to be screened for HUD eligibility. Until recently, though, veterans making first contact with a subgrantee were not always seen by VAMC VHPD staff. Though subgrantee case managers would contact VAMC VHPD staff to verify veterans' eligibility for VA health care, program staff did not require veterans to contact the VAMC or complete the VA screening, although some did do so. Following clarification with the San Diego grantee that VHPD program rules require that applicants be determined eligible for both VA medical benefits and VHPD housing assistance before they can be enrolled, San Diego screening procedures are coming into compliance.

The VAMC Screening

VHPD program rules require that veterans be eligible for VA medical benefits. Qualifications for these benefits include characteristics of one's experience in the military and one's current health care needs. With respect to military experience, to qualify for VA medical benefits, a veteran must have served on active duty in the military, naval, or air service; have completed their full enlistment period (usually 24 months); and have received anything other than a dishonorable discharge (VA 2013) or must be a Reserves or National Guard member who

was called to active duty (not training) and served the full call-up period. Several other conditions may also grant eligibility.[31]

Throughout VA, VAMCs use a standard assessment (see Appendix C1 for instrument) to determine eligibility for all homeless-related services offered by VA. These include Health Care for Homeless Veterans and housing programs that address homelessness, such as VASH, Grant and Per Diem, domiciliary care, and various transitional housing programs as well as VHPD and its sister program, Supportive Services for Veteran Families.

The full VAMC assessment interview collects information about the veteran's background, including military service, current housing situation, employment status, financial benefits, and medical and psychiatric problems. All assessment information is entered into the VA's Homeless Operations Management and Evaluation System (HOMES).[32] For VHPD purposes, assessment information is used to determine the veteran's eligibility for VA medical benefits and the types of health care the veteran needs.

The HOMES interview evaluates the veteran's needs across many domains. This information helps VA staff refer the veteran to whatever medical, behavioral health, and/or housing programs are most appropriate, including VHPD. The information in HOMES is not shared with or available to the VHPD housing and case management grantees or their staff, but VAMC staff affiliated with most VHPD programs share information with the VHPD team that is pertinent to a veteran's participation in the program, provided the veteran signs a release of information form.

The VHPD Grantee Screening

In the Central Texas, Tampa/Hillsborough, and Upstate Northern New York VHPD programs, the VHPD grantee agency or its subgrantees receives referrals from the VAMC in its network, once the VAMC has determined particular veterans to be eligible for VA medical benefits. The grantee or subgrantees perform a second assessment to determine (1) if the household also meets HUD and local requirements for VHPD participation and (2) what types of assistance the household needs.

As is true for the VA's HOMES assessment, VHPD grantees collect a standardized set of data to assess VHPD eligibility, following the VHPD data module (the HMIS assessment) that HUD requires for the program and that VHPD programs must record in HMIS (see Appendix C2 for instrument). The assessment can take up to an hour, during which the caseworker probes to make sure that he or she is getting the full picture of the veteran's housing situation and related issues as well as the information needed for HMIS. VHPD program staff use information from their assessment to determine whether the veteran meets HUD-established VHPD eligibility criteria, as described above, and any criteria they have set themselves. They also take note of the veteran's membership in one or more of the target groups

[31] Being separated for medical reasons, serving in a theater of combat operations in the last five years, being discharged because of a service-related disability, having been a prisoner of war, having received the Purple Heart, receiving VA pension or disability benefits, and/or receiving Medicaid.

[32] Except in San Diego, where at the time of our visit in April 2012, the entire VAMC was not entering client data into HOMES for any of its homeless-related programs, including VHPD.

(e.g., young or women veterans, or those from OEF/OIF/OND). Finding people who meet the basic criteria and also fit one or more of the target groups can sometimes be a challenge.

The San Diego VHPD program increased the difficulty of meeting that challenge by narrowly defining the sustainability criterion. The high housing costs in the San Diego area, coupled with the number of households the program was expected to serve, caused the grantee to decide that generally they could offer each household no more than 3 months of financial assistance. In other words, to be eligible for San Diego's VHPD program, the household would need to be able to achieve self-sufficiency (i.e., ability to maintain housing on its own) within 3 months. This caused the grantee to decide that most often the only veterans who would be able to sustain housing after VHPD were those who already had jobs or would soon be receiving substantial benefits (e.g., Post-9/11 GI Bill). The San Diego area has seven Navy and Marine bases and huge numbers of veterans, many of whom face a variety of housing-related issues. The VHPD program's decision to serve only those with employment or close to employment has meant that caseworkers there spend most of their time screening applicants, finding only about 1 in 10 who meet the program's criteria.

"But For"

The "but for" criterion applies to veterans who are at risk of losing their housing, and poses perhaps the most difficult decision that VHPD grantees have to make.[33] The difficulty arises because, while it may be clear that the veteran will lose current housing without the program's intervention (e.g., the veteran has received a formal eviction notice), the VHPD caseworker needs to determine whether the veteran would thereafter become homeless or would have some other resources to help with housing rather than ending up on the street. Further, although the veteran may not know about them, there may be community resources that could be accessed to prevent housing loss. VHPD caseworkers are responsible for learning enough about a veteran's personal and familial situation to make an educated guess about the likelihood of homelessness, and for knowing about other community resources and helping the veteran access them before committing VHPD financial assistance to help the veteran.

VHPD programs vary somewhat in their scrutiny of households related to "but for." All use the VHPD/HMIS assessment, so all have the same basic information. Some push further, examining all liquid accounts, household bills, and receipts for the past month; reviewing the household's budget and suggesting expenses that could be reduced or eliminated; exploring the client's family connections and resources that have already been exhausted; working with relatives to see what resources could be extended; checking eligibility for all public and nonprofit resources; and similar activities.

Sustainability

VHPD program rules urge the programs to serve veterans who face an immediate housing crisis but appear likely to be able to cover the cost of their own housing if they get help during the time of crisis. This usually means that the veteran's short-term employment prospects are good or that the odds are good of qualifying in the near future for a larger pension or a permanent housing subsidy.

[33] "But for" does not apply to veterans who are already homeless; they only have to document that their homelessness has lasted fewer than 90 days.

Most VHPD programs give veteran households 3 months of financial assistance at enrollment and tell them they are expected to be able to take over their own housing costs within 3 months. Some, like Tacoma, also take on clients who need only 1 or 2 months of assistance. However, others are more adamant about holding clients to these 3 months only, if circumstances beyond the clients' control make it necessary to extend assistance for additional months.

Finding Enough Qualifying Veterans

VHPD program guidelines identify several groups of veterans as priority populations—women veterans, young veteran families with children, OEF/OIF/OND veterans, and those with major health and mental health issues. Members of these target groups may not be the people who appear at Vet Centers and VAMCs asking for help. Some VHPD programs looked at their client statistics about halfway through their first year and realized that without augmenting their outreach approaches they would not meet program targets for some of the priority groups—especially young veterans and OEF/OIF/OND veterans. They began or expanded outreach to locations where they thought would be more likely to reach people in the target groups. These locations included colleges and universities that veterans attended using Post-9/11 GI Bill benefits and transition assistance briefings for about-to-be-discharged military personnel being offered at bases within the VHPD catchment areas.

Circumstances in the various VHPD catchment areas challenge some VHPD programs as they try to meet their enrollment goals. In the three northernmost counties of the Upstate Northern New York VHPD catchment area, for instance, receiving unemployment insurance is enough to push a household's income over the 50 percent of AMI cap and make the household ineligible for VHPD, even though the household does not receive enough money to be able to pay rent. The San Diego VHPD's decision to take veterans who can be sustainable in 3 months greatly restricts the proportion of veterans facing housing crises that the program will accept. In the Tampa/Hillsborough VHPD catchment area, local veteran characteristics make it difficult for that program to meet its OEF/OIF/OND enrollment goal, as a relatively high proportion of area veterans served in earlier conflicts.

Another factor influencing the ability of VHPD programs to meet their enrollment targets is how generous they are with participating households. If a subgrantee gave all its clients 18 months of assistance, the overall program would not be likely to serve the number of people it said it would, based on an anticipated average household cost of 3 to 6 months of support.

Two aspects of a veteran's military service are also important to mention with regard to VHPD eligibility: which service was involved and discharge status. We noted earlier in this chapter that veterans could not qualify if they were discharged dishonorably, and that current and former members of the Reserves or National Guard could qualify only if they were called to active duty by a federal order and completed the full period for which they were called or ordered to active duty. VHPD programs have found that some veterans who contact them with clear housing crises do not qualify either because they have dishonorable discharges or because they did not serve long enough on active duty. There is not much that VHPD programs can do about length of service, but they sometimes do try to help veterans get their discharge status changed. These efforts must be undertaken *before* a veteran can be enrolled, however, so the ability of VHPD programs to cover the time it takes to assist these veterans is limited.

The Enrollment Decision

The five VHPD programs handle the final decision on VHPD client selection in different ways; also, different VHPD subgrantees within the same program may follow different practices. In Central Texas, the VHPD grantee makes the final decision based on information from the VAMC staff, the VHPD supervisor from the DOL partner, and grantee caseworkers doing the screenings. In San Diego, the subgrantees make recommendations to the grantee, which has the final signoff—although the grantee rarely rejects the subgrantee recommendations. In Tampa/Hillsborough, the subgrantees make the decision to enroll a veteran. Decisions in Tacoma are made jointly by the VHPD program coordinators for the VAMC and grantee, at a meeting also attended by all screeners and case managers, who contribute to the final decision. In the Upstate Northern New York program, the grantee and the upstate subgrantee each make their own decisions about which veterans to enroll.

Two circumstances challenge VHPD programs to balance priorities that may be in conflict—whether to give more, less, or equal stress to "but for" versus sustainability, and the urgency of the housing situation versus target populations.

"But For" Versus Sustainability

San Diego has clearly come down on the side of sustainability, requiring households to be self-sufficient within 3 months in order to be eligible. This decision most likely means that the veterans they serve have a considerably lower risk of literal homelessness than those without jobs, even if they did lose their housing. Other programs, such as Central Texas and Upstate Northern New York, appear more likely to select households at higher imminent risk, even if it means they might have to extend financial assistance past their initial 3-month commitment. Tampa/Hillsborough subgrantees have chosen different approaches within the same VHPD program, with two keeping quite strictly to a 3-month time limit and selecting veterans accordingly, while the third expects and offers the full 18 months of assistance. The Tacoma program serves many veterans with one-time crisis needs (i.e., 1 or 2 months of rental assistance is enough), but also is willing to help a veteran who is completing education or training, and keep supporting a veteran waiting for an upgrade in his or her disability rating or for VA benefits to start.

Urgency Versus Priority Populations

VHPD program capacity is often less than the number of veteran households that qualify for the program, intensifying the pressure around enrollment decisions. Tacoma provides a good example. The program tries to keep its caseload to around 40 active households at a time. In an average week, its VHPD hotline screens in about 10 to 15 veterans who appear to fit the program criteria, but also in an average week it has openings for only three to five new households. The basic tradeoff in every discussion is urgency versus target population. Several eligible households face immediate eviction—within 24 to 48 hours—but only one or two are in a high-priority target group. Several other eligible households are OEF/OIF/OND or young mother households, but they may have 7 to 10 days before they lose housing. Which ones should the program take this week? If the decision is to take the most urgent cases, there may not be any openings the next week to enroll the high-priority households; if the decision is the opposite, the program fails to serve households that are truly at imminent risk. There is

no simple, or routine, answer to this dilemma, but program staff have established the requirement that a household have a 3-day "pay or vacate" notice to be selected for enrollment *this week* as a way to try to keep the balance, while seeking more veterans from priority populations to ensure they meet those program goals. The households with a longer lead time would be held until the following week for final intake procedures.

Summary

VHPD programs use a variety of methods to reach out to and find veterans facing a housing crisis who could benefit from the supports the program offers. Most used radio and TV spots and newspaper stories when the program began, but have not found these to be needed now that the program is well known. VHPD outreach personnel continue to spread the word about the program through attendance and speaking at public meetings, meetings of civic associations, health fairs, job fairs, VA events such as Yellow Ribbon and Stand Downs, and transition briefings at military bases for soon-to-be-demobilized service personnel. They also routinely check for eligible veterans with staff of the many programs that VA offers for homeless veterans, homeless assistance and prevention programs, and program staff in benefits and services agencies throughout their catchment areas. To ensure that they were reaching their target groups, VHPD sites conducted outreach to colleges and universities that veterans attended using Post-9/11 GI Bill benefits and transition assistance briefings for about-to-be-discharged military personnel being offered at bases within the VHPD catchment areas.

Screening veterans for eligibility is a challenge, in part because the demand for the program is extremely high. Each applicant completes two screenings, one at the VAMC for eligibility based on veteran status and also for health needs, and one by the VHPD agency for financial eligibility and housing status. Key issues for this screening are whether the veteran meets both the "but for" criterion and the ability to sustain housing when VHPD assistance ends. Sites also face decisions about basic tradeoffs between those with urgent needs and those in priority population groups when applicant households are not both. Resolving the question of who they should accept into the program remains a primary challenge.

Chapter 5. Implementation: Serving VHPD Households

Introduction

Once veterans are enrolled in VHPD, case managers from VHPD grantee agencies and VAMCs work with them to ensure that their housing needs are met and that they have the opportunity to improve their employment and/or income to the point where they can stabilize their housing situation. This chapter examines the ways the five VHPD programs conduct this work, the challenges they face, and the ways they have devised to meet those challenges.

Housing Assistance and Service Delivery Process

VHPD provides short- or medium-term housing assistance (3 to 18 months), including security deposits, rent, rental arrearages (up to 6 months back rent), moving cost assistance, and utilities; case management; and referrals to community-based services and supports. Service providers may also use VHPD funds for child care, credit repair, and transportation expenses. VHPD grantees and subgrantees provide services to veterans who are at risk of homelessness or those who have been homeless for up to 90 days. In addition to services offered through VHPD, grantees and subgrantees connect veterans to VA health services and DOL-funded employment services, as well as community-based resources (e.g., food assistance, TANF etc.). For those relocating from current housing or are currently homeless, some programs provide housing search assistance and help negotiating with landlords. This chapter describes the following:

- How VHPD programs assess veterans' needs (dosage decisions and recertification).
- How the grantees and subgrantees make decisions about the type of services to provide and for how long.
- The types of services, the level of services, and duration of financial assistance provided.
- The intensity of case management services provided.
- Types of employment services provided and linkages to health care services.
- Barriers to service provision.

Assessment and Dosage Decisions

VHPD programs have to decide *what types of services* to provide and *for how long.* We refer to these decisions as *dosage decisions* because they have to do with the types and amounts of treatment the veterans receive. The dosage decision-making process starts when VHPD program staff collect information from the veteran during an initial assessment. Programs will already have used some of the information from this assessment to determine whether the veteran is eligible for VHPD and a good fit for what the program offers. All VHPD grantees gather the information that HUD requires for HMIS, which is similar to that required for transitional and permanent supportive housing programs. In addition to this required information, each program may collect more detailed information about the same issues covered for HMIS and may also explore other issues.

VHPD program entry involves formal acceptance into the program, assignment to a case manager, and agreement of the veteran to work on goals that he or she sets jointly with the case manager. Once a veteran begins working with a case manager, the information gathered through assessment is used to determine what the veteran needs and what the program can offer.

VHPD programs differ in the structures they have created to develop the assistance package and authorize service delivery. In three of the five programs—San Diego, Tampa/Hillsborough, and Upstate Northern New York—case managers develop recommendations about what types of financial assistance to provide to each veteran household. They forward these recommendations to the grantee for approval, after which the grantee cuts the financial assistance check (which is paid directly to the landlord) and the case managers proceed with their part of service delivery. In Central Texas and Tacoma, grantees, subgrantees if any, and partner organizations make dosage decisions collectively during weekly group meetings. During these meetings they discuss the veteran's situation and come to a consensus about how much assistance the household will need to prevent or exit homelessness. In Tacoma, the VHPD program, the Washington Department of Veterans Affairs (subgrantee), VAMC, and the Vet Center are involved in these decisions, but DOL representatives do not attend. In Central Texas, the VHPD program, VAMC, and Texas Veterans Commission (workforce) staff all participate.

Recertification

Per HUD regulations, enrolled households must exit the program before 90 days or have their enrollment recertified. Enrollment may be extended up to 18 months if continuing need is documented through recertification. For the programs that provide weekly case management (Central Texas and Tacoma), recertification may occur more frequently. For example, in Central Texas, case managers work with clients to complete a budget worksheet every month. This budget shows whether the veteran's household has a deficit or surplus for the month and is used to determine how much financial assistance the household will receive *that month*. Program staff members indicate that the majority of Central Texas VHPD clients are successfully served and exit the program within 3 months. Veterans whose situations change to the point of not needing assistance after 3 months generally fall into three categories: (1) veterans whose income has increased so they are no longer eligible; (2) veterans who are stably housed and able to pay for housing; (3) veterans who are unable or unwilling to abide by the program contract.

About 20 percent of VHPD clients in Central Texas require medium-term assistance. According to program staff, when deciding whether to recertify a client the team considers what progress the veteran has made toward fulfilling the shared service plan goals. They also consider what events are likely to be coming up for the veteran in the near future. For instance, will the veteran receive a HUD-VASH voucher? Will the veteran likely be employed in the next month or has he or she just recently started a new job? In these cases, the team will carry the veteran over into medium-term assistance rather than risk cutting off assistance before the veteran and his or her household are really stable.

In Tacoma, case managers express a sense of urgency and stress that the program offers only temporary assistance. The program provides assistance on a 3-month basis.[34] After the client has received assistance for 90 days, his or her case will be reassessed and the team will decide whether to continue to serve him or her through VHPD for another 90 days. The team makes these decisions collectively at a weekly meeting. When considering whether to recertify a client, the team considers how much progress the client has made toward the goals set out in the case plan. If the client is making progress toward the goals in the plan, the team will recertify the client for another 90 days of assistance. At the end of the next 90 days, the team repeats this process. If clients are not making progress they have 30 days to take the necessary steps or they will be terminated from the program.

In San Diego, case managers decide the amount and duration of rental assistance on a case-by-case basis, using the veteran's budget to determine how much assistance the veteran requires to cover expenses or pay off debts. The San Diego case managers also consider the veteran's personal situation in determining how long he or she will need assistance before reaching a point of housing stability independent of VHPD assistance. For example, a veteran may be waiting to receive Post-9/11 GI Bill benefits that are suspended during the summer months because California eliminated all summer classes and the Post-9/11 GI Bill pays a stipend only while the veteran attends classes. In this case, the program provides assistance until the Post-9/11 GI Bill benefits restart, because with that added income the veteran is stable, rendering VHPD assistance unnecessary. Every 90 days, subgrantee case managers determine whether the client needs continuing assistance and should be recertified. Continued housing instability is the primary factor for recertification.

In Tampa/Hillsborough, the VHPD housing subsidy is a sum determined by subgrantee case managers after the client has completed intake and assessment with both the VAMC VHPD coordinator and the subgrantee case manager. Case managers at one subgrantee organization are advised not to share the amount of assistance a veteran is entitled to (i.e., 18 months), out of worries that "if you tell the client, they think it's theirs." At another subgrantee, the case manager tells them that there is 18 months of assistance, if they need it. This inconsistency means that the program is being implemented differently within the site among the different subgrantees.

In general, case managers are expected to assess clients' comprehensive financial needs and project the amount of assistance needed. When deciding how much financial assistance to provide, case managers at each of the subgrantees noted the importance of the employment piece, and work with DOL and others to find ways of creating and stabilizing income for the veteran if the veteran is unemployed or underemployed. The grantee oversees recertification, but the case managers lead the process by making recommendations. Case managers must conduct a home visit for every household they recommend for recertification.

[34] Tacoma also accommodates clients they call "one-timers," people who need only one check to tide them over and prevent housing loss. These clients would be in and out of the program within 30 days.

Finally, Upstate Northern New York caseworkers reexamine cases every 90 days and recertify them for another 90 days if they find that the households are still at imminent risk of homelessness. Staff report that recertification is uncommon because most clients leave before the 90-day mark.

Type, Level, and Duration of Financial Assistance

Once enrolled in VHPD, households can receive different types of services and receive assistance for varying lengths of time—from one time up to 18 months of assistance. APR data for VHPD's first year provide the relevant information. We describe first the veterans' housing situations at program entry—whether they are already homeless and need rapid rehousing or are at imminent risk of homelessness and need prevention services. Then we describe the types of financial assistance they receive and how long it lasts. Finally, we describe the types of housing relocation and stabilization services provided to VHPD households.

Prevention Versus Rapid Rehousing

VHPD households can receive either rapid rehousing or prevention services, depending on whether the household is literally homeless at program entry or only at imminent risk of homelessness. Overall, 82 percent of households served during VHPD's first year received prevention assistance and 19 percent received rapid rehousing assistance (see Exhibit 5.1).[35] Only Tacoma and Upstate Northern New York provided rapid rehousing assistance to more than 15 percent of households (29 and 35 percent, respectively). The other three programs were much less likely to serve already-homeless people with rapid rehousing.

[35] The shares receiving prevention and rapid rehousing services do not sum to 100, due to an error in APR data for Central Texas, Tacoma, and San Diego. The numbers of households served for prevention and rapid rehousing sum to more than the unduplicated count of households.

Exhibit 5.1. Participants and Households by Type of Housing Assistance Needed at Program Entry

	Total		Central Texas		San Diego		Tacoma		Tampa/ Hillsborough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Persons served by type of assistance received												
Prevention	1,178	86	223	95	335	90	162	76	314	93	144	70
Rapid rehousing	185	14	13	5	36	10	50	24	24	7	62	30
Total	1,363	100	236	100	371	100	212	100	338	100	206	100
Households by type of assistance received												
Prevention	470	82	86	91	132	87	69	73	116	89	67	65
Rapid rehousing	107	19	10	11	21	14	26	28	14	11	36	35
Unduplicated total	574	100	96	100	152	101	94	101	130	100	103	100

Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

Types of Financial Assistance Used by VHPD Participants

All VHPD programs provide financial assistance and nearly all of the households they served received it (93 percent), as Exhibit 5.2 shows. Among the types of financial assistance, rental assistance was most common, received by 85 percent of all VHPD households. Programs also provided financial assistance for other needs, such as making utility payments (44 percent of households) and covering arrearages in rent or utilities. For clients who had to relocate or who were already homeless, VHPD programs used financial assistance to cover deposits for apartments and utilities, moving costs, and hotel/motel vouchers (38, 5, and 9 percent of VHPD households, respectively).

Some VHPD programs make more use of certain types of financial assistance than others. For example, Upstate Northern New York provided security and utility deposits to 58 percent of households, while the remaining four programs provided this assistance to between 30 and 38 percent of households. Central Texas and Tampa/Hillsborough provided utility payments to 74 and 62 percent of households, respectively, while Upstate Northern New York provided this form of assistance to only 11 percent of the households it served. Further, Tacoma and Upstate Northern New York provided moving cost assistance to 13 and 17 percent of households, respectively, while the other three programs provided this assistance to less than 1 percent of households. This is likely due to the larger share of households needing rapid rehousing assistance in Tacoma and Upstate Northern New York.

Exhibit 5.2. Financial Assistance Provided by VHPD Programs

	Total		Central Texas		San Diego		Tacoma		Tampa/ Hillsborough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Unduplicated total of households served by VHPD	574	100	96	100	152	101	94	101	130	100	103	100
Total households receiving financial assistance of any kind	534	93	93	98	139	91	89	95	112	86	101	98
Rental assistance	488	85	89	94	133	88	81	86	103	79	82	80
Security/utility deposits	216	38	32	34	45	30	28	30	51	39	60	58
Utility payments	253	44	70	74	51	34	41	44	80	63	11	11
Moving cost assistance	30	5	0	0	0	0	12	13	1	1	17	17
Motel and hotel vouchers	52	9	0	0	1	1	1	1	20	15	30	29

Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

Types of Housing Relocation and Stabilization Services Used by VHPD Participants

VHPD programs also provide a range of supportive services designed to help people stabilize in housing, including finding housing if they are not in housing at enrollment. In VHPD these activities are known as Housing Relocation and Stabilization Services (HRSS), and include case management, outreach and engagement, housing search and placement, legal services, and credit repair. Overall, case management was the most common HRSS provided to VHPD households: almost all households (98 percent) received this form of assistance, as shown in Exhibit 5.3. VHPD households received other forms of supportive services far less often. About 18 percent of households received outreach and engagement services, while 11 percent received housing search and placement services. Less than 1 percent of all VHPD received legal or credit repair services.

Exhibit 5.3. Housing Relocation and Stabilization Services Provided by VHPD Programs

	Total		Central Texas		San Diego		Tacoma		Tampa/ Hillsborough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Unduplicated total of households served by VHPD	574	100	96	100	152	101	94	101	130	100	103	100
Total households receiving HRSS of any kind	565	98	93	98	150	99	94	100	125	96	103	100
Outreach/engagement	104	18	8	8	2	1	14	15	2	2	78	76
Case management	564	98	93	98	150	99	94	100	124	95	103	100
Housing search and placement	61	11	0	0	0	0	0	0	2	2	59	57
Legal services	2	0.3	0	0	0	0	2	2	0	0	0	0
Credit repair	1	0.2	0	0	0	0	1	1	0	0	0	0

Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

Outreach and Engagement

VHPD programs reported that only 18 percent of the households they enrolled during their first year were involved in outreach and engagement activities paid for by the HUD VHPD grant—a figure that has a huge range, from 1 to 2 percent in San Diego and Tampa/Hillsborough to 76 percent in Upstate Northern New York. Outreach and engagement are integral parts of all five VHPD programs, but staff of VAMCs and Vet Centers do the vast majority of this outreach, so that much of it does not show up in the outlays of the HUD VHPD grantees and subgrantees. As Upstate Northern New York has not had any help on outreach from Vet Centers, it is not surprising that a large majority of its clients during the program's first year were first contacted and engaged by the VHPD grantee or subgrantee itself.

Case Management

After assigning participants to a case manager, all VHPD programs start case management with setting goals and developing a plan for the household to move toward housing stability and employment. The type and intensity of case management varies by program, however. Some programs offer intensive case management, as defined by how often they meet. Central Texas, for example, develops a shared service plan with employment, financial stability, and health-related goals and connection to VA benefits. The case management is intensive: usually the case managers meet weekly with the veteran and set two short-term goalsone related to self-sufficiency (e.g., look for child care and enroll children, obtain driver's license) and the other related to housing (e.g., apply for public housing, pay utility bill)for which veterans report progress at least once a week, in person or by phone. In Tacoma, the household and caseworker develop a case plan and case managers typically meet with the veteran once a week. The case managers link veterans to service and benefits available through VA, the Social Security Administration, the Post-9/11 GI Bill, and VA's vocational rehabilitation program. In addition, each veteran's case is discussed once every three weeks at the program's weekly meeting, as each of

the three case managers take turns presenting their entire caseload and getting feedback on approaches and resources to help the veteran and family continue to move forward.

In Tampa/Hillsborough, the intensity of case management depends on the subgrantee to which the household is assigned. Tampa/Hillsborough is the most loosely run of the VHPD programs, with each subgrantee following its own program model based on its history and experience. One unique aspect of Tampa/Hillsborough's program is the way that subgrantees bill the grantee for case management services. The program uses a model based on Medicaid billing, which allows the subgrantee to bill only for hours of services provided (as opposed to funding a case management position). One subgrantee provides monthly home visits on a systematic basis, while the other two subgrantees provide case management on an as-needed basis, citing lack of funding and challenges with client engagement for the lower frequency in contact. The subgrantee that provides services on an as-needed basis asks clients to call in and leave a voice mail each week to report progress on goals.

San Diego and Upstate Northern New York use a similar approach to case management, reporting that they develop case plans during the initial meeting and then give veterans referrals to community-based services. They usually follow up with clients who really need it, or require that clients call in and give a status update. In Upstate Northern New York, case managers often meet with VHPD clients a few times. The initial VHPD case management meeting typically lasts 1.5 to 2.0 hours, while the next meeting focuses on connecting the veteran with services. Most veterans exit the program after a few meetings spread over a couple of months, but some clients call in more often to request additional help (e.g., filling out paperwork for other benefits).

In San Diego, VHPD subgrantees provide case management on an as-needed basis. It should be noted that case managers, who are also responsible for screening veterans for program eligibility, spend about nine-tenths of their time at the pre-enrollment stage. This program has large numbers of applicants and the most stringent eligibility criteria of all the VHPD programs (it requires veterans to be able to be self-sustaining within 3 months to be eligible, which often means already having a job or being enrolled in school or training). Its case managers provide applicants with a lot of assistance during screening and before enrollment. If veterans do not need extensive services, they are referred to links in the community. If they need more intensive services, they are referred to services such as transitional or permanent supportive housing. Finally, since sustainability is a key feature of San Diego's program, caseworkers may refer veterans to the DOL agency or other employment services so that they can gain income *before* entering VHPD. As most veterans screened never actually enroll, it is hard to know how to regard casework that remains unattached to any person officially enrolled in the program. It also appears that very little case manager time is left from these screening activities to support the program's actual clients.

Budgeting

Assistance to analyze financial resources, match them to needs, and create a functional budget is a key component of all VHPD program case management. Each program uses its own needs assessment tools to assemble the information needed to work out a budget with VHPD clients. The idea is to assemble a complete list of the veteran's monthly income (sources, amounts, and reliability) and total expenditures,

by category and amount. Some programs require the veteran to document this information by submitting copies of bills, receipts, and checking and savings account information. The case manager goes over this information with the client to create a monthly budget, which is then used for several purposes. The information helps the VHPD program determine how much and what kinds of financial assistance the veteran needs, and also helps focus the veteran on budget shortfalls or outlays that could be eliminated.

San Diego and Tampa/Hillsborough, for example, both create a budget sheet that shows income against expenses and identifies any budget shortfalls. A Tampa/Hillsborough caseworker noted that the budget sheet opens up a conversation to discuss expenses that could be averted, such as cable or eating out. It may also start conversations about how veterans manage their money. In Central Texas, for example, many veterans struggle with debt from payday and title loans that have astronomical interest rates. For these veterans, opening a bank account will become a short-term goal set during the assessment process so they can get their checks cashed without paying 10 percent or more to a check-cashing place, and possibly accumulate even minimal savings so they can avoid loan sharks that prey on people whose incomes do not quite make it from payday to payday.

Housing Search and Placement

Only Upstate Northern New York offers this type of HRSS to any degree. In that program, 57 percent of clients received this type of help, with the remaining four programs using it very rarely in the first year. Housing search and placement services include locating units, negotiating with landlords, providing financial assistance for moving costs, and utility hook ups. The intensity of these services depends on the program, ranging from referrals to housing ads to more intensive landlord outreach and unit identification. Usually these services are provided to veterans who are currently homeless and need to find an apartment, but some at-risk veterans are encouraged to relocate to find something they can afford and that meet rent reasonableness standards set by the program. About 30 percent of Upstate Northern New York clients were homeless at program entry, which probably accounts for the high proportion of program clients who received this service.

It is also possible that the remaining VHPD programs subsume much activity of this type under case management and report it as such, because staff in all five programs described similar activities even though they are not reporting such service delivery in their financial records. Many of the subgrantees involved in VHPD were also involved in the Homelessness Prevention and Rapid Rehousing Program, which provided them with experience doing this type of work. A subgrantee in Tampa/Hillsborough, for example, spoke of how the landlord network it built as an HPRP subgrantee was also helpful for VHPD, yet the program as a whole reports that only two clients received this service in the program's entire first year.

Employment Services

Employment services offered through local DOL offices are critical components of the VHPD program design. A majority of VHPD participants are unemployed at program entry, a large share have no income, and even those VHPD participants who have jobs earn only modest incomes (see Chapter 2). VHPD is set up so that grantees and subgrantees develop partnerships with local employment agencies

that receive funding from DOL (see Chapter 3). These agencies have two types of staff who work with veterans, including those served by VHPD—Disabled Veterans' Outreach Program Specialists (DVOPs) and Local Veterans' Employment Representatives (LVERs). The level of employment services offered through VHPD varies significantly by program and is largely driven by how strong the partnerships are among the VHPD grantee/subgrantees and the employment offices.

In Central Texas, VHPD program participants are required to meet with their DVOP or LVER once a week, although the program may allow less frequent contact as the veteran progresses toward sustainability. The local DOL agency provides veterans participating in the VHPD program with education and job training, resume assistance, interview preparation, job search assistance, and education benefits where appropriate. More than 20 DVOPs and LVERs work in the five-county VHPD service area. A supervisor with the Texas Veterans Commission works integrally with VAMC and VHPD grantee staff to ensure that people get connected to a DVOP or LVER and that these staff follow through with the veteran.

In Tampa/Hillsborough, subgrantee case managers prioritize working with veterans to help them find employment, linking them to the local DVOP or LVER in the region. However, subgrantee case managers offered mixed reviews of how helpful they believed the local DOL agencies are, particularly for veterans who were not job ready or had a criminal background, which is a major barrier to employment. One subgrantee in Tampa/Hillsborough skipped over the DOL agency and instead linked veterans to employment service networks it has built itself internally or with local organizations and employers, reporting that success is often more likely within these networks than with local veteran-related DOL staff.

Linking veterans to employment services through the DOL had a slow start in San Diego. This had to do in part with how the program is set up. For the most part, San Diego requires that the veteran be employed or close to employment at the time of program entry. APR data show that San Diego had the lowest rate of unemployment among veterans entering the program and a much larger share of adults who were permanently employed (see Chapter 2). In that program's first year, few veterans were referred to the local DOL agency because often clients ultimately enrolled in VHPD already had employment or other sources of income (e.g., Post-9/11 GI Bill benefits). This is because the program requires veterans to be able to sustain themselves within 3 months of enrollment, which often means veterans enter the program with a source of income already in place.

At the time researchers visited the San Diego program, the grantee and subgrantees were working to standardize the process of referring veterans to the local DOL agency—an office of the state's Employment Development Department (EDD)—for employment services. EDD has made an effort to inform the other agencies involved in VHPD about the variety of services it can provide and expressed interest in becoming more closely involved in the VHPD program. Because of this, the subgrantees will begin requiring veterans enrolled in the program to meet with a DVOP if they need to increase their income as part of becoming self-sustaining.

Health Care Services

Veterans at risk of homelessness or currently homeless are often dealing with mental or physical health issues. The most common health conditions cited by veterans were physical disability, mental illness, and chronic health conditions (35, 32, and 23 percent of conditions cited, respectively—see Chapter 2 for more detail). This level of physical and mental health problems makes health care services a vital component of VHPD. All veterans enrolled in VHPD qualify for VAMC health benefits, as stipulated by the eligibility guidelines for VHPD. However, some are not receiving this health care, and it is hard to know who is and who is not because these VA data are not part of HMIS reporting, and hence not part of the APR. Central Texas, Tacoma, and Upstate Northern New York actively work to ensure that their clients are linked to VAMC for mental and physical health care, and addiction services when necessary. In Tampa/Hillsborough, two of the three subgrantees work closely with VA VHPD staff to ensure that clients receive the health services that they need, but the third subgrantee does not. As mentioned in Chapter 3, the relationship between the grantee and subgrantee and VAMC staff in San Diego was more limited at the onset of the program and the HUD-funded organizations were not actively ensuring that clients were referred to VA for health services. However, this has been improving under the leadership of the VVSD VA program manager.

Referrals and Other Supportive Services

In addition to housing assistance and case management, Upstate Northern New York has been using VHPD funds to provide one-time transportation assistance for car repairs. Staff report that this is necessary since the service area is largely rural, lacks public transportation, and leaves VHPD program participants dependent on a car to find and keep employment.

Length of Participation in VHPD

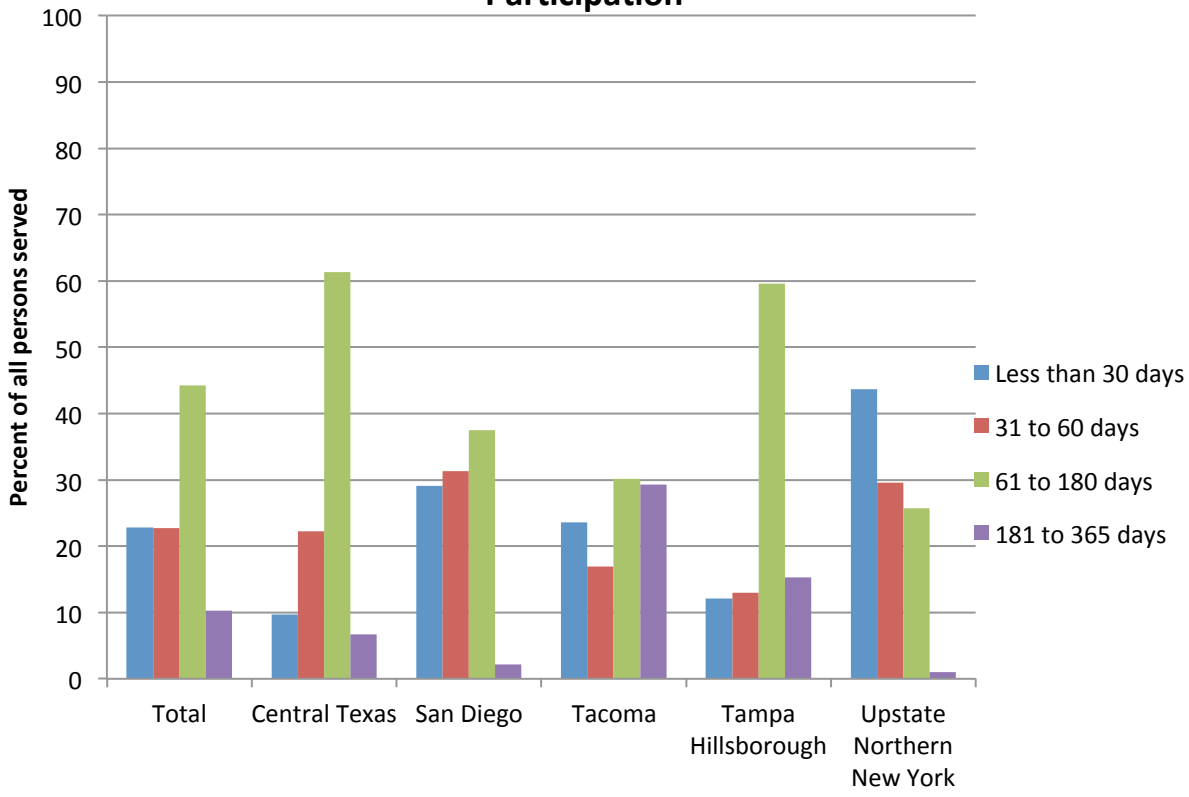
VHPD programs were consistent in their intent to provide short-term assistance for 3 months only, although most of them extended support for at least some of their clients. With a few exceptions, veterans are told that the program is short term and that assistance will end in 3 months. Rental assistance is usually based on income, with clients paying 30 percent of their income for rent and VHPD paying the remaining portion.

Among all clients who were served and then exited during VHPD's first year (leavers) *and* those who were still active at the end of the year (stayers), about 23 percent participated or had been participating in the program for fewer than 30 days (less than 1 month) at the close of the program's first year (see Exhibit 5.4). An additional 23 percent participated for 31 to 60 days (more than 1 month, less than 2 months), 44 percent participated for 61 to 180 days (more than 2 months, less than 6 months), and 10 percent participated for 181 to 365 days (more than 6 months to 1 year). Four of the five programs offer similar assistance to all veterans who come through VHPD. Tacoma immediately places veterans into one of two groups: those who receive one-time assistance and those who receive ongoing, short-term assistance. The second group receives case management and the first one does not.

However, participation length varies considerably by program. Of the five programs, San Diego and Upstate Northern New York serve the largest shares of people in shorter timeframes—29 percent of

those served by San Diego participated or had been participating for less than 1 month, and 43 percent of those served by Upstate Northern New York had been participating for that length of time. At both programs, the majority of persons participated or had been participating for 2 months or less (60 and 73 percent, respectively). Further, at these two programs, less than 2 percent participated or had been participating for longer than 6 months.

Exhibit 5.4 Share of Persons Served by Length of Program Participation



Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

In Central Texas and Tampa/Hillsborough, however, the majority of people participated or had been participating for longer than 2 months but less than 6 months (61 and 60 percent, respectively). In these two programs, somewhat larger shares participated or had been participating for longer than 6 months (7 and 15 percent, respectively). Tacoma is the only VHPD program with a substantial proportion of participants, 30 percent, receiving assistance for longer than 6 months, which is about twice the next highest share on this measure. Also in Tacoma, the majority (59 percent) of households participated or had been participating for longer than 2 months. Tacoma balanced these long stayers with almost one-quarter of its clients who participated or had been participating fewer than 30 days.

Across all five programs, the average length of participation was 81 days for leavers and 97 days for stayers (see Exhibit 5.5) for the first year. As expected, Upstate Northern New York and San Diego had the shortest average lengths of participation for both leavers and stayers. For San Diego, the average

length of participation among both leavers and stayers was 60 to 61 days. In Upstate Northern New York, the leaver average length of participation was 45 days and the stayer average length was 51 days.

Tampa/Hillsborough had the highest average length of participation among leavers at 121 days, but Tacoma had the highest average length of participation among stayers at 160 days. Further, the median length of participation among Tacoma stayers was 219 days, which suggests that those served stay in the program longer than the average indicates. This is due to the four to eight households per month that Tacoma assists with a single financial payment and one meeting with a case manager, while the rest of those served by Tacoma typically receive 6 to 9 months of assistance, according to program staff. There are basically two tracks in Tacoma: one-time assistance and longer-term assistance. Tacoma's length of stay statistics probably account at least in part for the smaller number of households that the program has served compared with most other VHPD programs (see Chapter 2, Exhibit 2.1). Given a fixed amount of money available for financial assistance, serving some households for many months means that a program cannot serve as many households overall.

Exhibit 5.5. Length of Participation by Exit Status (in days)

	Leavers		Stayers	
	Mean days	Median days	Mean days	Median days
Five programs combined	81		97	
Central Texas	101	137	69	104
San Diego	61	51	60	44
Tacoma	94	176	160	219
Tampa/Hillsborough	121	167	101	125
Upstate Northern New York	45	32	51	54

Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

Barriers to Service Provision

We asked key informants to identify barriers to service provision under VHPD. A few common themes emerged among the five programs: (1) covering the size of the service area; (2) helping veterans to access VAMC benefits; (3) helping veterans to access DOL services; and (4) inconsistencies with program management and case management. We discuss these below.

Size of the Service Area

All of the programs mentioned challenges with providing services in a large service area. San Diego solved this problem by identifying one grantee to serve the north end of the county and one to serve the south end; these areas are largely urban and suburban and were clearly divided by Highway 52. Upstate Northern New York, Central Texas, Tacoma, and Tampa/Hillsborough include rural counties in their service area—places that are hard to get to and where services of the types that veterans need are limited. In Tampa/Hillsborough, the caseworker who covers Polk, Pasco, and Hernando counties sometimes travels 200 miles, or up 3.5 hours, to reach a veteran. The same thing happens in Tacoma, which has a four-county catchment area that includes heavily wooded areas going up to Mt. Rainier and

over to the Olympic Peninsula. Travel times are also problematic in Upstate Northern New York, which includes six largely rural counties in the VHPD service area, and in Tacoma and Central Texas.

Travel difficulties, lack of local services, and insularity of communities and individuals thanks to natural barriers of mountains, rivers, and the like are nothing new to people familiar with the challenges of serving people in sparsely populated areas. Modern communication technology (mobile phones, email) could help if service were available in remote rural areas, but often it is not. The realities of serving rural areas mean that the travel time and effort is squarely on the provider; funders need to accommodate the greater resources needed to cover program staff time as they work to reach and serve clients in these communities.

Accessing VAMC Benefits

Program staff cite long waiting lists for some VAMC services, primarily mental health and addiction treatments, as a primary challenge to serving this population. The VHPD program is designed to provide clients with short-term assistance (no more than 18 months), and long waiting periods for services and especially for decisions on service-related disabilities frustrate the ability of clients to reach a point of stability and/or self-sufficiency. Further, some VHPD clients are unable to work due to damage to their mental and physical health sustained during their military service, and have service-connected disability applications pending. Receipt of income based on a service-related disability will often make all the difference for a veteran, because the added income would make him or her able to pay for housing. However, in some locations the wait period for a service-connected disability application to be processed exceeds the maximum amount of time a client is allowed to receive assistance through VHPD (18 months). In others, the lag time is shorter (four to five months) and the VHPD programs can accommodate it.

Inconsistency of Case Management

Some key informants expressed frustration with the lack of responsiveness and case management follow-up provided by the subgrantees. However, key informants indicate that this issue is limited to isolated cases, which have been addressed. Each subgrantee organization has significantly different ratios of case managers to clients. Client engagement has also been an issue. Some veterans, particularly those with PTSD or TBI, are hard to engage and have poor follow-through on their case plans. Further, it's difficult to juggle screening demands versus providing case management demands.

Summary

There is significant variation across the sites in how they make decisions about the type and level of services to provide each veteran household. Some rely on the caseworkers to make the judgment, while others require grantee final approval. Caseworkers make these decisions based on assessments that include a look at the veteran's current and future financial situation.

VHPD grantees and subgrantees provide mostly short-term financial assistance for rental arrearages and rent subsidies going forward, with case management and referrals to supportive services when needed. There is some variation across sites, and case management, in particular, is uneven. Length of stay varies

by site, but most households stay on the program for less than 6 months. Veterans who are homeless currently or who need to be relocated due to unaffordable rent receive housing search and relocation services. Most veterans who enter the program are unemployed and could benefit from employment services. The partnerships among the grantees and the DOL One-Stops and veterans employment staff vary significantly; these relationships affect the quality of services provided.

The size of the service area, backlog in accessing VAMC benefits, and the inconsistency in case management are among some of the barriers to services.

Chapter 6. Data and Tracking

Overview

HUD requires that all VHPD programs collect data in an HMIS database or a comparable client-level database. HMIS is an electronic data collection system that collects information about people who use homelessness services. VHPD grantees use HMIS data to submit QPRs and APRs to HUD. All of the grantees have experience with HMIS through their CoC data collection process. VHPD subgrantees have varying levels of experience reporting into HMIS.

HUD-Required HMIS Data Collection

HUD requires that VHPD grantees collect universal data elements—those required of all HUD program grantees—and program-specific data elements that are required only by VHPD grantees and subgrantees. The following universal data elements are required by VHPD grantees and subgrantees:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status
- Disabling Condition
- Residence Prior to Program Entry
- Zip Code of Last Permanent Address
- Housing Status
- Program Entry Date
- Program Exit Date
- Personal Identification Number
- Household Identification Number

The following program-specific data elements are required (optional data elements are noted with an asterisk) by VHPD grantees and subgrantees:

- Employment
- Education*
- General Health Status*
- Pregnancy Status*
- Veteran's Information (military service era, duration of active duty, war zone, months in war zone, hostile or friendly fire, branch of military, type of discharge)
- Children's Education*
- Reasons for Leaving
- Services Provided

Previous HMIS Experience

Exhibit 6.1 provides an overview of the grantees and HMIS administrators. Except for San Diego, the HMIS administrator at each site is the CoC. All of the grantees had previous experience entering data into HMIS. As Exhibit 6.2 shows, only a few of the subgrantees were new to HMIS.

Exhibit 6.1. Grantee and HMIS Administrator

Site	Grantee	HMIS administrator
Central Texas	The Salvation Army (TSA)	Ending Community Homelessness Coalition (ECHO)
San Diego	Veterans Village of San Diego (VVSD)	San Diego Regional Task Force on the Homeless*
Tacoma	Catholic Community Services of Western Washington (CCSWW)	Pierce County Community Connections
Tampa/Hillsborough	Homeless Coalition of Hillsborough County	Homeless Coalition of Hillsborough County
Upstate Northern New York	Central New York Veterans Outreach Center (CNYVOC)	Mohawk Valley Continuum of Care

* The San Diego Regional Task Force on the Homeless administers the HMIS data system for the San Diego City and County CoC. However, St. Vincent de Paul Village, a San Diego VHPD subgrantee, maintains its own HMIS system, CSTAR, that may not be completely integrated with the system maintained by the Regional Task Force. VVSD also uses CSTAR for some of its programs.

Exhibit 6.2. Previous HMIS Experience by Subgrantee

Site	Subgrantee	Previous HMIS experience?
San Diego	Interfaith Community Services (ICS)	Yes
San Diego	St. Vincent de Paul Village (SVDPV)	Yes
Tacoma	Washington State Department of Veterans Affairs (WDVA)	No*
Tampa/Hillsborough	Agency for Community Treatment Services, Inc. (ACTS)	Yes
Tampa/Hillsborough	Tampa Crossroads	Yes
Tampa/Hillsborough	Hillsborough County Department of Health and Social Services, Veterans Affairs Program	No
Upstate Northern New York	Transitional Living Services of Northern New York (TLSNNY)	Yes**

* The WDVA does not provide case management to VHPD households and does not enter data into HMIS; all HMIS data for Tacoma is entered by the grantee. Therefore, the WDVA's lack of experience with HMIS is not an issue.

** TLSNNY has experience entering into HMIS from prior HUD projects, but does not enter data into HMIS for VHPD.

HMIS Data Entry

Across the VHPD grantee sites, the procedure for entering data into HMIS is consistent, with case managers at each site entering VHPD data into HMIS. In Tampa/Hillsborough, only the subgrantee organizations, ACTS, Hillsborough County, and Tampa Crossroads perform case management, and subgrantee case managers working with VHPD are responsible for entering their data into the Homeless Coalition of Hillsborough County's (CoC) HMIS system. This system is paralleled in San Diego, with subgrantee case managers at Interfaith Community Services inputting VHPD data into the CoC's HMIS system and St. Vincent de Paul Village entering its VHPD data into its CSTAR system. In Tacoma and Central Texas, the grantee performs all case management activities, and therefore enters all data into HMIS. Additionally, in Tacoma, the CoC's HMIS administrator is responsible for uploading all of its HMIS data every month to the Washington State HMIS data repository maintained by the state Department of Commerce. In Upstate Northern New York, case management is performed at the grantee (Central New York Veterans Outreach Center, or CNYVOC) and subgrantee (Transitional Living Services of Northern New York), but only the grantee enters case management information into HMIS. Case managers at the subgrantee send intake materials via fax to the grantee organization, and case managers at CNYVOC enter into HMIS for both organizations.

In every site except San Diego, all VHPD HMIS data feed into a single HMIS system maintained by the HMIS administrator for the grantee's CoC. In San Diego, one subgrantee, Interfaith Community Services, has subcontracted with the CoC's HMIS administrator, the San Diego Regional Task Force, on the Homeless, to maintain its VHPD HMIS data. The other subgrantee, St. Vincent de Paul Village, enters its data into an HMIS system it developed itself called CSTAR. CSTAR data must then be combined with the data maintained by the Regional Task Force before reports can be sent to HUD, rather than it all residing in the HMIS administrator's data system.

With the exception of Upstate Northern New York, the CoCs are all using Service Point HMIS systems to store VHPD data. In Upstate Northern New York, the CoC currently uses a locally developed HMIS system that it is able to tailor to its own specific needs, though it is in the process of migrating to a Service Point HMIS system as well.

Beyond HUD Requirements: Types of HMIS Data Collected

At each of the VHPD sites, there is consistency in terms of when VHPD client data are entered into HMIS, which is after intake and assessment, upon enrollment in VHPD. Each VHPD site's HMIS system captures all of the HUD-required data elements; however, there are site variations with respect to additional data collected outside of the HUD-required elements. For example, San Diego's HMIS system captures detailed transaction information; each time a client meets with case managers or receives financial assistance, it is recorded in HMIS. In Central Texas, all information collected during intake and assessment is entered into HMIS. The Central Texas HMIS system is also designed to capture client connections to services that have been made through VA. Upstate Northern New York also distinguishes itself with its locally derived HMIS system that captures many data elements beyond the scope of the HUD-required data. For example, Upstate New York's HMIS system collects information on

transportation, housing placement, consumer assistance and protection, receipt of criminal justice/legal services, substance abuse services, other case/care management, day care for clients' children, personal enrichment services, referrals to other services, HIV/AIDS-related services, mental health care/counseling, education, and other health care.

Program Use of HMIS

All five sites use HMIS data to create the QPR and APR reports that they submit to HUD, but the data collected are also an incredibly valuable resource to the sites themselves, allowing them to identify trends in client service utilization and empirically observe the effects of their program implementation strategy. For example, in Upstate Northern New York, HMIS data are also used to examine the impacts of program targeting efforts to recruit OEF/OIF/OND participants. In Central Texas, the HMIS data are critical: they are used to help case managers determine how much financial assistance to provide, and also to ensure quality client information by allowing case managers to see and correct missing data points. In Tacoma, HMIS data are also a key resource, used to assess client standing and inform decisions about recertification. In addition to using the data to assess trends, Tacoma also uses the data to help identify barriers to service provision. For example, within the HMIS data, the Tacoma program has observed that those with mental health issues tend to stay on VHPD assistance for longer periods, and are more difficult to transition off the program. Exhibit 6.3 provides a site summary on what each site enters into HMIS and how they use the data.

Exhibit 6.3 HMIS Summary Table

	Who enters and maintains VHPD data in HMIS?	At what stage are clients entered into HMIS?	What kinds of data are entered into HMIS?	How do programs use HMIS data?
Central Texas	*VHPD case managers at the grantee organization are responsible for entering data into the CoC's HMIS system *HMIS data system (Service Point) are managed by an HMIS administrator at the CoC	*VHPD client data are entered into HMIS after enrollment	*All universal data elements required by HUD are entered into HMIS *All information collected during intake and enrollment is documented within HMIS *Captures client connections to services through VA	*Used to determine how much financial assistance to provide *Find and correct missing data points *Ensure accuracy of exit information *Examine trends in VHPD clients and service utilization over time *APRs and QPRs

San Diego	*Case managers at subgrantee organizations enter VHPD data into its CoC HMIS, but the ICS system is Service Point and VVSD uses C-Star *HMIS systems (Service Point) are managed by the Regional Taskforce on the Homeless, which is a subcontractor to the CoC	*VHPD client data are entered into HMIS after enrollment	*All universal data elements required by HUD are entered into HMIS *Transaction information—when clients meet with case managers, and when financial assistance is provided is captured	*APRs and QPRs *Consider trends in VHPD clients and service utilization over time
Tacoma	*Case managers at grantee/ subgrantee organizations enter VHPD data into CoC's HMIS within 1 to 2 days of initial intake *HMIS systems (Service Point) are managed by an HMIS administrator at each CoC *Each CoC is responsible for monthly uploads of its HMIS data into Washington Department of Commerce's data depository	*VHPD Client data are entered into HMIS within 1 to 2 days of enrollment	*All universal data elements required by HUD are entered into HMIS *Only information collected on the intake screening form is entered into HMIS, all other gathered information is stored by the grantee/subgrantee organization	*Key resource during 90-day recertification meetings *Consider trends in VHPD clients and service utilization over time *Identify common barriers that occur in service provision * APRs and QPRs
Tampa/ Hillsborough	*VHPD case managers at each subgrantee organization are responsible for entering intake data into the CoC's HMIS system *HMIS data system (Service Point) are managed by an HMIS administrator at the CoC Homeless Coalition of Hillsborough County	*VHPD client data are entered into HMIS after the assessment process	*All universal data elements required by HUD are entered into HMIS	* APRs and QPRs *Examine trends in VHPD clients and service utilization over time
Upstate Northern New York	*Only VHPD case managers at the grantee organization enter data into HMIS. Subgrantee case managers send client intake forms to the grantee organization to be entered into HMIS * HMIS data system (locally developed) is managed by an HMIS administrator at the CoC	*VHPD client data are entered into HMIS after enrollment	*All universal data elements required by HUD are entered into HMIS *The locally derived system also allows them to collect specific data outside of the HUD-required data elements	* APRs and QPRs *Examine trends in VHPD clients and service utilization over time *Examine impacts of targeting efforts to recruit OEF/OIF/OND

Challenges Collecting and Using HMIS Data

HUD developed the VHPD data module for HMIS and introduced it to the sites through training, data quality checks, and use of quarterly and annual reporting to provide feedback. HMIS administrators cooperating with VHPD programs had to modify their data systems to accommodate the new module, which mostly followed the pattern of the reporting module for the Homelessness Prevention and Rapid Rehousing Program, but contained new data fields related to military experience. Since subgrantees had varying levels of experience with HMIS, grantees had to familiarize some with the data collection system. During researchers' site visits, HMIS administrators, grantees, and subgrantees expressed frustration with HUD's HMIS rollout, noting that it was challenging to launch because HUD was slow to share the data collection requirements. This meant that grantees had to go back to the subgrantees and make sure they were collecting universal and program-specific data elements in consistent ways. Making sure that all grantees and subgrantees were using consistent definitions of "veteran" and collecting veteran's information consistently was particularly important.

An issue that has complicated VHPD and the analysis for this report was that data fields had response categories for *where* a veteran served and *what era(s)* a veteran served in, but not specifically that a veteran served in Iraq or Afghanistan as part of OEF/OIF/OND. Thus, a caseworker could know that a veteran had served as part of one of those conflicts, but could not record that knowledge accurately. Further, the list of war zones includes "Persian Gulf" and "Other." Program staff have been instructed to use "Other" exclusively for service in Iraq, but the two categories could overlap and it is not known how sites are deciding to use one or the other.

Finally, the VHPD HMIS module is structured in such a way that program staff are often unable to fix incorrect data. Some grantees report great frustration in looking at APRs and QPRs and seeing that the aggregate data presented there is inaccurate, but not being able to check and correct the client level data easily because of the way the system is set up. This poses serious data quality problems for the VHPD performance reports.

Summary

All five VHPD programs enter data into HMIS or a comparable client-level database as required by HUD. All five VHPD grantees and nearly all of their subgrantees had experience entering data into HMIS prior to the VHPD program. At all five programs, case managers at either the grantee or subgrantee level are tasked with entering client data into HMIS. All programs collect the universal data elements and required VHPD-specific elements, and some programs collect additional information (e.g., detailed transaction information and information on connections to other services). The programs use these data to submit performance reports to HUD and some also use it to track program progress and trends in service use. Key challenges for HMIS data collection include a cumbersome rollout process, lack of ways to record information relevant to the VHPD program (e.g., whether or not a veteran served in OEF/OIF/OND), and insufficient grantee access to the information it has input to be able to find and correct errors.

Chapter 7. Early Successes, Outcomes, and Challenges

Introduction

Drawing on data collected during program reconnaissance, the first wave of site visits, and program administrative data, this report has described the design of local VHPD programs and implementation during the demonstration's first year of operation. This last chapter brings together researchers' findings to highlight some early implementation successes, outcomes for veterans who exited VHPD by February 1, 2012, and program challenges that remain. Since this is an interim report, the chapter ends with next steps for the evaluation.

Early Implementation Successes

At the time the research team visited the VHPD sites, they were about one year into implementation and had quite a few early implementation successes to note and celebrate.

Designed, Launched, and Implemented VHPD at All Five Sites

When Congress authorized VHPD in 2009, HUD policymakers had little knowledge about what would work in homelessness prevention and no model or evidence-based programs upon which to base the demonstration. With the country still in a deep recession, there was an overwhelming need among veterans for the type of assistance VHPD would provide. Within a short timeframe, HUD and its VA and DOL partners developed the program design,[36] selected five sites, and notified them of the potential grant award. Not only did HUD design, launch, and implement the VHPD demonstration at all five sites, it also commissioned this evaluation to give future policymakers better information on which to develop homelessness prevention and rapid rehousing programs for veterans. Upon accepting the grant, all five VHPD sites—Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York—identified a grantee, developed a grant agreement, identified service providers, and designed local program guidelines in a very short period.

Addresses a Critical Gap in the Array of Homeless Services Available to Veterans

Before VHPD, no homelessness prevention or rapid rehousing program specifically served veterans and their families (see Chapter 1). At the five sites, VHPD addresses a critical need for short-term assistance for veterans whose needs do not require more intensive (and costly) interventions, such as transitional housing and supportive housing funded through the VA Grant and Per Diem and HUD-Veterans Affairs Supportive Housing (HUD-VASH) programs. Even communities that have access to resources through Supportive Services for Veteran Families (SSVF) note that VHPD is important because, unlike SSVF's focus on case management and supportive services, VHPD financial assistance provides resources for

[36] Basing it on the core structure of the Homelessness Prevention and Rapid Rehousing Program, which itself was less than a year old at the time and had not been evaluated. For VHPD, HUD made adjustments to the HPRP design derived from knowledge of issues arising as HPRP worked to meet client needs.

housing assistance, housing search, and other housing-related activities. VHPD addresses a large gap in the response to homelessness among veterans.

Identified, Enrolled, and Assisted Hundreds of Veterans and Their Families

During the first year, all five VHPD sites designed a process for identifying veterans in need of homelessness prevention and rapid rehousing and conducted outreach—through public service announcements, veterans' events, military bases, and national and local hotlines—to enroll these households into VHPD. When asked about early successes, key informants provided examples. They told stories of veterans living with their families in cars, older veterans who were waiting for supportive housing, and younger veterans who needed short-term assistance while waiting for Post-9/11 GI Bill benefits—all stably housed because of VHPD. During the first year, VHPD sites served 586 veterans and their families (1,366 people in 574 households). Only 2 percent of these households were literally homeless at program exit and most (68 percent) were stably housed when they left the program. This evaluation will be monitoring whether or not these veteran households return to shelter over time or experience continuing housing difficulties.

Engaged and Enrolled Target Populations

Congress authorized VHPD primarily out of concern for veterans who were returning from Iraq and Afghanistan. OEF/OIF/OND veterans look markedly different from those who served previously; recent veterans include higher shares of younger veterans, women veterans, and those returning to children who depend on them. Despite early challenges at some sites, it appears that VHPD programs are reaching these target populations. Overall, veterans cite serving after 9/11 about 36 percent of the time, and veterans who served in a war zone (about 47 percent of all VHPD veterans) cite serving in either Iraq or Afghanistan about 50 percent of the time. Though we do not know with certainty what share of these veterans served specifically in OEF/OIF/OND, what we do know suggests that VHPD has reached a substantial number of OEF/OIF/OND veterans. About 26 percent of veterans served were women, 45 percent of households served included children (i.e., family households), and about 5 percent did their military service as part of the National Guard or Reserves.

HUD and VA Grantees Developed Partnerships

One of VHPD's unique design elements is the partnership of three federal agencies—HUD, VA, and DOL—and these agencies' local counterparts. Though the level of partnership varied significantly across sites, VHPD programs overcame agency bureaucracies and developed program partnerships that will mean better service delivery for veterans and their families in the short term and may result in some long-lasting system changes. The partnership among local VHPD grantees/subgrantees and VAMCs appears most successful following the program's first year, and holds the most promise for improving service delivery and outcomes.

Grantees and Subgrantees Entered HMIS Data

Ensuring that HUD data requirements were clear and consistent and that VHPD programs used HMIS as expected were the biggest implementation challenges early in the demonstration. Key informants reported frustration with the early design of HMIS data elements, noting that final data elements and reporting requirements did not come until after programs had enrolled some veterans. As a result,

VHPD grantees had to retroactively enter these data and sometimes correct data already entered. Nevertheless, after a few months of troubleshooting, all VHPD sites were entering data into HMIS and all sites submitted their first-year APR to HUD. This is a significant accomplishment considering that not all of the subgrantees had experience with HMIS before VHPD. Finally, it should be noted that VHPD sites have been extremely cooperative and enthusiastic participants in the VHPD study, agreeing to administer consent forms for the survey and submit HMIS data for the research team to analyze.

Year 1 Outcomes for Veterans

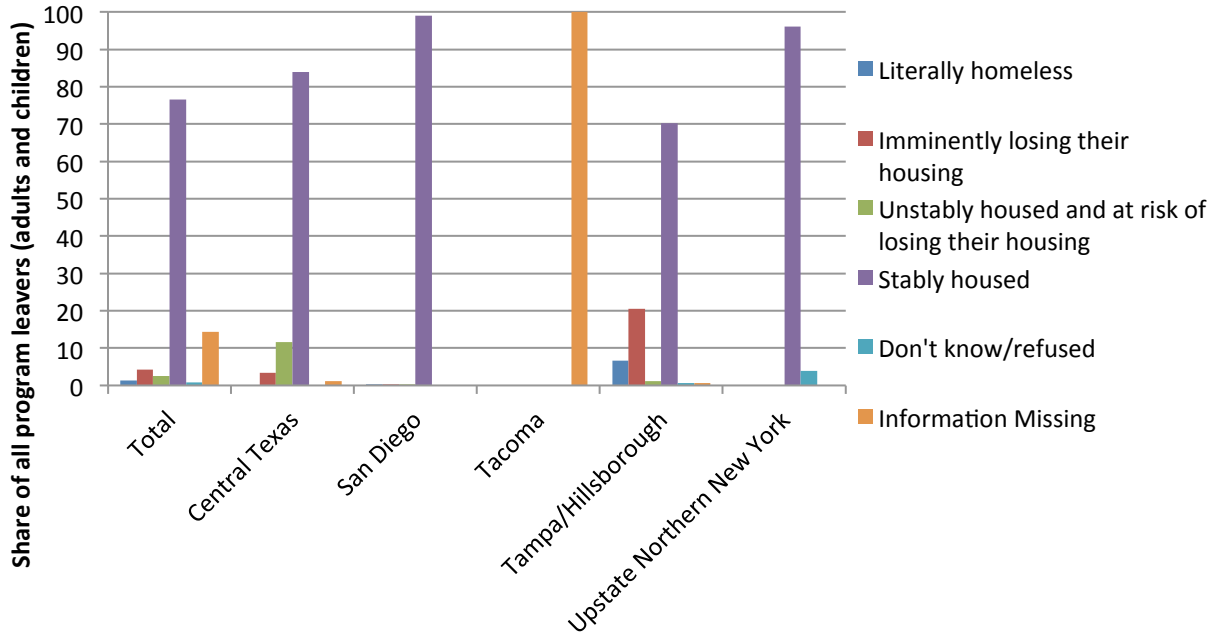
Noting early implementation successes is important, but a more critical question is how successful the program is in helping veterans remain stably housed or end short-term homelessness. It should be noted that these outcomes are based on Year 1 APR data, which had some data quality issues as noted earlier in this report.[37] To measure program success, HUD requires that VHPD sites collect data on housing status at program exit. There are four categories of housing status: literally homeless, imminent risk of losing housing, unstably housed and at risk of losing housing, or stably housed. Among the 950 leavers across all five VHPD programs, only 1 percent were literally homeless at program exit; 4 percent were at imminent risk of losing housing; 2.5 percent were unstably housed and at risk of losing housing; and 77 percent were stably housed (see Exhibit 7.1). One percent either answered "don't know" when asked about their housing status or refused to answer. Data on housing status at program exit were missing for the remaining 14 percent of program leavers. The majority (98 percent) of these cases were from the Tacoma VHPD program.[38]

In San Diego and Upstate Northern New York almost all (99 and 96 percent, respectively) were stably housed at program exit. By contrast, Central Texas and Tampa/Hillsborough had larger shares of leavers who were still at imminent risk of homelessness or unstably housed and at risk of losing housing at program exit. In Tampa/Hillsborough, about 21 percent of those who exited were still at imminent risk, and 1 percent were unstably housed. In Central Texas, while 84 percent left stably housed, 12 percent were unstably housed at exit and 3 percent were at imminent risk. Though program staff at all five sites have received training on how to classify a household's housing status, program staff may not be implementing these definitions in exactly the same way across all five programs. These differences in interpretation, rather than differences in the housing status outcomes of VHPD participants, could be driving the differences observed among programs on this measure. Tacoma cannot be compared on this measure because data on housing status are missing for all 134 people that left the program.

[37] The final report for this evaluation will present the findings for the outcomes study portion of this evaluation, which will be based on baseline and follow-up survey data in addition to HMIS data.

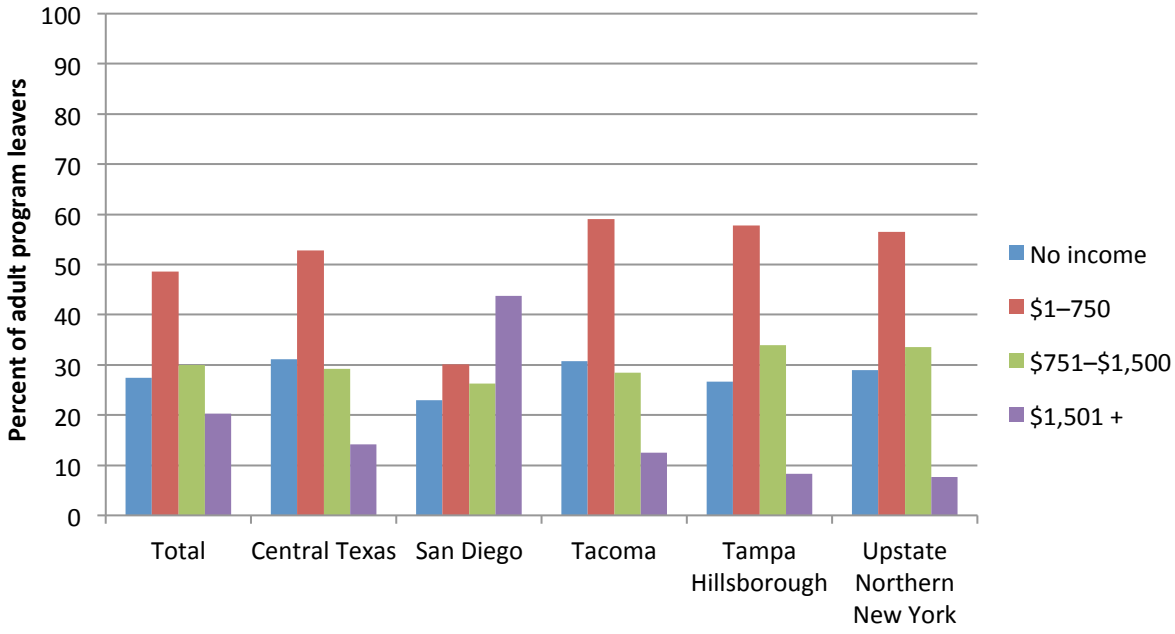
[38] Missing data for housing status at exit among program leavers (APR Question 17) was primarily a problem for the Tacoma VHPD program. Data on this question were missing for all 134 of their program leavers. Data on this question were also missing for two people in the Central Texas program and one person in the Tampa/Hillsborough program.

Exhibit 7.1 Share of Program Leavers by Housing Status at Exit



Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

Exhibit 7.2 Share of Adult Leavers by Income at Program Exit



Source: HUD VHPD Year 1 APR Data for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York.

In addition to housing status, another key outcome measure for long-term stability is income upon program exit. Overall, the share of adults with no income dropped from 38 percent at program entry

(see Chapter 2) to 27 percent at exit. As displayed in Exhibit 7.2, nearly half (49 percent) of adults had incomes up to $750 with 30 percent earning between $751 and $1,500, and 20 percent having incomes over $1,500. The share of adults with no income ranged modestly by site, from 23 percent in San Diego to 31 percent in Central Texas and Tacoma. In four of the five sites, the majority of adults had incomes up to $750, while in San Diego only 30 percent of adults had incomes in this range and 44 percent of adults had incomes over $1,500. In the other four sites, the share of adults with incomes over $1,500 ranged from 8 percent in Upstate Northern New York and Tampa/Hillsborough to 14 percent in Central Texas. Variation by site is likely partially due to local cost of living and the amount of income required for the household to be considered stable enough to be exited from the program.

These are early results, limited in that they tell us only how veteran households were doing at the time they left the program, which in almost all cases was when rental assistance ended. Further, as noted below, the stark differences in these outcome measures suggests that HUD and the grantees should examine the data quality on this measure further for consistency in interpretation and quality.

Remaining Program Challenges

Despite early successes, many challenges remain for VHPD. With the oversight, technical assistance, and support from HUD, VHPD sites can make mid-course corrections.

Unclear if Targeting Veterans at Imminent Risk

VHPD sites had to identify veterans who were at imminent risk of homelessness or homeless for a short period. An overwhelming share of VHPD resources thus far—about 82 percent—have gone to helping veterans who need homelessness prevention. This means that, for most of the veterans who receive services, VHPD sites have to define imminent risk by setting additional eligibility standards and operationalizing the "but for" rule and "sustainability" guidelines. As we detailed in Chapter 4, this is extremely difficult to do. For the most part, VHPD sites have tried to target veterans who are most likely to become homeless by scrutinizing other resources that are available to them. There is a tension, however, between identifying veterans who would be homeless but for VHPD assistance and selecting veterans who can sustain housing after VHPD ends, particularly if the goal is to provide short-term assistance. Another tension is between serving households with urgent housing crises (e.g., households with 3-day pay or vacate/eviction notices) and serving households in VHPD's target groups. More guidance is needed on how to best target veterans who are at imminent risk and on how programs should weigh these competing concerns. In HPRP, the program on which VHPD was modeled, some programs reconciled these concerns by selecting only households at the highest risk for homelessness but expecting that it would take them longer to reach a point of being able to sustain housing. These programs were willing to support these needier households through the program for that longer period and also to work more closely with them through step-by-step plans to help them reach sustainability (Cunningham et al. 2013). VA federal agency staff have taken note of VHPD challenges and have used the experience to make alternative policy decisions for the SSVF program.

Discharge Status Is a Barrier to Enrolling Needy Veterans

To qualify for VHPD veterans need an "honorable" or "less than honorable" discharge. Veterans who were discharged from the military with a dishonorable discharge are not eligible for VA medical services, and therefore not eligible for VHPD. Current and former members of the Reserves or National Guard qualify for VA medical services/HPRP only if they were called to active duty by a federal order and completed the full period for which they were called or ordered to active duty. VHPD programs have found that some veterans who contact them with clear housing crises do not qualify either because they have dishonorable discharges or because they did not serve long enough on active duty. VHPD programs cannot do much about length of service, but they sometimes try to help veterans change their discharge status. These efforts must be undertaken *before* a veteran can be enrolled, however, so the ability of VHPD programs to cover the time it takes to assist these veterans is limited. If program funds cannot be used for assisting these veterans, partnerships with legal aid and other organizations that work on changing discharge status should be encouraged.

Uneven VHPD Case Management

Almost all veterans (98 percent) who receive assistance through VHPD receive some amount of case management. What that case management looks like in terms of intensity and duration is less clear. Some VHPD sites have clearly defined case management activities, including how often contact should be made with each veteran. Other sites do not have consistent follow-up with veterans, relying on them to call for help if they need it. Further, some sites have struggled with enormous demand for services and case managers have spent a lot of time screening veterans for enrollment, leaving fewer resources for case management for those who do enroll. These sites have a hard time articulating how many veterans case managers are serving at one time and how much casework assistance they receive.

Challenges Engaging Veterans with Mental Health Issues

All VHPD sites report difficulties engaging veterans suffering from PTSD and TBI. This is particularly true at sites that are likely serving large shares of recent veterans. Key informants noted that veterans with PTSD or TBI have trouble following through on basic activities, such as filling out program applications, paying bills on a regular basis, or showing up for appointments. This lack of follow-through makes it difficult to engage the veteran in VHPD services. Sites expressed frustration about where to refer these veterans and lack of know-how about ways to respond.

Size of Service Area Is a Barrier to Service Access and Delivery

One of Congress's priorities for VHPD was to make sure the demonstration included a rural site. Upstate Northern New York was selected for this reason, as a site that covers a large area that is largely rural. Key informants at this program reported challenges with getting to veterans and helping veterans to access services, but they were not alone. Three other sites—Central Texas, Tampa/Hillsborough, and Tacoma—also reported challenges with reaching veterans because their service area was geographically extensive. Case managers must drive long distances to visit clients or to drive clients to appointments for VA and other services. Further, VHPD case managers noted the severe lack of community-based services close to where veterans live, necessitating the long drives if program clients are to receive the help they need.

Uneven Partnerships With DOL

VHPD sites have, for the most part, made significant strides in collaboration among the homeless service agencies, local VAMCs, and Vet Centers. However, developing well-functioning relationships with the local workforce agencies and their relevant veteran-specific staff has been a challenge at most sites. DOL did not receive funding for VHPD staffing, so the local offices must rely on existing DVOP and LVER staff to serve VHPD households. Difficulties with collaboration can be at least partially attributed to the lack of VHPD-specific funding for DOL grantees, but also to the way workforce development activities are structured at the state and local levels. Further, many local workforce agencies have experience serving clients that are more "job ready" than many of the veterans referred from VHPD, though by definition DVOPs are supposed to provide intensive services to veterans who have significant barriers to employment, including homeless veterans. According to key informants, they are not equipped to respond to high-need clients.[39] This highlights the importance of engaging the local veterans' employment staff early in the process so all agencies involved know what services employment staff can provide and come to a common understanding of the expectations for competitive employment. Many of the VHPD grantees recognize that the partnership with the DOL is the weakest leg of the stool and are working on addressing this problem. Working to improve DOL relationships is particularly important, as many veterans, particularly young veterans, have difficulty translating their military experience into qualities valued in the civilian labor force.

VAMC Vast Structure With Significant Benefits Backlog

VHPD provides short-term crisis intervention services, relying on VA and DOL partners to supply longer-term services to address mental health and employment issues. Key informants, including staff at the VAMC, express frustration with long wait times for services and for benefits applications. The application review wait period for VAMC income benefits for a service-related disability is 5 to 18 months, depending on the site. These income benefits could help veterans pay for housing. Wait periods for mental or physical health services also prolong instability among veterans at risk.

Grantee and Subgrantee Oversight Structure Loose at Some Sites

As noted in Chapter 3, VHPD programs operate differently; some rely more heavily on grantee management of subgrantees and others use looser oversight standards that leave program implementation activities up to subgrantees. When grantees require less uniformity among subgrantees, the likely result is inconsistency of program implementation. This lack of grantee control and variation by subgrantees can also lead to different levels of interaction with VA and DOL partner agencies. In such cases, veterans served by subgrantees with better partner relationships may have access to a more comprehensive set of services than veterans served by subgrantees without this level of interaction.

[39] This finding parallels the experience of programs under the federal government's Chronic Homelessness Initiative in the early 1990s that provided housing for people with mental illness, and often co-occurring substance abuse issues, who were experiencing long-term homelessness, and then sought to involve them in employment. DOL employment agencies did not want the mental health programs to bring them clients until they were "work ready." See the following sources: Burt 2012; Burt, 2007.

Some Data Collection Needs Improvement

As noted above, all five VHPD sites are entering data into HMIS—an early program success. As VHPD sites enter data in Year 2, quality control should be a priority. A few areas need attention. First, sites need to improve data collection on which war zone the veteran served (e.g., Iraq, Afghanistan). A critical limitation of the current data collection effort is the inability to determine the number of OEF/OIF/OND veterans served. The VHPD HMIS assessment asks veterans in what era they served (e.g., Vietnam, Persian Gulf, and Post-9/11 eras) in one question and in what war zone they served only if they served in a combat zone. In addition to war zones typically associated with earlier conflicts, optional responses for this question include Persian Gulf, Afghanistan, and "Other," which program staff have been directed to use specifically for Iraq. No question asks whether the veteran served in OEF, OIF, or OND, and current performance reports do not combine data from service area and war zone to provide an estimate of this population. Since OEF/OIF/OND veterans are a target population for VHPD, collecting accurate data should be a priority. Doing so will require reprogramming—something the VHPD agencies need CoC/HMIS cooperation to achieve. Second, HUD should provide more technical assistance to ensure that all VHPD sites are defining housing status at entry and exit in similar ways. As noted above, the differences in these data by site suggest that VHPD grantees may be interpreting the housing status categories differently despite training.[40] Third, HMIS captures only employment status, not whether adult participants are enrolled in school at program entry and exit. However, many veterans take advantage of Post-9/11 GI Bill education benefits to enroll in universities, community colleges, and online courses, so they may show up as unemployed when they are actually involved in human capital development and are not actively looking for work. These circumstances would make them "out of the labor force" rather than "unemployed," in DOL terms. HMIS fails to account for this positive outcome, which would help explain low rates of employment among program leavers.

Next Steps for the Evaluation

This report contributes to research on homelessness prevention and understanding the particular aspects of homelessness among veterans. It does this by describing the implementation of the VHPD and the characteristics of clients served during the program's first year. The final report on the VHPD evaluation will include an outcomes analysis and qualitative findings from focus groups with subgroups of veterans served by VHPD. The outcomes and impact analysis will help policymakers understand the efficacy of VHPD. Further, the focus group results will contribute to filling gaps in knowledge about OEF/OIF/OND veterans including their general readjustment; assessment of their educational and vocational needs; identification of sex-specific concerns; and information needed to develop programs to address particular readjustment issues, such as TBI, PTSD, and risk of homelessness. Final evaluation results are expected in 2014.

[40] HUD was informed of this issue at a meeting of staff from the five VHPD programs and federal agency staff held at the Urban Institute's offices on February 26 and 27, 2013. HUD plans to respond with more explicit guidance.

List of Appendices

Appendix A. Site Summary Memos

- Appendix A1. Central Texas
- Appendix A2. San Diego
- Appendix A3. Tacoma
- Appendix A4. Tampa/Hillsborough
- Appendix A5. Upstate Northern New York

Appendix A1. Central Texas Site Summary Memo

Introduction

As part of the Veterans Homelessness Prevention Demonstration (VHPD) evaluation's process study, this memo summarizes findings from the first site visit to the Central Texas VHPD program. During this site visit, the research team conducted qualitative key informant interviews to gather information on how the site's VHPD program operates and the progress of program implementation. This memo draws on information gathered from interviews, as well as information gained from early program reconnaissance, the grantee's VHPD business plan, and forms used by the program.

Program Background, Structure, and Relationships

Program Background

The Planning and Evaluation Committee for the End Community Homelessness Organization (ECHO), the lead agency for the Austin/Travis County Continuum of Care (CoC), led the process of selecting the VHPD grantee. This process included holding an initial meeting of stakeholders, determining the capacity necessary to successfully administer the VHPD program, and identifying service providers in the area that had this capacity and were, therefore, eligible to apply for the VHPD funding. Four organizations in the community met the threshold of eligibility to apply, but only The Salvation Army actually applied. In writing the application, The Salvation Army worked with the Healthcare for Homeless Veterans Director from the local VA to draft the application and get the application approved by the CoC.

Current Structure and Inter-Organizational Relationships

Central Texas's VHPD program brings together three key partners: (1) The Salvation Army (TSA), the CoC grantee; (2) the Central Texas Veterans Health Care System (CTVHCS), the local agency for the U.S. Department of Veterans Affairs (VA); and (3) the Texas Veterans Commission (TVC), which manages the work of DOL-funded employment specialists deployed around the state. The program also involves the Killeen/Heights Vet Center, which helps with outreach for VHPD and other programs serving veterans.

Each of the three key partners has dedicated staff responsible for operating the VHPD program. TSA VHPD staff include a program director, program manager, and two case managers. One case manager is based in Austin and primarily works with veterans in Travis and Williamson counties. The second case manager is colocated with the CTVHCS VHPD staff at the Harker Heights VHPD office and primarily works with veterans in Bell, Coryell, and McLennan counties.

CTVHCS VHPD staff includes the program coordinator, who is also a social worker, and another social worker, both of whom are based at the Harker Heights VHPD office. Previously, the CTVHCS VHPD team also included a peer support specialist; however, that position is currently empty, and the program coordinator hopes to hire a part-time social worker to be based in Austin rather than a new peer support specialist. This would decrease the amount of travel necessary to reach the VHPD clients across the five-county service area.

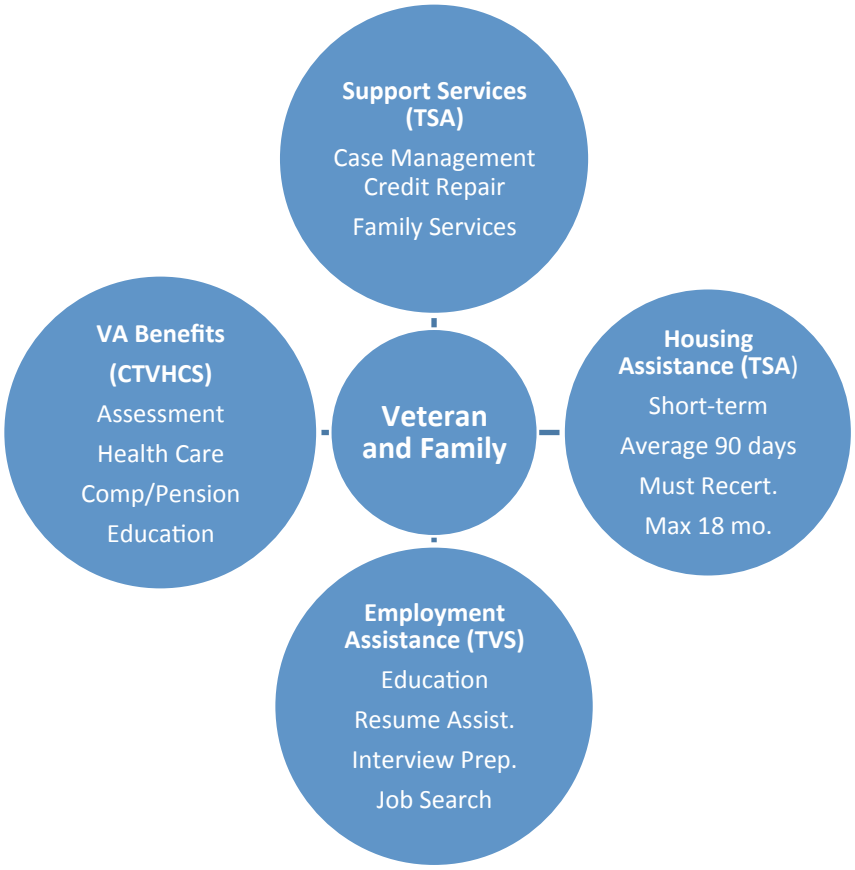
The TVC is a statewide commission dedicated to providing veterans with employment services and connections to educational and other benefits. TVC oversees the work of Disabled Veterans' Outreach Program Specialists (DVOPs) and Local Veterans' Employment Representatives (LVERs) located throughout the state.

More than 20 DVOPs and LVERs work in the five-county VHPD service area and can assist VHPD clients. One of the veterans' employment representatives working as the TVC VHPD supervisor acts as the main TVC point of contact for VHPD. He attends all VHPD team meetings and works with all TVC staff serving VHPD clients to monitor their progress. Key informants note that this arrangement has been beneficial to VHPD clients.[41]

Each of the three agencies maintains responsibility separate segments of the services provided by the VHPD program, which helps to ensure that each veteran receives comprehensive services. TSA provides housing assistance and works with households to repair credit and offer family services. CTVHCS attends to the veterans' physical and mental health care needs as well as connecting the veteran with educational, monetary, and other benefits available through VA. TVC can also help link veterans with educational benefits as well as providing job training, resume assistance, interview preparation, and job search assistance. Figure 1 depicts these relationships and responsibilities.

[41] The Texas Veterans Commission (TVC) was established to oversee and facilitate all veteran-related employment, training, and education activities. The TVC directly employs and supervises all veteran-specific Workforce Solutions staff (DVOPs and LVERs); it also develops and enforces statewide policy approaches for assisting veterans. This structure in Texas contrasts significantly with the employment assistance situation in other VHPD sites, which appear to have a harder time linking VHPD clients to the DOL-funded services that are intended to be part of VHPD.

Figure 1. Central Texas VHPD Program Design



Source: Adapted from program resources.

VHPD Clients

Key informants indicate that the majority (85 percent) of Central Texas's VHPD clients are prevention cases, while 15 percent are rapid rehousing cases. The latter figure is well below the 25 percent the program staff initially estimated for rapid rehousing cases. Key informants also estimate that approximately 80 percent of clients are served and their cases closed within 90 days, and only 20 percent require recertification to receive medium-term assistance (longer than 90 days). According to materials provided by program staff regarding clients served during the program's first year, approximately 53 to 55 percent of Central Texas's VHPD clients are OEF/OIF/OND; approximately 43 to 44 percent are women veterans; and 66 to 68 percent are veterans with children (e.g., in family households). Program staff note that the Central Texas VHPD program serves a larger share of two-parent households than the share in the general homeless population. Key informants say that, of the family households in the program, the majority are single-mother households, although the program has served some single dads, two-parent families, and two-veteran families.

Program staff have identified several common issues among the veterans in the Central Texas VHPD program. First, many veterans struggle with debt from payday or title loans with high interest rates. Veterans with these loans have small but steady incomes, which makes them easy targets for high interest rate loans of this nature, according to program staff. Central Texas's program also serves a large number of veterans who are, or will be, receiving VA education benefits. Program staff observe that mental health and translating military skills into civilian labor skills are key issues for their clients. Program staff also note that younger veterans often struggle with employment and financial skills, as they have not held jobs prior to being in the military and when they are discharged they lack some of the life skills useful in transitioning to civilian employment and civilian life.

For a profile of clients served, veterans served, and program utilization, please see Appendix A1a.

Pathways to VHPD

Outreach

The CTVHCS VHPD program coordinator and the Killeen/Heights Vet Center outreach coordinator work to inform the community about Central Texas's VHPD program. According to key informant interviews and materials provided by program staff, outreach for Central Texas's VHPD program has focused on programs and staff inside the local VA, as well as other service providers and organizations in the community. Inside VA, outreach efforts have focused on educating Health Care for Homeless Veterans program staff, OIF/OEF/OND staff, Veterans Justice Outreach program workers, women's health program staff, and Veterans Benefits Administration homeless outreach coordinators about the VHPD program and veteran eligibility. Outside of VA, the CTVHCS and Vet Center staff have attended demobilization briefings and integrated disability evaluation system (IDES) briefings. They also have met with other community organizations that work with veterans and service providers that may serve the homeless population (e.g., emergency shelters, soup kitchens, and food pantries), as well as local colleges.

Referrals

According to key informant interviews, referrals to Central Texas's VHPD program can come from multiple sources and are directed to the CTVHCS VHPD staff. If TSA or TVC staff receive a referral for the VHPD program, they direct the person making the referral to the CTVHCS VHPD staff.

Referrals can come from any of the community agencies that work with veterans or the homeless, as well as local National Guard units, 211 calls, and the National Call Center for Homeless Veterans hotline. Program staff indicate that the share of referrals coming from the National Call Center for Homeless Veterans hotline is increasing; approximately half of the program's recent referrals have come from the national hotline. Veterans can call the hotline themselves, or community agencies can call the hotline and refer a veteran.

Program staff attribute this increasing use of the national hotline to several different causes. First, CTVHCS has been actively marketing the hotline to improve community awareness of how the hotline can be used. Second, CTVHCS Health Care for Homeless Veterans staff make a priority of following up on referrals within 24 hours of the hotline call. Because of this, community agencies are confident that calls

to the hotline will be worthwhile. Third, calling the hotline is more convenient than making a personal referral. Because of privacy considerations, community agencies cannot refer a veteran to VHPD via e-mail and it may take too much time for a representative from a community agency to initiate contact with the CTVHCS VHPD staff via telephone. But if the community agency sends the referral to the hotline, these complications can be bypassed and the referral can be made quickly and easily.

Additionally, a referral to the hotline acts as a prescreener for VHPD. When they follow-up on referrals, the hotline staff identify which VA program for the homeless is most appropriate given the veteran's circumstances. The hotline staff are thus able to screen out those who clearly do not meet the eligibility criteria for VHPD (e.g., homeless for longer than 90 days, or over the income limits) and refer them to other programs. All veterans that seem to fit the VHPD eligibility criteria are referred to the CTVHCS VHPD staff, who then contact the veteran to screen for the VHPD program.

Pathways to Enrollment

Screening and Eligibility

Once the CTVHCS staff receive a referral, they look the veteran up in the VA database to verify the address and phone number. Then either the CTVHCS VHPD program coordinator or the social worker contacts the veteran to talk about his or her situation and make sure the person is a good fit for VHPD (i.e., the household is below 50 percent AMI and is eligible for VA health care).

If the veteran qualifies for the program, a CTVHCS staff person schedules a home visit, during which the staff person conducts the screener. If the veteran is not enrolled in VA health care when the CTVHCS staff person conducts the screening visit, the CTVHCS staff person also completes the VA health care enrollment application, which includes the psychosocial assessment. The CTVHCS staff person then takes the VA health care enrollment application to the VAMC in Temple or to the VA clinic in Austin to enroll the veteran.

Key informants say that conducting the screener in the veteran's home is more conducive for building rapport with the veteran, as well as a more private venue for conducting the psychosocial assessment if the veteran is not yet enrolled in VA health care. It also serves as a first step toward the habitability study that TSA must complete. The CTVHCS can at least tell from this initial meeting if the property is reasonably well-maintained, and it is worth spending prevention funds to keep the household in that specific unit.

CTVHCS developed the VHPD screener collaboratively with TSA and TVC. Because of this, the screener includes all of the questions needed by TSA and TVC to determine whether or not they should accept the veteran into the VHPD program as well as all the basic information they need to start serving a veteran immediately, if need be. This includes a program-specific release of information (ROI) form that allows CTVHCS to share the information contained in the screener with TSA, TVC, and HMIS and gives permission to allow TSA to contact the veteran's landlord. Having this release allows TSA case managers to contact the landlord quickly if the team decides to enroll the veteran in VHPD and his or her housing situation is extremely time sensitive. Program staff have upon occasion acted within minutes of hearing

from a veteran who is about to be evicted, contacting the landlord when the bailiffs are at the door and preventing that eviction with a promise to pay back rent.

The "But For" Criterion

According to key informants, to determine if a household would be homeless "but for" the assistance provided by VHPD, the Central Texas VHPD program must consider various factors, most of which are documented in the screening form. To measure what resources the household has already exhausted and what options may remain, the screener asks "What assets has the household utilized?" and "What assets are still possessed by the household?" The screener also asks if the household is currently threatened with eviction, and what the timeframe of that eviction is. According to key informants, the program also considers veterans who are currently doubled-up, living with relatives or friends, and have been told they must leave immediately to meet the "but for" criterion. The screener also asks "Would you be homeless but for this assistance?" to document this criterion.

Sustainability Criterion

To determine if the household meets the sustainability criterion, key informants say that the team considers the following factors: (1) household income; (2) whether the cause of the current crisis is a temporary setback; (3) the employability of the veteran; (4) whether the veteran is waiting for benefits expected to begin in the near future; (5) whether the veteran is experiencing a short-term gap in benefits payments; and (6) whether the veteran would able to be housed with a VASH voucher, if he or she was able to get short-term assistance to help pay for a security deposit.

Assessment and Enrollment

Because the screening is so detailed, it doubles as an initial assessment. Once the CTVHCS staff person completes the screener, CTVHCS staff confer with the other partners to decide whether or not to accept the veteran into the VHPD program. If the case is not extremely time sensitive, CTVHCS staff wait until the weekly Wednesday VHPD staff meeting to discuss the case with the entire team. If the veteran's situation is time sensitive and cannot wait until the next weekly meeting, the CTVHCS program coordinator confers with the TSA VHPD program manager and the TVC VHPD lead LVER. In either situation, the CTVHCS staff present the case and the team discusses the veteran's situation. The TSA VHPD program manager decides whether or not to assign a screened referral to TSA case manager to complete the program eligibility assessment.

According to program staff, those veterans who are screened for VHPD, but not ultimately enrolled in the program, are not enrolled because they become ineligible for some reason. Those reasons can include timing out (becoming homeless for longer than 90 days), moving out of the catchment area, incarceration, connection to a different program (e.g., transitional housing or permanent supportive housing), and an increase in income that puts the household over the 50 percent AMI threshold.

Once the TSA case manager completes the eligibility assessment, the TSA program manager authorizes official program admission. Then, the TSA program manager assigns the veteran to one of the two TSA case managers, and the team develops a shared service plan. For the shared service plan, the team sets goals for the veteran's work with each of the three agencies that are tailored to the veteran's unique

circumstances. For instance, if the veteran is physically capable, the team sets employment-related goals for the veteran's interactions with TVC. After the team has developed the shared service plan, the TSA case manager meets with the veteran to discuss the shared service plan. At this point, the veteran can provide feedback on the goals laid out in the shared service plan, and the plan may be modified in response. After review of the shared service plan, the veteran signs all required program forms, including a program contract, which sets out the program's expectations of the veteran for participating in VHPD.

Service Delivery Process

Types and Level of Assistance and Service Delivery

As mentioned above, Central Texas's VHPD team considers each veteran's individual circumstances as it develops a shared service plan with employment (TVC), financial stability (TSA), and health-related goals and connection to VA benefits (CTVHCS). In general, the program requires each veteran to contact his or her TSA case manager, CTVHCS social worker, and TVC DVOP or LVER once per week; although the program may allow less frequent contact as the veteran progresses toward sustainability.

TVC provides veterans participating in the VHPD program with education and job training, resume assistance, interview preparation, and job search assistance. TVC DVOPs and LVERs also help veterans access education benefits where appropriate.

CTVHCS links veterans to physical and mental health care through the VA health care system.[42] CTVHCS VHPD staff ensure that clients are getting the treatment they need, as well as working to link them to the benefits for which they are eligible through the VA and upgrading their service connection, or expediting the rating process for service connection.[43]

TSA provides rental assistance and other support services (e.g., credit repair and family services). During the TSA case manager's weekly meeting with the veteran, the case manager sets two short-term, concrete goals: one related to self-sufficiency (e.g., look for child care and enroll children, obtain driver's license) and the other related to housing (e.g., apply for public housing, pay utility bill). The TSA case manager monitors the veteran's progress on these goals the following week. The case managers also work with clients to complete a budget worksheet every month. This budget shows whether the veteran's household has a deficit or surplus for the month, and is used in determining how much financial assistance TSA provides the household that month.

[42] Veterans with a less than honorable discharge may not be eligible for VA services, and thus not for VHPD, though they may meet all other VHPD criteria. Central Texas VHPD staff will help such veterans connect with the VA staff who can assist in getting a veteran's discharge status changed.

[43] "Service connection" refers to the disability rating a veteran may receive for disabling injuries received while in service. A "100 percent rating" means the veteran is considered 100 percent disabled due to something that happened while in military service, and is unable to work at all. Ratings may range from very low (e.g., 5 percent) up to 100 percent. The level of a rating is important because the amount of service-connected disability benefit a veteran can receive depends on the rating. A high rating leads to a benefit sufficient to pay rent.

Each week at the Wednesday weekly staffing meeting, the team discusses all new and open cases. In preparation for this meeting, the TVC VHPD supervisor checks in with TVC DVOPs and LVERs in the VHPD catchment area to monitor the progress of all open cases. He then reports on the employment progress of VHPD clients at the meeting. CTVHCS and TSA also report on the progress of open cases and discuss ways to better serve their VHPD clients.

Recertification

Program staff members indicate that the majority of Central Texas VHPD clients are successfully served and exit the program within three months. Veterans whose situations change to the point of not needing assistance after three months generally fall into three categories: (1) veterans whose income has increased so they are no longer eligible; (2) veterans who are stably housed and able to pay for housing; (3) veterans who are unable or unwilling to abide by the program contract.[44]

However, about 20 percent of VHPD clients require medium-term assistance. To have one's rental assistance extended beyond 90 days, clients must be recertified. The program staff conduct recertification every 90 days. According to program staff, when deciding whether to recertify a client, the team considers what progress the veteran has made toward fulfilling the shared service plan goals. They also consider what events are likely to be coming up for the veteran in the near future. For instance, will the veteran receive a VASH voucher? Will the veteran likely be employed in the next month or has he or she just recently started a new job? In these cases, the team will carry the veteran over into medium-term assistance rather than risk cutting off assistance before the veteran and his or her household is really stable.

For those veterans who are at risk for program termination, the team recertifies the veteran for 30 days and makes it clear that the veteran must accomplish the tasks in the plan or the program will not be able to continue rental assistance.

Probation and Service Termination

At the weekly Wednesday staff meeting, the team discusses which clients are not complying with the program. If the team decides a veteran is not making sufficient progress with service plan goals or program contract, the TSA VHPD program manager drafts a noncompliance letter that explains how the veteran is failing to comply with the program and contains the service plan and the program contract for reference. The letter also includes an explanation of the process for appealing the decision to terminate him or her from the program. Veterans have 10 days (from the day they receive the letter) to contact the TSA VHPD program director and program manager to schedule a meeting to appeal a termination decision. According to program staff, they have done three appeals so far. In each case, they extended the veteran's assistance for another three months.

[44] According to key informants and confirmed with the Central Texas Year 1 APR, noncompliant veterans account for only 2 to 3 percent of the total clients served by Austin's VHPD program.

Barriers to Service Provision

Barriers to Identification and Targeting

According to program staff, they have not experienced barriers in identifying or targeting veterans appropriate for the VHPD program.

Barriers to Serving VHPD Clients

Program staff cite delays in VA benefit receipt and VA decision making (related to rating and discharge status) as primary challenges for serving VHPD clients efficiently. Some veterans' cases would be ready to be closed if the veterans were quickly approved for benefits (or for more benefits), but because of a delay, the program ends up providing assistance longer than it otherwise would.

Challenges, Opportunities, and Successes

Relationships Among Program Partners

Although staff at the VHPD partners knew each other prior to implementing VHPD, they had not previously worked together in this capacity. The closest prior relationship was between TSA and CTVHCS, which had colocated staff in Austin for several years before VHPD began. While there have been some challenges to overcome in making this collaboration work, Central Texas's VHPD program has been successful in achieving a high level of collaboration across all three agencies.

Challenges and Successes

- The primary challenge cited by program staff brought on by the collaboration was working out privacy issues and facilitating information sharing across all three agencies. Early on, the CTVHCS VHPD program coordinator suggested that they draft a mutually agreeable ROI form to detail how information would be shared, and worked with the VA privacy office to get the ROI form approved. This strategy has allowed Central Texas's VHPD program to overcome some siloing of information and work together more closely. Overcoming this challenge has been key to the program's success.

Opportunities

According to key informants, several new opportunities have arisen as the result of this collaboration:

- First, by collaborating with VA, VHPD clients have benefited from the CTVHCS's connections with the service connection rating staff. The CTVHCS VHPD staff have been able to expedite the rating of service connection claims and upgrade clients' service connection ratings.
- Second, by partnering with TVC, CTVHCS and TSA benefit from the database maintained by TVC that tracks which employment services the veteran sought across the entire state of Texas. This is especially useful when the veteran has not yet had contact with VA. In such cases, the TVC system may have more information on the veteran than the VA database. The structure of TVC and its ability to mobilize DVOP and LVER staff to serve VHPD clients has also been extremely helpful.
- Third, because of their collaboration with TSA, CTVHCS and TVC have learned more about what services TSA can provide. When the staff encounter veterans in need of assistance, even if these

veterans aren't eligible for assistance through VHPD, CTVHCS and TVC are now better able to refer them to TSA for services.

Implementation

Challenges

Program staff cited the following implementation challenges:

- The HMIS VHPD report, commonly referred to as the "one button" report, does not include a place to enter whether or not the veteran is going to school. This may skew how employment numbers in performance reports are perceived. TVC monitors VHPD veterans enrolled in school separately from HMIS.
- The size of the service area has been a key challenge. Significant distances and a small VHPD staff mean that program staff must travel frequently.
- The term of program staff positions has also been a challenge. Because VHPD is a demonstration program, these positions are temporary. This makes it difficult to retain staff, and the team has experienced some staff turnover as people move on to permanent positions elsewhere.

Successes

Program staff cited the following implementation successes:

- Having consent to contact the landlord included in the initial ROI form (signed at screening) has enabled the team to take quick action in very time-sensitive housing crises.
- Because TSA provides a wide array of homeless services in-house, it has been able to refer veterans who are not appropriate for VHPD to their other housing programs that better match veterans' needs.

Challenges for Evaluation Implementation

The primary challenge for implementing the VHPD Evaluation is that the Texas Balance of State Homelessness Prevention and Rapid Rehousing Program (HPRP) funded prevention program had no grantee that covered Bell, Coryell, and Williamson counties. Because Bell and Coryell are the more rural counties in the VHPD catchment area, they are likely different from HPRP participants in Austin/Travis County and Waco/McLennan County (which did have HPRP subgrantees that reported into the HMIS of those CoCs) so simply taking more households from the two more urban HMISs is not a good approach for reaching 100 HPRP households for the comparison group of HPRP clients. The research team must explore how best to overcome this challenge. Options for doing this include (1) just pulling the HPRP comparison group from Austin/Travis County and Waco/McLennan County; (2) trying to identify another area within the Texas Balance of State that looks similar to Bell, Coryell, and Williamson counties; and (3) pulling an HPRP comparison group from all Central Texas counties in the Texas Balance of State system. We will explore these options further in conjunction with HUD and the VA, but right now option 3 looks best. The Texas Balance of State HMIS administrator is amenable to any approach we choose.

Appendix A1a. Central Texas at a Glance Tables

Table 1. Central Texas at a Glance: VHPD Participant Profile

	Total	
	N	%
Total Number Served		
People	238	
Households	95	
People served by household type		
Households without children	58	24.4
Households with children	180	75.6
People served by age group		
Under 18	99	41.6
18-24	24	10.1
25-34	56	23.5
35-61	55	23.1
62+	3	1.3
Missing/invalid	1	0.4
Total	238	100.0
People served by race		
White	98	41.2
Black or African-American	128	53.8
Asian	1	0.4
American Indian or Alaska Native	0	0.0
Native Hawaiian or Other Pacific Islander	0	0.0
Multiple Races	6	2.5
Missing/don't know/refused	5	2.1
Total	238	100.0
Adults served by monthly income range at program entry		
No income	52	38.2
$1-$500	18	13.2
$501-$750	11	8.1
$751-$1,000	16	11.8
$1,001-$1,500	14	10.3
$1,501+	23	16.9
Missing	2	1.5
Total	136	100.0
People served by physical or mental health condition		
Mental illness	20	2.5
Alcohol abuse	0	0.0
Drug abuse	0	0.0
Chronic health condition	7	2.9
HIV/AIDS and related diseases	0	0.0
Developmental disability	3	1.3
Physical disability	17	7.1

Source: Central Texas VHPD Annual Performance Report (APR)

Table 2. Central Texas at a Glance: VHPD Veteran Characteristics

	Total	
	N	%
Veterans served by military service era		
Post-9/11	62	61.4
Persian Gulf Era	11	10.9
Post-Vietnam	17	16.8
Vietnam Era	7	6.9
Between Korean and Vietnam Wars	0	0.0
Korean Wars	0	0.0
Prior service eras	0	0.0
Missing/don't know/refused	4	4.0
Total number of service eras tallied	101	100.0
Veterans who served in a war zone by war zone		
Europe	0	0.0
North Africa	0	0.0
Vietnam	1	1.9
Laos and Cambodia	0	0.0
South China Sea	0	0.0
China, Burma, India	0	0.0
Korea	0	0.0
South Pacific	0	0.0
Persian Gulf	2	3.7
Afghanistan	6	11.1
Other (Iraq)	43	79.6
Missing/don't know/refused	2	3.7
Total number of war zones tallied	54	100.0

Source: Central Texas VHPD Annual Performance Report (APR)

Table 3. Central Texas at a Glance: VHPD Program Utilization

	Total	
	N	%
Persons served by type of assistance		
Prevention assistance	225	94.5
Rapid rehousing assistance	13	5.5
Total	238	100.0
Persons served by housing status at entry		
Literally homeless	13	5.5
Imminently losing their housing	222	93.3
Unstably housed	2	0.8
Stably housed	1	0.4
Total	238	100.0
Persons served by types of services received		
Financial assistance	233	97.9
Rental assistance	223	93.7
Security/utility deposits	82	34.5
Utility payments	187	78.6
Moving cost assistance	0	0.0
Motel and hotel vouchers	0	0.0
Housing relocation & stabilization services	236	99.2
Case management	236	99.2
Outreach and engagement	26	10.9
Housing search and placement	0	0.0
Legal services	0	0.0
Credit repair	0	0.0
Total	238	100.0
Persons served by length of participation		
Less than 30 days	23	9.7
31 to 60 days	53	22.3
61 to 180 days	146	61.3
180 to 365 days	16	6.7
Total	238	100.0
Persons served by housing status at exit (leavers only)		
Literally homeless	0	0.0
Imminently losing their housing	6	3.3
Unstably housed	21	11.6
Stably housed	152	84.0
Information missing	2	1.1
Total	181	100.0

Source: Central Texas Annual Performance Report (APR)

Appendix A2. San Diego Site Summary Memo

Introduction

As part of the Veterans Homelessness Prevention Demonstration (VHPD) evaluation process study, this memo summarizes findings from the first site visit to San Diego's VHPD program. During the site visit, the research team conducted qualitative key informant interviews to gather information on how the site's VHPD program operates and the progress of implementation to date. This memo draws on the information gathered from the interviews as well as information gained from early program reconnaissance, the grantee's VHPD business plan, and forms used by the program. All information contained in this memo is specific to San Diego's VHPD program.

Program Background, Structure, and Relationships

Program Background

The U.S. Department of Housing and Urban Development (HUD) granted $2 million to the San Diego Homeless Coalition, the local Continuum of Care (CoC), for the VHPD. The CoC identified the Veterans Village of San Diego (VVSD) to act as the VHPD grantee, with Interfaith Community Services (ICS) and St. Vincent DePaul Village (SVDPV) acting as subgrantees.

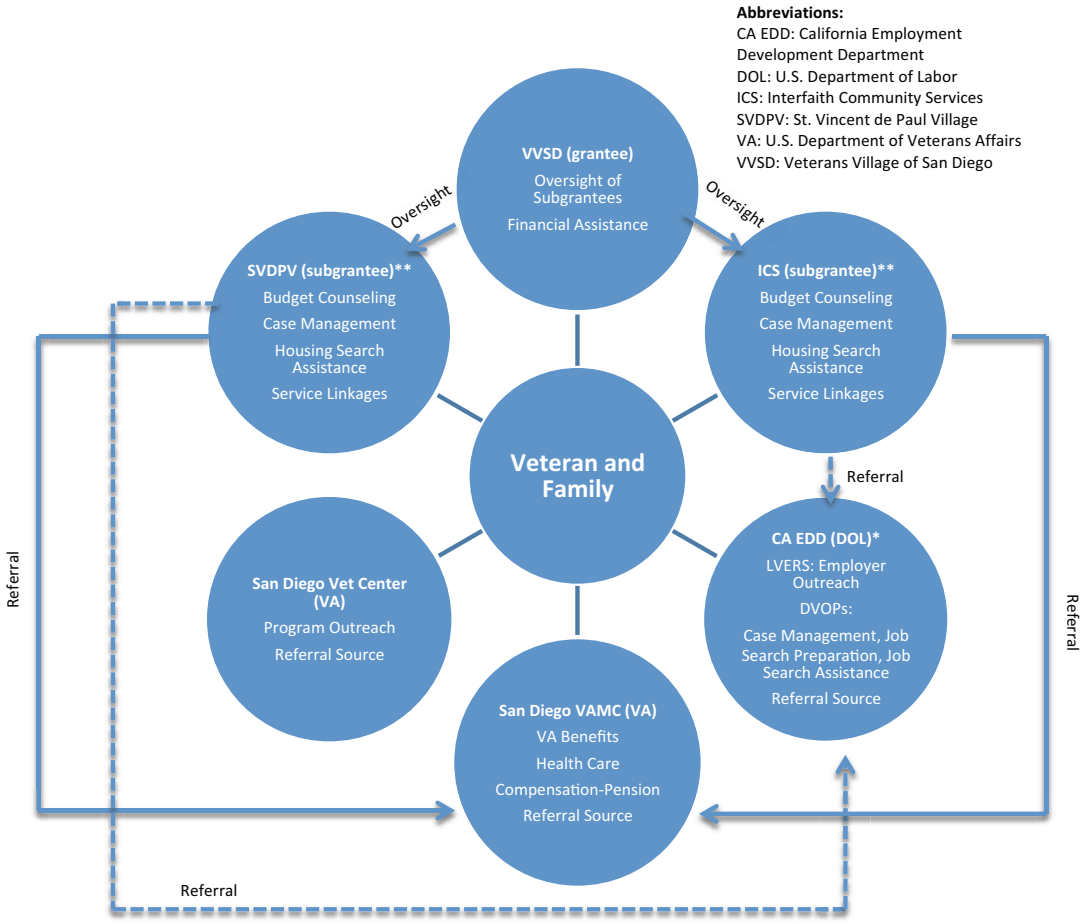
Current Structure and Interorganizational Relationships

The demonstration is based on a three-leg stool: HUD grantees, DOL grantees, and VA. The grantee and subgrantees have both worked with DOL and VA in the past as grant recipients. A more collaborative, day-to-day relationship, which focuses on providing services to homeless or at-risk veterans, is a new partnership. VVSD subcontracts with two nonprofit organizations: ICS and SVDPV. The VHPD service area includes San Diego City and County, a very large area that (for the purposes of VHPD program administration) is divided by Highway 52. ICS covers the area north of Highway 52, and SVDPV covers the urban area south of Highway 52. ICS has two case managers and an outreach worker who works part-time on VHPD. SVDPV has two case managers and a housing search counselor.

The DOL partner is the Employment Development Department (EDD), which employs 10 Disabled Veterans' Outreach Program Specialists (DVOPs) who provide case management to veterans seeking employment as well as two Local Veterans' Employment Representatives (LVERs) who work with employers to identify job opportunities for veterans. While VHPD clients can work with any of the DVOPs, one of the veteran-specific EDD staff members acts as the main reference point for VHPD clients and maintains a tracking spreadsheet of those veterans who are either in the VHPD program or referred to VHPD by EDD.

The VA partners include staff at the San Diego VA Medical Center (VAMC) and the local Vet Center located in the community. The VAMC staffs a VHPD coordinator and case manager, and the Vet Center houses an outreach coordinator who identifies veterans who are homeless or at risk of homelessness and promotes awareness of the program in the community. For a diagram of key players and program structure, see Figure 1.

Figure 1. San Diego VHPD Program Structure



*Only veterans who need to increase their income are referred to CA EDD.
** The service area covered by the VHPD catchment area is divided into two sections by Highway 52. ICS serves veterans who live north of Highway 52, and SVPV serves veterans living south of Highway 52. SVDPV's service area includes the city of San Diego.

VHPD Clients

The site key informants reported that they are serving primarily Vietnam, Persian Gulf, and OEF/OIF/OND veterans, and due to the number of bases in the San Diego area, it has not been difficult recruiting recent OEF/OIF/OND veterans. Program staff also indicate that families make up a large share of those served—in particular families with small children. However, some of the younger OEF/OIF/OND veterans served by the program are actively enrolled in local community colleges, universities, or taking courses online, and are single. These veterans rely primarily on the post-9/11 GI Bill to pay their monthly rental and living expenses. When school is out during the summer, their GI Bill payments stop, and as a result many have fallen behind on their rent, leaving them at risk for homelessness. Subgrantees report that only a small share of clients have serious mental illness.

For a profile of clients served, veterans served, and program utilization, please see Appendix A2a.

Pathways to VHPD

Outreach

Many of the organizations involved in San Diego's VHPD program play a role in program outreach, albeit to differing degrees. In large part, this involves the VHPD staff at the partner agencies informing the non-VHPD staff at their organizations about the program and who is eligible, so that those staff are able to refer clients appropriately. For example, the VA VHPD social workers at the VAMC focus their efforts on educating the other social workers at the VAMC (there are approximately 120) through mass e-mails to promote awareness and describe the program eligibility requirements. They also follow up with staff who have referred veterans to VHPD to explain to them why these veterans were or were not accepted in the program.

Formal responsibility for outreach rests with the local Vet Center, the arm of the VA that has traditionally served as a conduit between VA and the community. One of the Vet Center's outreach staff is assigned to VHPD and conducts outreach efforts specifically for VHPD, in addition to promoting other services available to veterans. The Vet Center outreach worker goes to reserve and National Guard units to inform those who work with veterans who are transitioning out of the military, as well as attending Yellow Ribbon events and doing "in-reach" to other segments of VA so they can refer veterans to the program. The outreach worker also works with veteran officers at local community colleges and universities in an effort to target younger veterans. However, key informants indicate that the majority of this outreach is done in the city of San Diego rather than in North County. VA is working to improve outreach efforts in North County.

ICS is trying to revise its outreach strategy by becoming involved with Transition Assistance Program (TAP) classes for military personnel transitioning to civilian life at Camp Pendleton and Miramar.

Referrals

Referrals to VHPD come from several different sources. According to key informants, approximately 50 percent of referrals come from the VA, including the Vet Center. Many referrals also come from the 211 San Diego service hotline and Courage to Call, a branch of 211 where veterans who call in can talk to other veterans.

Additional referrals come by word of mouth from other veterans. Smaller numbers of referrals come from EDD, and from the other programs operated by VVSD, SVDPV, and ICS.

When sending veterans to VHPD, organizations or individuals can refer the veteran to VA or directly to one of the subgrantees. According to program staff, because the program follows VA's "no wrong door" model, the program does not require that all referrals be directed to a single agency. VA and Vet Center staff routinely refer the veteran to the VHPD social workers at the VAMC, who will prescreen the veteran to determine whether he or she is a good candidate for the program given the other eligibility criteria, primarily the "but for" and "sustainability" requirements (discussed below), and that he or she is eligible for VA health care. If so, the VAMC social worker will refer the veteran to one of the two VHPD subgrantees, depending on whether the veteran lives north or south of Highway 52, where he or she will be screened by one of the subgrantee case managers. However, as mentioned above, in some cases

veterans are also referred directly to the subgrantees, in which case the veteran would go directly through the subgrantee screening process without making contact with the VA first.

Pathways to Enrollment

Screening and Eligibility

Once the veteran reaches one of the two subgrantees, the VHPD case managers at ICS and SVDPV do a screening to get the veteran's story and make sure that he or she meets the basic criteria for VHPD eligibility: the veteran is below 50 percent AMI, meets one of the HUD-defined housing instability categories, and meets the "but for" and sustainability criteria (discussed below). If the applicant seems to meet the criteria for the program, the case managers schedule an in-person meeting with the applicant for the assessment interview and inform the applicant of what documentation he or she must bring to the interview in order to receive assistance. These documents include bank statements, proof of income or benefits, past-due statements for utilities, and late-payment notices or eviction notices from landlords. If the veteran was not referred to the subgrantee by the VA VHPD staff, they also contact VA staff to verify that the veteran is eligible for VA health care.

"But For" Criterion

In San Diego's VHPD program, the grantee and subgrantees have operationalized the "but for" requirement to mean that the veteran has used or tried to use every other possible option or support system for assistance prior to seeking VHPD assistance. Case managers talk with veterans about their situations and ask what other resources they have tried. Case managers also verify veterans' financial and housing circumstances by requiring them to submit bank statements for the past three months and either late-payment notices for rent, past-due utilities notices, or eviction letters.

Sustainability Criterion

The grantee and subgrantees operationalize "sustainability" to mean that the veteran will have sufficient income to support himself or herself and his or her household without assistance from VHPD within three months. So far, the program has focused primarily on making sure the veterans meet the sustainability criterion according to the program definition. This has shaped the type of clients served by the program. Because veterans must be able to support themselves independent of VHPD assistance within three months, veterans served by San Diego's VHPD program are those who have generally been financially stable in the past, but currently require assistance because of an extreme circumstance.

Representatives from the grantee and subgrantees cite the high cost of living in San Diego as the primary factor behind their interpretation of the sustainability criterion. Given the amount of funding for rental assistance provided by the VHPD grant and the number of clients the program is required to serve, VVSD estimated at the outset of the implementation that the program could afford (on average) to provide each household with three months of financial assistance.

Because of the strict qualifying criteria for VHPD, the vast majority of veterans screened by the case managers are ineligible. One subgrantee estimates that 1 of every 10 veterans they screen is eligible for the program. Failing to meet this narrow definition of sustainability is commonly why veterans screened for the program are determined ineligible. In some of these cases, the case managers have referred the

veteran to EDD for employment services and encouraged him or her to contact the VHPD program again for rental assistance after gaining employment, as he or she will likely then be eligible to receive assistance.

Assessment and Enrollment

When the veteran meets with the ICS or SVDPV case manager for his or her assessment interview, the case manager reviews his or her financial documentation and works with the veteran to construct a budget, which lays out all the household income sources and expenditures. The case manager discusses the budget with the veteran and suggests changes to improve the household's financial stability. During this meeting, ICS and SVDPV case managers also collect the HUD-required data elements from the veteran.

While the nonclinical forms used for assessing eligibility are standardized, the subgrantees' assessment processes are slightly different. In addition to the steps listed above, ICS also has veterans write a detailed list of the other resources the veterans have tried to access prior to approaching VHPD (in order to document the "but for" requirement), and write a short narrative describing why they need assistance through VHPD.

If the subgrantee case manager determines that a veteran meets the criteria for VHPD, the case manager writes a narrative explaining the veteran's situation and submits this along with the budget worksheet to the VVSD. This narrative includes the case manager's recommendation for the amount and duration of assistance the veteran should receive. Once VVSD receives this information, it makes the final decision of whether or not to admit the veteran into the program. VVSD is usually able to return a decision by the next business day, provided there is no delay in determining eligibility for VA health care (which must be verified before VVSD can make its final decision on the veteran's case).

After the veteran receives final approval from VVSD, he or she is officially enrolled in the VHPD program. The types of services and assistance provided to clients in the VHPD program are described below. However, it is important to note that once the case manager at either subgrantee thinks the veteran is a good candidate for VHPD, the case manager will contact the landlord to inform the landlord that the veteran may be receiving VHPD assistance and ask the landlord to suspend the eviction process.

Service Delivery Process

Types and Levels of Assistance and Service Delivery

After veterans have been approved for VHPD, the subgrantee case management staff provide veterans with rental assistance and limited case management. Rental assistance typically lasts for up to three months. At SVDPV, the average length of rental assistance is two months. However, veterans can receive longer than three months of assistance if they demonstrate need. The amount and duration of rental assistance is decided on a case-by-case basis, using the veteran's budget to determine how much assistance the veteran requires to cover expenses or pay off debts, and also considers the veteran's personal situation in determining how long he or she will need assistance before being financially stable independent of VHPD assistance. For example, a veteran may be waiting to receive post 9/11 GI Bill benefits that had been suspended during the summer months. In this case, the program provides

assistance until the GI Bill benefits restart, and with that added income the veteran is stable, rendering VHPD assistance unnecessary.

Subgrantee case managers provide veterans with limited case management. Although case managers at both subgrantees work with veterans on budgeting prior to approval for VHPD, after veterans have been approved for the program, case management primarily takes the form of referrals to other resources—either to other services operated by the subgrantee (e.g., food assistance and transportation programs), or to services operated by outside agencies. Subgrantees also provide housing search assistance. At SVDPV, housing search assistance is provided by a designated housing search counselor, and at ICS housing search assistance is provided by VHPD case managers. Subgrantee respondents say that the limited funding allocated to supportive services in the VHPD grant limits their ability to provide more extensive case management services after the veteran has entered the VHPD program.

The grantee and subgrantees are standardizing the process of referring veterans to EDD for employment services. In the first year, few veterans were referred to EDD because of the type of clients being enrolled in VHPD. However, EDD has made an effort to inform the other agencies involved in VHPD about the variety of services it provides and expressed interest in becoming more closely involved in the VHPD program. Because of this, the subgrantees will require veterans enrolled in the program to meet with a DVOP at EDD if they need to increase their income in order to become self-sustaining.

In the first year of the program, the process of making sure veterans followed up with VA for services was not consistent. While program staff from the subgrantees affirm that veterans are given referral information for VA services prior to receiving any financial assistance, other key informants said many veterans did not actually seek services from VA. While grantee and subgrantee program staff say veterans are expected to seek services from VA, as mentioned above it is not explicitly required (see below for further discussion of this decision). According to key informants, this left the VA VHPD program staff feeling like they were cut out of the process and not actively engaged in case management. However, the new VVSD program manager is working with the subgrantees and VA to fix this problem.

Recertification

Every 90 days, the subgrantee case managers determine whether the client needs to be recertified to receive continued assistance. To do this, case managers use a recertification form that addresses each of the eligibility criteria in turn. In order to be recertified, the veteran must still meet all eligibility criteria. The household must still be below 50 percent AMI and still be experiencing housing instability. If the client still meets VHPD eligibility criteria, case managers submit this form to VVSD, and the client is recertified.

Termination

According to the program agreement, clients can be terminated from the VHPD program for four primary reasons: (1) failure to adhere to service plan goals; (2) failure to comply with the responsibilities listed in the program agreement; (3) any act of fraud (e.g., failing to report financial assistance received or misreporting income); (4) allowing more than 14 days to lapse without contacting the case manager

during active participation, or 90 days during follow-up. They can also be terminated if they present a threat of violence to program staff or other clients, or are using/in possession of illegal weapons. Program staff indicate that the primary reason for termination has been failing to adhere to service plan oals. Often this takes the form of clients failing to adopt budgeting recommendations to eliminate nonessential spending. If a client is to be terminated, the case manager will meet with the client to explain the reasons for this decision. Termination applies only to financial assistance; the client can still continue to receive case management.

If the client wishes to appeal the termination decision, the client will submit a written appeal to the VHPD program supervisor at the subgrantee with which the client was working. The client will meet with the supervisor to discuss overturning the decision to terminate. If the client is dissatisfied with the results of that meeting, the client can submit his or her appeal to the VVSD VHPD program manager. Although this process is in place, the grantee and subgrantees have not yet had a veteran appeal a termination decision.

Barriers to Service Provision

Barriers to Identification and Targeting

According to key informants, while program staff expected to see more younger veterans, approximately 35 percent of the clients served by San Diego's VHPD program are OEF/OIF/OND. This could be due to the aforementioned outreach challenges in North County, which is where Camp Pendleton is located. ICS's efforts to do more outreach in the discharge process may help increase the share of OEF/OIF/OND veterans.

Barriers to Serving VHPD Clients

Some key informants expressed frustration with the lack of responsiveness and case management follow-up provided by the subgrantees. However, this issue is limited to isolated cases, which have been addressed. Each subgrantee organization has significantly different case manager–to-client ratios.

While there is a large demand for San Diego's VHPD program, the most common reason that clients are ineligible is that they do not meet the sustainability criterion, as San Diego has defined it according to local conditions.

Also, key informants indicate that case managers spend the majority of their time working with veterans to help them qualify for the VHPD program. This means the case managers are spending a lot of time screening veterans and working with them prior to enrollment (e.g., detailed discussions on budgeting); and may have less time to engage in case management after veterans are enrolled in the VHPD program.

Challenges, Opportunities, and Successes

Relationships Among Partners

Successes

- **Partnership Between the Grantee and Subgrantee**. The grantee, VVSD, and the subgrantees, ICS and SVDPV, report a strong relationship. The current VHPD manager, who came on board approximately 1 month prior to the researchers' visit, has been working with the subgrantees to troubleshoot any early implementation challenges. The grantee and subgrantees meet regularly.

Challenges

- **VA Partnership**. While the relationship among the VA VHPD staff, the grantee, and subgrantees has been a point of contention, key informants indicate that the partnership has improved with the new project manager at VVSD. At the outset of program implementation, those designing San Diego's VHPD program worried that veterans would be deterred from the program if contact with VA was a condition of service receipt, so they decided not to require veterans to participate with VA. They believed this decision to be "good social work" since they thought that many veterans may not want to deal with VA or may have serious mistrust for VA staff, and did not want to deter veterans from seeking assistance through VHPD by requiring VA involvement. To date, program staff report that very few veterans have refused to access VA services. Initially, the VA VHPD staff felt cut out of the process. The new VVSD VHPD manager recognized this as a problem and has worked with VA and subgrantees to improve the relationship between all parties. Recently, VA started to participate actively in both of the weekly case review conference calls: one is with VVSD and ICS, and the other is with VVSD and SVDPV.
- **DOL Partnership**. The DOL partnership, through the EDD, has been struggling and is not particularly strong. Until recently, the subgrantees were not actively referring VHPD households to EDD. This is another challenge the VVSD VHPD manager is working to overcome. One reason why the subgrantees have not been referring to EDD is that many of the VHPD households, largely due to strict enforcement of the "sustainability rule," already have employment.

Implementation

Successes and Opportunities

The VHPD program fills a gap in the local array of veteran services. While many programs are already operating in San Diego to assist literally homeless veterans, there is a lack of homelessness prevention resources targeted to the veteran population.

The program has used the prospect of financial assistance through VHPD to motivate unemployed veterans to seek and gain employment. Because of the strict definition of the sustainability criterion, many veterans are ineligible because they are unemployed. One subgrantee had success referring ineligible veterans to EDD for employment services, and after gaining employment those veterans became eligible for VHPD and received the financial assistance needed to further stabilize them.

Challenges

- **Staff Turnover at the Site.** The VHPD manager (located at VVSD) changed positions in March 2012. At the time of the site visit, a replacement had been on board for 1 month. ICS's organizational leadership changed during the past year, and the housing search counselor at SVDPV recently left. However, this position was vacant for only 1 week. In addition, there has been turnover among VHPD staff at VA.
- **HMIS Rollout.** HMIS rollout was challenging. It took a long time for the grantee and the subgrantees to make sure the required data were being collected in the same way at each of the subgrantees. A few things caused the delay. The subgrantees are using different software applications for their HMIS data entry. SVDPV is using a system it developed internally called CSTAR, and ICS uses Service Point. Each of these systems collected data on the required variables.[45] However, question wording was not identical, so it was not clear that the data collected were directly comparable. Second, HUD was slow in sharing the data collection requirements. Key informants emphasize that the delay in having the one button report caused significant disruption early on.
- **Changing Program Eligibility.** The site has struggled with finding the right income level and ensuring that the program eligibility criteria (specifically the "sustainability rule") are uniformly interpreted by the subgrantees. To manage volume in SVDPV's service area, the grantee under advisement from HUD reduced the income level from 50 percent of AMI to 30 percent of AMI. But they found that once they lowered the income level, the low-income veterans had trouble meeting the sustainability rule. Some of the site partners reported that not having set program eligibility criteria made it difficult to refer and screen veterans who were eligible for the program. Some veterans were denied access to the program because they did not meet the program eligibility, when veterans with similar situations and characteristics were approved earlier. This was frustrating for caseworkers and other staff making program referrals.

Challenges for Evaluation Implementation

During the site visit we uncovered a number of potential challenges that could affect implementing the research design.

- **Study Enrollment Expectations.** The San Diego VHPD is ahead of schedule for enrolling veterans into the program. As a result, the key informants expressed some concern that when we begin enrolling VHPD participants into the study, we may not be able to meet our study enrollment numbers during the year.
- **HMIS System.** As noted earlier, the San Diego HMIS system is really two different databases. SVDPV enters its HMIS data into CSTAR. VVSD also uses CSTAR for all but one of its programs. All other homeless service providers in the CoC service area report into Service Point, which is maintained by the San Diego Regional Task Force on the Homeless. Some key informants indicate that while the data required for the Annual Homeless Assessment Report tabulations

[45] CSTAR is a HUD-approved HMIS system.

from CSTAR and Service Point are merged, other data maintained by each of the systems, including VHPD and Homelessness Prevention and Rapid Rehousing Program (HPRP) data, are not merged. However, representatives from the grantee and subgrantees maintain that both systems are stored at the Regional Task Force. This has clear implications for the research team's ability to track shelter entry among veterans in VHPD and the comparison groups.

- **HOMES Database.** While staff at the VAMC currently enter data into HOMES, they reported that previously they were not able to because of access issues. This is a potential problem for the veteran comparison group, and the research team, in conjunction with the National Center on Homelessness Among Veterans and VA staff, is working to make sure that HOMES is being used similarly across all sites.

Appendix A2a. San Diego at a Glance Tables

Table 1. San Diego at a Glance: VHPD Participant Profile

	Total	
	N	%
Total Number Served		
People	371	
Households	152	
People served by household type		
Households without children	109	29.4
Households with children	262	70.6
People served by age group		
Under 18	138	37.2
18-24	30	8.1
25-34	66	17.8
35-61	125	33.7
62+	12	3.2
Total	371	100.0
People served by race		
White	169	45.6
Black or African-American	156	42.0
Asian	15	4.0
American Indian or Alaska Native	0	0.0
Native Hawaiian or Other Pacific Islander	5	1.3
Multiple Races	24	6.5
Missing/don't know/refused	2	0.5
Total	371	100.0
Adults served by monthly income range at program entry		
No income	80	34.3
$1-$500	9	3.9
$501-$750	11	4.7
$751-$1,000	22	9.4
$1,001-$1,500	40	17.2
$1,501+	70	30.0
Missing	1	0.4
Total	233	100.0
People served by physical or mental health condition		
Mental illness	51	6.5
Alcohol abuse	11	3.0
Drug abuse	7	1.9
Chronic health condition	30	8.1
HIV/AIDS and related diseases	4	1.1
Developmental disability	5	1.3
Physical disability	42	11.3

Source: San Diego VHPD Annual Performance Report (APR)

Table 2. San Diego at a Glance: VHPD Veteran Characteristics

	Total	
	N	%
Veterans served by military service era		
Post-9/11	69	34.3
Persian Gulf Era	62	30.8
Post-Vietnam	41	20.4
Vietnam Era	18	9.0
Between Korean and Vietnam Wars	4	2.0
Korean Wars	1	0.5
Prior service eras	2	1.0
Information Missing	4	2.0
Total number of service eras tallied	201	100.0
Veterans who served in a war zone by war zone		
Europe	0	0.0
North Africa	0	0.0
Vietnam	9	10.8
Laos and Cambodia	0	0.0
South China Sea	0	0.0
China, Burma, India	0	0.0
Korea	0	0.0
South Pacific	0	0.0
Persian Gulf	50	60.2
Afghanistan	12	14.5
Other (Iraq)	12	14.5
Total number of war zones tallied	83	100.0

Source: San Diego VHPD Annual Performance Report (APR)

Table 3. San Diego at a Glance: VHPD Program Utilization

	Total	
	N	%
Persons served by type of assistance		
Prevention assistance	335	90.3
Rapid rehousing assistance	36	9.7
Total	371	100.0
Persons served by housing status at entry		
Literally homeless	36	9.7
Imminently losing their housing	181	48.8
Unstably housed	152	41.0
Stably housed	2	0.5
Total	371	100.0
Persons served by types of services received		
Financial assistance	344	92.7
Rental assistance	331	89.2
Security/utility deposits	103	27.8
Utility payments	143	38.5
Moving cost assistance	0	0.0
Motel and hotel vouchers	1	0.3
Housing relocation & stabilization services	368	99.2
Case management	368	99.2
Outreach and engagement	3	0.8
Housing search and placement	0	0.0
Legal services	0	0.0
Credit repair	0	0.0
Total	371	100.0
Persons served by length of participation		
Less than 30 days	108	29.1
31 to 60 days	116	31.3
61 to 180 days	139	37.5
180 to 365 days	8	2.2
Total	371	100.0
Persons served by housing status at exit (leavers only)		
Literally homeless	1	0.3
Imminently losing their housing	1	0.3
Unstably housed	1	0.3
Stably housed	287	99.0
Information missing	0	0.0
Total	290	100.0

Source: San Diego VHDP Annual Performance Report (APR)

Appendix A3. Tacoma Site Summary Memo

Introduction

As part of the Veterans Homelessness Prevention Demonstration (VHPD) evaluation's process study, this memo summarizes findings from the first site visit to Tacoma's VHPD program. During the site visit, the research team conducted qualitative key informant interviews to gather information on how the site's VHPD program operates and implementation progress. This memo draws on information gathered from the interviews, from early program reconnaissance, the grantee's VHPD business plan, and from forms used by the program. All information contained in this memo is specific to Tacoma's VHPD program.

Program Background, Structure, and Relationships

Program Background

In February 2011, the U.S. Department of Housing and Urban Development (HUD) granted $2 million to the Tacoma/Lakewood/Pierce County Continuum of Care (CoC) for the VHPD program. Tacoma's VHPD program serves veterans living in Pierce, King, Thurston, and Kitsap counties. This means that, while the Pierce County CoC is the lead CoC for this program, veterans being served by VHPD can also live within the jurisdictions of two other CoCs: the Seattle/King County CoC, and the Washington Balance of State CoC.

In September 2010, the Takoma/Lakewood/Pierce County CoC released a competitive request for proposals (RFP) for the VHPD funds. It established a proposal review committee of people from local universities, the United Way, the City of Tacoma, Pierce County, and the Department of Veterans Affairs (VA) that selected Catholic Community Services of Western Washington (CCSWW) as the VHPD grantee, together with the Washington State Department of Veterans Affairs (WDVA) as a subgrantee.

Current Structure and Interorganizational Relationships

CCSWW works with the Washington State Department of Veterans Affairs (WDVA), the federal VA staff based at the American Lake Medical Center (VAMC), and the veterans' employment staff of various WorkSource Centers in the VHPD catchment area to provide VHPD clients with comprehensive services. These employment-focused staff are supervised by the veterans services program coordinator in the Employment and Career Development Division of the Washington State Employment Security Department (ESD). Table 1 shows the partners and their roles in the overall VHPD project.

Table 1. Tacoma VHPD Project Partner Organizations	
Organization	**Role and Activities**
Catholic Community Services of Western Washington (CCSWW)	CoC lead agency for VHPD. Administers VHPD rental and other cash assistance, provides three case managers for housing and other support services. Caseloads of these three staff determine whether the program is full or could accept new clients. CCSWW tries to keep a full caseload of 40 active clients among the three case managers. Works in partnership with American Lake Medical Center in all aspects of program.
American Lake VA Medical Center	The VA Medical Center in the Tacoma VHPD partnership. Conducts VA psychosocial screenings, does all referral and care coordination related to medical, behavioral health, and homeless services provided by VA. Works in partnership with CCSWW in all aspects of program. Provides one of the eligibility screeners who works the hotline (see text).
Washington State Department of Veterans Affairs (WDVA)	Partners with CCSWW. Provides one of three screeners to work the hotline. Facilitates resolution of veteran status issues, of which the two most important are discharge status and service-related disability rating.
Federal Way Vet Center	Provides an outreach specialist to work with VHPD. The outreach specialist also serves as one of the eligibility screeners to work on the hotline.
Washington State Employment Security Department (ESD)	The state-level agency whose veterans' employment services section is the official Department of Labor presence in the VHPD partnership. The veterans services program coordinator in the Employment and Career Development Division supervises the veterans employment staff who work in the many WorkSource Centers located around the state.
Disabled Veterans' Outreach Program (DVOP) personnel and Local Veterans' Employment Representatives (LVERs) located in WorkSource Centers	Eight DVOPs and LVERs are part of the staff of WorkSource Centers located throughout the Tacoma VHPD's four counties. Their role is to assist veterans referred to them by VHPD to find and keep work, as well as referring any veterans they encounter who are at risk of homelessness to VHPD. Three cooperate with VHPD; the rest do not.

According to key informants, CCSWW is the largest provider of social services in Washington State and has made an organizational commitment to serving veterans who are homeless or at risk of homelessness. CCSWW programs have a record of serving veterans and their families, and because

CCSWW operates a large number of programs, it has many connections with other service providers and agencies.

CCSWW staff said their organization had previously worked with the WDVA to create a Washington State Veteran's Housing Plan as part of Secretary Shinseki's plan to end veterans' homelessness in five years. The two organizations also signed a Memorandum of Understanding (MOU) that formalized their commitment to work together to address the needs of homeless and at-risk veterans in western Washington. This history of collaboration made the WDVA a natural fit to take on the outreach role as a subgrantee in the Tacoma VHPD program. CCSWW had also worked previously with the American Lake VAMC through the Seattle Grant and Per Diem program and is collaborating with VA to implement another program in the near future.

Prior to VHPD, CCSWW's relationship with the Washington State Employment Security Department (ESD) was primarily one where ESD referred individuals participating in WorkSource services to CCSWW, if they appeared to be a good fit for CCSWW programs.[46] ESD has eight staff persons across the four counties of Tacoma VHPD's catchment area who specialize in providing employment services to veterans through ESD programs. WorkSource centers offer a range of services, including job search assistance, links to other community resources, resume assistance, and skill-development services. VAMC, WDVA and CCSWW staff held an initial afternoon training meeting with ESD staff, during which ESD described services offered to veterans. ESD and CCSWW staff working in the same county also met in small group sessions to discuss strategies for serving VHPD clients. A graphic representation of program structure and responsibilities of key partner agencies can be found in Figure 1.

VHPD Clients

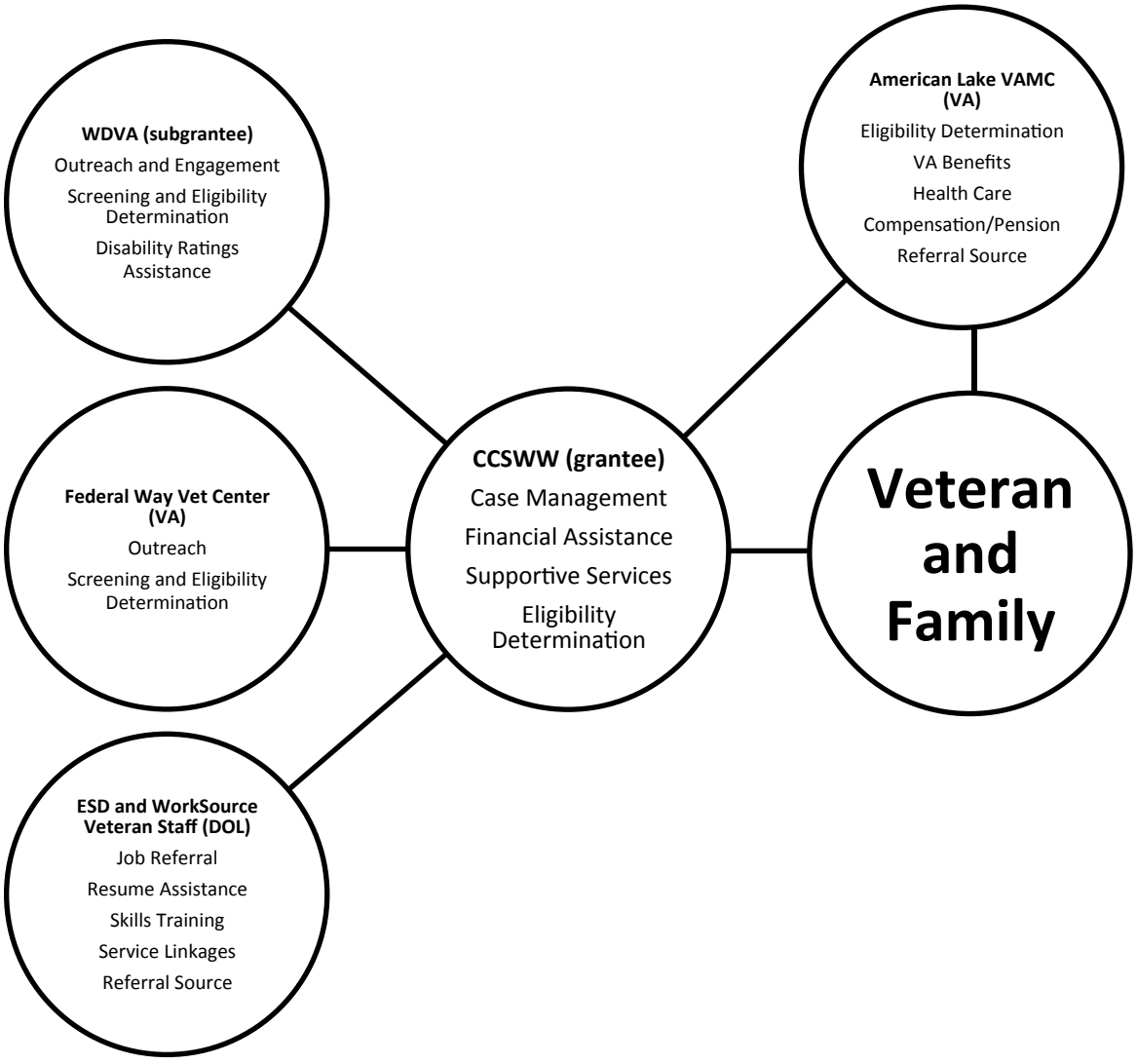
CCSWW statistics revealed that approximately half of these clients were single adults and half were in households with at least one child (hereafter, "families"). Approximately 70 percent of clients received prevention assistance, while 30 percent were literally homeless at program entry and received rapid rehousing services. Approximately 40 percent received short-term help, including one-time payments, while 60 percent received longer-term assistance. On average, clients received 6 to 9 months of assistance.

Tacoma VHPD staff indicated that many of the VHPD clients seen so far (maybe as many as half) had mental health issues such as posttraumatic stress disorder (PTSD), depression, or symptoms stemming

[46] The U.S. Department of Labor (DOL) administers workforce development, employment, and training programs authorized through the Workforce Investment Act (WIA). WIA resources are distributed to states and communities that develop local plans through Workforce Investment Boards, called Workforce Development Councils (WDCs) in Washington State. The employment support activities relevant to VHPD occur in "One-Stop Career Centers," DOL's generic name for agencies designed to consolidate the many workforce and employment programs in one place for ease of access. In Washington State, these are called WorkSource Centers. WorkSource Centers may be nonprofit or for-profit agencies, working under contract with their state or local WDCs and independently owned and operated. The DVOPs and LVERs in Washington State are employed by and located in the WorkSource Centers; they nominally answer to the state-level veterans employment coordinator in ESD, but primarily follow the lead of their own WorkSource Center directors.

from traumatic brain injury (TBI), which have implications for their employment prospects, at least in the short term. In some cases, veterans are unable to work because of their mental health disorders. Veterans' ability to gain employment is also contingent upon their ability to translate their military experience into attractive qualities for civilian employers.

Figure 1. Tacoma VHPD Program Structure: Key Partner Agencies and Responsibilities



Key informants note that because veterans served through VHPD are either homeless or at risk of homelessness, they are a more transient population than many other veterans, and client transiency can complicate service delivery, as organizations serving VHPD clients may not be able to maintain contact with clients after they have moved or otherwise changed their housing situation.

For a profile of clients served, veterans served, and program utilization, please see Appendix A3a.

Pathways to VHPD

Outreach

To alert local agencies and potential referral sources to the upcoming availability of VHPD, program staff held a large community meeting for Pierce County in March 2011, about a month before VHPD was ready to accept clients. About 80 people representing the many programs and agencies that might encounter eligible veterans attended the meeting, at which program staff explained the goals of the program, who would be eligible, and what types of services would be provided to participants.

Early on, the project also used radio spots, newspaper stories, and other mechanisms to spread the word about the program. Outreach staff routinely hold meetings with community agencies to remind them of VHPD availability. Between one and three meetings a month are held with representatives of local colleges, the agency in Pierce County that provides support to Reservists and National Guard members, WorkSource staff serving veterans (DVOPs and LVERs), and other potential referral sources. Lately, outreach has been targeted toward reaching post-9/11 veterans, to try to increase the proportion of Tacoma VHPD clients in this target group (hence the focus on colleges).

Referrals

Community agencies, WorkSource staff, American Lake VAMC staff, and the National Call Center for Homeless Veterans are the primary referral sources for VHPD. VHPD program staff set up a hotline specifically to screen veterans for Tacoma's VHPD program; all referral sources are aware that a veteran whose housing situation suggests a need for VHPD services should be informed about VHPD and referred to this hotline to be screened for the program.

Pathways to Enrollment.

Screening and Eligibility

VHPD Screening

The first step in becoming a VHPD client is usually participating in a screening through the VHPD hotline to determine the veteran's probable appropriateness for the VHPD program. Three VA employees, one from the Washington Department of Veteran Affairs, one from the VAMC , and one from the Vet Center, rotate the screening task, each staffing the hotline for a week at a time. The hotline is open 6 days per week for 16 hours each day. The hotline screening covers those topics that pertain to eligibility, such as veteran status, income, employment, and housing situation and history. Screening is done by phone using a standard form, which includes questions on the veteran's record of service, family status, sources of income, employment history, housing history, housing cost, amount owed for rent or utilities, and a narrative describing why the veteran needs VHPD assistance. No information on the veteran is

entered into HMIS at this stage in the process. If the veteran is actually homeless (sleeping in a shelter or places not meant for human habitation) and meets income requirements, eligibility is clear. If the veteran is still in housing or in a doubled-up situation, the screener tries to determine what options the veteran has used and what might still be available to alleviate the current housing crisis. At present, the hotline handles between 20 and 30 calls a week; screening information from each of the calls is discussed at a weekly Tuesday meeting to determine which veterans are most likely to be eligible, and which are the highest priority for helping that week (see below for more detail on the purpose and functioning of the Tuesday meetings).

Prospective clients may also approach VAMC and CCSWW workers directly. Staff are supposed to refer any such contacts to the hotline for initial screening, but it does happen that they bring these direct contacts to a Tuesday meeting before the VHPD screener has been completed. At the Tuesday meetings (see below for detail), applicant situations are discussed and decisions made whether to assign the veteran to a caseworker for a first interview. In whichever order these steps occur, everyone must complete the VHPD screener to be accepted into the program.

VAMC Screening

The VAMC has its own clinical assessment, which concentrates on psychosocial issues and health needs. Veterans presented at the Tuesday meetings (see below) directly by VAMC staff rather than going through the hotline have often gone to the VAMC Walk-In Clinic (open every weekday) where they complete the clinical assessment. This clinical screener covers potential eligibility for all VA programs, including housing programs that address homelessness, such as VASH, Grant and Per Diem, domiciliary care, and various transitional housing programs as well as VHPD.

The clinical assessment evaluates the veteran's needs across many domains. This information helps VA staff refer the veteran to whatever medical, behavioral health, and/or housing programs are most appropriate, including VHPD. The information obtained through this VAMC screener is entered into the VAMC's electronic database. The database is not shared with or available to VHPD staff from CCSWW, but VA staff share information about the veteran pertinent to his or her participation in the program with the VHPD team, provided the veteran signs a release of information form.

The VAMC clinical assessment, like the VHPD screener, is mandatory for all VHPD clients, and all complete it early in the application process.

The Tuesday Meetings

The weekly Tuesday meetings make the first cut on determining VHPD eligibility and service priority for veterans who have contacted the VHPD program (two additional steps must be completed before actual enrollment occurs, as described below). Every Tuesday, the CCSWW and VA VHPD program managers and the three hotline staff meet to discuss potential VHPD clients who have contacted the program in the past week—usually about 20 to 30 calls/contacts/screeners for review for the two to five probable openings (often only two or three, and there have been times when there are no openings, due to caseworker overload). Most will have completed the hotline screening. There are always more

potential clients than there are openings in the program, which tries to keep a full caseload of 40 client households.

Everyone who has contacted the program in the past week is discussed at the Tuesday meeting, even those who do not appear to be good candidates for the VHPD program. Each is discussed in terms of eligibility (income guidelines, veteran status, etc.), being or not being in one of the VHPD target populations, and level of homeless risk (or being actually homeless), based on the information gained through either the VHPD or VAMC screener and the impressions of the person who screened the veteran. The discussion generates a list of potential clients in rough priority order. The program is trying to increase its proportion of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) clients, and secondarily families and women vets. Decisions as to priority usually reflect a balancing between targeting and risk—sometimes the people in groups of highest priority for targeting are not facing the greatest homeless risk, and vice versa. For instance, a single male Vietnam veteran might have the bailiff at the door and be about to lose housing within hours, while a single mother who served in OIF might have a couple of weeks in which to resolve her housing crisis. The former is not in a VHPD-targeted group while the latter hits three targeted groups, but the Vietnam veteran needs immediate help. For those veterans who were screened but are not eligible for the VHPD program, the team discusses what other programs might be appropriate, so the team can make referrals to programs which better fit their circumstances.

Potential clients are also sorted into two groups—those who, if eligible, might need only one-time assistance ("one-timers"), and those who are expected to need ongoing case management. Only those who need ongoing case management are counted in the "full caseload equals 40" calculations. Following the priorities established in the discussion described above, potential casework clients equal to the number of program openings that week are assigned to a case manager to complete the next application step. Assignments mostly follow geography, with the caseworker covering a particular county receiving the applicants who live in or want to live in that county. One-timers are handled by the caseworker who has the lightest upcoming week; if all face a heavy work week due to client needs, the top one-timers are put on a list for assignment to a caseworker in the next week.

When the team assigns a potential client to a caseworker, it agrees that the veteran is eligible for assistance through VHPD, provided the applicant's story remains consistent throughout the rest of the process and he or she is able to substantiate that story with the required documentation. Caseworkers receive the contact information for each applicant assigned to them and call each applicant to discuss his or her situation, expand and verify the information learned during the screening call, and then invite the applicant in for a face-to-face assessment interview. If the applicant has not completed the VHPD screener by the Tuesday meeting, the last person to talk with the applicant will call and request that the applicant call the hotline to complete the screener. If the applicant has not yet completed the VAMC clinical assessment, the VA VHPD staff schedule an appointment with the applicant to complete this assessment as well. When possible, VA staff and the CCSWW case manager try to coordinate these meetings, so the veteran can complete the VHPD and VAMC assessments in the same meeting.

The "But For" Criterion

To meet the VHPD's "but for" requirement, the veteran's household must (at minimum) have received a 3-day "pay or vacate" notice.

Sustainability Criterion

The Tacoma VHPD program places more emphasis on "but for" than on short-term sustainability. It is willing to support veteran households while they await approval of an increase in the service-connected disability rating, while they finish school or training, and other circumstances that may take a few months to resolve. As staff noted, the average number of months of rental assistance has been six to nine so far. At the same time, Tacoma VHPD takes approximately four to eight "one-timers" per month, as noted above. These are veterans for whom a little bit of money and no continued casework will resolve their housing crisis. The Tacoma VHPD team prizes the flexibility of the program to meet these various levels of need.

Assessment and Enrollment

After the Tuesday meeting, the VA VHPD program manager checks the VAMC database to determine if the applicants selected for the next phase of the process (the assessment interview) are registered with the VA, and whether or not they have a prior history of homelessness that might make them ineligible for VHPD assistance (e.g., they appear to be chronically homeless). The VAMC program manager conveys this information to CCSWW to give the case managers all available information before the first caseworker interview. During this time, the caseworker contacts the applicant, sets up an interview time, and asks the client to bring in an array of documentation to support the information gathered in the screening.

During this interview the caseworker and client conduct an assessment, reviewing the screening information together to help the caseworker understand the situations and issues surrounding each area of potential service need. Major clarifications are usually needed for the areas of housing situation and history, employment/income situation and history, and family composition/who actually lives with the vet. It is not uncommon for the full story to be somewhat different from the story given during the screening. Exploring how the veteran got into the situation which created the need for VHPD often reveals complications as well as sources of stress and service needs that will affect an ultimate service plan, as well as the caseworker's judgment of the applicant's appropriateness for VHPD (e.g., need might be longer than the program could offer).

If the information gained during the assessment interview confirms eligibility as established in the screening and the client has brought all required documentation,[47] the case manager also works with the client to develop a case plan, goals, and a timetable. In order to move the client toward housing stability, goals are set for seven domains: (1) secure housing, (2) benefits, (3) medical needs, (4) mental

[47] Required documentation consists of the following: the veteran's DD214 that documents his or her discharge, birth certificates for every member of the veterans household, Social Security cards for every member of the veteran's household, a picture ID (for veteran only), proof of income, the "three day pay or vacate" notice or documentation of short-term homelessness (e.g.,. proof of shelter stay, sleeping in car), and a copy of the lease.

health, (5) job skills and work history, (6) education, and (7) budgeting and finances. The applicant signs a client service agreement that contains the case plan and indicates that the client agrees with the plan, accepts the services, and commits to working on the goals in the plan. At this point, the client is considered to be officially enrolled in the VHPD program. The majority of cases follow this path.

If the applicant does not bring all of the necessary documentation to the assessment meeting, he or she cannot be enrolled in VHPD that day. If the applicant is missing only a few documents, the case manager will proceed with the assessment interview, but if the applicant is missing the majority of the required documents, the case manager will complete the assessment only when the applicant returns with the documents. The applicant is given two weeks from the initial meeting to produce all the required documents. If the applicant cannot produce the documentation within that timeframe, he or she forfeits his or her place in the VHPD program. Case managers inform the VHPD program managers of the delay. If the applicant is able to produce the documentation within the 2-week window, the case manager will complete the assessment and get the client's signoff on the client service agreement process described above.

If during the case manager's discussions with the applicant—either during the preassessment interview phone conversation or the actual assessment interview—it becomes clear that the applicant's situation is different from what the team initially thought at the Tuesday meeting, the case manager completes the assessment interview with the applicant and tells the applicant that the team will review the case. Differences might involve mental health or addictions issues that emerge during the assessment interview, length of homelessness (more than 90 days), actual income (too high), income potential (e.g., no work history other than the military), or other issues. For cases with serious discrepancies likely to affect eligibility for VHPD, VHPD priorities, or the likelihood that VHPD can help, the case manager immediately informs the VHPD program managers; they discuss the case collectively as soon as possible (either via conference call or at the Thursday team meeting—see below for details). If the team decides to enroll the applicant in the VHPD program, the applicant is brought back for a second meeting to develop the case plan and sign the client services agreement. In a minority of cases, the team finds that the applicant is not eligible for the VHPD program. When this has happened, it is often because the applicant does not yet have a 3-day "pay or vacate" notice (in which case, the case manager instructs the client to call back if his or her situation worsens) or because the applicant is chronically homeless (in which case, the case manager refers the applicant to more appropriate resources, i.e., permanent supportive housing or transitional housing).

Service Delivery Process

Types and Levels of Assistance and Service Delivery

Upon being enrolled in the program, the client will receive financial assistance and case management services from the case manager. If the client is facing an eviction for nonpayment of rent, the case manager will put in a purchase order for a check to the client's landlord sufficient to avert the eviction. If the client is already homeless, the case manager and client work out a schedule for the client to look for housing and start to work on ways to increase income or otherwise relieve the situation that pushed the client toward losing housing.

VHPD clients receive both rental assistance and case management through CCSWW. The amount of rental assistance given to each client varies depending on the household's income. The CCSWW case managers calculate the client's income, which includes wages from employment from any adults in the household as well as any benefits the client receives (e.g., unemployment). If the client has no income, CCSWW pays 100 percent of the household's rent. If the client's household has income, the program requires the household to pay 30 percent of that income for rent, and CCSWW pays the remainder. CCSWW also provides financial assistance for car repair, moving costs, and utility arrearages and deposits.

CCSWW case managers keep in regular contact with their clients (typically once per week). Based on the client's situation and the goals laid out in the service agreement, the case manager links the veteran to services and benefits for which he or she is eligible. This casework includes initiating processes to get the veteran connected to VA services (if not already connected), connecting him or her with benefits through Social Security, the Post-9/11 GI Bill, and the VA's vocational rehabilitation program. If the veteran may be able to work, the case manager connects the veteran to one of the ESD staff. ESD staff assess the veteran's readiness for employment. If the veteran is not ready for employment, the ESD staff can provide written documentation of this to the VA, which helps the veteran's case in seeking other benefits. If the veteran is able to work, the ESD staff provides existing veterans' employment services, including helping the veteran with his or her resume and job search if he or she is ready for employment. If the veteran cannot work and does not appear likely to be able to engage in substantial gainful activity in the future, VHPD and WDVA staff start the process of establishing a rating for a service-connected disability (which can run from 1 to 100 percent), or try to speed up the process if it has already begun. In Tacoma, this disability-establishing process can take up to 18 months, or at worst two years, due to the relevant VA unit's understaffing and red tape. This slowness is one of the main reasons why veterans may need longer rental assistance from VHPD.

Because mental health disorders and addictions are common challenges for the veterans served by Tacoma's VHPD program, case managers also work with veterans to link them with treatments for these issues through the VAMC and other sources.

The Thursday Meetings

The weekly Thursday meetings focus on client progress toward service plan goals. Every active client's case is reviewed and decisions made about (1) what further supports or encouragement could/should be offered, (2) whether to extend rental assistance for clients who need a bit more time, and (3) what to do about clients who do not appear to be working toward their goals. CCSWW, VAMC, WDVA, and Vet Center staff involved in client contact for the VHPD project attend these meetings, including the CCSWW and VAMC VHPD project managers and all case management and screening staff. No one representing the employment component of VHPD regularly attends these meetings, although they are to call into the meeting on a monthly basis. According to staff, their regular presence would make it easier to assure employment-ready veterans that they would get help with employment.

These meetings are used to reach agreement on the appropriateness of applicants, to check the progress of current clients, and to brainstorm if a case manager needs ideas to help a particular client move forward. Each week, one of the case managers provides the entire team with an update on all of his or her current clients. Because the case managers rotate who presents their caseload each week, the

entire team will get an update on the progress of every client in the program every three weeks. During this time, other team members can make suggestions and offer advice on how to better serve each client. The CCSWW and VAMC project managers also bring relevant announcements and topics for discussion to these meetings, share new resources or contacts, and so forth.

Each meeting also includes a wrap-around session during which all three case managers can raise any issues they want to discuss with the group. During this time, case managers can seek advice on how to serve a client with whom they might be struggling. This portion of the meeting also includes the discussion of applicants with whom they have recently done an assessment interview, including those who would receive one-time assistance. Case managers often communicate with the CCSWW VHPD program manager about new applicants prior to this meeting. Case managers will present applicants for whom the initial assessment interview revealed a situation different from what was originally understood (see above). If not already discussed by the program managers, the team will discuss the applicant's case and decide whether or not to enroll that applicant. If the team decides to admit the applicant, the case manager who did the first interview calls the applicant back, says the program would like to enroll him or her, and sets up the second interview, and explains that this contact will involve working out a treatment plan and signing a client service agreement.

Recertification

Case managers emphasize to clients receiving more than just one-time assistance a sense of urgency and will stress that the program offers only temporary assistance. Assistance is given on a 3-month basis. After the client has received assistance for 90 days, his or her case will be reassessed and the team will decide whether or not to continue to serve him or her through VHPD for another 90 days. The team makes these decisions collectively at the Thursday team meeting. When considering whether or not to recertify a client, the team considers how much progress the client has made toward the goals set out in his or her client service agreement. If the client is making progress toward the goals in the plan, the team will recertify the client for another 90 days of assistance. At the end of the next 90 days, the team repeats this process.

Probation and Service Termination

The team has also developed a probationary process to deal with clients who are not complying with the VHPD program or their service plan. Actions that qualify as noncompliance include not showing up for meetings with the case manager or other meetings to which the case manager sends the client (e.g., to meet with ESD staff at a WorkSource center) or showing signs of being otherwise unengaged with the program. If a client is not complying with the VHPD program, the VHPD program managers from CCSWW and the VA and the case manager meet with the client. During this meeting, they jointly draft a document that lays out specific tasks that the client must do in order to stay in the program. After 30 days, the team reevaluates whether the client should be terminated from the program; if the client has not taken the steps set out in the probation document, enrollment will be terminated. This has been rare, however, and program staff estimate it has only happened on less than five occasions since the program began.

The caseworker can initiate the probationary period at any time during the client's time in the program. If the client is terminated from the program, the client can appeal the decision by meeting with the program managers, program director, and occasionally the case manager to discuss why he or she should be allowed to stay in the program, and the client sends a written appeal to the program director explaining how he or she will work toward achieving plan goals. If the client is unable to write well enough to submit a written appeal, CCSWW will accept a phone call from the client in lieu of a written appeal. The program director typically provides those who appeal with an additional one or two months of assistance. The team designed this process so that termination from the program is fair and documented.

Barriers to Service Provision

Barriers to Identification and Targeting

When the program first began accepting clients, it was less stringent on primarily accepting veterans who had served in OEF/OIF/OND. However, staff are now making more concerted efforts—both through outreach efforts to colleges to target younger veterans and through the Tuesday meeting process of selecting applicants for assessment—to target veterans of these conflicts. The Tacoma VHPD program clientele already reflects other VHPD program priority populations, such as women veterans and veteran families. They are also more explicitly targeting those veterans who are employment-ready or will be able to work with assistance from the program.

Barriers to Serving VHPD Clients

Program staff cite long waiting lists for some VA services (primarily mental health and addiction treatments) as a primary challenge to serving this population. The VHPD program is designed to provide clients with short-term assistance (no more than 18 months), and long waiting periods for services, and especially for decisions on service-related disabilities, frustrate the ability of clients to reach a point of stability or self-sufficiency. Further, some VHPD clients are unable to work due to damage to their mental and physical health sustained during their military service and have service-connected disability applications pending. Receipt of income based on a service-related disability can often make the difference for a veteran, because the added income would make him or her able to pay for stable housing. However, the wait period for a service connection application to be processed often exceeds the maximum amount of time a client is allowed to receive assistance through VHPD (18 months).

Challenges, Opportunities, and Successes

Relationships Among Program Partners

Challenges

- VHPD caseworkers say that fruitful partnerships with DVOPs and LVERs depend completely on the person, with three of the eight staff members being extremely helpful, and the others being significantly less helpful or completely unavailable. This variation may be due to the lack of DOL funding through VHPD, the lack of employment-related outcome measures included in the proposal, and/or the lack of control ESD has over DVOPs and LVERs in the various WorkSource Centers, in which staff answer to their own program directors rather than to state ESD priorities.

VHPD caseworkers make the best of their personal relationships with the three cooperative veterans employment staff, but these three are limited to the geography of their own WorkSource Centers, which do not cover the entire VHPD catchment area. VHPD staff have been working with this situation since before they began accepting clients, and it has not improved.

Opportunities

- VHPD has helped CCSWW and VA forge a closer and more collaborative relationship. Under Tacoma's VHPD program model, CCSWW, VA, and WDVA staff communicate and meet regularly so the case management process can coordinate services received through any project partner or other agencies. This level of cooperation and interaction does not extend to the DVOPs and LVERs, as explained above.

Implementation

Challenges and Successes

- Maximizing the efficiency of the hotline was an early implementation challenge. When the program first began, the screening hotline was up and running, but specific staff persons were not assigned to answer hotline calls.[48] Any of the VHPD staff could answer the hotline and whoever answered the phone conducted the screener, including program managers, caseworkers, and the staff who now do the screening. This method proved to be too inconsistent. The program switched to having only three people do the screener, each taking a week's rotation and handling all calls that come in during their week. The three screeners do not have either program management or casework responsibilities (one does mostly outreach, one works mostly on issues related to veteran discharge status and disability ratings, and one does some of both). This separation of functions improved consistency in application of program eligibility criteria, cutting down on advocacy by staff for the applicants they happened to have screened.
- Another early implementation challenge was deciding which staff to involve in the initial eligibility determination. When the program first began, the functions now served separately by the Tuesday and Thursday meetings were done together in one big weekly meeting, which staff said "seemed to go on forever." Pulling the first big eligibility decision (whether to invite the applicant to the first case manager interview or refer elsewhere) into a separate meeting with only the VHPD and VAMC program managers and the three screeners has greatly improved the decision-making process and allowed both processes (doing the initial eligibility sort and reviewing cases) to work more smoothly.

Challenges for Evaluation Implementation

The primary challenge for implementing this study in accordance with the research design in Tacoma is the ability of the Pierce County CoC to upload data to the Washington State HMIS system, which is

[48] Prior to the official kick-off of the program and simultaneous launch of the hotline, VA staff managed the referral of veterans to the VHPD program.

maintained by the Washington State Department of Commerce. Currently, Pierce County cannot successfully upload its data to the state system because of the volume of records it has to upload and some areas of incompatibility with the state system. This process is complicated by Pierce County using Service Point while the Department of Commerce uses Adsystech. Representatives of the Pierce County CoC are working to resolve the issue and anticipate being able to successfully upload their files by the time the research team will ask the CoCs to extract HMIS data (mid-year 2014). If things go as planned, the research team will be able to get all HMIS data from the Department of Commerce. If Pierce County is not able to successfully upload its data by that time, we will procure Pierce County's data directly from the Pierce County CoC and data for the other counties from the Department of Commerce.

Appendix A3a. Tacoma at a Glance Tables

Table 1. Tacoma at a Glance: VHPD Participant Profile

	Total	
	N	%
Total number served		
People	212	
Households	94	
People served by household type		
Households without children	65	30.7
Households with children	147	69.3
People served by age group		
Under 18	78	36.8
18–24	16	7.5
25–34	33	15.6
35–61	78	36.8
62+	7	3.3
Total	212	100.0
People served by race		
White	93	43.9
Black or African American	60	28.3
Asian	1	0.5
American Indian or Alaska Native	9	4.2
Native Hawaiian or Other Pacific Islander	12	5.7
Multiple Races	36	17.0
Missing	1	0.5
Total	212	100.0
Adults served by monthly income range at program entry		
No income	52	38.8
$1–$500	18	13.4
$501–$750	16	11.9
$751–$1,000	14	10.4
$1,001–$1,500	20	14.9
$1,501+	14	10.4
Total	134	100.0
People served by physical or mental health condition		
Mental illness	29	17.0
Alcohol abuse	2	0.9
Drug abuse	1	0.5
Chronic health condition	8	3.8
HIV/AIDS and related diseases	0	0.0
Developmental disability	0	0.0
Physical disability	35	16.5

Source: Tacoma VHPD Annual Performance Report (APR)

Table 2. Tacoma at a Glance: VHPD Veteran Characteristics

	Total	
	N	%
Veterans served by military service era		
Post-9/11	40	35.4
Persian Gulf Era	38	33.6
Post-Vietnam	25	22.1
Vietnam Era	9	8.0
Between Korean and Vietnam Wars	1	0.9
Korean Wars	0	0.0
Prior service eras	0	0.0
Total number of service eras tallied	113	100.0
Veterans who served in a war zone by war zone		
Europe	1	1.8
North Africa	0	0.0
Vietnam	3	5.4
Laos and Cambodia	0	0.0
South China Sea	1	1.8
China, Burma, India	0	0.0
Korea	0	0.0
South Pacific	0	0.0
Persian Gulf	21	37.5
Afghanistan	16	28.6
Other (Iraq)	14	25.0
Total number of war zones tallied	56	100.0

Source: Tacoma VHPD Annual Performance Report (APR)

Table 3. Tacoma at a Glance: VHPD Program Utilization

	Total	
	N	%
Persons served by type of assistance		
Prevention assistance	162	76.4
Rapid rehousing assistance	50	23.6
Total	212	100.0
Persons served by housing status at entry		
Literally homeless	50	23.6
Imminently losing their housing	116	54.7
Unstably housed	44	20.8
Stably housed	2	0.9
Total	212	100.0
Persons served by types of services received		
Financial assistance	204	96.2
Rental assistance	182	85.8
Security/utility deposits	64	30.2
Utility payments	107	50.5
Moving cost assistance	31	14.6
Motel and hotel vouchers	2	0.9
Housing relocation & stabilization services	212	100.0
Case management	212	100.0
Outreach and engagement	32	15.1
Housing search and placement	0	0.0
Legal services	2	0.9
Credit repair	2	0.9
Total	212	100.0
Persons served by length of participation		
Less than 30 days	50	23.6
31 to 60 days	36	17.0
61 to 180 days	64	30.2
180 to 365 days	62	29.2
Total	212	100.0
Persons served by housing status at exit (leavers only)		
Literally homeless	0	0.0
Imminently losing their housing	0	0.0
Unstably housed	0	0.0
Stably housed	0	0.0
Information missing	134	100.0
Total	134	100.0

Source: Tacoma VHPD Annual Performance Report (APR)

Appendix A4. Tampa/Hillsborough Site Summary Memo

Introduction

As part of the Veterans Homelessness Prevention Demonstration (VHPD) evaluation's process study, this memo summarizes findings from the first site visit to Tampa's VHPD program. During the site visit, the research team conducted key informant interviews to gather information on how the site's VHPD program operates and how implementation has gone so far. This memo draws on the information gathered from the interviews, early program reconnaissance, and forms used by the program. All information contained in this memo is specific to Tampa's VHPD program.

Program Background, Structure, Relationships

Program Background

The U.S. Department of Housing and Urban Development (HUD) granted $2 million to the Homeless Coalition of Hillsborough County (HCHC), the local continuum of care, for the VHPD. The grantee invited a list of community-based organizations to apply for VHPD funds and selected the three subgrantees due to their experience with serving homeless and veteran populations in the service area. The three subgrantees include Tampa Crossroads, Hillsborough County Health and Social Services (HCHSS), and the Agency for Community Treatment Services (ACTS).

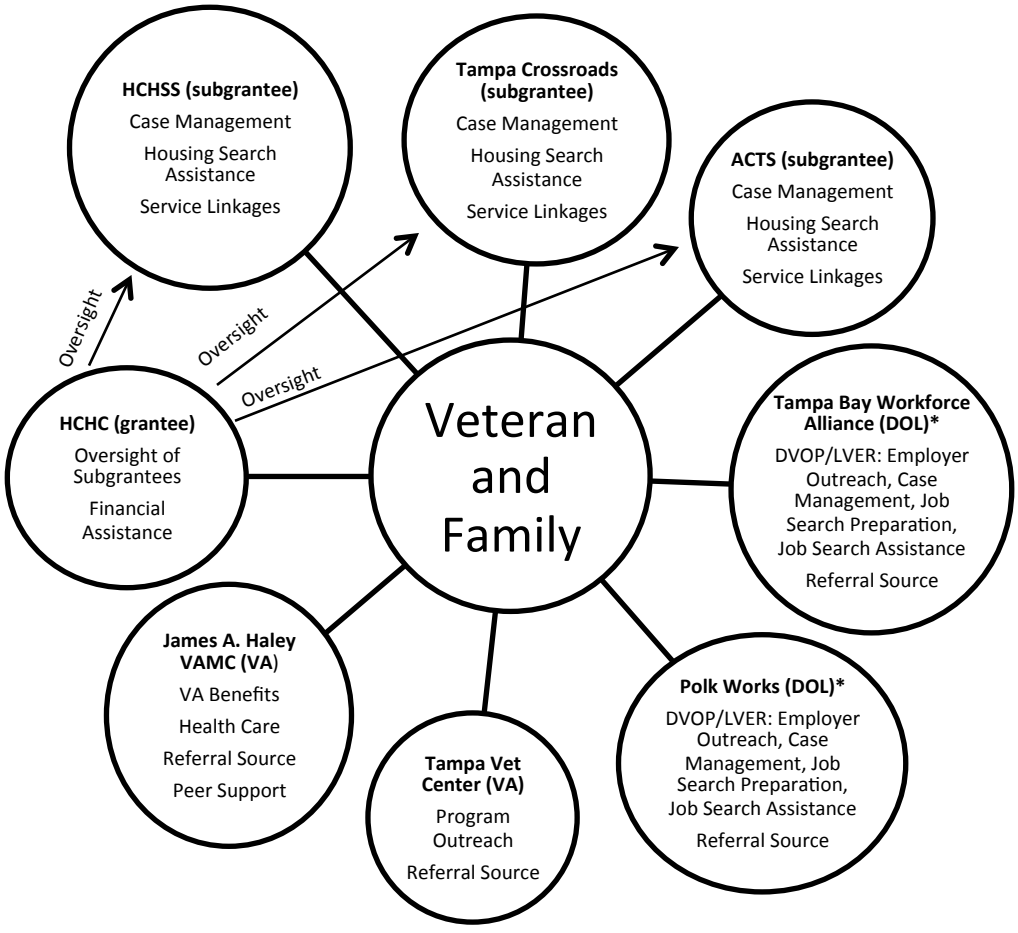
Current Structure and Interorganizational Relationships

The VHPD service area includes Hillsborough, Pasco, Polk, and Hernando counties. Tampa Crossroads, a community-based veteran homeless service provider, serves veterans inside Hillsborough County (which includes the city of Tampa). ACTS, a multiservice organization with specialization in alcohol and drug use treatment, homeless services, and Department of Veterans Affairs (VA) homeless programs, provides services to households in Pasco, Polk, and Hernando counties. HCHSS, a government agency and direct service provider to at-risk families and veterans, provides numerous programs, including the Homeless Veterans Reintegration Program, to households in Hillsborough County.

VHPD VA partners include a VHPD coordinator, a caseworker (a position open at time of site visit), and a peer-to-peer support specialist from the James A. Haley VA Medical Center (VAMC). In addition, a veterans outreach specialist who is located in the Tampa Vet Center engages at-risk veterans and refers them for services. Relationships with the local VAMC are dependent on the subgrantee, but in general, the relationship with the VA appears strong. The grantee noted that this program opened up an entirely new set of resources for homeless veterans and wished that the Department of Labor (DOL) had been a partner in the Homelessness Prevention and Rapid Rehousing Program (HPRP). The VA provides referrals to each subgrantee, which is one way they interact regularly, but they also regularly consult with the subgrantee case managers regarding clients' case management. ACTS reported having a strong relationship with VA case managers and HCHSS relies on the VA peer support specialist for help with housing assistance. Tampa Crossroads also reported having a strong relationship with the VAMC staff, communicating with them daily.

VHPD DOL partners include a Local Veterans' Employment Representative (LVER) and Disabled Veterans' Outreach Program (DVOP) staff, who are located at the Tampa Bay Workforce Alliance, Polk Works in Polk County, and Career Central in Pasco and Hernando counties. It is up to each subgrantee to establish relationships with the Tampa Bay Workforce Alliance, and as a result, the strengths of the relationships are uneven. HCHSS, for example, reports having a strong relationship with the Tampa Bay Workforce Alliance, with their staff communicating with the LVER on a daily basis. Tampa Crossroads relies more on their internal DOL programs funded through HVRP for workforce issues since, while they make referrals to the LVER and DVOP staff partnered with VHPD, they reported concern about accountability and follow-through at these agencies. The geographic size of the ACTS service area made it difficult to broker relationships with DOL staff in all three counties, and case managers were not regularly referring households for DOL assistance; however, this is changing. The grantee recognizes that this is an issue, and is currently working on tightening relationships between the subgrantees and the DOL partners in each county. Figure 1 below depicts these various relationships and responsibilities.

Figure 1. Tampa VHPD Program Design



* The client base of Tampa Bay Workforce Alliance (TBWA) and Polk Works is geographically distributed. TBWA receives referrals from Tampa Crossroads and Hillsborough County Health and Social Services (HCHSS), which cover Hillsborough County, while Polk Works receives referrals from ACTS, which covers Polk, Pasco, and Hernando Counties.

VHPD Clients

Tampa's VHPD program focuses mostly on prevention, with about 70 percent of the grant so far going to prevention, and 30 percent going to rapid rehousing. Tampa's VHPD program serves singles and families and a variety of veterans from different combat periods. About 40 percent of the households served through VHPD are single-headed households, of which a large proportion are single mothers. Subgrantees reported that many of the veterans who come through the program are from the Vietnam and Persian Gulf eras, not necessarily Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND), and that reaching those veterans has been more difficult. Even those who are vulnerable, compared with other people who experience homelessness, the site reports that OEF/OIF/OND veterans tend to have higher education and skill sets that are more transferable in the workforce. Mental health is an issue, but it is more readily acknowledged in the veteran population than in the general homeless population. Many of the veterans who are assisted by VHPD do not have access to transportation, phones, or computers, which makes seeking employment difficult. Additionally, criminal backgrounds can be an issue for veterans who are both seeking employment and finding an apartment.

The majority of clients coming into the VHPD program in Tampa are prevention cases, where case managers are charged with providing services to prevent at-risk clients from becoming homeless. Once identified by VA and enrolled in VHPD, the case managers' prevention strategy for clients is two-pronged—they want to help the client find affordable housing using their "rent-reasonableness" criterion, and help the client find suitable employment so that he or she can quickly move toward self-sufficiency. One case manager explained that he follows the "housing first" model, where the main priority of preventing homelessness is finding housing for clients, and once the housing piece is established, then the client is in a position to find employment and work toward improvement. Once the client is stably housed with employment and on an upward trajectory toward self-sufficiency, then case managers begin to wean clients off of VHPD assistance.

For a profile of clients served, veterans served, and program utilization, please see Appendix A4a.

Pathways to VHPD

Outreach

The majority of the outreach efforts and referrals within this VHPD program are conducted under the auspice of VA. The VHPD outreach specialist is housed within the Tampa Vet Center and is responsible for attending and organizing veterans events across the four-county region—Hillsborough, Hernando, Pasco, and Polk counties. The types of outreach events vary, but the two common types are Yellow Ribbon events and Stand Downs. At these events, the VHPD outreach specialist will speak with veterans, informing them of the services available through the VHPD program, encouraging individuals to apply (if they are eligible) or to spread the word about the program to others who could be served through VHPD. The outreach specialist is also often asked to speak at various organizations that serve veterans and present on the VHPD program and services accessible to homeless veterans.

Referrals

Upon identifying an individual eligible for VHPD, the VHPD outreach specialist refers the veteran to the VA VHPD coordinator, who does an additional screening, and upon being deemed eligible, the VA VHPD coordinator will refer the veteran to a case manager at one of the three subgrantee locations. One key issue identified during the outreach process is getting veterans to identify as homeless—often the specialist will need to elaborate on the definition of homeless in order to help veterans who might not self-identify as homeless recognize that their current situations qualify them for services. In addition to referrals from their outreach specialist, VA also receives referrals internally, as well as from the community and the HUD website.

VA is the organization responsible for identifying individuals as eligible. Almost all of the VHPD clients seen by case managers at the three subgrantee organizations were first identified by VA. In instances where VA did not generate the referral, one common occurrence is that the subgrantee, which already had an HPRP program, would generate the referral with a client with which the subgrantee already had a relationship, and then the VA VHPD coordinator would do an eligibility screen. VA is the "funnel point" for screening, and most VHPD clients come in through the VA doors via information received from the outreach coordinator or word of mouth. There is also a veterans' hotline telephone service that connects veterans with the VHPD coordinator. The VHPD coordinator then connects the veteran with one of the subgrantee organizations for services. VA sends a cumulative list each week to the Hillsborough County Homeless Coalition of clients who have been referred to the individual case managers.

Pathways to Enrollment

Screening and Eligibility

VA staff refer to VHPD eligibility determination as both "an art and a science." During the first meeting between a veteran and the VHPD coordinator, VA uses a formal screening document to perform intake. The screening form asks about demographics, including family composition, household financial situation, employment status, receipt of means-tested benefits, and housing status, including current housing situation, previous housing history, and arrearages. The form also flags OEF/OIF/OND veterans, and gathers information regarding substance abuse or mental health issues a veteran might struggle with. This information allows the VHPD coordinator to assess a veteran's current situation comprehensively and provide him or her with the most appropriate service. An overall psychosocial assessment is administered by the VHPD coordinator to provide a more accurate picture of a veteran's current situation. The VHPD coordinator gives a list of information to staff at the Homeless Coalition, and this information will serve as context for case managers at the subgrantee organization's meeting and enrolling clients into VHPD. The subgrantee case manager then enters the VHPD client's information into the Homeless Management Information System (HMIS) after a screening and an assessment.

"But For" Criterion

One consistent response we received when discussing the use of the VHPD "but for this assistance" criterion was that it was subjective. In reviewing the cases, the grantee explained that they look at the risk factors for homelessness of a given client, as well as whether the client is at 30 percent Area Median

Income (AMI). The caseworker at ACTS explained that, while her "but for" determination was subjective, she looked to see if the client had any other resources available, and if so, advised the client to use them. The determination is then made using a prescreen form administered during client assessment. The case manager at Tampa Crossroads explained that there is "no perfect formula" for determining "but for" eligibility, but a clear sign would be when a client appears to have exhausted all available resources available to him or her, lack support networks, and is already homeless, or is at imminent risk for homelessness.

Sustainability Criterion

Sustainability is determined during the assessment process, where there is a consideration of the barriers that a client faces to becoming self-sufficient, and whether the short-term assistance structure of VHPD is a suitable intervention. At ACTS, the stated goal is to have clients become independent within three months. During the assessment, clients are asked to formulate a plan for becoming sustainable within the 3-month timeframe, with the case manager's awareness that deviations from the three months are possible. A similar process is in place at Tampa Crossroads. At Tampa Crossroads, case managers will tell clients that the expected duration of assistance is two to three months, after which they are expected to be self-sufficient. Case managers will work with clients to develop an action plan to ensure that the client is aware of what steps need to be taken to become self-sufficient. On average, clients are given 1.0 to 1.5 months to find stable employment.

When considering clients for the VHPD program, case managers are looking for individuals who can be self-sufficient and responsible with their budget within a short period of time. A case manager at Tampa Crossroads remarked that many of the VHPD clients coming through the program were experiencing homelessness for the first time and needed assistance to help get them back on their feet. A caseworker at Tampa Crossroads explained that it is critical that clients enrolled in VHPD are able to increase their income; individuals who are unable to work or who have a disability are not a good fit for VHPD. Clients would not be enrolled in the program if the case manager did not believe the client could become sustainable within the 3-month period—the client would likely be referred to another program.

Assessment and Enrollment

Each caseworker will have information about the client from the VA's prescreen to provide context for the client's background, and the caseworker will have the client sign an interagency release of information. Introducing this document allows the case manager to discuss the VHPD program, explain its goals and the interagency approach it uses, and then perform a screening for the "but for this assistance" criterion. The client will then sign releases for information. (The majority of the forms used during this intake process were directly taken from those used for HPRP or adaptations of similar HPRP forms.) During this visit, the case manager will project the amount of assistance he or she anticipates the client will need, and will request that amount from the Homeless Coalition, which will review the case and provide the funds.

Service Delivery Process

Types and Levels of Assistance and Service Delivery

Case Management

Case management is performed by the three subgrantees (ACTS, HCHSS, and Tampa Crossroads), not the grantee. Hillsborough County and Tampa Crossroads serve clients mainly within Hillsborough County, while ACTS serves clients in Polk, Pasco, and Hernando counties, which are more rural with poorer public transport infrastructure. The subgrantee case managers share a case management strategy that emphasizes working with the client to develop a plan for self-sufficiency. It is actively acknowledged that the assistance is not meant to be long term, and the case managers expect their clients to have a plan set for getting off of the assistance once they are stabilized.

This process was found to be fairly standard across the three subgrantees; however, there were some differences. ACTS case managers are mobile, and, unlike with Tampa Crossroads and HCHSS, case management primarily occurs during home visits; this is largely related to the geographic spread of their service area. When an ACTS caseworker projects the amount of assistance he or she expects a client to need, he or she will not initially share that number with the clients, and there is usually a bit of a buffer built in to the projected number to cover unexpected income or expense shocks. ACTS case managers also tell clients that the expected length of assistance is three months, and do not mention up front that assistance can extend to up to 18 months if needed. After the first meeting, the ACTS case manager will set up meetings for the client with the VA peer-support specialist, and with the local DVOP for employment assistance services, ideally within two weeks of the initial meeting.

At Tampa Crossroads, the case management strategy is centered on the development of an action plan. The initial meeting allows the case manager to discuss the VHPD program with the client, and look at the client's barriers to self-sufficiency and ways these can be overcome in a 2- to 3-month period. Similar to ACTS, Tampa Crossroads clients are not told that the assistance can go up to 18 months, and are informed that they should expect to be weaned off of the assistance by the 3-month mark.

Finally, at Hillsborough County, there is an emphasis on frequent interaction. Clients are told that they are responsible for contacting the case manager weekly to provide status updates. However, in Hillsborough County, clients are told that the assistance is short to medium term, and are informed initially that they can stay on the assistance for up to 18 months.

Financial Assistance Determination

The financial assistance structure of the Tampa VHPD program is centered on the veterans' willingness to contribute. The grantee emphasized the importance of veterans in VHPD providing for themselves, in addition to assistance from the grant. The targeted amount for a veteran's contribution is 30 percent from their own income, to cover basic housing costs and VHPD grant funds to cover the rest.

The VHPD housing subsidy is a sum determined by the subgrantee case managers after the client has undergone intake and assessment with both the VA VHPD coordinator and the subgrantee case manager. Case managers at the subgrantee organizations are advised not to share the amount of

assistance a veteran is entitled to, out of concern that "if you tell the client, they think it's theirs." The case managers at the subgrantees are expected to assess the comprehensive financial needs of the client and project the amount of assistance needed.

When deciding how much financial assistance to provide, case managers at each of the subgrantees noted the importance of the employment piece, and working with DOL and others to finds ways of creating and stabilizing income for the veteran if the veteran is unemployed or underemployed.

One case manager explained that how long a veteran stays on VHPD assistance is directly correlated with their ability to find employment. Each case manager prioritizes working with the veteran on securing the employment piece connecting veterans in VHPD with the Tampa Bay Workforce Alliance, or with the local DVOP or LVER in the region; however, there were case managers whose experiences with DOL in finding employment for their clients were not as helpful. This is especially true for VHPD participants who have a criminal background. In addition to DOL, case managers, as well as the VA VHPD outreach specialist, spoke of networks they built themselves with local organizations and employers to help connect their clients with services, and often have more success within these networks than with DOL.

Recertification

Recertification does take place within the Tampa VHPD program, and the process is overseen by the grantee but led by case managers at the three subgrantee organizations. The recertification process follows procedures that were put in place for HPRP, requiring a home visit before recertification.

Barriers to Service Provision

Barriers to Identification and Targeting

Tampa's VHPD program reports serving mostly post–Vietnam era veterans, many who were self-sufficient for a while, but then reached a point of needing help because of substance use, divorce and child support, and other issues. Engaging veterans returning from Iraq and Afghanistan has been more difficult because they currently have more social supports—friends, family, and so forth—to rely on. Outreach staff at the Tampa Vet Center are working on targeting more outreach activities to places where these veterans may flow through, such as discharge planning and Yellow Ribbon Program activities.

Barriers to Serving VHPD Clients

The sizable catchment area, which includes Hillsborough, Polk, Pasco, and Hernando counties, has been difficult despite having a traveling case manager from ACTS for a few reasons. First, transportation is an issue for veterans, so often the case manager may have to travel 200 miles in one day to meet with a client. In addition, the case manager must learn about social service resources in each community and make connections with those community-based organizations.

Challenges, Opportunities, and Successes

Relationships among Program Partners

Early on, Tampa accomplished a number of successes noted among staff. While the HMIS rollout was challenging, they trained three subgrantees, which are now entering data. The grantee and subgrantee relationships with the VA are strong. Finally, the grantee, in partnership with its subgrantee, is serving veterans in rural areas that may have gone unnoticed and underserved.

The partnership with the DOL is uneven, though the sites are working out the communication kinks. One problem appears to be staffing at the Tampa Bay Workforce Alliance. It is unclear how many staff are serving VHPD, as the application notes both DVOP and LVER positions, but only the LVER position met with the research team and is "mandated" to work with VHPD clients.

Implementation

HMIS Rollout Issues

The HMIS in Tampa has good coverage and is generally strong; however, the HMIS rollout took longer than expected, mostly because the data elements and reporting requirements were not thought through beforehand, and staff had to double back to ensure that the subgrantees were collecting the required data. Even after the HMIS was off the ground, one subgrantee had a yearlong delay before entering data. Finally, Tampa uses Service Point, and the HMIS staff reported that it is not a very user-friendly system. Grantee staff monitor the quality of the data, and encourage subgrantees to use Service Point for case notes and service utilization.

Confusion Over VHPD Funding Coverage

Across the interviews with case managers, there was frustration with the perceived limitations as to what the VHPD grant funds can be used for. When discussing barriers to program participation, one case manager noted that transportation is a limiting factor for individuals in more rural areas, especially when a client is trying to access employment, and there is an understanding that VHPD funds cannot be used to pay for vehicle repairs or public transportation. There is a similar situation with regard to furniture. One case manager expressed frustration at the inability of VHPD funds to pay for basic domiciliary furnishings. These two areas were proposed as expansion points for VHPD funding that would help case managers improve outcomes for VHPD clients.

Case Management Payment Is Reportedly Too Low

Case management is paid by the grantee to the subgrantee in units of case management used. If the subgrantee does not provide actual case management, they are not paid. Compared with other VHPD sites where case manager's funds are paid by identifying an FTE level, this appears to encourage more case management. One subgrantee did report dissatisfaction with the billable amount, which matches Medicaid reimbursement levels.

Challenges for Evaluation Implementation

It is unclear if Tampa will have enough VHPD participants entering the program from July 1, 2012, to June 30, 2013, to meet our study requirements (we are aiming for 100). This is largely because they are

ahead of schedule in meeting their program number goals, and may run out of funding before we can enroll a sufficient number of study participants.

Appendix A4a. Tampa/Hillsborough at a Glance Tables

Table 1. Tampa/Hillsborough at a Glance: VHPD Participant Profile

	Total	
	N	%
Total Number Served		
People	339	
Households	209	
People served by household type		
Households without children	89	26.25
Households with children	250	73.75
People served by age group		
Under 18	130	38.3
18-24	24	7.1
25-34	53	15.6
35-61	123	36.3
62+	9	2.7
Missing/invalid	0	0.0
Total	339	100.0
People served by race		
White	176	51.9
Black or African-American	133	39.2
Asian	0	0.0
American Indian or Alaska Native	1	0.3
Native Hawaiian or Other Pacific Islander	0	0.0
Multiple Races	21	6.2
Missing	8	2.4
Total	339	100.0
Adults served by monthly income range at program entry		
No income	87	41.6
$1-$500	31	14.8
$501-$750	22	10.5
$751-$1,000	18	8.6
$1,001-$1,500	29	13.9
$1,501+	16	7.7
Missing	6	2.9
Total	209	100.0
People served by physical or mental health condition		
Mental illness	30	8.8
Alcohol abuse	3	0.9
Drug abuse	2	0.6
Chronic health condition	24	7.1
HIV/AIDS and related diseases	1	0.3
Developmental disability	3	0.9
Physical disability	60	17.7

Source: Tampa/Hillsborough VHPD Annual Performance Report (APR)

Table 2. Tampa/Hillsborough at a Glance: VHPD Veteran Characteristics

	Total	
	N	%
Veterans served by military service era		
Post-9/11	45	30.2
Persian Gulf Era	32	21.5
Post-Vietnam	31	20.8
Vietnam Era	22	14.8
Between Korean and Vietnam Wars	1	0.7
Korean Wars	0	0.0
Prior service eras	0	0.0
Missing/don't know/refused	18	12.1
Total number of service eras tallied	149	100.0
Veterans who served in a war zone by war zone		
Europe	1	1.6
North Africa	0	0.0
Vietnam	10	15.9
Laos and Cambodia	0	0.0
South China Sea	1	1.6
China, Burma, India	0	0.0
Korea	2	3.2
South Pacific	0	0.0
Persian Gulf	18	28.6
Afghanistan	15	23.8
Other (Iraq)	16	25.4
Missing/don't know/refused	0	0.0
Total number of war zones tallied	63	100.0

Source: Tampa/Hillsborough VHPD Annual Performance Report (APR)

Table 3. Tampa/Hillsborough at a Glance: VHPD Program Utilization

	Total	
	N	%
Persons served by type of assistance		
Prevention Assistance	314	92.9
Rapid Rehousing Assistance	24	7.1
Total	338	100.0
Persons served by housing status at entry		
Literally homeless	25	7.4
Imminently losing their housing	272	80.2
Unstably housed	37	10.9
Stably housed	5	1.5
Total	339	100.0
Persons served by types of services received		
Financial Assistance	302	89.1
Rental assistance	286	84.4
Security/utility deposits	151	44.5
Utility payments	234	69.0
Moving cost assistance	1	0.3
Motel and hotel vouchers	58	17.1
Housing Relocation & Stabilization Services	325	95.9
Case Management	324	95.6
Outreach and engagement	2	0.6
Housing search and placement	5	1.5
Legal services	0	0.0
Credit repair	0	0.0
Total Served	339	
Persons served by length of participation		
Less than 30 days	41	12.1
31 to 60 days	44	13.0
61 to 180 days	202	59.6
180 to 365 days	52	15.3
Total	339	100.0
Persons served by housing status at exit (leavers only)		
Literally homeless	11	6.7
Imminently losing their housing	34	20.6
Unstably housed	2	1.2
Stably housed	116	70.3
Information missing	2	1.2
Total	165	100.0

Source: Tampa/Hillsborough VHPD Annual Performance Report (APR)

Appendix A5. Upstate Northern New York Site Summary Memo

Introduction

As part of the Veterans Homelessness Prevention Demonstration (VHPD) evaluation's process study, this memo summarizes findings from the first site visit to Upstate Northern New York's VHPD program. During the site visit, the research team conducted key informant interviews to gather information on how the VHPD program operates and how implementation has gone so far. For more information on the data collection methods used for this site visit, please see Appendix A. This memo draws on data gathered from the interviews, information gained from early program reconnaissance, and forms used by the program. All information contained in this memo is specific to Utica's VHPD program.

Program Background, Structure, and Relationships

In 2006 to 2007, Utica community members began an awareness-raising effort focused on veterans' issues, especially the need to provide services and outreach to returning veterans. The efforts included partnerships between the Department of Health and the Continuum of Care (CoC) and resulted in the development and funding of the Central New York Veterans Outreach Center (CNYVOC). Leading organizers of the efforts envisioned and designed a community-based outreach center, which currently includes a number of integrated services: housing assistance, a food pantry, and a donation room. The location of the CNYVOC (more than 80,000 square feet) used to house recreational facilities, and the CNYVOC have repurposed much of the space to serve veterans in a welcoming setting.

Program Background

Under the VHPD grant, 65 percent ($1.3 million) of the funding supports direct assistance to clients and the remainder ($700,000) supports case managers, Homeless Management Information System (HMIS) systems and administrators, and other support for program operations. When CNYVOC was selected to operate VHPD services, CNYVOC solicited subgrantee proposals from organizations in neighboring counties. After review by the CNYVOC, Transitional Living Services of Northern New York (TLSNNY), based in Watertown, became a subgrantee. TLSNNY VHPD staff serve the area surrounding the Ft. Drum military base in Watertown (Jefferson County) and two other adjacent counties (St. Lawrence and Lewis). CNYVOC focuses on serving three counties (Madison, Herkimer, and Oneida), especially the cities of Utica and Rome. VHPD personnel describe the six-county region as rural, frontier territory with small urban centers, and large and sparsely populated counties. Lewis ranks as the most rural among the six counties, and the northern counties of the VHPD project rely on motel vouchers due to the absence of shelters. The CNYVOC and TLSNNY staff structure for VHPD mirror each other, with a lead manager coordinating day-to-day and goal-oriented activities and case managers serving clients. As the lead grantee, CNYVOC benefits from proximity to (and ongoing feedback from) the local CoC and its leadership, as well as extensive, in-house experience with the Homelessness Prevention and Rapid Rehousing Program (HPRP). CNYVOC enters and manages HMIS data for the entire project, including TLSNNY's HMIS data entry.

The CoC in Oneida and surrounding counties had experience working with veteran populations prior to VHPD. Affiliated CoC organizations span a broad spectrum of service providers, public agencies, and

nonprofit and religious organizations, whose missions include and/or revolve around addressing the needs of homeless populations. As mentioned above, CNYVOC benefits from prior experience with the HPRP project (whose participants include veterans) and has an explicit mission to conduct outreach to address veterans' needs. CNYVOC staff mentioned that as VHPD began to serve more post-9/11 veterans (e.g., Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn [OEF/OIF/OND]), the program began seeing a heightened need to address mental health issues, such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). TLSNNY focuses on providing mental health and substance abuse services in a tri-county area that includes the Ft. Drum military base. Prior to VHPD, TLSNNY staff had limited experience conducting outreach targeting veterans. Since the start of VHPD, TLSNNY staff adapted services to reflect the additional challenges of helping veterans transition from military to civilian life.

Current Structure and Interorganizational Relationships

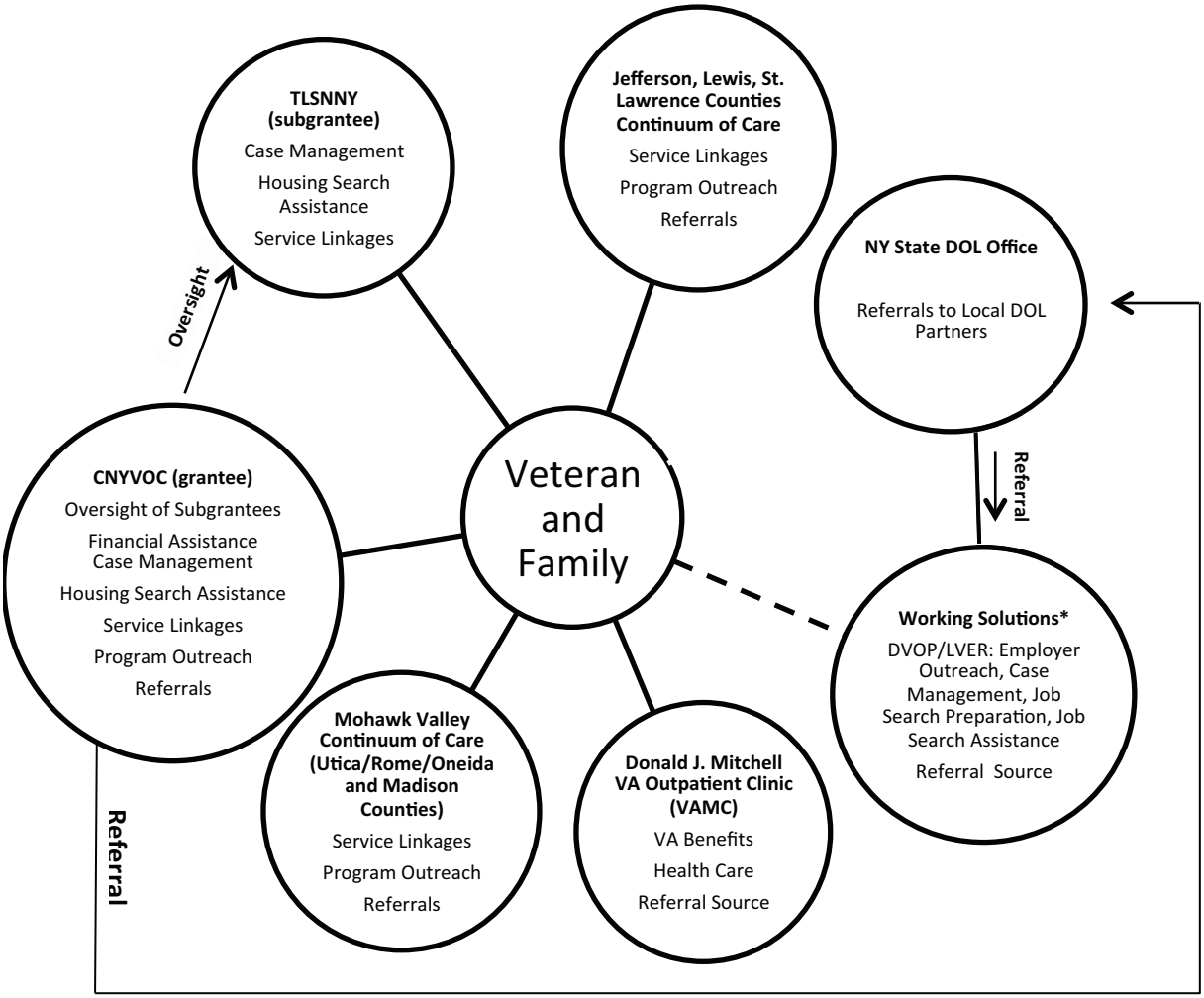
Local partnerships facilitate comprehensive service delivery for VHPD clients. Department of Veterans Affairs (VA) staff work closely with CNYVOC and TLSNNY staff. VA staff in Watertown and Rome communicate on a daily basis with their counterparts in the northern (TLS) and central counties (CNYVOC). VHPD and VA case managers often meet with clients together during the beginning of a case, and respective case managers conduct parallel screening and assessment. The VA case managers are on-site once a week at CNYVOC to do intake with clients and to meet face-to-face with grantee program staff. While the VA center is only 20 minutes away in Rome, the lack of public transportation between Utica and Rome makes the one day of colocation at CNYVOC critical for capturing VHPD clients who may not have the ability to get to the VA clinic in Rome.

VHPD and VA staff mentioned preexisting strong ties to local Department of Social Services (DSS) personnel and benefit programs. Often during the intake process, the case manager will refer clients to DSS if the client is not already connected, in order to help the clients receive services. DSS also provides supportive services to clients that buttress the financial assistance provided by VHPD. For VHPD clients who are connected with employment, DSS provides child care services for the children of VHPD clients. DSS also refers clients to CNYVOC for services.

Clients are linked by the grantee or subgrantee organization to the VA; however, there is a more extensive process for connecting VHPD clients to Department of Labor (DOL) services. Once a client is found eligible for VHPD, the client is referred to the main DOL office in Albany, where the VHPD program staff will refer the client's case to the client's local DOL agency. The local DOL agency then reaches out to the client, and it is then the responsibility of the client to maintain connections with DOL services. Under VHPD, DOL partners at the community level include Local Veterans' Employment Representatives (LVERs), who also meet with veterans. LVERs as well as Disabled Veterans' Outreach Program Specialists (DVOPs) refer veterans to education and training services and link them to the workforce development system. Comprehensive workforce services, often through the One-Stop system, run parallel to grantee-subgrantee and VA services and case management. Because the VHPD clients' connections to DOL services are not facilitated by the grantee or subgrantee organizations, case managers experienced difficulty in ensuring that clients were receiving support in rejoining the workforce. DOL and grantee

staff initially endeavored to have monthly update calls, but found it more useful to communicate regularly via e-mail to provide program and client updates. These relationships are depicted in Figure 1.

Figure 1. Interorganizational Relationships in VHPD



* The Department of Labor in Albany receives referrals from CNYVOC, and DOL then refers the VHPD client to the local satellite office convenient to the client. There are Working Solutions One-Stop Centers in Utica, Oneida, Rome, and Herkimer counties, and an organization called The Workplace serving Watertown.

VHPD Clients

The key informants reported that they are primarily serving Vietnam, post-Vietnam, Persian Gulf, and OEF/OIF/OND veterans. There are also smaller proportions of Korean War, between Korean War and Vietnam-era, and WWII-era veterans. One key issue raised was the broad geography of the service area, which makes outreach efforts in this area particularly difficult, especially to OEF/OIF/OND veterans who are more likely to still have established networks for support. Program staff indicate that the majority of VHPD clients served are singles, with a much smaller proportion of families being served.

For a profile of clients served, veterans served, and program utilization, please see Appendix A5a.

Pathways to VHPD

Outreach

Outreach efforts include CNYVOC events targeting veterans, case manager outreach with local organizations serving people in need, regular communication with the American Legion, flyers, and health fairs. Radio and television outreach remains limited. VHPD personnel credit VA and ongoing word of mouth for much of the VHPD referral activity. In the north counties, for example, VA refers most VHPD clients to TLSNNY. Word of mouth continues to result in additional referrals, as more veterans learn that they can call VA or the grantee-subgrantee to inquire about financial assistance for housing. Veterans can now receive help paying for a security deposit, which has helped to spread the word about the program. CNYVOC encourages local agencies to inquire about veteran status for each client served. Individual relationships between CNYVOC and local DSS agency personnel often result in referrals. Referrals from VA to CNYVOC and TLSNNY rely on close and regular collaboration.

Referrals

There is a strong referral network between the grantee, VA, DSS, law enforcement agencies, and the community organizations within the CoC. Often clients who come to CNYVOC seeking assistance will be referred out to other community services before being enrolled in VHPD. This is particularly true with DSS. At the monthly CoC meetings, organizations are reminded to refer any potentially eligible clients to CNYVOC to be assessed for VHPD. Because VA is onsite at CNYVOC once a week, the referrals between the two are seamless and incredibly efficient. The referral process to get a VHPD client involved with DOL is more extensive. Once enrolled, the grantee will fax a client referral to the DOL office in Albany, where the referral will be processed by the VHPD coordinator, who will then send the referral to the local DOL representative in the client's area. The local DOL representative will then contact the client and arrange for services. The interface between the client and DOL occurs outside the scope of the grantee and subgrantee organizations.

Pathways to Enrollment

Screening and Eligibility

The VHPD process entails ensuring that a prospective VHPD participant qualifies for VA medical care. Since VA staff in the northern and central counties work closely with CNYVOC and TLSNNY staff, the screening process usually entails VHPD staff requesting a letter from their VA partners. Local organizations involved in the CoC refer veterans who may qualify for VHPD to the VA and/or the CNYVOC. Local DOL agencies also screen clients for risk of homelessness and refer veterans to VHPD. When DOL staff members refer clients to the CoC, they can often identify whether a client has received DOL workforce services in the past. CNYVOC staff document screening information (e.g., letter from the VA and any other case information prior to assessment) for all veterans who eventually enroll in VHPD.

"But For" Criterion

Grantee case managers have an eligibility checklist they use to try and make the determination process as objective as possible. The checklist includes items such as risk documentation (eviction notices,

disconnected utilities notices, documented domestic violence, employment reduction in hours, etc.); resources for the past 30 days, including printouts for all liquid accounts (checking, savings accounts, etc.); and copies of all household bills and receipts for the past month. However, despite these indicators, staff acknowledge that this is ultimately a subjective decision.

During the eligibility screening, staff comprehensively assess the client's situation—with information about what the client has done, the client's current budget, what resources the client has exhausted, the client's family history, and the client's history of homelessness, case managers are able to assess whether they feel the client is at imminent risk for homelessness. Case managers will go through budgets with clients and help them understand places where savings can be incurred or money reallocated—for example, a case manager gave an example of a client spending too much on a cable bill and being advised on how to properly reallocate funds. Often clients will be referred out to community supports such as DSS for services. However, if after the comprehensive assessment clients are deemed to pass the "but for" criterion and the case managers are convinced that the assistance will prevent the client from becoming homeless, the client is enrolled in the program.

Sustainability Criterion

Sustainability is determined during the assessment process, where caseworkers consider the barriers a client faces to becoming self-sufficient, what resources are available to the client, and whether the short-term assistance structure of VHPD is a suitable intervention. CNYVOC and TLSNNY both expect clients to become sustainable within the 3-month timeframe, while the case managers know that deviations from the three months are possible. When considering clients for the VHPD program, case managers are looking for individuals who can be self-sufficient and responsible with their budget within a short period of time. Clients would not be enrolled in the program if the case manager did not believe the client could become sustainable within the 3-month period—the client would likely be referred to a community service, such as DSS, or a program that offers more long-term assistance.

Assessment and Enrollment

After ensuring that a veteran qualifies for VA health care, VHPD case managers schedule time to meet with veterans in person, in their homes, a library, or wherever they feel comfortable. Veterans living in rural areas often lack transportation and VHPD case managers can travel to meet them. VHPD staff use a checklist that includes a range of items, such as veterans' benefits (unemployment insurance and DSS benefit receipt, etc.); employment status; identification and Social Security number; and income documentation (as well as job search activities) for all working-age household members. In addition, screening includes documentation that they need emergency housing assistance and face imminent risk of homelessness.

HMIS intake also uses data gathered during the assessment stage. CNYVOC conducted an initial training with TLSNNY staff regarding VHPD screening, though TLSNNY relies less on a checklist for screening purposes and more on an ongoing relationship (and in-person meetings with prospective VHPD clients) alongside VA staff. CNYVOC enters all data (including screening information) for the grantee and subgrantee into HMIS. As of mid-April 2012, HMIS included data on approximately 150 VHPD participants.

CNYVOC case managers assess a veteran's living expenses and get to know all relevant details about their housing circumstances. They use a budget worksheet to identify major living expenses that place them at risk of falling behind on their bills and eventually losing their housing. They also ask the veteran whether they have people in their personal or family network who can help them. Case managers also help veterans look for a different place to live in cases where it becomes apparent that the veteran can no longer afford to stay in his or her apartment, and the case managers become involved to the point where they will go on Craigslist with clients to identify potential housing options.

Service Delivery Process

VHPD clients receive prevention housing assistance, which differs from other housing assistance veterans receive. From the beginning, local leaders envisioned VHPD as a prevention strategy rather than a way to serve chronically homeless veterans. Program staff members describe VHPD participants as typically work-ready and in need of short-term assistance, usually no more than two or three months of prevention services. The practical limitations posed by covering such a vast six-county area limit the number of people VHPD case managers can meet with one-on-one during the intake process.

Types and Levels of Assistance and Service Delivery

Financial Assistance

VHPD case managers determine the level of financial assistance for housing based on "rent reasonableness" guidelines from the Department of Housing and Urban Development (HUD). They decide how many months of rent assistance a client needs, ensure that the rent amount does not exceed the rent reasonableness threshold, and provide financial assistance for housing. Case managers refer clients to housing advertisements (online or in newspapers) if the veteran decides to move to a different apartment that may be more affordable or includes utilities in the rent. VHPD clients can also receive assistance paying for a security deposit. Most clients need two to three months of housing assistance. The assessment performed during this initial meeting provides case managers with the information needed to estimate the duration and amount of assistance a client will require.

Case Management

Case managers often meet with VHPD clients a few times. The initial VHPD case management meeting typically lasts 1.5 to 2.0 hours. After the initial meeting, a follow-up meeting at CNYVOC typically focuses on DSS services. CNYVOC case managers encourage VHPD clients eligible for DSS services to complete DSS benefit applications within two weeks of their initial meeting. Most clients exit the program after a few meetings, spread over a couple of months. Some clients call or visit the CNYVOC more often to request additional help (e.g., filling out paperwork for other benefits). At TLSNNY, in-person meetings vary depending on where the client lives. Phone calls supplement in-person meetings as necessary. For most clients, these meetings also typically happen once or twice a month for 1 or 2 months. VHPD clients typically have not had to recertify many clients since most exit within 90 days. At CNYVOC, the longest VHPD case was a client who received VHPD financial assistance and services for five months. Only a handful of people have been recertified, or returned for follow-up help or guidance once they exited the program. After someone exits VHPD, VA is responsible for case management.

Other Assistance

In addition to housing assistance and case management, CNYVOC has been using VHPD funds to provide one-time transportation assistance for car repairs. VHPD clients also receive assistance from the CNYVOC food pantry and donation room. Public transportation in the main city centers exists, but not in rural areas. VHPD does not cover bus tokens or passes. VHPD case managers link clients to DSS benefits regularly, especially Supplemental Nutrition Assistance Program (SNAP) and child care assistance, although DSS assistance for the latter expired in Utica in June 2012. A SNAP enrollment worker from Syracuse periodically visits CNYVOC to process VHPD client applications. LVERs focus on employability and workforce development services, typically apart from the VA and VHPD case managers. VA links veterans to health and mental health services as necessary.

Recertification

Clients are required to be recertified for VHPD assistance every 90 days. The VHPD case managers at the grantee or subgrantee organization will perform another assessment using the client assessment form, and if it is deemed that without VHPD assistance the client would have imminent risk for homelessness, the client would be recertified. Recertification was reported as being fairly uncommon, and in the instances where it occurred, clients needed recertification only once. The longest a client has stayed on VHPD assistance has been five months; the majority of clients are off of VHPD assistance within the established 90-day timeframe.

Barriers to Service Provision

Barriers to Identification and Targeting

This site reported difficulty in reaching the target population of OEF/OIF/OND veterans despite concentrated outreach efforts at Yellow Ribbon and other events. Key informants noted that there is a much higher concentration of older veterans within the area. Program staff also noted that Utica has a demographically older population despite having an active army base nearby; therefore they feel that bringing younger veterans who are at risk for homelessness has been a challenge.

Barriers to Serving VHPD Clients

From the service providers' perspective, there are a number of barriers limiting prevention services. The grant covers a large area across the six mostly rural counties. The challenges of addressing rural and frontier homelessness remain less well understood than corresponding homelessness in large metropolitan areas. For example, isolation in rural areas poses a major obstacle for service providers, and stakeholders note that people (not only veterans) in need of housing assistance grow so isolated that they can become reluctant to seek assistance even if a clinic moved next door to their dwelling. Furthermore, case managers must strategize how to use their time to meet in-person with veterans, especially when one trip can consume many hours.

Additionally, in the absence of colocation or integration of comprehensive services across all VHPD partners, veterans might spend a lot of time traveling to and from different service locations, sometimes covering vast distances if, for example, a veterans' clinic is far away. Service providers noted key examples of colocation or integration (e.g., DSS case managers enrolling clients at CNYVOC; One-Stop workforce development centers with services and referrals at one site) that could address the barriers.

Dishonorable (and Other Than Honorable) discharges can prevent veterans from qualifying for VA medical care, unless they can appeal and change their status. By April 2012, around 50 veterans screened at CNYVOC did not qualify for VHPD due to their discharge status.

Challenges, Opportunities, and Successes

Relationships Among Program Partners

VHPD strengthened existing ties between VA, the CoC, and CNYVOC. In addition, TLSNNY developed a stronger connection with VA. Moreover, VHPD case managers communicate with LVERs more regularly than before. Service integration among key VHPD stakeholders has improved, though the workforce development system operates parallel services less integrated into the day-to-day activities of VHPD than other partners. Despite this limitation, agencies currently communicate across programs and clients more than before the implementation of VHPD.

Implementation

At the beginning of the grant, CNYVOC and TLSNNY staff entered data for clients screened and served in their respective tri-county area. However, due to complex data entry, CNYVOC currently enters all HMIS data for the project. The change allows for complete and comparable data across the six-county areas. Over time, CNYVOC has sought guidance from HUD, VA, and DOL regarding case-by-case issues and questions that arise during the course of serving clients. Regular, ongoing communication, especially with HUD, has proven useful for CNYVOC.

Two eligibility issues have emerged during the screening phase among a small portion of prospective VHPD participants. First, the cost of living in the six-county area falls below the national average, and some veterans receive unemployment insurance benefits that place them just above the local income threshold for VHPD. Second, veterans who own homes but may risk foreclosure do not qualify for VHPD. VHPD staff hope the federal government can address the first issue by taking into account cost of living in rural areas, and they explain to homeowners that VHPD only targets people who rent or do not own their own home.

Multiple stakeholders mentioned the need for continued, or increased, coordination across key partners. Conference calls and in-person meetings (when necessary or practical) should include case managers from each of the key partners: VA case managers, VHPD grant case managers, and DOL LVERs.

In rural settings, colocation and integration can advance the effectiveness of service delivery. Veterans entering any service door (especially public agency doors) should count on effective screening, assessment, services, and referrals. Existing networks, such as the CoC and the One-Stop system, already feature such elements of coordination for different sets of services. As a number of stakeholders mentioned, “the veteran serves the community, and it takes a community to serve a veteran.”

Prior experience with complex and data-intensive evaluations makes a difference. For example, CNYVOC benefits from prior experience with HPRP. In addition to maintaining complete and timely data, program staff members note the need for keeping track of veterans who do not qualify for VHPD services within HMIS.

Challenges for Evaluation Implementation

One of the main challenges that the Utica VHPD program faces in recruiting clients for the study is geographic. Coverage is difficult for case managers, as veterans are dispersed across the six-county region, which makes concentrated outreach efforts to potential VHPD clients difficult. Case managers need to spread their limited resources over a large geographic territory. Case managers in the southern counties have experience working with HPRP and apply pre-established recruitment strategies to the VHPD program, giving them a potential advantage when compared with the northern counties. The barrier of transportation and distance from services can deter potential VHPD clients. While study participants will be offered financial incentives, they might not be enough to encourage individuals from rural areas to participate in focus groups. Public transit outside urban centers does not exist, and clients can live two to three hours away from a grantee or subgrantee office. When recruiting participants for VHPD, the grantee noted that they have turned away prospective clients due to dishonorable discharge status, which could limit the VHPD sample pool. Finally, the HMIS system in Utica was uniquely developed by the grantee organization rather than purchased from an HMIS systems provider, although the administrator assured the research team that the data fields are consistent and combining data across sites would not be an issue.

Appendix A5a. Upstate Northern New York at a Glance Tables

Table 1. Upstate Northern New York at a Glance: VHPD Participant Profile

	Total	
	N	%
Total number served		
People	206	
Households	103	
People served by household type		
Households without children	76	36.89
Households with children	27	13.11
People served by age group		
Under 18	54	26.2
18–24	25	12.1
25–34	23	11.2
35–61	97	47.1
62+	7	3.4
Missing/Invalid	0	0.0
Total	206	100.0
People served by race		
White	141	68.4
Black or African American	51	24.8
Asian	0	0.0
American Indian or Alaska Native	2	1.0
Native Hawaiian or Other Pacific Islander	0	0.0
Multiple Races	12	5.8
Missing	0	0.0
Total	206	100.0
Adults served by monthly income range at program entry		
No income	55	36.2
$1–$500	21	13.8
$501–$750	17	11.2
$751–$1,000	22	14.5
$1,001–$1,500	26	17.1
$1,501+	8	5.3
Missing	3	2.0
Total	152	100.0
People served by physical or mental health condition		
Mental illness	70	34.0
Alcohol abuse	7	3.4
Drug abuse	4	1.9
Chronic health condition	73	35.4
HIV/AIDS and related diseases	1	0.5
Developmental disability	12	5.8
Physical disability	66	32.0

Source: Upstate Northern New York VHPD Annual Performance Report (APR)

Table 2. Upstate Northern New York at a Glance: VHPD Veteran Characteristic

	Total	
	N	%
Veterans served by military service era		
Post-9/11	29	25.4
Persian Gulf Era	18	15.8
Post-Vietnam	37	32.5
Vietnam Era	23	20.2
Between Korean and Vietnam Wars	0	0.0
Korean Wars	3	2.6
Prior service eras	3	2.6
Missing/don't know/refused	1	0.9
Total number of service eras tallied	114	100.0
Veterans who served in a war zone by war zone		
Europe	1	2.2
North Africa	1	2.2
Vietnam	8	17.8
Laos and Cambodia	0	0.0
South China Sea	0	0.0
China, Burma, India	0	0.0
Korea	2	4.4
South Pacific	1	2.2
Persian Gulf	14	31.1
Afghanistan	8	17.8
Other (Iraq)	9	20.0
Missing/don't know/refused	1	2.2
Total number of war zones tallied	45	100.0

Source: Upstate Northern New York VHPD Annual Performance Report (APR)

Table 3. Upstate Northern New York at a Glance: VHPD Program Utilization

	Total	
	N	%
Persons served by type of assistance		
Prevention assistance	144	69.9
Rapid rehousing assistance	62	30.1
Total	206	100.0
Persons served by housing status at entry		
Literally homeless	60	29.1
Imminently losing their housing	138	67.0
Unstably housed	8	3.9
Stably housed	0	0.0
Total	206	100.0
Persons served by types of services received		
Financial assistance	204	99.0
Rental assistance	157	76.2
Security/utility deposits	103	50.0
Utility payments	39	18.9
Moving cost assistance	32	15.5
Motel and hotel vouchers	52	25.2
Housing relocation & stabilization services	206	100.0
Case management	206	100.0
Outreach and engagement	163	79.1
Housing search and placement	105	51.0
Legal services	0	0.0
Credit repair	0	0.0
Total	206	
Persons served by length of participation		
Less than 30 days	90	43.7
31 to 60 days	61	29.6
61 to 180 days	53	25.7
180 to 365 days	2	1.0
Total	206	100.0
Persons served by housing status at exit (leavers only)		
Literally homeless	0	0.0
Imminently losing their housing	0	0.0
Unstably housed	0	0.0
Stably housed	173	96.1
Information missing	7	3.9
Total	180	100.0

Source: Upstate Northern New York VHPD Annual Performance Report (APR)

Appendix B. Administrative Data Tables

Table 1. Program Reach

	Total		Central Texas		San Diego		Tacoma		Tampa Hillsborough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of people served by household type												
Persons in households without children	417	30.5	58	24.4	109	29.4	65	30.7	89	26.3	96	46.6
Persons in households with children	949	69.5	180	75.6	262	70.6	147	69.3	250	73.7	110	53.4
Total	1366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0
Number of households served by household type												
Households without children	317	55.2	45	47.4	82	53.9	50	53.2	64	49.2	76	73.8
Households with children	256	44.6	50	52.6	70	46.1	43	45.7	66	50.8	27	26.2
Households with only children	1	0.2	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0
Total	574	100.0	95	100.0	152	100.0	94	100.0	130	100.0	103	100.0
Number of adults served by veteran status												
Veteran	586	67.6	98	70.5	158	67.8	94	70.1	132	63.2	104	68.4
Not a veteran	278	32.1	39	28.1	75	32.2	40	29.9	76	36.4	48	31.6
Don't know/refused	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Information missing	3	0.3	2	1.4	0	0.0	0	0.0	1	0.5	0	0.0
Total	867	100.0	139	100.0	233	100.0	134	100.0	209	100.0	152	100.0
Number of veterans by household type												
In households without children	322	54.9	44	44.9	85	53.8	52	55.3	64	48.5	77	74.0
In households with children	264	45.1	54	55.1	73	46.2	42	44.7	68	51.5	27	26.0
Total	586	100.0	98	100.0	158	100.0	94	100.0	132	100.0	104	100.0
Number of veterans served by gender												
Male	432	73.3	54	54.0	127	80.4	70	74.5	92	69.2	89	85.6
Female	153	26.0	44	44.0	30	19.0	24	25.5	40	30.1	15	14.4
Transgendered	1	0.2	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Don't know/refused	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Information missing	3	0.5	2	2.0	0	0.0	0	0.0	1	0.8	0	0.0
Total	589	100.0	100	100.0	158	100.0	94	100.0	133	100.0	104	100.0
Number of veterans by age group												
Under 5	2	0.3	2	2.0	0	0.0	0	0.0	0	0.0	0	0.0
5–12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13–17	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
18–24	37	6.3	9	9.0	10	6.3	3	3.2	6	4.5	9	8.7
25–34	158	26.9	44	44.0	46	29.1	24	25.5	31	23.5	13	12.5
35–44	138	23.5	15	15.0	36	22.8	38	40.4	30	22.7	19	18.3
45–54	146	24.8	24	24.0	40	25.3	14	14.9	36	27.3	32	30.8
55–61	79	13.4	5	5.0	17	10.8	11	11.7	21	15.9	25	24.0
62+	28	4.8	1	1.0	9	5.7	4	4.3	8	6.1	6	5.8
Don't know/refused	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Information missing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Age error (negative age or 100+)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	588	100.0	100	100.0	158	100.0	94	100.0	132	100.0	104	100.0
Number of veterans by service era												
Post-9/11(September 11, 2001–Present)	245	35.7	62	61.4	69	34.3	40	32.8	45	30.2	29	25.4
Persian Gulf Era (August 1991–September 10, 2001)	161	23.4	11	10.9	62	30.8	38	31.1	32	21.5	18	15.8
Post-Vietnam (May 1975–July 1991)	151	22.0	17	16.8	41	20.4	25	20.5	31	20.8	37	32.5
Vietnam Era (August 1964–April 1975)	79	11.5	7	6.9	18	9.0	9	7.4	22	14.8	23	20.2
Between Korean and Vietnam Wars (February 1955–July 1964)	6	0.9	0	0.0	4	2.0	1	0.8	1	0.7	0	0.0
Korean War (June 1950–January 1955)	4	0.6	0	0.0	1	0.5	0	0.0	0	0.0	3	2.6
Between WWII and Korean War (August 1947–May 1950)	1	0.1	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0
WWII (September 1940–July 1947)	4	0.6	0	0.0	1	0.5	0	0.0	0	0.0	3	2.6
Don't know/refused	2	0.3	0	0.0	0	0.0	0	0.0	1	0.7	1	0.9
Information missing	34	4.9	4	4.0	4	2.0	9	7.4	17	11.4	0	0.0
Total	687	100.0	101	100.0	201	100.0	122	100.0	149	100.0	114	100.0
Number of veterans by branch of military												
Army	308	50.2	73	68.2	40	24.8	61	57.0	72	53.3	62	59.6
Navy	136	22.1	6	5.6	67	41.6	14	13.1	26	19.3	23	22.1
Air Force	51	8.3	8	7.5	6	3.7	7	6.5	13	9.6	17	16.3
Marines	83	13.5	9	8.4	47	29.2	8	7.5	17	12.6	2	1.9
Other (exclusively National Guard/Reserves)	33	5.4	8	7.5	1	0.6	17	15.9	7	5.2	0	0.0
Don't know/refused	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Information missing	3	0.5	3	2.8	0	0.0	0	0.0	0	0.0	0	0.0
Total	614	100.0	107	100.0	161	100.0	107	100.0	135	100.0	104	100.0

Table 1. Program Reach

	Total		Central Texas		San Diego		Tacoma		Tampa Hillsborough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of veterans by discharge status												
Honorable	526	89.5	83	83.0	149	94.3	83	88.3	116	87.9	95	91.3
General	37	6.3	9	9.0	4	2.5	8	8.5	8	6.1	8	7.7
Medical	3	0.5	0	0.0	2	1.3	0	0.0	0	0.0	1	1.0
Bad conduct	1	0.2	0	0.0	0	0.0	0	0.0	1	0.8	0	0.0
Dishonorable	1	0.2	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	4	0.7	0	0.0	2	1.3	2	2.1	0	0.0	0	0.0
Don't know/refused	3	0.5	1	1.0	0	0.0	0	0.0	2	1.5	0	0.0
Information missing	13	2.2	6	6.0	1	0.6	1	1.1	5	3.8	0	0.0
Total	588	100.0	100	100.0	158	100.0	94	100.0	132	100.0	104	100.0
Number of veterans who served in a war zone												
Served in war zone	277	47.1	52	52.0	76	48.1	53	56.4	56	43.6	40	38.5
Did not serve in war zone	293	49.8	39	39.0	81	51.3	41	43.6	69	56.4	63	60.6
Don't know/refused	4	0.7	2	2.0	0	0.0	0	0.0	1	0.0	1	1.0
Information missing	14	2.4	7	7.0	1	0.6	0	0.0	6	0.0	0	0.0
Total	588	100.0	100	100.0	158	100.0	94	100.0	132	100.0	104	100.0
Number of war zone veterans by war zone served in												
Europe	3	1.0	0	0.0	0	0.0	1	1.7	1	1.6	1	2.2
North Africa	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	1	2.2
Vietnam	31	10.2	1	1.9	9	10.8	3	5.2	10	15.9	8	17.8
Laos and Cambodia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
South China Sea	2	0.7	0	0.0	0	0.0	1	1.7	1	1.6	0	0.0
China, Burma, India	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Korea	4	1.3	0	0.0	0	0.0	0	0.0	2	3.2	2	4.4
South Pacific	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	1	2.2
Persian Gulf	105	34.7	2	3.7	50	60.2	21	36.2	18	28.6	14	31.1
Afghanistan	57	18.8	6	11.1	12	14.5	16	27.6	15	23.8	8	17.8
Other (exclusively used for Iraq)	94	31.0	43	79.6	12	14.5	14	24.1	16	25.4	9	20.0
Don't know/refused	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	1	2.2
Information missing	4	1.3	2	3.7	0	0.0	2	3.4	0	0.0	0	0.0
Total	303	100.0	54	100.0	83	100.0	58	100.0	63	100.0	45	100.0
						28.9		51.7		49.2		37.8
Number of war zone veterans by number of months served in war zone												
Did not serve in war zone	2	0.7	0	0.0	2	2.6	0	0.0	0	0.0	0	0.0
1–6 months	66	22.7	18	30.0	22	28.9	11	20.0	11	18.6	4	9.8
7–12 months	119	40.9	30	50.0	25	32.9	27	49.1	23	39.0	14	34.1
13–18 months	50	17.2	9	15.0	14	18.4	5	9.1	11	18.6	11	26.8
19–24 months	25	8.6	1	1.7	6	7.9	9	16.4	6	10.2	3	7.3
More than 24 months	12	4.1	0	0.0	7	9.2	1	1.8	0	0.0	4	9.8
Don't know/refused	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	1	2.4
Missing this information	16	5.5	2	3.3	0	0.0	2	3.6	8	13.6	4	9.8
Total	291	100.0	60	100.0	76	100.0	55	100.0	59	100.0	41	100.0
Number of war zone veterans by receipt of hostile or friendly fire												
No	71	25.2	2	3.6	20	26.3	22	40.7	18	31.6	9	22.5
Yes	195	69.1	49	89.1	53	69.7	28	51.9	34	59.6	31	77.5
Don't know/refused	5	1.8	1	1.8	2	2.6	2	3.7	0	0.0	0	0.0
Missing this information	11	3.9	3	5.5	1	1.3	2	3.7	5	8.8	0	0.0
Total	282	100.0	55	100.0	76	100.0	54	100.0	57	100.0	40	100.0

Table 2. Profile of Clients Served

	Total		Central Texas		San Diego		Tacoma		Tampa Hillsborough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of persons served by gender												
Male	761	55.7	126	52.9	207	55.8	123	58.0	174	51.3	131	63.6
Female	601	44.0	110	46.2	163	43.9	89	42.0	164	48.4	75	36.4
Transgendered	1	0.1	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Don't know/refused	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Information missing	3	0.2	2	0.8	0	0.0	0	0.0	1	0.3	0	0.0
Total	1366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0
Number of persons served by age group		25.6		33.6		25.9		23.1		22.7		23.3
Under 5	158	11.6	36	15.1	49	13.2	19	9.0	39	11.5	15	7.3
5–12	223	16.3	42	17.6	52	14.0	38	17.9	62	18.3	29	14.1
13–17	118	8.6	21	8.8	37	10.0	21	9.9	29	8.6	10	4.9
Under 18	499	36.5	99	41.6	138	37.2	78	36.8	130	38.3	54	26.2
18–24	119	8.7	24	10.1	30	8.1	16	7.5	24	7.1	25	12.1
25–34	231	16.9	56	23.5	66	17.8	33	15.6	53	15.6	23	11.2
35–44	191	14.0	23	9.7	48	12.9	45	21.2	47	13.9	28	13.6
45–54	195	14.3	27	11.3	55	14.8	18	8.5	53	15.6	42	20.4
55–61	92	6.7	5	2.1	22	5.9	15	7.1	23	6.8	27	13.1
62+	38	2.8	3	1.3	12	3.2	7	3.3	9	2.7	7	3.4
Don't know/refused	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Information missing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Age error (negative Age or 100+)	1	0.1	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0
Total	1366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0
Number of persons served by race												
White	677	49.6	98	41.2	169	45.6	93	43.9	176	51.9	141	68.4
Black or African American	528	38.7	128	53.8	156	42.0	60	28.3	133	39.2	51	24.8
Asian	17	1.2	1	0.4	15	4.0	1	0.5	0	0.0	0	0.0
American Indian or Alaska Native	12	0.9	0	0.0	0	0.0	9	4.2	1	0.3	2	1.0
Native Hawaiian or Other Pacific Islander	17	1.2	0	0.0	5	1.3	12	5.7	0	0.0	0	0.0
Multiple Races	99	7.2	6	2.5	24	6.5	36	17.0	21	6.2	12	5.8
Don't know/refused	7	0.5	2	0.8	2	0.5	1	0.5	2	0.6	0	0.0
Information missing	9	0.7	3	1.3	0	0.0	0	0.0	6	1.8	0	0.0
Total	1366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0
Number of persons served by ethnicity												
Non-Hispanic/Non-Latino	1216	89.0	219	92.0	308	83.0	200	94.3	295	87.0	194	94.2
Hispanic/Latino	143	10.5	15	6.3	62	16.7	12	5.7	42	12.4	12	5.8
Don't know/refused	4	0.3	2	0.8	1	0.3	0	0.0	1	0.3	0	0.0
Information missing	3	0.2	2	0.8	0	0.0	0	0.0	1	0.3	0	0.0
Total	1366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0

Table 2. Profile of Clients Served

	Total		Central Texas		San Diego		Tacoma		Tampa Hillsborough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of adults or unaccompanied youth served by income level at entry												
No income	326	37.6	52	37.4	80	34.3	52	38.8	87	41.6	55	36.2
$1–$150	22	2.5	5	3.6	1	0.4	3	2.2	7	3.3	6	3.9
$151–$250	24	2.8	4	2.9	2	0.9	6	4.5	5	2.4	7	4.6
$251–$500	54	6.2	12	8.6	6	2.6	9	6.7	19	9.1	8	5.3
$501–$750	77	8.9	11	7.9	11	4.7	16	11.9	22	10.5	17	11.2
$1–$750	177	20.4	32.0	23.0	20.0	8.6	34.0	25.4	53.0	25.4	38.0	25.0
$751–$1,000	92	10.6	16	11.5	22	9.4	14	10.4	18	8.6	22	14.5
$1,001–$1,250	71	8.2	7	5.0	17	7.3	16	11.9	17	8.1	14	9.2
$1,251–$1,500	58	6.7	7	5.0	23	9.9	4	3.0	12	5.7	12	7.9
$751–$1,500	221	25	30	22	62	27	34	25	47	22	48	32
$1,501–$1,750	51	5.9	11	7.9	21	9.0	4	3.0	9	4.3	6	3.9
$1,751–$2,000	33	3.8	5	3.6	21	9.0	4	3.0	2	1.0	1	0.7
$2,001 +	47	5.4	7	5.0	28	12.0	6	4.5	5	2.4	1	0.7
$1,501 +	131	15	23	17	70	30	14	10	16	8	8	5
Don't know/refused	3	0.3	0	0.0	0	0.0	0	0.0	0	0.0	3	2.0
Missing/no follow-up	9	1.0	2	1.4	1	0.4	0	0.0	6	2.9	0	0.0
Total	867	161.0	139	161.2	233	165.2	134	161.2	209	155.5	152	161.8
		98.6		98.6		99.6		100.0		97.1		98.0
Number of adult and unaccompanied youth leavers by employment status at entry												
Unemployed	462	76.2	81	79.4	132	72.5	73	83.0	78	75.7	98	74.8
Employed, permanent	98	16.2	14	13.7	45	24.7	8	9.1	9	8.7	22	16.8
Employed, temporary	24	4.0	3	2.9	1	0.5	7	8.0	5	4.9	8	6.1
Employed, seasonal	8	1.3	1	1.0	1	0.5	0	0.0	4	3.9	2	1.5
Employed, unknown	2	0.3	0	0.0	1	0.5	0	0.0	1	1.0	0	0.0
Don't know/refused	3	0.5	0	0.0	1	0.5	0	0.0	1	1.0	1	0.8
Information missing	9	1.5	3	2.9	1	0.5	0	0.0	5	4.9	0	0.0
Total	606	100.0	102	100.0	182	100.0	88	100.0	103	100.0	131	100.0
Number of times condition cited by type of known physical and mental health conditions at entry												
Mental illness	197	31.5	20	42.6	51	34.0	29	38.7	29	24.4	68	29.1
Alcohol abuse	25	4.0	0	0.0	11	7.3	2	2.7	3	2.5	9	3.8
Drug abuse	14	2.2	0	0.0	7	4.7	1	1.3	2	1.7	4	1.7
Chronic health condition	143	22.9	7	14.9	30	20.0	8	10.7	24	20.2	74	31.6
HIV/AIDS and related diseases	6	1.0	0	0.0	4	2.7	0	0.0	1	0.8	1	0.4
Developmental disability	22	3.5	3	6.4	5	3.3	0	0.0	3	2.5	11	4.7
Physical disability	218	34.9	17	36.2	42	28.0	35	46.7	57	47.9	67	28.6
Total conditions cited	625	100.0	47	100.0	150	100.0	75	100.0	119	100.0	234	100.0
Average number of conditions per person	0.458		0.197		0.404		0.354		0.351		1.136	
Number of persons served by number of known physical and mental health conditions at entry												
None	910	68.6	173	88.3	270	72.8	144	67.9	236	69.0	87	42.2
1 Condition	213	16.1	0	0.0	63	17.0	45	21.2	63	18.4	42	20.4
2 Conditions	99	7.5	0	0.0	28	7.5	13	6.1	16	4.7	42	20.4
3+ Conditions	54	4.1	0	0.0	10	2.7	1	0.5	8	2.3	35	17.0
Condition Unknown	4	0.3	4	2.0	0	0.0	0	0.0	0	0.0	0	0.0
Don't know/refused	17	1.3	15	7.7	0	0.0	0	0.0	2	0.6	0	0.0
Information missing	30	2.3	4	2.0	0	0.0	9	4.2	17	5.0	0	0.0
Total	1327	100.0	196	100.0	371	100.0	212	100.0	342	100.0	206	100.0
Number of persons served by housing status at entry												
Literally homeless	184	13.5	13	5.5	36	9.7	50	23.6	25	7.4	60	29.1
Imminently losing their housing	929	68.0	222	93.3	181	48.8	116	54.7	272	80.2	138	67.0
Unstably housed	243	17.8	2	0.8	152	41.0	44	20.8	37	10.9	8	3.9
Stably housed	10	0.7	1	0.4	2	0.5	2	0.9	5	1.5	0	0.0
Total	1366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0

Table 3. Program Utilization

	Total		Central Texas		San Diego		Tacoma		Tampa Hillsborough		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of persons served by type of assistance received												
Prevention	1178	86.4	223	94.5	335	90.3	162	76.4	314	92.9	144	69.9
Rapid Rehousing	185	13.6	13	5.5	36	9.7	50	23.6	24	7.1	62	30.1
Total	1363	100.0	236	100.0	371	100.0	212	100.0	338	100.0	206	100.0
Number of households by type of assistance receive												
Prevention	470	81.9	86	90.5	132	86.8	69	73.4	116	89.2	67	65.0
Rapid Rehousing	107	18.6	10	10.5	21	13.8	26	27.7	14	10.8	36	35.0
Unduplicated Total	574	100.5	95	101.1	152	100.7	94	101.1	130	100.0	103	100.0
Number of persons served by type of service received												
Financial Assistance	1288	94.3	233	97.9	344	92.7	204	96.2	303	89.4	204	99.0
Rental assistance	1179	86.3	223	93.7	331	89.2	182	85.8	286	84.4	157	76.2
Security/utility deposits	504	36.9	82	34.5	103	27.8	64	30.2	152	44.8	103	50.0
Utility payments	710	52.0	187	78.6	143	38.5	107	50.5	234	69.0	39	18.9
Moving cost assistance	64	4.7	0	0.0	0	0.0	31	14.6	1	0.3	32	15.5
Motel & hotel vouchers	113	8.3	0	0.0	1	0.3	2	0.9	58	17.1	52	25.2
Housing relocation & stabilization services	1348	98.7	236	99.2	368	99.2	212	100.0	326	96.2	206	100.0
Case management	1347	98.6	236	99.2	368	99.2	212	100.0	325	95.9	206	100.0
Outreach & engagement	226	16.5	26	10.9	3	0.8	32	15.1	2	0.6	163	79.1
Housing search and placement	110	8.1	0	0.0	0	0.0	0	0.0	5	1.5	105	51.0
Legal services	2	0.1	0	0.0	0	0.0	2	0.9	0	0.0	0	0.0
Credit repair	2	0.1	0	0.0	0	0.0	2	0.9	0	0.0	0	0.0
Total served	1366		238		371		212		339		206	
Number of households served by type of service received												
Financial assistance	534	93.0	93	97.9	139	91.4	89	94.7	112	86.2	101	98.1
Rental assistance	488	85.0	89	93.7	133	87.5	81	86.2	103	79.2	82	79.6
Security/dtility deposits	216	37.6	32	33.7	45	29.6	28	29.8	51	39.2	60	58.3
Utility payments	253	44.1	70	73.7	51	33.6	41	43.6	80	61.5	11	10.7
Moving cost assistance	30	5.2	0	0.0	0	0.0	12	12.8	1	0.8	17	16.5
Motel & hotel vouchers	52	9.1	0	0.0	1	0.7	1	1.1	20	15.4	30	29.1
Housing relocation & stabilization services	565	98.4	93	97.9	150	98.7	94	100.0	125	96.2	103	100.0
Case management	564	98.3	93	97.9	150	98.7	94	100.0	124	95.4	103	100.0
Outreach & engagement	104	18.1	8	8.4	2	1.3	14	14.9	2	1.5	78	75.7
Housing search and placement	61	10.6	0	0.0	0	0.0	0	0.0	2	1.5	59	57.3
Legal services	2	0.3	0	0.0	0	0.0	2	2.1	0	0.0	0	0.0
Credit repair	1	0.2	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0
Total served	574		95		152		94		130		103	
Number of persons served by length of participation												
Less than 30 days	312	22.8	23	9.7	108	29.1	50	23.6	41	12.1	90	43.7
31 to 60 days	310	22.7	53	22.3	116	31.3	36	17.0	44	13.0	61	29.6
61 to 180 days	604	44.2	146	61.3	139	37.5	64	30.2	202	59.6	53	25.7
181 to 365 days	140	10.2	16	6.7	8	2.2	62	29.2	52	15.3	2	1.0
366 to 730 days (1–2 Yrs)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
731 to 1,095 days (2–3 Yrs)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1096 to 1,460 days (3–4 Yrs)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1461 to 1,825 days (4–5 Yrs)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
More than 1,825 Days (>5 Yrs)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Information missing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	1366	100.0	238	100.0	371	100.0	212	100.0	339	100.0	206	100.0
Average Length of Participation by Exit Status (days)												
Leavers	80.7		101		61		94		121		45	
Stayers	96.6		69		60		160		101		51	
Median Length of Participation by Exit Status (days)												
Leavers			137		51		176		167		32	
Stayers			104		44		219		125		54	
Number of leavers by housing status at exit												
Literally homeless	12	1.3	0	0.0	1	0.3	0	0.0	11	6.7	0	0.0
Imminently losing their housing	41	4.3	6	3.3	1	0.3	0	0.0	34	20.6	0	0.0
Unstably housed and at risk of losing their housing	24	2.5	21	11.6	1	0.3	0	0.0	2	1.2	0	0.0
Stably Housed	728	76.6	152	84.0	287	99.0	0	0.0	116	70.3	173	96.1
Don't know/refused	8	0.8	0	0.0	0	0.0	0	0.0	1	0.6	7	3.9
Information missing	137	14.4	2	1.1	0	0.0	134	100.0	1	0.6	0	0.0
Total	950	100.0	181	100.0	290	100.0	134	100.0	165	100.0	180	100.0

Table 4. Demographic Characteristics of Population Served by VHPD vs. Demographic Characteristics of Population of the Service Area

	Population Served by VHPD						Population of Service Area				
	Central Texas	San Diego	Tacoma	Tampa/ Hills-borough	Upstate Northern New York		Central Texas	San Diego	Tacoma	Tampa/ Hills-borough	Upstate Northern New York
Pct. of population by gender											
Male	52.9	55.8	58.0	51.3	63.6		49.8	50.2	49.7	48.7	50.0
Female	46.2	43.9	42.0	48.4	36.4		50.2	49.8	50.3	51.3	50.0
Pct. of population by age group											
Under 18	41.6	37.2	36.8	38.3	26.2		25.9	23.4	22.5	23.0	22.6
18–24	10.1	8.1	7.5	7.1	12.1		11.8	11.9	9.4	9.2	11.6
25–34	23.5	17.8	15.6	15.6	11.2		17.1	15.2	15.2	12.5	11.8
35–44	9.7	12.9	21.2	13.9	13.6		14.6	13.6	14.5	13.3	12.3
45–54	11.3	14.8	8.5	15.6	20.4		12.9	13.9	15.0	14.1	14.9
55–61	2.1	5.9	7.1	6.8	13.1		7.0	7.9	9.0	8.5	9.0
62 and older	1.3	3.2	3.3	2.7	3.4		10.8	14.1	14.4	19.4	17.9
Pct. of population by race*											
White alone	41.2	45.6	43.9	51.9	68.4		70.0	64.0	72.2	76.7	91.0
Black or African American alone	53.8	42.0	28.3	39.2	24.8		11.0	5.1	5.8	13.1	4.0
American Indian and Alaska Native alone	0.0	0.0	4.2	0.3	1.0		0.8	0.9	1.1	0.4	0.5
Asian alone	0.4	4.0	0.5	0.0	0.0		4.5	10.9	11.0	2.6	1.6
Native Hawaiian and Other Pacific Islander alone	0.0	1.3	5.7	0.0	0.0		0.2	0.5	0.9	0.1	0.1
Some Other Race alone							10.0	13.6	3.5	4.5	1.0
Two or more Races	2.5	6.5	17.0	6.2	5.8		3.5	5.1	5.5	2.7	1.9
Pct. of population by Hispanic of Latino Origin											
Not Hispanic or Latino	92.0	83.0	94.3	87.0	94.2		72.2	68.0	91.4	80.3	96.5
Hispanic or Latino	6.3	16.7	5.7	12.4	5.8		27.8	32.0	8.6	19.7	3.5

Sources: For population served by VHPD, HUD VHPD Year 1 Annual Performance Reports for Central Texas, San Diego, Tacoma, Tampa/Hillsborough, and Upstate Northern New York; for population of service area, U.S. Census Bureau 2010 Decennial Census Summary File 1

Note: Race categories used in HUD VHPD Annual Performance Reports differ from those used by the U.S. Census Bureau. Race categories listed here are the standard race categories used by the U.S. Census Bureau. HUD VHPD Annual Performance Reports use the following categories: White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Multiple Races. Because "Some Other Race Alone" is not an option for the HUD data, percentages may not be directly comparable, given the small share of the overall population that identifies with this category we can still identify general patterns.

Appendix C. Assessment Forms

Appendix C1. VA HOMES Assessment

Homeless Operations Management and Evaluation System (HOMES)
Homeless Services Assessment Form

Shaded items show elements that are collected elsewhere in HOMES

VA staff member completing assessment (*first and last name*) ..... _____

Site code (*3-digit VAMC code plus 2-digit suffix, if any*) ..... ___ ___ ___ ___ ___

Date of assessment (*mm/dd/yy*) ..... ___ ___ / ___ ___ / ___ ___

Lead Case Manager ..... _____

Primary VAMC ..... _____

Secondary VAMC ..... _____

I. VETERAN IDENTIFICATION

1. Veteran's name: ..... _____

2. Social Security number: ..... ___ ___ ___ - ___ ___ - ___ ___ ___ ___

3. Date of birth *(mm/dd/yy):* ..... ___ ___ / ___ ___ / ___ ___

4. Sex: ..... 1. Male 2. Female

II. PRE-ENGAGEMENT SCREENING

May the Pre-engagement Screening be skipped? [drop-down list]
0. No 1. Yes

5. Does the Veteran want assistance with any of the following areas?

[*answer the category as "yes" if the Veteran answers "yes" to any of the informal probe questions*]

a. Housing –	[drop down list]
Examples: *Are you currently homeless?* *Are you currently living with a family member or friend until you can afford or find a place of your own?* *Have you received an eviction notice or request to leave your current housing?*	0. No 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
b. Financial Hardship –	[drop down list]
Examples *Do you need basic assistance like food and clothing?* *Are you unable to pay your bills?* *Do you need assistance with claims for disability benefits?* *Are you unemployed?*	0. No 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
c. Legal -	*[drop down list]*
Examples *Do you need help with a legal problem, such as civil, criminal child support and\or custody, suspended driver license, probation or parole issues?*	0. No 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item

d. Access to Healthcare –	[drop down list]
Examples *Are you in need of immediate medical attention or need a referral for a medical appointment?* *Do you want VA healthcare but are currently not enrolled for it?*	0. No 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
e. Mental Health Concerns and Substance Abuse –	[drop down list]
Examples *Do you often feel anxious or depressed?* *Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?*	0. No 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
f. Self Endangerment –	[drop down list]
Examples *Do you currently have thoughts of hurting yourself in some way?*	0. No 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
g. Civilian Adjustment -	[drop down list]
Examples *Are you having difficulty adjusting to civilian life since being discharged from military service?*	0. No 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item

6. Will the assessment interview be completed? [drop down]
   0. No
   1. Yes

   a If no, please indicate main reason [drop down list]
      1. Veteran will not consent to interview
      2. Veteran is not interested in any services
      3. Veteran is not in need of homeless program services

   b. If no, are immediate Non-VA homeless services required? [drop down]
      0. No
      1. Yes

   c. If yes, which Non-VA homeless service is required?

      1. Non-VA Emergency Room (medical or psychiatric) [drop down]
         0. No
         1. Yes
      2. Non-VA detoxification services [drop down]
         0. No
         1. Yes
      3. Non-VA mental health or substance abuse services [drop down]
         0. No
         1. Yes
      4. Non-VA medical services [drop down]
         0. No
         1. Yes
      5. Non-VA social vocational assistance [drop down]
         0. No
         1. Yes
      6. Non-VA housing [drop down]
         0. No
         1. Yes
      7. Non-VA Income Resources [drop down]
         0. No
         1. Yes

8. Other (specify): _____ [drop down]
0. No
1. Yes

d. May we contact you at a later date? [drop down list]
0. No
1. Yes, in 1 month
2. Yes, in 6 months
3. Yes, in 1 year
98. Veteran declined to answer
99. Interviewer omitted item

III. ASSESSMENT INTERVIEW

7. What race do you most strongly identify with:
1. American Indian or Alaskan
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Don't know
98. Veteran declined to answer
99. Interviewer omitted item

8. What ethnicity do you most strongly identify with:
0. Non-Hispanic/Non-Latino
1. Hispanic/Latino
2. Don't know
98. Veteran declined to answer
99. Interviewer omitted item

9. What is your current marital status? (*choose most recent marital status*)[drop down list]
1. Married
2. Remarried
3. Widowed
4. Separated
5. Divorced
6. Never married
7. Committed relationship/partnered
98. Veteran declined to answer
99. Interviewer omitted item

10. How many children under the age of 18 do you have? Include biological children, adopted children, stepchildren, and foster children *(If no children, code 0; if Veteran refused or interviewer omitted, code N)* ____ ____

a. How many of them are in your <u>legal custody</u> (*full or joint custody*)? ____ ____

11. How many <u>full</u> years of formal education do you have? *(if refused to answer code N)* ____ ____

Guidelines: Use the following to help determine number of completed years. If any years of graduate or professional education have been completed, enter 20 years).

Elementary-Middle-High School	*Junior/Comm/4-year College*	*Grad/Professional*
1- 2- 3- 4- 5- 6- 7- 8- 9- 10- 11- 12	*13- 14- 15 -16*	*Enter 20*

IV. MILITARY HISTORY

12. Identify the years in which you entered and separated from military service (*favor the <u>longest</u> period of time served; if equal time in two separate episodes, favor a combat era over a non-combat era*). [Code N if unknown]

a. What year did you enter military service? __ __ __ __
b. What year did you separate from military service? __ __ __ __

13. In which branch of the military did you serve the longest? [drop down list]
1. Army
2. Navy
3. Marines
4. Air Force
5. Coast Guard
98. Veteran declined to answer
99. Interviewer Omitted Item

14. In which component of the military did you serve the longest? [drop down list]
1. Active Duty (Regular)
3. Reserves (Active)
99. Interviewer Omitted Item

2. National Guard (Active) 98. Veteran declined to answer

15. What was the rank status of your longest military service? [drop down list]
1. Enlisted
2. Warrant Officer
3. Commissioned Officer
98. Veteran declined to answer
99. Interviewer omitted item

16. What was the highest rank you achieved during your military tour(s) of duty?
[E-rating of 1-9 for enlisted; W-rating of 1-5 for Warrant Officer; C-rating of 1-10 for Commissioned Officer; enter N if unknown or Veteran declined to answer] _____

See Veteran table of Equivalent Military ranks

17. Are you currently serving in the military on active duty or active in the Reserves or National Guard? [drop down list]

0. No 2. Active in Reserves 98. Veteran declined to answer
1. Active duty in military 3. Active in National Guard 99. Interviewer Omitted Item

18. Did you serve in the theatre of operations for any of the following military conflicts?
This item asks about service within the geographic proximity of the military conflict, not participation in combat.

a. World War II	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
b. Korean War	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
c. Vietnam War	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
d. Persian Gulf War (Operation Desert Storm)	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
e. Afghanistan (Operation Enduring Freedom)	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
f. Iraq (Operation Iraqi Freedom)	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
g. Iraq (Operation New Dawn)	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item
h. Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	0. No (default) 1. Yes 98. Veteran declined to answer 99. Interviewer omitted item

19. Did you ever receive hostile or friendly fire in a combat zone? [drop down list]
0. No
1. Yes
98. Veteran declined to answer
99. Interviewer omitted item

V. LIVING SITUATION

20. During the past 30 days (1 month), how many days did you sleep in the following kinds of places? *Please make sure that responses to 20 a-t add up to 30 days*

Select if Veteran declined to answer or interviewer omitted item [drop down list]
(Default is blank)
98. Veteran declined to answer
99. Interviewer omitted item

(Default is 0)

a. Housing owned by Veteran, no ongoing housing subsidy	___ ___
b. Housing owned by Veteran, with ongoing housing subsidy	___ ___
c. Housing rented by Veteran, no ongoing housing subsidy	___ ___
d. Housing rented by Veteran with HUD-VASH voucher	___ ___
e. Housing rented by Veteran with non-HUD-VASH housing subsidy	___ ___
f. Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO MOD Rehab)	___ ___
g. Staying or living in family member's room, apartment or house	___ ___
h. Staying or living in a friend's room, apartment or house	___ ___
i. GPD transitional housing	___ ___
j. Non-VA transitional housing for homeless persons	___ ___
k. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)	___ ___
l. VA MH RRTP [all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP]	___ ___
m. VA contracted residential treatment programs *(ATU-HWH or HCHV contract)*	___ ___
n. Non-VA residential treatment program	___ ___
o. Non-psychiatric hospital (acute care)	___ ___
p. Psychiatric hospital (acute care)	___ ___
q. Hotel or motel paid for without emergency shelter voucher	___ ___
r. Emergency shelter, including hotel or motel paid for with emergency shelter voucher	___ ___
s. Prison, jail	___ ___
t. Place not meant for habitation (outdoors, automobile, truck, boat)	___ ___
Total Days [calculated sum of 20 a-t]	

21. In which one of the above locations did you sleep last night? (*Code a-t)* ___
Code "98" if Veteran declined to answer. Code 99" if interviewer omitted item.

22. What is the zip code of that location? *Code N in 1st space if unknown*. ___ ___ ___ ___ ___

23. Are you living with others at that location? 0= No 1=Yes 98=Veteran declined to answer 99=Interviewer omitted item

If yes, does the household include:

23a. spouse / significant other? [drop down list]
0= No 1=Yes

23b. children under 18 (list number)? ___ ___

23c. related adults (list number)? ___ ___

23d. unrelated adults (list number)? ___ ___

24. Housing stability:
How would you describe your current housing situation?

1. Literally homeless
2. Imminent risk of losing housing
3. Unstably housed/at risk of losing housing
4. Stably housed
5. Don't know
98. Veteran declined to answer
99. Interviewer omitted item

25. How long have you been homeless? *Time homeless is amount of time since client had an apartment, room or house to stay in for 30 days or more minus time spent in institutional settings like hospitals or jail/prison during this time.* [drop down list]

1. At least one night but less than one month
2. At least one month but less than 6 months
3. At least 6 months but less than 1 year
4. At least one year but less than 2 years
5. Two years or more
6. Unknown
98. Veteran declined to answer
99. Interviewer omitted item

26. How many separate episodes of homelessness have you experienced in the last three years? *Include current episode of homelessness.* [drop down list]

0
1
2
3
4
5 or more
98. Veteran declined to answer
99. Interviewer omitted item

27. What is the total amount of time, if any, that you have spent in jail or prison during your lifetime? [drop down list]

0. None
1. Less than 1 month
2. Between 1 month and 1 year
3. More than 1 year
98. Veteran declined to answer
99. Interviewer omitted item

VI. EMPLOYMENT AND INCOME

28. Which best describes your employment pattern in the last 3 years? [drop down list]

0. Full time (40 hrs/wk)
1. Full time (irregular)
2. Part time (regular hours)
3. Part time (irregular day work)
4. VA CWT or other vocational training program
5. Student
6. Military Service
7. Retired / disability
8. Unemployed
9. Controlled environment (e.g., hospital, prison)
98. Veteran declined to answer
99. Interviewer omitted item

29. How many days did you work for pay in the past 30 days? *Count participation in CWT/SE as days worked.* **If none, enter 0; If Veteran declined to answer, code N.** ____ ____

30. Did you receive any money in the past 30 days?

[drop down list]
0. No
1. Yes
98. Veteran declined to answer
99. Interviewer omitted item

If yes, list amount in each category

	Default to 0
a. Employment (include CWT/SE)	$ ___ ___ , ___ ___ ___ . **0 0**
b. Compensation for service connected psychiatric condition	$ ___ ___ , ___ ___ ___ . **0 0**
c. Compensation for other service connected condition	$ ___ ___ , ___ ___ ___ . **0 0**
d. Non-service connected pension	$ ___ ___ , ___ ___ ___ . **0 0**
e. Retirement income from Social Security	$ ___ ___ , ___ ___ ___ . **0 0**
f. Pension from a former job	$ ___ ___ , ___ ___ ___ . **0 0**
g. Supplemental Security Income (SSI)	$ ___ ___ , ___ ___ ___ . **0 0**
h. Social Security Disability Income (SSDI)	$ ___ ___ , ___ ___ ___ . **0 0**
i. Private disability insurance	$ ___ ___ , ___ ___ ___ . **0 0**
j. Worker's compensation	$ ___ ___ , ___ ___ ___ . **0 0**
k. Unemployment insurance	$ ___ ___ , ___ ___ ___ . **0 0**
l. Temporary Assistance for Needy Families (TANF) or similar local program	$ ___ ___ , ___ ___ ___ . **0 0**
m. General Assistance (GA) or similar local program	$ ___ ___ , ___ ___ ___ . **0 0**
n. Child support	$ ___ ___ , ___ ___ ___ . **0 0**
o. Alimony or other spousal support	$ ___ ___ , ___ ___ ___ . **0 0**
p. All other sources (do not include food stamps)	$ ___ ___ , ___ ___ ___ . **0 0**

Total Amount	**[calculated sum of 30 a-p]**

31. Did you receive any non-cash benefits in the past 30 days?

[drop down list]
0. No
1. Yes
98. Veteran declined to answer
99. Interviewer omitted item

If yes, select each category

	[drop down list]
a. Medicaid health insurance program or similar local program	0= No (default) 1=Yes
b. Medicare health insurance program or similar local program	0= No (default) 1=Yes
c. Temporary Rental Assistance	0= No (default) 1=Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	0= No (default) 1=Yes
e. Veteran Service Organizations	0= No (default) 1=Yes
f. State Children's Health Insurance Program or similar local program	0= No (default) 1=Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	0= No (default) 1=Yes
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	0= No (default) 1=Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program Child Care Services	0= No (default) 1=Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program Transportation Services	0= No (default) 1=Yes
k. Other TANF-funded services	0= No (default) 1=Yes
l. Bus, subway, train or cab voucher	0= No (default) 1=Yes
m. Other	0= No (default) 1=Yes

32. Do you have any significant outstanding debts?

[drop down list]
[default is blank]
0. No
1. Yes
98. Veteran declined to answer
99. Interviewer omitted item

If yes, please specify debt sources…

a. housing loans	0 = No (default) 1=Yes
b. student loans	0 = No (default) 1=Yes
c. other loans (personal, auto, etc)	0 = No (default) 1=Yes
d. credit card debt	0 = No (default) 1=Yes
e. child support	0 = No (default) 1=Yes
f. alimony	0 = No (default) 1=Yes
g. medical expenses (self or dependents)	0 = No (default) 1=Yes
h. fines or other legal obligations	0 = No (default) 1=Yes
i. outstanding tax bills	0 = No (default) 1=Yes
j. other (specify) _____	0 = No (default) 1=Yes

33. Do you currently have a representative payee or fiduciary?

[drop down list]
0. No
1. Yes
98. Veteran declined to answer
99. Interviewer omitted item

VII. CLINICAL STATUS

34. In the past 30 days, would you say your physical health has been…
[drop down list]
0. Excellent
1. Very Good
2. Good
3. Fair
4. Poor
98. Veteran declined to answer
99. Interviewer omitted item

35. How would you describe the health of your teeth and gums?
[drop down list]
0. Excellent
1. Very Good
2. Good
3. Fair
4. Poor
98. Veteran declined to answer
99. Interviewer omitted item

36. Has a doctor or nurse ever told you that you have any of the following medical conditions?

a. HIV/AIDS	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
b. Hepatitis C	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
c. Tuberculosis (TB) or positive PPD	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
d. Chronic Obstructive Pulmonary Disease (COPD)	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
e. Heart disease	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
f. Stroke	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
g. Diabetes	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
h. Seizures	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
i. Chronic Pain	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
j. Other (specify) _____	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item

37. Do you use tobacco products?
[drop down list]
[default to "select"]
0. No
1. Yes
98. Veteran declined to answer
99. Interviewer omitted item

38. In the past 30 days, **how many days** did you drink ANY alcohol?
[*code N if Veteran declined or interviewer omitted*] _____ _____

39. In the past 30 days, **how many days** did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5oz) or 12-ounce can/bottle of beer or 5 ounce glass of wine]
[*code N if Veteran declined or interviewer omitted*] _____ _____

40. In the past 30 days, **how many days** did you use any illegal/street drugs or abuse any prescription medications?
[*code N if Veteran declined or interviewer omitted*] _____ _____

Examples: marijuana; heroin or methadone; barbiturates (downers); cocaine or crack; amphetamines (speed); hallucinogens, like acid; or inhalants, like glue, paint or nitrous oxide

41. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?
[drop down list]
0. Not at all

1. Slightly
2. Moderately
3. Considerably
4. Extremely
98. Veteran declined to answer
99. Interviewer omitted item

42. Have you ever received professional treatment for alcohol or other substance use disorder? [drop down list]

0. No
1. Yes
98. Veteran declined to answer
99. Interviewer omitted item

43. Have you ever been hospitalized for a psychiatric problem? *(do not include residential treatment or hospitalization for a substance use problem)* [drop down list]
0=No
1=Yes
98=Veteran declined to answer
99=Interviewer omitted item

[END OF INTERVIEW QUESTIONS]

VIII. CLINICAL IMPRESSIONS

44. Which of the following treatment concerns apply to this Veteran?

a. Alcohol use disorder	0. No (default) 1. Yes
b. Drug use disorder	0. No (default) 1. Yes
c. Gambling problem or pathological gambling	0. No (default) 1. Yes
d. Schizophrenia	0. No (default) 1. Yes
e. Other psychotic disorder	0. No (default) 1. Yes
f. Bipolar disorder	0. No (default) 1. Yes
g. Military related PTSD	0. No (default) 1. Yes
h. Non-Military related PTSD	0. No (default) 1. Yes
i. Anxiety disorder	0. No (default) 1. Yes
j. Affective disorder *(including depression)*	0. No (default) 1. Yes
k. Adjustment disorder	0. No (default) 1. Yes
l. Nicotine dependence	0. No (default) 1. Yes
m. Organic brain syndrome	0. No (default) 1. Yes
n. Personality disorder	0. No (default) 1. Yes
o. Other psychiatric disorder	0. No (default) 1. Yes

45a. Does this Veteran need psychiatric treatment at this time? [drop down list]
0= No
1=Yes

45b. Is the Veteran interested and willing to participate in psychiatric treatment? [drop down list]
0= No
1=Yes
2=Don't know

46a. Does this Veteran need substance abuse treatment at this time? [drop down list]
0= No
1=Yes

46b. Is the Veteran interested and willing to participate in substance abuse treatment? [drop down list]
0= No
1=Yes
2=Don't know

47a. Does this Veteran need medical treatment at this time? [drop down list]
0= No
1=Yes

47b. Is the Veteran interested and willing to participate in medical treatment? [drop down list]
0= No
1=Yes
2=Don't know

48a. Does this Veteran need case management? [drop down list]
0= No
1=Yes

48b. Is the Veteran interested and willing to participate in case management treatment? [drop down list]
0= No
1=Yes
2=Don't know

49a. Does the Veteran need assistance with family problems? [drop down list]
0= No
1=Yes

49b. Is the Veteran interested and willing to participate in treatment for family problems? [drop down list]
0= No
1=Yes
2=Don't know

50. Is this Veteran a danger to self or others? [drop down list]
0= No
1=Yes

51. Is this Veteran in danger from others (e.g., gang violence, fleeing domestic violence)? [drop down list]
0= No
1=Yes

IX: REFFERAL PLANS

What are your immediate plans for referral or treatment of the Veteran at this time?

VA Specialized Homeless Services:

52. Case Management Services

a. HUD-VASH Case Management Services (intensive case management with permanent housing)
[drop down list with following choices, default is "0"]
0. None
1. Yes
2. Would make referral, but no vouchers available

b. HCHV Case Management services (direct case management beyond referral to other services)
[drop down list with following choices, default is "0"]
0. None
1. Yes

53. Residential treatment / transitional housing
[drop down list with following choices, default is "0"]
0. None
1. HCHV Emergency Housing program
2. HCHV Contract Residential Treatment
3. HCHV Safe Haven program
4. GPD transitional housing
5. DCHV residential treatment
6. CWT/TR residential treatment
7. Other MH RRTP residential treatment (e.g., SA RRTP, PTSD RRTP, General RRTP)

If item 53=7; what is the status of the referral to Other MH RRTP residential treatment?

1. Referral made and service initiated – no further follow-up needed.

2. Referral made; will continue monitoring of care

53a-g **Were referrals to any of the following programs <u>not</u> made because beds were unavailable?**
0.No
1.Yes
a= HCHV Emergency Housing program

b= HCHV Contract Residential Treatment

c= HCHV Safe Haven program

d= GPD transitional housing

e= DCHV residential treatment

f= CWT/TR residential treatment

g= Other MH RRTP residential treatment (e.g., SA RRTP, PTSD RRTP, General RRTP)

54. Services for Justice-Involved Veterans:
[drop down list with following choices, default is "0"]
0. None
1. Veterans Justice Outreach (VJO)
2. Healthcare for Re-entry Veterans (HCRV)

[drop down list for 55-73]
[default to "None"]

0. None
1. Referral made and service initiated – no further follow-up needed.
2. Referral made; will continue monitoring of care

55. <u>VA prevention services</u>
a. HUD-VA Pilot
b. Supported Service for Veterans Families (SSVF)
c. Rapid Rehousing

<u>VA treatment services</u>

56. VA Emergency Room (medical or psychiatric)
57. VA detoxification services
58. VA mental health or substance abuse services
59. VA medical services
60. VA vocational rehabilitation programs (including VA CWT/SE)

<u>VBA Services</u>

61. Disability compensation
62. Pension benefits
63. Education
64. Loan guaranty
65. Vocational rehabilitation and employment

66. Insurance

Non-VA services

67. Basic services (e.g., food, clothing, transportation)
68. Non-VA housing
69. Non-VA social vocational assistance
70. Non-VA income resources and non-cash benefits:

    a. SSI or SSDI
    b. TANF
    c. Food Stamps or SNAP
    d. GA (General Assistance)
    e. WIC

71. Non-VA Emergency Room (medical or psychiatric)
72. Non-VA detoxification services
73. Non-VA mental health or substance abuse services

X. INTERVIEWER INFORMATION

74. Main program affiliation of interviewer [drop down list]

    1. HUD-VA Supported Housing (HUD-VASH)
    2. Healthcare for Homeless Veterans (HCHV)
    3. Grant and Per Diem (GPD)
    4. VA MH RRTP *[Includes all types - DCHV, CWT/TR, SA RRTP; PTSD RRTP; General RRTP]*
    5. Healthcare for Re-entry Veterans (HCRV)
    6. Veterans Justice Outreach (VJO)
    7. Other VA affiliation _____

75. How was contact for this interview initiated? [drop down list]:

By VA:

1. Street outreach initiated by VA staff
2. Justice System outreach initiated by VA staff
3. Other community outreach by VA staff
4. Contacted at Stand Down
5. Referral from VA MH RRTP *[Includes all types - DCHV, CWT/TR, SA RRTP; PTSD RRTP; General RRTP]*
6. Referral from VA mental health outpatient unit
7. Referral from VA substance abuse outpatient unit
8. Referral from VA medical outpatient unit
9. Referral from VA Emergency Room
10. Referral from VA inpatient unit
11. Referral from Vet Center
12. Referral from VBA
13. Referral from VA Homeless Veterans Hotline (1-877-424-3838)

By non-VA:

14. Street outreach by non-VA staff
15. Referral by shelter staff or other community homeless services provider
16. Referral from VA Grant and Per Diem
17. Referral from Non-VA Emergency Room
18. Referral from Non-VA Community Mental Health Center or clinic
19. Referral from other Federal Agency (HUD, Dept. of Labor, HHS)

By Criminal Justice System:

20. Referred by jail or prison staff
21. Referred by law enforcement official
22. Referred by Court (judge or District Attorney)
23. Referred by an attorney (e.g., public defender or defense attorney)
24. Referred by probation/parole officer

By family, self or other:

25. Referred by family member
26. Self referred
27. Other (please specify) _____
99. Interviewer omitted item

Appendix C2. VHPD HMIS Assessment

Central Texas VHPD HMIS DATA: PROGRAM INTAKE FORM

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
Fill out separate form for each household member and clip together.

ASSESSMENT DATE (e.g., 05/24/2010) *[All clients]*

		/			/				

Month Day Year

PROGRAM ENTRY DATE (e.g., 05/24/2010) *[All clients]*

		/			/				

Month Day Year

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) *[All clients]*		Client does not know	Client refused to provide
First name		☐	☐
Middle name		☐	☐
Last name		☐	☐
Suffix		☐	☐

OCIAL SECURITY NUMBER *[All clients]*

			-			-				

DATE OF BIRTH (e.g., 10/23/1978) *[All clients]*

		/			/				

Month Day Year

SOCIAL SECURITY NUMBER AND TYPE *[All clients]*

- ☐ Full SSN reported
- ☐ Partial SSN reported
- ☐ Client does not know or does not have SSN
- ☐ Client refused to provide

DATE OF BIRTH AND TYPE *[All clients]*

- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client does not know
- ☐ Client refused to provide

RACE More than one race is permitted. *[All clients]*

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native / Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client does not know
- ☐ Client refused to provide

ETHNICITY *[All clients]*

- ☐ Non-Hispanic / Non-Latino
- ☐ Hispanic / Latino
- ☐ Client does not know
- ☐ Client refused to provide

GENDER *[All clients]*

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Client does not know

Central Texas VHPD HMIS Data 1

☐ Transgendered male to female
☐ Transgendered female to male
☐ Client refused to provide

DISABLING CONDITION *[All clients]*

☐ No
☐ Yes
☐ Client does not know
☐ Client refused to provide

VETERAN STATUS *[All adults]*

☐ No
☐ Yes
☐ Client does not know
☐ Client refused to provide

[IF YES] In which military service era did the client serve?

☐ Persian Gulf Era (August 1991 – September 10, 2001)
☐ Post Vietnam (May 1975 – July 1991)
☐ Vietnam Era (August 1964 – April 1975)
☐ Between Korean and Vietnam War (February 1955– July 1964)
☐ Korean War (June 1950 – January 1955)
☐ Between WWII and Korean War (August 1947 – May 1950)
☐ World War II (September 1940 – July 1947)
☐ Post September 11, 2001 (September 11, 2001 - Present)
☐ Client does not know
☐ Client refused to provide

Duration of Active Duty *[Veteran]*

[ ] Number of months
☐ Client does not know
☐ Client refused to provide

Served In A War Zone *[Veteran]*

☐ No
☐ Yes
☐ Client does not know
☐ Client refused to provide

[IF YES] Name of War Zone *[Veteran]*

☐ Europe
☐ North Africa
☐ Vietnam
☐ Laos and Cambodia
☐ South China Sea
☐ China, Burma, India
☐ Korea
☐ South Pacific
☐ Persian Gulf
☐ Afghanistan
☐ Other: (Describe) _____
☐ Client refused to provide
☐ Client does not know

[IF YES] Number of Months in War Zone *[Veteran]*

[ ] Number of months
☐ Client does not know
☐ Client refused to provide

[IF YES] Received Hostile or Friendly Fire *[Veteran]*

- ☐ No
- ☐ Yes
- ☐ Client does not know
- ☐ Client refused to provide

Branch of the Military *[Veteran]*

- ☐ Army
- ☐ Air Force
- ☐ Navy
- ☐ Marines
- ☐ Other: (Describe) _____
- ☐ Client refused to provide
- ☐ Client does not know

What type of discharge did you receive?

- ☐ Honorable
- ☐ General
- ☐ Medical
- ☐ Bad conduct
- ☐ Dishonorable
- ☐ Other: (Describe) _____
- ☐ Client does not know
- ☐ Client refused to provide

RESIDENCE PRIOR TO PROGRAM ENTRY *[All adults]*

- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center
- ☐ Hospital (non psychiatric)
- ☐ Jail, prison, or juvenile detention facility
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Foster care home or foster care group home
- ☐ Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Other: (Describe) _____
- ☐ Safe Haven
- ☐ Rental by client, with VASH housing subsidy
- ☐ Rental by client, with other (non-VASH) housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Client does not know
- ☐ Client refused to provide

LENGTH OF STAY IN PREVIOUS PLACE *[All adults and unaccompanied youth]*

- ☐ One week or less
- ☐ More than one week, but less than one month
- ☐ One to three months
- ☐ More than 3 months, but less than one year
- ☐ One year or longer
- ☐ Client does not know
- ☐ Client refused to provide

Central Texas VHPD HMIS Data 3

ZIP CODE OF LAST PERMANENT HOUSING ADDRESS AND TYPE *[All adults and unaccompanied youth]*

Zip code ☐☐☐☐☐

- ☐ Full or partial zip code reported
- ☐ Client does not know
- ☐ Client refused to provide

HOUSING STATUS *[All clients]*

- ☐ Literally homeless
- ☐ Imminently losing their housing
- ☐ Unstably housed and at-risk of losing housing
- ☐ Stably housed
- ☐ Client does not know
- ☐ Client refused to provide

INCOME AND SOURCES *[All clients]*

Have you received any income from any source over the last 30 days?

- ☐ No
- ☐ Yes
- ☐ Client does not know
- ☐ Client refused to provide

[IF YES] Please state whether you have received income from the following sources within the last 30 days. If you have received income from a source, state the amount of income you received in the last 30 days.

Source of income	Receiving income from source?		Amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No	☐	
	Yes	☐	$. 0 0
Unemployment Insurance	No	☐	
	Yes	☐	$. 0 0
Supplemental Security Income (SSI)	No	☐	
	Yes	☐	$. 0 0
Social Security Disability Income (SSDI)	No	☐	
	Yes	☐	$. 0 0
Veteran's disability payment	No	☐	
	Yes	☐	$. 0 0
Private disability insurance	No	☐	
	Yes	☐	$. 0 0
Worker's compensation	No	☐	
	Yes	☐	$. 0 0
Temporary Assistance for Needy Families (TANF)	No	☐	
	Yes	☐	$. 0 0
General Assistance (GA)	No	☐	
	Yes	☐	$. 0 0
Retirement income from Social Security	No	☐	
	Yes	☐	$. 0 0
Veteran's pension	No	☐	
	Yes	☐	$. 0 0
Pension from a former job	No	☐	

Central Texas VHPD HMIS Data 4

	Yes	☐	$			.	0	0
Child support	No	☐						
	Yes	☐	$			.	0	0
Alimony or other spousal support	No	☐						
	Yes	☐	$			.	0	0
Other source	No	☐						
	Yes	☐	$			.	0	0
Total monthly income	**Monthly income from all sources**		$			.	0	0

NON-CASH BENEFITS *[All clients]*

Did you receive any non-cash benefits over the last 30 days?

☐ No ☐ Client does not know

☐ Yes ☐ Client refused to provide

↓

[IF YES] Which of the following non-cash benefits have you received over the last 30 days?

Received benefit?		
No	**Yes**	**Source of non-cash benefit**
☐	☐	Supplemental Nutrition Assistance Program (SNAP) (Formerly known as Food Stamps)
☐	☐	MEDICAID health insurance program
☐	☐	MEDICARE health insurance program
☐	☐	State Children's Health Insurance Program (SCHIP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	TANF Child Care services
☐	☐	TANF transportation services
☐	☐	Other TANF-Funded Services
☐	☐	Section 8, Public Housing, or other rental assistance
☐	☐	Other source: _____
☐	☐	Temporary rental assistance

Central Texas VHPD HMIS Data 5

DISABILITY TYPES *[All clients]*

Do you have a disability that is expected to be of long-continued duration and substantially impairs your ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client does not know
- ☐ Client refused to provide

↓

[IF YES] Indicate the disability types below?

	[IF YES] Are you currently receiving services or treatment for this condition?
PHYSICAL DISABILITY *[All clients]*	
☐ No	☐ No
☐ Yes	☐ Yes
☐ Client does not know	☐ Client does not know
☐ Client refused to provide	☐ Client refused to provide
CHRONIC HEALTH CONDITION *[All clients]*	**[IF YES] Are you currently receiving services or treatment for this condition?**
☐ No	☐ No
☐ Yes	☐ Yes
☐ Client does not know	☐ Client does not know
☐ Client refused to provide	☐ Client refused to provide
MENTAL HEALTH *[All clients]*	**[IF YES] Are you currently receiving services or treatment for this condition?**
☐ No	☐ No
☐ Yes	☐ Yes
☐ Client does not know	☐ Client does not know
☐ Client refused to provide	☐ Client refused to provide

↓

[IF YES] Is the problem expected to be of long-continued duration and substantially impairs ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client does not know
- ☐ Client refused to provide

	[IF YES] Are you currently receiving services or treatment for this condition?
SUBSTANCE ABUSE *[All clients]*	
☐ No	☐ No
☐ Alcohol abuse	☐ Yes
☐ Drug Abuse	☐ Client does not know
☐ Both alcohol and drug abuse	☐ Client refused to provide
☐ Client does not know	
☐ Client refused to provide	

↓

[IF YES] Is the problem expected to be of long-continued duration and substantially impairs ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client does not know
- ☐ Client refused to provide

VHPD HOUSING RELOCATION & STABILIZATION SERVICES PROVIDED *[All clients]*
Check (✓ or X) all services that were provided during each start and end date. Time between start and end dates can not exceed three months.

Start date	End date	Case management	Housing search/placement	Child Care	Transportation
_/_/____	_/_/____	☐	☐	☐	☐
_/_/____	_/_/____	☐	☐	☐	☐
_/_/____	_/_/____	☐	☐	☐	☐
_/_/____	_/_/____	☐	☐	☐	☐
_/_/____	_/_/____	☐	☐	☐	☐
_/_/____	_/_/____	☐	☐	☐	☐

EMPLOYMENT *[All Adults and Unaccompanied Youth]*

Is the client currently employed?

☐ No ☐ Client does not know
☐ Yes ☐ Client refused to provide

↓

[IF NO] Is the client looking for work?

☐ No ☐ Client does not know
☐ Yes ☐ Client refused to provide

↓

[IF YES] Number of hours worked in the past week?

	Number of Hours Worked in the past week	☐ Client does not know ☐ Client refused to provide

↓

Is the work permanent, temporary or seasonal?

☐ Permanent ☐ Client does not know
☐ Temporary ☐ Client refused to provide
☐ Seasonal

↓ Is the client looking for additional employment or increased hours at their current job??

☐ No ☐ Client does not know
☐ Yes ☐ Client refused to provide

Children:

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Definition of Terms

General Terms

- **Annual Performance Report (APR)** is a report that all U.S. Department of Housing and Urban Development (HUD) homeless programs must submit at the end of their grant year. It describes households and persons served, services delivered, and program funding spent. For everyone who exited the program during the reporting year, the APR also reports changes between program entry and exit on income, benefits, and destination. For the Veterans Homelessness Prevention Demonstration (VHPD), **housing status** (see below) is collected at program entry and exit.

- **"But for"** is shorthand for HUD's suggestion that a good way to determine whether a household meets its second eligibility criterion (see below, "imminently at risk of losing housing") is to ask whether the household would "be homeless but for this assistance."

- **Continuums of Care (CoC)** are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, group of cities and counties, metropolitan area, or even an entire state.

- **Eligibility criteria for VHPD services that HUD required** included (1) household income at or below 50 percent of Area Medium Income (AMI) (2) veteran eligible for VA health care, and (3) household imminently at risk of losing housing/had been homeless for fewer than 90 days AND had not identified any appropriate subsequent housing options AND lacked the financial resources and support networks needed to remain in its existing housing/obtain immediate housing.

- **Homeless Management Information System (HMIS)** is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. HMIS enables unduplicated counts of people using homeless assistance services over time and is the basis of the information on annual prevalence reported to Congress in annual homeless assessment reports. A special HMIS module was created for VHPD.

- **Housing status** is a field first added to HMIS for the purpose of reporting for the Homelessness Prevention and Rapid Rehousing program, and also used by VHPD. It specifically reflects the type of housing a client had when enrolling in VHPD and, for those who have left the program, the type of housing the client had at program exit. Information on housing status for participants leaving the program (exiters) is reported in each VHPD program's APRs, and can be used to indicate whether client housing status improved from entry to exit. The following definitions come from HUD's HMIS data standards:

    - ***Literally homeless***—the individual or family lacks a fixed regular or adequate nighttime residence meaning:
        * The individual or family is living in a place not designated for or ordinarily used as a regular sleeping accommodation for human beings; or
        * The individual or family is living in a publicly or privately operated shelter designed to provide temporary living arrangements (including, hotel/motel paid for with funds other than the person's own funds, congregate shelters, and transitional housing):or

    * The individual is exiting an institution (including hospitals) where he/she resided for a period of 90 days or less) if the person was sleeping in an emergency shelter or place unfit for human habitation prior to the institutional stay.

— ***Fleeing/Attempting to Flee Domestic Violence***—the individual or family is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
    * Has no other residence
    * Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks to obtain other permanent housing

— ***Imminently at risk of losing housing***—currently housed but at imminent risk of losing housing and without subsequent options or resources/support networks needed to remain in current housing or obtain other temporary or permanent housing

— ***Unstably housed***—currently housed but experiencing housing instability, with one or more other temporary housing options but lacking the resources or support networks to retain or obtain permanent housing.

— ***Stably housed***—not at risk of losing housing and not meeting the criteria for any of the above definitions.

Rural Area: HUD designates a place as rural if it meets any of the following criteria:
— It has fewer than 2,500 inhabitants.
— It is a county or parish with an urban population of 20,000 or fewer inhabitants.
— It is a place with a population not in excess of 20,000 inhabitants, and not located in a Metropolitan Statistical Area.

- **Sustainability** is the financial ability of a household to maintain itself in housing once Homelessness Prevention and Rapid Rehousing Program (HPRP) assistance ends. HUD suggested, but did not require, that programs funded by HPRP consider sustainability in addition to "but for" in selecting HPRP households, as the program was intended to serve short-term needs.

- **Supportive Services for Veteran Families (SSVF):** A program administered by the VA that offers grants to nonprofit organizations and consumer cooperatives to provide supportive services and limited financial assistance to very low-income veteran families who are living in or transitioning to permanent housing. SSVF grantees can provide veteran families with the following services: outreach, case management, and assistance obtaining VA benefits, and referrals to other benefits (e.g., health care, daily living services, personal financial planning assistance, transportation, child care, housing counseling, legal services, and fiduciary and payee services). In addition, grantees may also provide time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help veteran families stay in or acquire permanent housing on a sustainable basis.

- **Veterans Homelessness Prevention Demonstration (VHPD)** was authorized by Congress in March 2009 and is administered by HUD's Special Needs Assistance Programs (SNAP) office. It is designed to prevent housing loss and subsequent homelessness among veterans facing a housing crisis and also to restore people to housing who were experiencing short-term homelessness (fewer than 90 days).

  — **Persons served** refers to all members of a household that receives financial assistance and/or housing relocation and stabilization services from the VHPD program. Unless otherwise noted, this term refers to both veteran and nonveteran adults, as well as children.

  — **U.S. Department of Labor, Veterans' Employment & Training Service (VETS), Jobs for Veterans State Grants Program (JVSG)** is a noncompetitive grants program that provides funds to State Workforce Agencies. The grant amount is proportional to the number of veterans seeking employment in each state and funds to staff positions:

    1. **Disabled Veterans' Outreach Program Specialists (DVOPs)** provide intensive services to meet the employment needs of disabled and other eligible veterans. Emphasis is placed on serving veterans who are economically or educationally disadvantaged, including homeless veterans and veterans with barriers to employment.
    2. **Local Veterans' Employment Representatives (LVERs)** primarily focus on conducting outreach efforts with employers to increase employment opportunities for veterans and to encourage hiring disabled veterans. LVERs can also assist a veteran in gaining and maintaining employment as well as conduct workshops and seminars for veterans.[49]

  — **VHPD Financial Assistance (FA)** may be used to cover rent or utility payments, rent or utility deposits, rent or utility arrearages, moving costs, or hotel/motel vouchers. All payments are made directly to a landlord, utility company, or other vendor; none go directly to HPRP households. The homeless services partner agency administers FA.

  — **VHPD Housing Relocation and Stabilization Services (HRSS)** include referrals to other community resources, outreach and engagement, housing search and placement, landlord/tenant mediation, legal services, child care, car repair, and credit repair, all usually performed within the general rubric of needs assessment and case management. The homeless services partner agency administers HRSS.

  — **VA Medical Services** include all the health and behavioral health services a qualifying veteran may receive through a VA Medical Center or its affiliated clinics. Enrollment in VA Medical Services is a requirement for VHPD participation.

  — **VA Vet Centers** are community based agencies and are part of the Veterans Health Administration of the U.S. Department of Veterans Affairs. They offer readjustment counseling to combat veterans and their family members as well as bereavement counseling for families of deceased veterans. Given their position as community based agencies, Vet Centers have been primarily involved in VHPD through conducting outreach for the program.

[49] U.S. Department of Labor, Veterans Employment & Training Service. "VETS Employment Services Fact Sheet 1." http://www.dol.gov/vets/programs/empserv/employment_services_fs.htm (Accessed April 4, 2013).

Veteran- and Military-Specific Terms

- **Recent Military Operations**
  - **Operation Enduring Freedom (OEF):** OEF began with U.S. military forces deployed to Afghanistan on October 7, 2001, and is ongoing in Afghanistan and in other nations. U.S. troops in OEF have begun to withdraw from Afghanistan, but the military operation continues.
  - **Operation Iraqi Freedom (OIF):** In March 2003, the early stages of military operations against Iraq had begun, and in August 2010 the American combat mission in Iraq officially ended. A transitional U.S. force remains in Iraq with a different mission: advising and assisting Iraq's security forces, supporting Iraqi troops in targeted counterterrorism missions, and protecting U.S. civilians. This mission has been titled Operation New Dawn (OND) (see below).
  - **Operation New Dawn (OND):** Effective September 1, 2010, all military operations in Iraq acquired a new official designation: Operation New Dawn. This military operation is ongoing.
- **Military Service Eras (as defined by the VHPD APR)50**

Military Service Era	Date
Post-9/11	September 11, 2001–Present
Persian Gulf Era	August 1991–September 10, 2001
Post-Vietnam	May 1975–July 1991
Vietnam Era	August 1964–April 1975
Between Korean and Vietnam Wars	February 1955–July 1964
Korean War	June 1950–January 1955
Between WWII and Korean War	August 1947–May 1950
World War II	September 1940–July 1947

- **Additional Service Categories**
  - **National Guard:** A reserve military force composed of National Guard militia members under federally recognized active or inactive armed force service for the United States. National Guard members commonly hold a civilian job full-time while serving as a National Guard member.
  - **Reserves:** The reserve force of the U.S. Army. Reserve soldiers perform only part-time duties as opposed to full-time active-duty soldiers, but rotate through mobilizations to full-time duty.
- **Military Discharge Definitions**
  - **Honorable Discharge:** To receive an honorable discharge, a service member must have received a rating from good to excellent for his or her service. Service members who meet or exceed the

[50] Military service eras refer only to when a veteran served in the military. Though these service eras are often named for wars that were occurring at the time, military personnel who served during these eras may or may not have served in the theater of operations for those conflicts.

required standards of duty performance and personal conduct, and who complete their tours of duty, normally receive honorable discharges.

- **General Discharge:** General discharges are given to service members whose performance is satisfactory but marked by a considerable departure in duty performance and conduct expected of military members. Reasons for such a characterization of service vary from medical discharges to misconduct and are used by the unit commander as a means to correct unacceptable behavior prior to initiating discharge action.
- **Other Than Honorable (OTH) Discharge:** An OTH discharge is the most severe form of administrative discharge. This type of discharge represents a departure from the conduct and performance expected of all military members. OTH discharges are typically given to service members convicted by a civilian court in which a sentence of confinement has been adjudged or in which the conduct leading to the conviction brings discredit upon the service.
- **Bad Conduct Discharge:** A Bad Conduct Discharge (BCD) can be given only by a court-martial as punishment to an enlisted service member. Bad conduct discharges are often preceded by a period of confinement in a military prison. Virtually all veterans' benefits are forfeited by a BCD.
- **Dishonorable Discharge:** A Dishonorable Discharge (DD) can be given to an enlisted member only by a general court-martial. DDs are handed down for what the military considers the most reprehensible conduct. This type of discharge may be rendered only by conviction at a general court-martial for serious offenses such as desertion, sexual assault, and murder. With this characterization of service, all veterans' benefits are lost, regardless of any past honorable service.

- **Medical Conditions of Special Concern**
  - **Post-Traumatic Stress Disorder (PTSD):** PTSD is a type of anxiety disorder that can occur after experiencing a traumatic event that involved the threat of injury or death. Common symptoms include recurring flashback episodes, emotional numbness, detachment, and hypervigilance.
  - **Traumatic Brain Injury (TBI):** A TBI is caused by a bump, blow, or jolt to the head, or a penetrating head injury that disrupts the normal function of the brain.

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