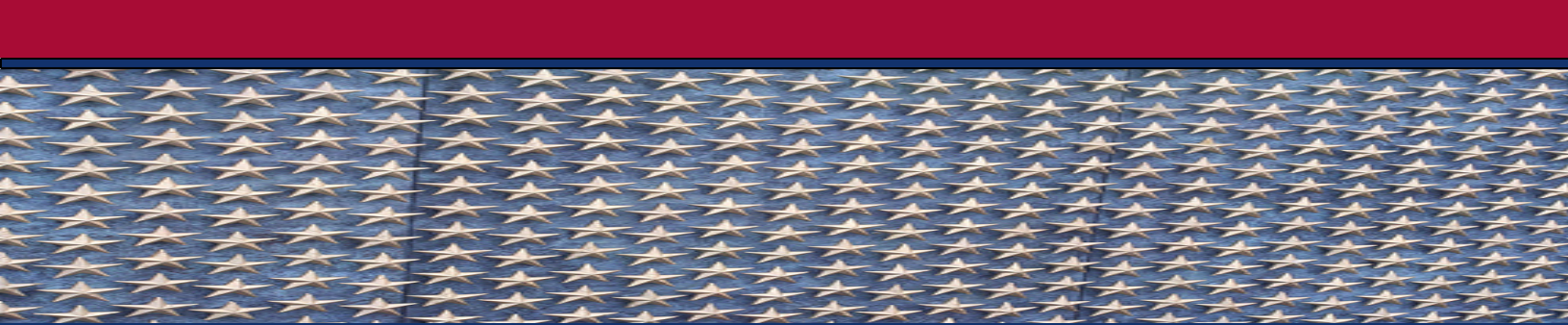




Ending Homelessness Among Veterans Through Permanent Supportive Housing



A Leadership Dialogue
National Housing Conference, Washington DC
October 3-4, 2006

Co-Sponsored by:

Volunteers of America ★ National Coalition for Homeless Veterans ★ Corporation for Supportive Housing

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Introduction to this Summary Report

Acknowledgements

The Corporation for Supportive Housing, the National Coalition for Homeless Veterans, and Volunteers of America would like to thank the participants in the Leadership Dialogue for their time, energy, and commitment.

We are especially grateful to the National Housing Conference for providing meeting space for the Leadership Dialogue, the Fannie Mae Foundation for underwriting a portion of the event, and to Fred Karnas of the Fannie Mae Foundation for serving as moderator.

This document was prepared by Stephanie Hartshorn in collaboration with the co-sponsoring organizations listed above.

Questions and Contacts

For questions or to receive additional copies of this document please contact:

Corporation for Supportive Housing

Jonathan Harwitz
(202) 393-1948
jonathan.harwitz@csh.org

Kelly Kent
(213) 623-4342
kelly.kent@csh.org

National Coalition for Homeless Veterans

Melanie Lilliston
(202) 546-1969
nchv5@nchv.org

Volunteers of America

Jeremy Rosen
(703) 341-5096
jrosen@voa.org

Welcome to the Summary Document of the Leadership Dialogue on Ending Homelessness Among Veterans Through Permanent Supportive Housing. Like the event itself, this document strives to bring together the broad range of existing expertise and knowledge on providing services and housing options that work for homeless veterans. It also explores policy and programmatic changes which would further the goal of ending homelessness among veterans.



In the interest of creating a tool which can be used by YOU whether you are a government official, non-profit service provider, or policy advocate, this document is organized into discrete sections so that you can easily select the resources that best meet your needs. We've grouped the documents contained here into the following key categories which you'll find listed at the top of every page:



- Characteristics of Homeless Veterans
- Federal Programs Currently Serving Homeless Veterans
- Permanent Supportive Housing
- The Legislative Landscape
- Dialogue Highlights

Thank you for your interest in creating permanent supportive housing for homeless veterans! We look forward to working with you on this critical issue.

About the Leadership Dialogue

On any given night in this country 800,000 persons experience homelessness. Nearly 200,000 of these individuals are veterans who have served in the armed forces. Over the course of a year, approximately 500,000 veterans experience homelessness. With our nation currently at war it is more important than ever that we develop measures to ensure that every veteran has access to housing and appropriate supportive services. Already veterans are returning from serving in Afghanistan and Iraq to find themselves facing mental illness, a lack of employment opportunities, and homelessness. In response to these needs, concerned elected officials have begun to introduce proposals which would provide veterans with additional housing options and support. This represents an opportunity for dialogue around the potential such proposals have to meet the needs of homeless veterans.

On October 3rd and 4th, 2006 the Corporation for Supportive Housing (CSH), the National Coalition for Homeless Veterans (NCHV), and Volunteers of America convened a unique group of government officials, non-profit providers of services to veterans, and policy advocates to participate in a leadership dialogue about the federal policy landscape for homeless veterans. As Carla Javits, President and CEO of CSH, explained in her opening address “The purpose of this day and a half event is to develop a common understanding of the role of permanent supportive housing in addressing veterans’ homelessness, and the policy changes that would create more housing options for homeless veterans.”

Participants agreed that their goals for the dialogue were to:

- Discuss the most up-to-date facts on homelessness among veterans
- Understand the roles and results of permanent supportive housing in ending homelessness
- Participate in discussions about how supportive housing and subsidy programs fit within the range of options for addressing homelessness among veterans
- Be informed about policy options currently being proposed at the federal level, identify potentially controversial issues within them, and develop additional innovative options
- Identify points of consensus and work to develop next steps

In their effort to achieve these goals, dialogue participants discussed programs currently serving homeless veterans, the role of different housing models—particularly permanent supportive housing—in serving this population, the roles played by various federal departments in serving homeless veterans and ways in which those efforts could be improved, current legislative proposals that would increase resources for homeless veterans, and ideas for how potential gaps left by these proposals could be filled.

As Carla Javits stated, this dialogue brought together “an excellent cross-section of representatives from an array of federal departments, providers, advocates, academics and practitioners with the hope that we can learn from one another and engage in an open dialogue around how to best serve our country’s homeless veterans.” This open dialogue and learning process did indeed occur. CSH, NCHV, and Volunteers of America invite you to learn from this inspiring event as you read about the existing programs, legislative opportunities, challenges and next steps detailed in this document.

Corporation for Supportive Housing

The Corporation for Supportive Housing (CSH) helps communities create permanent housing with services to prevent and end homelessness. As the only national intermediary organization dedicated to supportive housing development, CSH provides a national policy and advocacy voice; develops strategies and partnerships to fund and establish supportive housing projects across the country; and builds a national network for supportive housing developers to share information and resources. Since 1991, CSH has helped directly create nearly 29,000 units of supportive housing, with 17,000 of them already in operation.

National Coalition for Homeless Veterans

The National Coalition for Homeless Veterans (NCHV) is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide services for hundreds of thousands of homeless veterans each year. NCHV’s advocacy has strengthened and increased funding for virtually every federal homeless veteran assistance program in existence today.

Volunteers of America

Volunteers of America is a national, nonprofit, faith-based organization dedicated to helping those in need rebuild their lives and reach their full potential. Through thousands of human service programs, including housing and healthcare, Volunteers of America helps nearly 2 million people in over 400 communities.

What Do We Know About Homeless Veterans?

Chronic Homelessness Among Veterans

“One reason that (veterans are twice as likely as other Americans to be chronically homeless), I think, is that military service is a great place to learn to live in the harsh environment.

They’re much better prepared than non-veterans. They seemingly have a higher tolerance and a certain degree of pride and toughness that they, more than the rest of us, can endure tough circumstances.”

—Pete Dougherty,
Director of Homeless
Programs, Department
of Veterans Affairs

How Many Homeless Veterans Are There?

The most recent estimate of the number of homeless veterans comes from the FY2005 report of the Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for Veterans. Data collected during the CHALENG process estimated that:

- The point in time count of the number of homeless veterans was 195,254¹.

Using this data, the US Department of Veterans’ Affairs estimates that:

- nearly 200,000 veterans may be homeless on any given night and twice that many veterans experience homelessness during a year.

Other commonly cited statistics regarding homeless veterans are taken from the 1996 National Survey of Homeless Assistance Providers and Clients (updated in 1999)². According to this survey:

- 23% of all homeless clients and **33% of homeless men are veterans** (as compared to the 2000 Census estimate of 12.7% veterans in the general population.)

What are the Characteristics of Homeless Veterans?

- 45% suffer from mental illness
- 50% have substance abuse problems
- 67% served three or more years
- 33% were stationed in a war zone
- 25% have used VA Homeless Services
- 89% received an honorable discharge

How are Homeless Veterans Different from Homeless Non-Veterans?⁵

Homeless male veterans are **more likely to be chronically homeless** than homeless male non-veterans:

- “32 percent of homeless male veterans report that their last homeless episode lasted 13 or more months, compared to 17 percent of male non-veterans.”⁶ They are also **more likely to abuse alcohol** than homeless non-veterans.

Homeless veterans do, however, have some protective factors relative to homeless non-veterans. As adults, homeless veterans are:

- “**better educated** than homeless non-veterans, less **likely to have never married**, and **more likely to be working for pay**.”⁷

So Why Do Veterans Experience Homelessness?

Despite the protective factors listed above, veterans are disproportionately likely to experience homelessness. Why?

- Just like non-veterans, vulnerability to homelessness among veterans is caused by a variety of factors. A study of Vietnam-era veterans by Rosenheck and Fontana demonstrated that the two factors with **the greatest effect on homelessness were support in the year after discharge from military service and social isolation**.⁸
- This is consistent with the results of a study by Tessler and Rosenheck which showed that homeless veterans experiencing the **longest current episodes of homelessness** were those who also had “behavioral risk

What Do We Know About Homeless Veterans?...continued

factors with possible early onset, and **those who were lacking in social bonds to civilian society that are normally conferred by employment, marriage, and support from family of origin.**⁹

What Do We Know about Female Veterans?

Women currently comprise a small but growing percentage of the total veteran population. According to the Department of Veterans Affairs' Office of Policy and Planning:

- **“Women veterans will comprise nearly 10% of the total veteran user population by the year of 2010, as 20% of new recruits into the military are women. Women already comprise about 10.5% of the troops deployed in Operating Enduring Freedom/Operation Iraqi Freedom (OIF/OEF).”¹⁰**

Women have a unique experience in the military relative to men based on a variety of factors. Perhaps most significant of these are the elevated levels of sexual harassment and Military Sexual Trauma (MST) that they face. A review of 21 studies found:

- **“MST rate of harassment from 55% to 70% and rates of sexual assault from 11% to 48% among women veterans.”¹¹**

It is reasonable that negative experiences such as these may lead women to utilize VA services at a lower rate than male veterans. This is supported by a recent survey which indicated that **only one in five women veterans felt comfortable using VA health care services.**¹²

What Do We Know About Veterans Returning from Iraq and Afghanistan?

Although not much data is yet available on veterans returning from Iraq and Afghanistan, initial data indicates rates of mental health disorders that could surpass those seen among Vietnam Veterans. A study by Charles Hoge et al found that:

- **“19 percent of soldiers who served in Iraq screened positive for a potential mental health disorder, including PTSD compared with 11 percent for veterans of the war in Afghanistan. National Guard soldiers, one study found, were about 2 percentage points more likely to experience problems.”^{13,14}**

This is particularly distressing when coupled with the fact that among veterans “whose responses were positive for a mental disorder, **only 23 to 40 percent sought mental health care**”¹⁵ and the GAO finding that the “[Department of Defense] cannot provide reasonable assurance that OEF/OIF servicemembers who need referrals receive them.”¹⁶

Are Veterans Returning from Iraq and Afghanistan Experiencing Homelessness?¹⁷

Unfortunately, yes. Although many Vietnam veterans did not experience homelessness until 10-15 years after they left the service^{18,19}, homeless service providers are seeing veterans of OEF/OIF already. Social workers fear that “the trickle of stunned soldiers returning from Baghdad and Kabul has the potential to become a tragic tide.” Homeless OEF/OIF veterans themselves are saying “they [are] surprised how quickly they slid into the streets.” Hypotheses for this quicker descent into homelessness include a tighter housing market than existed during the Vietnam era and a higher percentage of troops exposed to trauma during their service.

Female Veterans

“Women veterans will comprise nearly 10% of the total veteran user population by the year of 2010, as 20% of new recruits into the military are women.

Women already comprise about 10.5% of the troops deployed in OIF/OEF.”

—Department of Veterans Affairs

What Federal Programs Promote Permanent Supportive Housing?

Number of Permanent Supportive Housing Units Needed for Veterans

According to the 2005 CHALENG report which compiles data collected from VA staff, local government officials, community providers, and homeless veterans themselves an additional 24,904 permanent housing beds are needed as well as an additional 12,266 transitional housing beds.

—Department of Veterans Affairs, 2005 CHALENG Report

“Community assessment meetings indicate that the community believes there is a need for at least 35,000 units of PSH.”

—Pete Dougherty, Director of Homeless Programs, Department of Veterans Affairs

HUD-VASH

In 1992 the Department of Housing and Urban Development (HUD) and the US Department of Veterans Affairs (VA) established the HUD-VA Supported Housing (HUD-VASH) program as an 18-site demonstration. The program was designed to “provide permanent housing and ongoing treatment services to the harder-to-serve homeless mentally ill veterans and those suffering from substance abuse disorders.” The program received three rounds of commitment for a total of 1,780 vouchers worth \$44.5 million. Although it has been an important source of supportive housing for homeless veterans, no additional vouchers have been allocated to the program in the last several years. Please see Appendix B for a summary of the program which demonstrates its success at reducing homelessness among veterans.

Department of Housing and Urban Development

Although not specifically designated for veterans, homeless veterans are eligible to participate in programs funded through the McKinney-Vento Homeless Assistance Grants. The primary programs through which veterans receive supportive housing are the Shelter Plus Care program and the Supportive Housing Program. Please see <http://www.hud.gov/offices/cpd/homeless/programs/index.cfm> for more information on these programs.



At the Leadership Dialogue, Cynthia High from the Department of Housing and Urban Development provided an overview of the number of homeless veterans who are currently being served through the McKinney-Vento Homeless Assistance Grants. From its FY2005 appropriation of \$1.3 billion, HUD funded approximately 5000 projects. Of these 5000 projects, 3,199 reported that they would be serving veterans among the other homeless groups that they will be assisting. In the 2005 Continuum of Care competition, \$51 million was awarded to 231 projects serving veterans primarily. When the number of projects serving veterans primarily is combined with the number of projects serving veterans among other homeless populations, HUD is providing over \$849 million to 3,340 projects that will be serving veterans at some level. Over the past several years, the percentage of total projects targeting veterans (meaning they serve at least 70% veterans) has grown from 3% to 5%. Of the total number of participants served through the HUD Continuum of Care programs, 10% (or approximately 37,000) are reported to be veterans¹.

Collaborative Initiative to End Chronic Homelessness

In 2003 the U.S. Departments of Housing and Urban Development, Veterans Affairs, and Health and Human Services launched a \$35 million initiative to provide permanent housing and supportive services to persons experiencing chronic homelessness. Eleven cities received grants through this program and an average of 25% of persons served have been veterans².

¹High, Cynthia. (2006, October 3). Presentation given at leadership dialogue on PSH for Homeless Veterans.

² Ibid.

What Other Federal Programs Serve Veterans?

VA Pension and VA Disability Compensation Benefits

Income support provided to veterans falls broadly into two categories: pension (or means-tested benefits) and service-connected disability compensation. Among all veterans, only 10% are receiving one of these two benefits.



Photo Credit: Larry Mercier

VA Pension is “a benefit paid to wartime veterans with limited income, and who are permanently and totally disabled or age 65 or older.”¹ The qualifying disability for VA Pension need not have been received as a result of military service. If a veteran qualifies for this program they will receive the difference between their yearly income (adjusted to exclude certain types of income

such as welfare benefits) and the family income limit determined by the VA. Of those who file for this benefit, approximately 75% receive it.²

VA Disability Compensation is “a benefit paid to a veteran because of injuries or diseases that happened while on active duty, or were made worse by active military service.”³ These benefits are tax-free and are not related to a veteran’s level of income. Benefit amounts range from \$112 to \$2,393 per month depending on the level of disability. Of those who file for service-connected compensation, approximately 38% receive it. Of those who receive this benefit, approximately 22% are 100% service-connected meaning that they are totally disabled.⁴

Homeless Providers Grant and Per Diem Program (GPD)

The GPD program is offered through the Department of Veterans Affairs Health Care for Homeless Veterans Programs. It funds community organizations to provide services to homeless veterans through service centers or in conjunction with transitional housing. Service centers provide assistance to homeless veterans in areas such as case management, education, and counseling. Such services can also be provided to homeless veterans in conjunction with transitional housing (up to 24 months).



Photo Credit: Larry Mercier

Advisory Committee on Homeless Veterans

“Four years ago, Congress established the Advisory Committee on Homeless Veterans—our first formal outside advisors. The Advisory Committee on Homeless Veterans has recommended a number of ways to improve services to homeless veterans. As you know, the members of this Advisory Committee possess special expertise and vast experience serving homeless veterans.”

—Pete Dougherty, VA Director of Homeless Programs

“Permanent housing has been a recommendation from the [Advisory Committee on Homeless Veterans] to the Secretary every year for the last three at least.”

—Kathy Spearman, Volunteers of America of Florida

¹Department of Veterans Affairs. (2006). Pension. Data retrieved on October 23, 2006 from http://www.vba.va.gov/benefit_facts/Limited_Income/English/Pensioneg_0406.doc

²Dougherty, Pete. (2006, October 3). Presentation given at leadership dialogue on PSH for Homeless Veterans.

³Department of Veterans Affairs. (2006). Disability compensation benefits. Data retrieved on October 23, 2006 from http://www.vba.va.gov/benefit_facts/Service-Connected_Disabilities/English/Compeg_0406.doc

⁴Dougherty, Pete. (2006, October 3). Presentation given at leadership dialogue on PSH for Homeless Veterans.

What is Permanent Supportive Housing?

What is Different about Permanent Supportive Housing for Veterans?

“In all of our services we have a leg up in the vets specific community because [being a veteran] is a common experience that everyone in the program would have. It hearkens them back to when they were part of a team or a community that functioned well. They have a shared combat experience and can talk about PTSD and other issues. It is very therapeutic and brings people out of isolation in a way I don’t see elsewhere.”

—Leon Winston,
Swords to Plowshares

What is Supportive Housing?¹

Supportive housing is a successful, cost-effective combination of affordable housing with services that help people live more stable, productive lives.

A supportive housing unit is:

- Available to, and intended for an individual or a family whose head of household is homeless or at risk of homelessness and experiencing mental illness, other chronic health conditions including substance use issues, and/or multiple barriers to employment and housing stability;
- Where the tenant pays no more than 30%-50% of household income towards rent, and ideally no more than 30%;
- Where the tenant has access to a flexible array of comprehensive services, including medical, mental health, substance use management and recovery, vocational and employment training, money management, case management, life skills, household establishment, and tenant advocacy;
- Where use of services or programs is not a condition of ongoing tenancy;
- Where the tenant has a lease or similar form of occupancy agreement and there are not limits on the length of tenancy as long as there are no violations of the lease or agreement; and
- Where there is a working partnership that includes ongoing communication between supportive service providers and property owners or managers.



Photo Credit: Corporation for Supportive Housing

Does Supportive Housing Work for Veterans?

Supportive housing works well for people who face the most complex challenges—individuals and families who are not only homeless, but who also have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS.

As illustrated in the preceding section on characteristics of homeless veterans, veterans are twice as likely as other people to be chronically homeless and nearly 70 percent struggle with alcohol and drugs. Without a stable place to live and a support system to help them address their underlying problems, most homeless veterans bounce from one emergency system to the next—from the streets to shelters to public and VA hospitals to psychiatric institutions and detox centers and back to the streets—endlessly. The extremely high cost of this cycle of homelessness, in human and economic terms, can be seen in the lives of many veterans.



Photo Credit: Corporation for Supportive Housing

Does Permanent Supportive Housing Work for Veterans?

The ever-increasing momentum of government, corporate and philanthropic investment in supportive housing has been bolstered by research documenting its effectiveness. To date, these studies indicate:

- **Positive Impacts on Health.** Decreases of more than 50% in tenants' emergency room visits and hospital inpatient days; decreases of more than 80% in tenants' use of emergency detoxification services; and increases in the use of preventive health care services.
- **Positive Impacts on Employment.** Increases of 50% in earned income and 40% in the rate of participant employment when employment services are provided in supportive housing, and a significant decrease in dependence on entitlements – a \$1,448 decrease per tenant each year.
- **Positive Impacts on Treatment of Mental Illness.** At least a third of those people living in streets and shelters have a severe and persistent mental illness. Supportive housing has proven to be a popular and effective approach for many mentally ill people, as it affords both independence and as-needed support.
- **Positive Impacts on Reducing or Ending Substance Use.** Once people with histories of substance abuse achieve sobriety, their living situation is often a factor in their ability to stay clean and sober. A one-year study of 201 graduates of the Eden Programs chemical dependency treatment programs in Minneapolis found that 56.6% of those living independently remained sober, 56.5% of those living in a halfway house remained sober, and 57.1% of those living in an unsupported SRO remained sober – while 90% of those living in supportive housing remained sober.

In a rigorous research study the HUD-VASH program, which combines a permanent housing voucher funded by HUD with supportive services funded by VA, demonstrated success at decreasing days of homelessness for veterans. The study by Rosenheck et al² demonstrated the following positive results:

- Over a three-year period, **veterans who received both housing and intensive case management (HUD-VASH group) had 36.2% fewer days of homelessness** than the standard treatment group and 35.8% fewer days homeless than the case management-only group.
- During this same time period, the HUD-VASH group had **25% more days in an apartment, room or house** than the standard care group.
- Veterans in the HUD-VASH group also reported a greater level of satisfaction with their housing and **had fewer housing problems** than either of the other two groups.
- Veterans in the HUD-VASH group reported that they had “greater social networks overall...and were **more satisfied with their family relationships.**”

For more data on the positive impacts of supportive housing, please visit www.csh.org.

Housing Needs of Homeless Veterans

“We’re talking about an adjustment based on what we’ve learned over the last 27 years. We’ve learned that transitional housing works really well for some people, but certain people go through that and don’t get better or can’t get in the front door.

What we’re talking about is not throwing out the old system but recognizing that there are groups whose needs we aren’t meeting. We need to get the extra 9600 beds the GAO says we need and figure out how to make 35,000 additional units of PSH.”

—Steve Berg, National Alliance to End Homelessness

¹Corporation for Supportive Housing. (2006). Guidebook on developing permanent supportive housing for homeless veterans. Available at <http://documents.csh.org/documents/doclib/vetguidebook.pdf>

²Rosenheck, R., Kaspro, W., Frisman, L., & Liu-Mares, W. (2003). Cost-effectiveness of supported housing for homeless persons with mental illness. *Archives of General Psychiatry*, 60, 940-951. See Appendix B for a complete summary of the article.

What Does Permanent Supportive Housing for Veterans Look Like?

Engaging Veterans' Service Providers Around Permanent Supportive Housing

“The fact is we need both sides of the equation. We need to be working with current veterans' service providers to encourage them to look at PSH as a housing model, and we need to be reaching out to existing PSH providers to make sure they are making a connection with VA.”

—Fred Karnas, Fannie Mae Foundation

The following are brief summaries of example programs providing permanent supportive housing for homeless veterans. Full descriptions of the summarized programs can be found in Appendices C through G of this document.

Swords to Plowshares (STP): Veterans Academy at the Presidio, San Francisco, CA

“Founded in 1974, Swords to Plowshares is a community-based not-for-profit organization that provides counseling and case management, employment and training, housing and legal assistance to veterans in the San Francisco Bay Area.” After many years of experience providing veterans with supportive service and transitional housing it became increasingly evident to the organization that some veterans simply did not succeed with this model. According to Leon Winston, Deputy Director of Swords to Plowshares, such veterans would “cycle through [the transitional housing program] multiple times without the ability to maintain independence after discharge...nothing was available for these individuals other than short stays in seedy residential hotels, shelters and the street.”



Photo Credit: Swords to Plowshares

In an effort to meet this growing need STP began the process, completed in 2000, of building 100 units of permanent supportive housing for veterans. Veterans in this project live in single room occupancy (SRO) units located in one of two adjacent buildings and

share common areas. They receive on-site supportive services such as employment assistance and case management from STP staff while property management is provided by an outside company. Veterans receive all of their health care services at the nearby VA Hospital. The property is located on a former US Army base which has recently been converted to a national park.

U.S. Vets: Ignatia House, Washington DC

Founded in 1993, U.S. Vets is a partnership between a non-profit service provider, United States Veterans Initiative, and a for-profit real estate development company, Cloudbreak Development. They currently serve 2000 veterans at 10 locations. Ignatia House in Washington DC was opened in 2003 with 24 Shelter Plus Care beds and 12 Supportive Housing Program beds. It has since expanded to 51 beds. Veterans receive on-site supportive services such as sobriety support and employment assistance. Ignatia House is located on the grounds of the Armed Forces Retirement Home.

Volunteers of America: Permanent Housing for Homeless Veterans, Florida Broward County

The Broward County program has 25 units of scattered site housing for homeless veterans with co-occurring diagnoses of severe and persistent mental illness and substance abuse. The program is funded primarily through the HUD McKinney-Vento Supportive Housing Program. Services include counseling, social

What Does Permanent Supportive Housing for Veterans Look Like? ...continued

rehabilitation skills, and employment and training. They are provided to the veterans by a combination of Volunteers of America staff and local community service providers.

Lake City/Columbia County

This rural project has five scattered site apartment units for chronically homeless veterans with mental illness and possible co-occurring substance addiction.

Veterans in this program typically enter housing directly from encampments or other places not intended for human habitation. As in the Broward County project above, veterans are provided with services such as mental health counseling, employment and training services, and independent living skills. In addition, due to the extreme isolation of these veterans, initial work with them includes a significant component of education about resources and services available to them in the community.



Photo Credit: Volunteers of America

ACT Resources for the Chronically Homeless (ARCH): Chicago, IL

With \$3.4 million in federal funding from the Collaborative Initiative to End Chronic Homelessness, ARCH is providing permanent supportive housing for 59 chronically homeless individuals over a 5-year period. Twenty percent of the project participants are veterans. This program provides wraparound services using a harm reduction model. Participants do not have to be sober or addressing mental health issues in order to participate. Supportive services are provided by Assertive Community Treatment (ACT) teams, which provide intensive support to program participants in their housing.



Photo Credit: J. Mercier

San Francisco Department of Public Health: Direct Access to Housing (DAH), San Francisco, CA

Since 1998 the San Francisco Department of Public Health has been providing permanent housing with on-site supportive services to formerly homeless persons. Most of these individuals have serious mental illness, substance abuse, and chronic medical issues. Although not a veterans-specific project, many veterans have been served through DAH. Program participants are housed primarily in single room occupancy units in nine hotels. DAH has acquired the majority of its properties through a practice known as “master leasing,” in which it leases an entire building and then subleases the units to tenants. This practice allows it to bring units on-line rapidly without the need to pay expensive upfront construction or renovation costs. Available support services include case management, substance abuse and mental health counseling, and assistance with accessing health care.

The Need for Permanent Supportive Housing

Some veterans would “cycle through [the transitional housing program] multiple times without the ability to maintain independence after discharge...nothing was available for these individuals other than short stays in seedy residential hotels, shelters and the street.”

—Leon Winston,
Swords to Plowshares

Reauthorization of McKinney-Vento Homeless Assistance Programs

History of McKinney-Vento

“The original McKinney-Vento was originally styled as a demonstration program. The idea was that all the different agencies would contribute in one way or another to funding a set of interventions, housing, services, all kinds of services, employment, etc. and demonstrate what worked for the range of homeless populations including homeless veterans, including people who were at that time living on the street.

And then the notion was that eventually the agencies whence that funding came would buyback in the same way that a pharmaceutical company puts money into research and development and then once they make the discoveries that they need, they manufacture whatever the medication is they need at scale.

Reauthorization of the HUD McKinney-Vento Homeless Assistance Act¹

Although the McKinney-Vento Act does not specifically target veterans, it is the most significant source of federal funds for persons experiencing homelessness. Many formerly homeless veterans reside in units of permanent supportive housing which are funded through either the Shelter Plus Care (SPC) program or the Supportive Housing Program (SHP). As such the current proposals to reauthorize the McKinney-Vento Act are very relevant to the conversation about how to promote permanent supportive housing for homeless veterans. The paragraphs below summarize the key features of the two existing reauthorization proposals. Please see Appendix H for a detailed comparison chart.

On September 29, 2005 Senator Jack Reed (D-RI) introduced the Community Partnership to End Homelessness Act of 2005 (S. 1801). At the request of the Administration, on March 29, 2006 Representative Rick Renzi (R-AZ) introduced the Homeless Assistance Consolidation Act of 2006 (H.R. 5041). Both of these proposals would reauthorize key provisions of the McKinney-Vento Homeless Assistance Act while making some significant changes to program priorities and structure. Both bills expired at the end of the 109th Congress, but similar legislation is expected to be introduced in the 110th Congress.

Key Similarities:

- Both of these proposals would target 30% of funding to permanent supportive housing for persons with disabilities. H.R. 5041 further narrows this target to chronically homeless persons.
- The Continuum of Care process through which a community collectively sets its priorities is continued in both bills.
- Within a relatively short period of time (3 years in S. 1801, immediately in H.R. 5041), both bills would restrict the supportive services eligible for funding to those found to be “directly relevant to allowing persons experiencing homelessness to access housing.”

Key Differences:

- In addition to the 30% target of funding to permanent supportive housing, H.R. 5041 would provide an additional “Samaritan Initiative Bonus” for communities which include projects for chronically homeless persons.
- S. 1801 makes 10% of permanent housing funds eligible to be used for non-disabled homeless families.
- H.R. 5041 would incorporate the definition of “chronic homelessness” currently in use by HUD, which is limited to single adults. S. 1801 would amend this definition to include families with a disabled head of household.
- Under H.R. 5041, at least 65% of the Continuum of Care board membership must be non-profit organizations. S. 1801 encourages the inclusion of non-profit organizations but does not provide a specific numeric target.

¹The majority of the information for this section was taken from the presentation by Jonathan Harwitz at the Leadership Dialogue on Permanent Supportive Housing for Homeless Veterans.

2005-2006 Legislation to Promote Permanent Supportive Housing for Veterans

From 2005-2006 (109th Congress) a number of bills with provisions to promote the development of permanent supportive housing for homeless veterans were introduced. Although all except one of the bills below have not been signed into law, they indicate the growing level of bipartisan support for addressing the needs of homeless veterans and provide a framework for bills which are likely to be introduced in 2006-2007 (110th Congress). The following outlines key provisions of each of these bills. Please see Appendix I for detailed charts of these bills.

Veterans' Choice of Representation and Benefits Enhancement Act of 2006 (S. 2694)

Introduced on June 20, 2006 by Sen. Craig (R-ID) with Sens. Akaka (D-HI), Burr (R-NC), and Obama (D-IL), S. 3545 was added as an amendment to S. 2694 and passed in the Senate on August 3, 2006.

It would promote permanent supportive housing for veterans by:

- Authorizing \$15M in FY2007 (increasing to \$25M by FY2009) for supportive services for very low-income veterans in permanent housing.
- Setting aside 500 rental assistance vouchers for homeless veterans in FY2007 (increasing to 2500 by FY2011).

Homeless Veterans Assistance Act of 2006 (H.R. 5960)

Introduced on July 28, 2006 by Rep. Michaud (D-ME) this bill provides a House counterpart for many of the provisions contained in S. 2694.

It would promote permanent supportive housing for veterans by:

- Authorizing \$25M each fiscal year for supportive services to very low-income veterans in permanent housing from the Department for Medical Services for veterans.

Services to Prevent Veterans Homelessness Act (S. 1991/H.R. 4746)

Introduced by Sen. Burr (R-NC) in the Senate and Rep. Bradley (R-NH) in the House.

It would promote permanent supportive housing for veterans by:

- Authorizing \$25M each fiscal year for supportive services for very low-income veterans in permanent supportive housing.

Homes for Heroes Act of 2006 (S. 3475/H.R. 5561)

Homes for Heroes was introduced on June 7, 2006 by Sen. Obama (D-IL) in the Senate and Rep. Andrews (D-NJ) in the House.

It would promote permanent supportive housing for veterans by:

- Authorizing \$25M for supportive services for very low-income veterans.
- Authorizing \$200M for grants for planning supportive housing projects for very low-income veterans, capital advances for such projects, and project rental assistance.
- Authorizing funding to create 20,000 rental assistance vouchers exclusively for homeless veterans. These would be new vouchers, not a set aside from the existing stock.

SAVE Reauthorization Act of 2005 (S. 1180)

Introduced on June 7, 2005 by Sen. Obama (D-IL), this bill would reauthorize a number of programs currently serving homeless veterans.

It would promote permanent supportive housing for veterans by:

- Reauthorizing and increasing the authorized amount for the Grant and Per Diem Program.

Veterans Benefits, Health Care, and Information Technology Act of 2006 (S. 3421)

Introduced on June 6, 2006 by Sen. Craig (R-ID), and used late in the session as a legislative vehicle to pass many different provisions helping veterans, this bill reauthorized several key programs currently serving homeless veterans.

It would promote permanent supportive housing for veterans by:

- Authorizing 500 new incremental HUD-VASH vouchers per year from FY 2007-FY 2011.
- Reauthorizing the Grant and Per Diem Program, as well as other important VA programs to assist mentally ill veterans and veterans with special needs.

History of McKinney-Vento...continued

What's clear is that McKinney-Vento programs have demonstrated the value of providing services to homeless veterans and other people to providing housing and different types of interventions.

The question is now how do we get particularly, but not solely, the service provider agencies — HHS, VA, the DOL — but also HUD in its own mainstream programs to buy into and buyback at a significant level the interventions that work?"

—Jonathan Harwitz,
Corporation for
Supportive Housing

Legislation: Highlights from the Leadership Dialogue

Flexible Funding

“What we want is flexible ‘do what it takes’ funding. Why can’t HUD give HHS some money that it must match and put into a joint application process? Why can’t that happen with the VA and a bunch of different money so that what’s available through the SuperNOFA is a one stop shop? HUD’s budget can be used for housing and other budgets for services—that’s what local communities are doing with their own money.”

—Martha Burt,
The Urban Institute

As part of the leadership dialogue, participants identified challenges and opportunities within the 2005-2006 legislative proposals which would promote permanent supportive housing for homeless veterans. The recommendations listed here are relevant to any bills introduced in upcoming sessions of Congress. The information below is inclusive of all comments made at the Leadership Dialogue and does not indicate group consensus on any particular items. Legislative recommendations will be added to this report when the 2007-2008 session of Congress (110th Congress) opens.

All future legislation should provide new (not redirected) funding to flexibly meet the capital, operating, and services needs of projects.

- Funds provided to promote permanent supportive housing for veterans must be new. Redirecting funds from existing programs does not further the goal of creating additional units of housing for homeless veterans.
- Successful supportive housing requires that sufficient funds be available to meet the capital, operating and supportive services needs of projects.
- Any new programs or funds must give housing and service providers the flexibility to meet the diverse needs of veterans.

Increase the efficiency of the VA Grant and Per Diem program (GPD) fund distribution process.

- Designate a specific portion of funds from the GPD program or allocate additional funds to facilitate the distribution of program money and monitoring of program contractors. GPD funds are being underutilized due to insufficient capacity within the VA to distribute them.

Administer rental assistance vouchers in a manner consistent with the Housing First model.

- Current language in the bill regarding this provision requires veterans to be participating in treatment. This should be removed so that the vouchers are administered in a manner consistent with the Housing First model. It was also recommended that vouchers be project-based rather than tenant-based to facilitate the underwriting of new projects.

Focus new legislation on supportive services funding.

- One team of participants recommended that “the housing provision should be stripped out. That this should be a services-focused bill with the goal of using the additional services money to support strategies such as approaching individual Public Housing Authorities to do targeting that they can do.”

Legislation: Highlights from the Leadership Dialogue...continued

Focus any evaluation conducted through new legislation on determining the characteristics of veterans who succeed in different program models.

- The study should focus on determining the characteristics of veterans for whom transitional housing is the best model and those for whom permanent supportive housing is the most effective option.
- A component of the study should evaluate the needs of female veterans returning from Iraq and Afghanistan.

Increase overall funding and provide it on a grant (not per diem) basis.

- It was a consensus of the Leadership Dialogue participants that it is not optimal to fund the services in permanent supportive housing on a per diem basis. They recommended providing this funding on a grant basis which could be structured in a manner similar to the critical time intervention teams under the special needs contracts in the VA per diem program.
- Add a zero to the overall authorized amount in each of the designated fiscal years resulting in \$150M of funding in FY2007 and increasing to \$250M in FY2009.
- Include a mechanism to ensure that priority populations such as veterans who have been repeatedly unsuccessful in transitional housing, veterans who providers have not been able to engage in transitional housing, and female veterans benefit from these funds.

Fund demonstration programs on homelessness prevention.

- The group recommended that the following provision from H.R. 5960 be included in any future veterans legislation: “The Secretary shall carry out a demonstration program in at least 3 locations which attempts to identify veterans who are at-risk of homelessness and provide them with appropriate prevention services.” Such a program would provide the resources needed to further the development of programs and services that successfully prevent veterans from experiencing homelessness.

Comprehensive Funding

While I think there are capital resources to do permanent supportive housing, it requires you to blend [funding] streams from 10 different places...We spend more time trying to manipulate the funding sources than actually doing the work [of providing services to homeless veterans].

—Barbara Banaszynski, Volunteers of America

Promoting Permanent Supportive Housing: Highlights from the Leadership Dialogue

Working in teams, the Leadership Dialogue participants identified opportunities to promote permanent supportive housing for veterans that would not require legislative change. The list below incorporates all of the actions recommended by the dialogue participants and does not necessarily indicate group consensus on any given item.

Encourage communities to identify veterans and connect them with available resources.

- More community education needs to be conducted with outreach workers and communities in general. If a worker begins the application process for entitlement benefits when first engaging with a homeless veteran, the veteran may be able to acquire income at an earlier date.
- Many cities do not know who among their homeless population are veterans. Outreach workers and community-based organizations should routinely ask this question so that veterans can receive services for which they are eligible.

Encourage the U.S. Department of Veterans Affairs (VA), Veterans Integrated Service Networks (VISNs) and Local VA Hospitals to provide additional funding to serve homeless veterans and hold them accountable for doing so.

- More education and advocacy should be conducted with individual VA medical centers as well as with the directors of VISNs. This process should focus on identifying individuals within these organizations who will champion increased programming and funding for homeless veterans. Community-based organizations should be given better materials to use in these advocacy efforts.
- Since the VA budget has very few line items, the VA has a high degree of discretion in determining which programs and activities it will fund. This provides an opportunity to advocate that the VA use its funds in a manner that is beneficial to homeless veterans.
- When working with elected officials it may be most effective to frame permanent supportive housing as simply housing and flexible services without time restrictions.
- Utilize the model of the state VA homes in which money is transferred from the VA to the states to fund mental health and case management services for veterans.
- Set overall outcomes for the VA health care system that would hold it accountable for the number of homeless veterans it serves.

Remove the clean and sober rule for VA Surplus Properties.

- There should be a discussion around the rule that currently requires programs utilizing surplus VA properties to forbid the use of drugs or alcohol (clean and sober rule). Such a rule makes it more difficult for outreach or substance abuse treatment programs to be implemented on such sites. If the rule can be changed, these properties could be a significant resource in the effort to provide supportive housing to homeless veterans.

Set aside Section 8 vouchers at the state and local level for homeless veterans.

- Local Public Housing Authorities should create a set-aside for homeless veterans in partnership with supportive service providers essentially creating a local HUD-VASH program. State level Housing Finance Agencies could also create set aside programs for veterans.

Increase appropriated amounts for programs serving homeless veterans to their authorized levels and designate veterans as a priority population for services.

- The appropriated amount for the Homeless Veterans Reintegration Program, Grant and Per Diem Program and HUD-VASH program should be increased to the authorized levels.
- Department of Labor employment programs currently provide priority service to veterans. Other federal agencies should have the same requirement.

List of Participants

First Name	Last Name	Organization
Lynnette	Araki	Health Resources and Services Administration
Elinor	Bacon	E.R. Bacon Development
Barbara	Banaszynski	Volunteers of America
Steve	Berg	National Alliance to End Homelessness
Cheryl	Beversdorf	National Coalition of Homeless Veterans
Charles	Blythe	Ohio Valley Goodwill Industries
John	Briggs	Ohio Valley Goodwill Industries
Stephanie	Buckley	U.S. Vets Inc.
Martha	Burt	The Urban Institute
Pete	Dougherty	U.S. Department of Veterans Affairs
John	Driscoll	National Coalition of Homeless Veterans
Grant	Ellis	National Council of State Housing Agencies
Lisa	Falcocchio	Common Ground
Anne	Fletcher	U.S. Department of Health and Human Services
Maria	Foscarinis	National Law Center on Homelessness and Poverty
Marsha	Four	Philadelphia Veterans Multi-Services and Education Center
Charles	Gould	Volunteers of America
Laurie	Harkness	Errera Community Care Center
Stephanie	Hartshorn	Corporation for Supportive Housing
Jonathan	Harwitz	Corporation for Supportive Housing
Cynthia	High	U.S. Department of Housing and Urban Development
Ralph	Ibson	National Mental Health Association
Carla	Javits	Corporation for Supportive Housing
Fred	Karnas	Fannie Mae Foundation
Kelly	Kent	Corporation for Supportive Housing
Melanie	Lilliston	National Coalition of Homeless Veterans
Nancy	McGraw	Corporation for Supportive Housing
Kristine	McLaughlin	U.S. Department of Labor
David	Miller	National Association of State Mental Health Program Directors
Valerie	Mills	Substance Abuse and Mental Health Services Administration
Robert	Norris	Century Housing
John	O'Brien	Interagency Council on Homelessness
Al	Pavich	Vietnam Veterans of San Diego
Margaret	Ratcliff	Volunteers of America
Mike	Roanhouse	U.S. Department of Housing and Urban Development
Jeremy	Rosen	Volunteers of America
Tina	Shamseldin	Seattle Office of Housing
Kathryn	Spearman	Volunteers of America
Andrew	Sperling	National Alliance for the Mentally Ill
Erin	Stringer	Corporation for Supportive Housing
Heather	Tarr	Harbor Homes
Tony	Thesing	National Equity Fund
Laurel	Weir	National Law Center on Homelessness and Poverty
Ruth	White	Catholic Charities USA
Leon	Winston	Swords to Plowshares

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Appendix B: HUD-VASH Evaluation

Supportive Housing and Homeless Mentally Ill Veterans: A Road to Stable Housing¹

Background:

Since the late 1980's, increasing anecdotal and research evidence began to make the case for supportive housing (also known as “supported housing”) as an effective intervention for homeless persons who also confronted chronic health conditions such as mental illness. In response to widespread homelessness among disabled veterans, the Department of Housing and Urban Development (HUD) and the US Department of Veterans Affairs (VA) established the HUD-VA Supported Housing (HUD-VASH) program in 1992. This was an 18-site demonstration project designed to integrate the housing assistance and services components of two federal agencies (HUD and VA) in the hope of assisting some of the country's most vulnerable citizens.

Methodology:

The researchers conducted an experimental evaluation of the HUD-VASH demonstration program. More precisely, “Homeless veterans with psychiatric and/or substance abuse disorders or both (N = 460) were randomly assigned to 1 of 3 groups: (1) HUD-VASH, with Section 8 vouchers (rent subsidies) and intensive case management (n = 182); (2) case management only, without special access to Section 8 vouchers (n = 90); and (3) standard VA care (n = 188). Primary outcomes were days housed and days homeless. Secondary outcomes were mental health status, community adjustment, and costs from 4 perspectives.”

Results:

- Over a three year period, **veterans who received both housing and intensive case management (HUD-VASH group) had 36.2% fewer days homeless** than the standard treatment group and 35.8% fewer days homeless than the case management-only group.
- During this same time period, the HUD-VASH group had **25% more days in an apartment, room or house** than the standard care group.
- Veterans in the HUD-VASH group also reported a greater level of satisfaction with their housing and **had fewer housing problems** than either of the other two groups.
- Veterans in the HUD-VASH group reported that they had “greater social networks overall...and were **more satisfied with their family relationships.**”

Conclusions:

The researchers concluded that supportive housing produced superior housing outcomes – i.e. fewer days spent homeless and greater residential stability—than interventions consisting solely of intensive case management or standard care within the VA and other relevant housing/services systems. Moreover, supportive housing imposed financial costs only marginally greater than the status quo, in which homeless veterans cycle tragically from streets to shelters to emergency rooms and even jails. This seems a small price to pay for the incalculable, yet nonetheless invaluable, benefits to the homeless veterans themselves— who can return to the social and economic mainstream—and for the rest of us, who know that we have done our best for those men and women who have previously served our country.

Appendix C: Swords to Plowshares

Veterans Academy at the Presidio
1029 & 1030 Girard Road, The Presidio
San Francisco, CA

I. Organization Background and Description

Founded in 1974, Swords to Plowshares is a community-based not-for-profit organization that provides counseling and case management, employment and training, housing, and legal assistance to veterans in the San Francisco Bay Area. Originally, the organization was created to serve the vocational and legal needs of veterans that had returned from war and were left with few employment options and difficulties accessing public benefits.

War causes wounds and suffering that last beyond the battlefield. The Mission of Swords to Plowshares is to heal the wounds, to restore dignity, hope and self-sufficiency to all veterans in need, and to significantly reduce homelessness and poverty among veterans.

Guiding Principles of the Project Sponsor

The inspiration for the project's name is taken from Isaiah 2:4. *They shall beat their swords into plowshares, and their spears into pruning hooks.*

1. The conditions of military service, both in wartime and peacetime, disrupt the lives of those who serve.
2. Society has a covenant to help our nation's veterans; they have sacrificed their personal interests and well being to serve our country.
3. We should separate the soldier from the war. Veterans must never again be treated as 'second- class' citizens as they were after the Vietnam War.
4. Veterans should not be barred from equal access to the justice system. Expert legal help is vital to veterans' ability to secure the benefits they have earned.
5. Services should be directed to veterans with the greatest needs.
6. All veterans should have access to health care, housing, employment opportunities, legal assistance, and other means of support.
7. Direct services should inform our advocacy for public policies that address the unmet needs of veterans.

With support and respect, homeless and disadvantaged veterans can turn their lives around and live again with dignity and hope.

Menu of Housing and Services

The foundation for their direct assistance to veterans is a peer support and care model that is comprehensive and based on harm reduction. They foster a strong veterans' peer community through a veterans-helping-veterans approach, mentorship and the broad support of all our nation's veterans. Swords to Plowshares' unique in-house continuum of care for veteran's serves as a model for organizations across the country addressing the needs of disadvantaged populations.

Housing for those who are homeless

- Emergency housing
- Transitional (3 months to 2 years) supportive housing
- Permanent supportive housing

Health and social services

- Crisis intervention and counseling for:
 - Post traumatic stress disorder
 - Other mental health problems
 - Addiction and recovery
 - Access to medical care

Appendix C: Swords to Plowshares

Benefits advocacy

- Legal counsel and representation before
 - Department of Veterans Affairs
 - Veterans' appeals boards and courts
- Assistance obtaining Social Security and other benefits

Employment and training

- Assistance obtaining
 - Vocational and technical education
 - On the job training
- Job Placement

Advocacy and Public Education

- Policy advocacy and leadership to ensure veterans receive their fair share of support
- Increase the public's awareness of the magnitude of the unmet needs of veterans

II. Project Description

Origin of Project

Swords to Plowshare began providing employment and legal assistance to the veteran's community in San Francisco beginning in 1974, they began identifying a growing population of homeless veterans not being served by other programs in the mid 1980s. Therefore, in 1992, Swords to Plowshares opened its first transitional housing facility, which consisted of two group homes with a total of 13 beds funded through local city funding as well as a grant through the Department of Housing and Urban Development. In 1998, the organization began work on its first permanent housing project on the former Presidio Army Base in two adjacent buildings that had been the Letterman Hospital Complex. This area has also subsequently been designated as a national park. The development, which was completed in 2000, serves 100 homeless veterans with a combination of permanent housing and wrap-around social services.

Staffing and Tenancy of Project

Swords to Plowshares provides almost all of the services to its clients through its own staff. The only services that are provided through other individuals are some of the extracurricular community activities such as art, which are conducted by volunteers with a particular expertise in the community. The organization has 5.7 full-time employees, which includes 3 case managers. The case management ratio at the Academy of the Presidio is 1 to 33 participants. In addition to the services provided by Swords to Plowshares staff, the Academy development is located in close proximity to the VA where clients can receive an array of services including all medical care treatment. Despite a desire to provide as much of the housing and services by in-house staff, Swords to Plowshares has a private property management company that assumes all property management duties.

The reasoning for contracting out all of the property management largely began by stipulation of the City of San Francisco. In 1997, when Swords to Plowshares was discussing the project with the City, it was stipulated as part of their grant agreement that a private company be brought on initially to provide property management services. This would provide Swords to Plowshares the opportunity to learn more about property management of permanent housing from an experienced provider and also concentrate on providing the highest level of social services to its clients. Over the years, Swords to Plowshares has had the opportunity to assume the property management functions originally sub-contracted out; however, they have chosen not to do so based on the fact that they like the separation of roles.

For initial rent-up the marketing was conducted through mailing and posting to San Francisco agencies serving homeless veterans, shelters, and presentations to staff at VA Hospitals and clinics in San Francisco and Menlo Park. Applications were received and a lottery conducted. PA three-tiered preference set was established as follows: 1) San Francisco homeless veterans exiting residential treatment or transitional housing programs, 2) San Francisco homeless veterans,

Appendix C: Swords to Plowshares

3) all other homeless veterans. Eligibility criteria was verified and screening interviews were conducted until the project was filled. A waiting list was created with the remainder on the initial lottery. This list was depleted quickly and a second lottery was ultimately held to re-establish the waiting list. Currently, sixty (60%) percent of the Academy's tenants are over the age of 51. Forty-one percent (41%) of the tenants are Black/African-American, fifty-percent (50%) are white and twelve percent (12%) are Latino. In addition, over eighty-five percent (85%) of the Academy's tenants have an average monthly income of less than \$1000.

Today, the eligibility for clients to become residents of the Academy is based on availability and a preference for those applicants that meet the criteria mentioned previously. Referrals for the program come from a variety of providers in the community as well as Swords to Plowshares' own transitional housing program. Although the original lease and program design were not designed with tenant input, the tenants have an on-site resident council that has been quite active since the initial opening of the development. The management also conducts annual tenant surveys to garner additional feedback. Although they did not have initial client involvement in program design, Swords to Plowshares staff utilized lessons learned from running their transitional housing programs into the program design for the Academy at the Presidio. It is on major city bus lines with shopping located less than 1.5 miles from the site.

Project Site Description

The project site consists of two adjacent buildings located on the former Presidio Army base, which has now been converted into a national park. The project consists of one-hundred (100) SRO units. Swords to Plowshares had to have the site rezoned prior to construction and this was the most challenging part of the entire development process. The site was provided to Swords to Plowshares with an initial 10-year lease with an option to extend the lease for an additional 10-year period.

There was no relocation necessary for the redevelopment of the site as the 2 buildings being rehabbed had previously been a hospital complex and was vacant prior to construction. Each of the two buildings is approximately 20,000 sq. ft. and 3 stories tall. The original architect was James Fagler, with Asian Neighborhood Design. He managed to incorporate great deal of open space with a courtyard incorporated between the two buildings as well as the fact that the site remained located on land that had been converted into a national park.

During the design process Mr. Fagler added a computer lab and redesigned 5 of the original units to be ADA compliant as well as adding ADA compliant amenities throughout the development. There is a separate bathroom that is shared between every 2 units. All units are furnished with a wardrobe, bed, microwave, refrigerator and a chair.

Common space within the development include a dining hall that provides two hot meals per day for all residents, resident kitchen facility, a 15-station computer lab, and a community lounge/library. The owners built space for services to be provided on-site as well as having additional office space so that the property manager could also house their staff onsite. Classes are offered on site in beginning to intermediate computers, as are educational and vocational assessment and case management services.

Volunteers and other community resources also provide art therapy groups, meditation groups, and physical fitness classes. Residents can utilize group membership cards to the local YMCA for additional physical fitness opportunities and classes.

Community-building activities are also the responsibility of Services staff. These include support for a tenant's council that is active and which meets weekly, movie nights on a donated large screen television, holiday parties & events, and group participation in cultural events in the larger community.

In speaking with representatives from Swords to Plowshares, there were no major challenges noted in the

Appendix C: Swords to Plowshares

development process of the Academy site. The City and other local stakeholders came together and worked as a team to move the project forward from concept to lease up. However, the one point that representatives did state was that given the fact that the site had been converted to a national park, there were considerable challenges from a process standpoint in getting the site rezoned to accommodate the needs of its tenants.

Project Budgets (Capital, Operating and Services)

Capital Funding Sources/Uses

Sources	Amount
San Francisco Redevelopment Agency (Predevelopment)	\$75,000
Acquisition	NA
Construction:	
• Prop A Bond funding (administered through the SF Mayors Office of Housing grant)	\$461,100
• Prop A Bond funding permanent loan (amortized for 10 years at 6%)	\$1,710,195
*Swords to Plowshares fundraising	\$50,000
TOTAL Construction Costs:	\$2,221,295

*NOTE: Any “Tenant Lease Equity” derived from operations following the satisfaction of the 10 year loan is to be applied to the Permanent Loan. Any balance remaining on the Permanent Loan after 20 years is to be forgiven by City & County.

Capital Cost Breakdown By Unit

Type of Funding	Cost Per Year	Cost Per Month
Rehab cost per unit	\$21,713/unit	NA
Service cost per unit	\$4,706/yr	\$392/mo
• Excluding meals	• \$2,969/ yr	• \$247/mo.
Operating cost per unit	\$9,645/yr	\$804/mo.

Operating and Service Budgets

Operating Budget	Services Budget
Operating Costs: Administrative Expenses: \$ 226,314 Utility Expense \$ 93,600 Operating and Maint. \$ 242,240 Taxes & Insurance \$ 120,347 Sub Total basic Operating \$ 682,481 Debt Service \$ 61,128 Master Lease \$ 174,000 Required Reserve deposits \$ 22,938 Sponsors Overhead \$ 24,000 Total Operating Costs \$ 964,547 NOTE: 100% of the units are subsidized through the project-based Section 8 program.	Staff and Supplies \$296,871 (5.7 FTE) Meals Program \$173,750 Total Services Cost \$470, 621 NOTE: 80% of services funding is obtained from HUD McKinney-Vento Supportive Housing “Permanent Housing for the Disabled” funds administered by the SF Department of Human Services. The remaining 20% of services costs are paid from Swords to Plowshares unrestricted funds.

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III. Big Picture and Lessons Learned

Swords to Plowshares has been providing permanent supportive housing to homeless veterans in the San Francisco area since July 1, 2000. During the past 5 ½ years the organization has learned a great deal about what it takes to provide effective and cost-efficient supportive housing to its target population. Overall, the organization feels that it had an optimal development experience with little trouble securing funding for capital, operating or services. They feel that the local government entities they worked with provided a great deal of guidance in helping all of the pieces fall into place. However, there were some challenges in the area of zoning the development.

The challenge of zoning was due to the lands designation as a national park. This challenge has translated into issues for the organization in its overall legal expenses over the years. If the organization needs to evict a tenant they must go to federal court to do so. This is timely and expensive. In fact, a representative from Swords to Plowshares stated that they have had to triple their legal budget from what was originally estimated. The location might have been one of the only variables of the project that they would have reconsidered; however, the feasibility of the project and availability of the project site more than make up for this inconvenience.

There have been no major technical assistance providers involved in the project after initial lease up. Prior to its opening, Swords to Plowshares spent considerable time working with the Corporation for Supportive Housing both on specifics related to the Academy project as well as their transitional housing facility.

Swords to Plowshares has several outcomes they utilize to gage their progress and success. They include:

- 80% of all participants will remain in housing for one year or move to other permanent housing where they pay their own rent;
- 70% of participants will remain in housing for two or more years or move to other permanent housing where they pay their own rent;
- 70% of participants will obtain increased marketable skills or income within two years;
- 60% of all participants will be involved in training or education within one year;
- 70% of all participants will remain in recovery for a minimum of three years;
- 80% of the participants that participate in the education and training services will increase their skills in at least one area; and 60% of the participants that increase their skills in education and/or training will secure part-time, full-time or volunteer work.

The annual tenant survey completed by Swords to Plowshares on-site staff as well as their ongoing case management for tenant's assists in determining the effectiveness of its programs and whether it is meeting its benchmarks. Additional information on Swords to Plowshares and the Academy at the Presidio can be obtained at www.swords-to-plowshares.org.

Appendix D: U.S. Vets



About U.S. VETS

U.S. VETS is the largest organization in the country dedicated to helping homeless veterans, and a nationally recognized leader in the field of service delivery to veterans.

Mission

The successful reintegration of homeless veterans.

Strategy

U.S. VETS is an innovative public-private collaboration created in 1993 to fill gaps in the continuum of care for homeless veterans. Through a coordinated effort with the US Department of Veterans Affairs and other partners, U.S. VETS brings hope that these veterans can break the cycle of homelessness.

Primary Goal

To provide safe, sober, clinically supported housing & employment assistance for homeless veterans.

- We believe each veteran has to take responsibility for his or her success, no one else can.
- We believe each veteran has the right to expect a clean, safe, and sober environment. We have a zero tolerance policy for drug and alcohol use.
- We believe each resident must contribute to his or her own upkeep. Veterans must pay rent as soon as they are clinically able. Early indications are that this responsibility is a primary contributor to full recovery.

Outcomes

By fostering a sense of individual responsibility within a safe, sober, therapeutic environment, U.S. VETS provides hope that these veterans can abandon life on the streets, begin the healing process, & become productive members of society.

Model

U.S.VETS is an *innovative public-private collaboration* between a 501(c)(3) non-profit service provider, *United States Veterans Initiative*, and a for-profit real estate development company dedicated to designing special needs housing, *Cloudbreak Development*. This is a unique way to address social service issues facing our nation today. It calls upon the strengths of each of its partners to affect change where other models have failed.

- Private sector provides housing & job development.
- VA provides clinical, medical and other support
- Corporation for National Service & Veterans Service Organizations provide services to help homeless veterans.
- Government provides renovation support, interim financing, and supportive services funding through HUD, the VA, DOL, and other agencies.
- Individuals & Corporations provide support through time & resources.

Each facility is structured to generate enough cash flow at full occupancy to sustain the core administrative burden of the supportive services. This ensures against the chronic problem of programs being driven by fund availability instead of by the services the clients need. Through self-sustaining revenues & long-term relationships, U.S. VETS facilities can continue to meet the needs of the population served, regardless of shifts in Federal funding priorities.

Appendix D: U.S. Vets

About U.S. VETS – D.C.

U.S. VETS - D.C. has 51 beds available for homeless veterans at Ignatia House, our supportive housing community.

In August 2003 Ignatia House opened as a 24-bed Shelter Plus Care and 12-bed Supportive Housing Program—programs for formerly homeless veterans in recovery and has since been able to expand to 51 permanent housing units. Veterans at Ignatia House are provided with case management, sobriety support, employment and training assistance, career/computer center and a service provider is on site 24/7.

Since 1997, the U.S. VETS - D.C. Metro site has served homeless veterans through the strategic placement of AmeriCorps members. Members have served throughout the continuum of care in the Washington DC metropolitan area, Baltimore, Maryland and Martinsburg, West Virginia. Although this is a large geographic area, it reflects the way homeless veterans receive services in this area. Members serve at U.S. VETS Ignatia House, in VA Medical Centers, and with local homeless service providers to link services for homeless veterans in these communities.

Status of Veterans in the District of Columbia

According to the VA CHALENG report for 2005, the estimated number of homeless veterans nationally on any given night was estimated at 194,254 individuals. As in the past four years, child care, long-term, permanent housing and dental care remained the top unmet needs reported by community and VA respondents in FY 2005.

Within the District of Columbia services for homeless veterans remains on the rise. The 2005 report estimated number of homeless veterans on any given night at 2,400 with 912 of these individuals being categorized as chronically homeless. Currently there are 25 emergency beds but the survey reports a need of 170 additional beds that could be used. There are 351 transitional beds currently in operation but 20 more are still being reported as needed. Permanent housing beds currently being reported during FY 05 came in at 10 with 100 still being requested. The highest rated needs in services were help getting ID documents, job training, transportation, and job placements. The biggest health care services concerns were TB testing, Hepatitis C, and TB treatment.

Appendix E: Volunteers of America



Summary of Program Practices for Homeless Veterans in Permanent Supportive Housing

- Clinical overlay of all supportive services provided by Licensed Mental Health Professionals who are also Certified Addictions Professionals and who can anticipate behavior of substance abusing persons and those diagnosed with post traumatic stress disorders
- Training, education and employment specialists who work one-on-one with veterans to move them from permanent supportive housing to independent permanent housing, including home ownership, by providing them with employment possibilities that will lead to stable lifestyles and community integration
- Close collaboration with Veterans Affairs mental health and substance abuse services such as the Office of Substance Abuse Counseling, Health Care for Homeless Veterans, Domiciliary services, Certified Work Therapy and other local providers
- Homeless Veterans Reintegration Programs to provide specific training and job placement in three areas of the state
- Florida Mobile Service Center to offer outreach and service linkages to homeless veterans in both urban and rural areas to encampments, derelict boats, in the woods and on the streets
- Close affiliation with the National Coalition for Homeless Veterans and providers
- Strong, well-developed community based collaborations with local Continuums of Care, Veterans Service Organizations, Veterans Affairs program staff
- Funds available for the broad homeless population are designated, with cooperation and support from local providers, exclusively for veterans' supportive services which recognize the particular challenges and opportunities for homeless veterans as **they integrate into their communities.**

Permanent Housing for Homeless Veterans

Location - Broward County – 25 scattered site apartment units of permanent housing for homeless veterans with co-occurring diagnoses of severe and persistent mental illness and substance abuse disorder

Geographic Characteristics – large, densely populated metropolitan area

Funding Sources - This program is funded through HUD's McKinney-Vento Supported Housing Program for disabled homeless veterans. Fort Lauderdale/Broward County has a Veterans Affairs clinic which serves veterans who use the Miami VA Medical Center as their primary health care facility. The Housing Initiative Partnership is a coordinated effort to end homelessness comprised of the Continuum of Care and its partners, Broward County's Human Services Department, local law enforcement officials, churches and others. Together with Volunteers of America of Florida, the Housing Initiative Partnership established that permanent housing for homeless mentally ill and substance abusing

Appendix E: Volunteers of America

veterans was one of the Continuum of Care's highest priorities for funding. The Florida Department of Children and Families assists in some of the matching dollars required; other funds include the agency's non-discretionary dollars and a variety of local funding sources.

Intake Characteristics – Broward County has a well developed, thorough process of finding emergency shelter for all homeless persons, including homeless veterans. The VA clinic is among the chief players in identifying and working with other providers to house homeless veterans on a night-to-night basis. As a result, the veterans generally do not come into permanent housing straight from the woods. Instead, they come from some form of emergency housing and with a good sense of local community resources including food banks, clothing banks, local entitlement offices and the like.

Treatment Model – The program is staffed with a Program Coordinator, a licensed clinician who is both a certified addictions professional and a mental health care specialist, a medical records specialist, a vocational specialist, a residential specialist and a community specialist. Direct care staff include independent living counselors and support aides. The assessment and treatment teams include the veterans participant, any of the veteran's family available, Volunteers of America of Florida staff and other providers as desired and indicated. After assessment and admission, an individual service/treatment plan is developed by the treatment team which always includes the veteran to be served. The plan outlines the goals and objectives to be achieved. As one is accomplished another replaces it until the time for discharge. Services may include individual or group counseling, independent living skills, social rehabilitation skills, education and training. The plan is dynamic rather than static, and is reviewed at least every six months, and more often as situations change. The ultimate goal of each plan is for the veterans to live as independently as possible, which typically includes part or full time employment.

Permanent Housing for Homeless Veterans

Location – Jacksonville/Duval County – 15 scattered site apartment units of permanent housing for homeless veterans with diagnoses of severe and persistent mental illness and possibly co-occurring substance abuse disorder

Geographic Characteristics – large, densely populated metropolitan area

Funding Sources - This program is funded through HUD's McKinney-Vento Supported Housing Program for disabled homeless persons. Initially designed to be a part of a new construction process, the housing program was redesigned for scattered sites. The Jacksonville Emergency Services and Housing Coalition recognized permanent housing for disabled veterans as a first priority need for homeless veterans. The Homeless Coalition is the lead agency for Continuum of Care funds, and is joined by law enforcement officers, churches, various other providers and civic organizations. The Florida Department for Children and Families supplies needed matching funds, as do the agency's non-discretionary funds and local grants.

Intake Characteristics – Jacksonville/Duval County has a number of shelters located near the agency's program offices. The Emergency Services and Housing Coalition has a well developed service delivery system. Veterans who need permanent housing are, for the most part, familiar with emergency care and support systems.

Treatment Model – The program is staffed with a Program Coordinator, a licensed clinician who is both a certified addictions professional and a mental health care specialist, a medical records specialist, a vocational specialist, a residential specialist and a community specialist. Direct care staff include independent living counselors and support aides. The assessment and treatment teams include the veterans participant, any of the veteran's family available, Volunteers of

Appendix E: Volunteers of America

America of Florida staff and other providers as desired and indicated. After assessment and admission, an individual service/treatment plan is developed by the treatment team which always includes the veteran to be served. The plan outlines the goals and objectives to be achieved. As one is accomplished another replaces it until the time for discharge. Services may include individual or group counseling, independent living skills, social rehabilitation skills, education and training. The plan is dynamic rather than static, and is reviewed at least every six months, and more often as situations change. The ultimate goal of each plan is for the veterans to live as independently as possible, which typically includes part or full time employment.

Permanent Housing for Homeless Veterans

Location – Lake City/Columbia County - 5 scattered site apartment units for chronically homeless veterans diagnosed with severe and persistent mental illness who may also have

Geographic Location – Rural, sparsely populated area with woods where homeless veterans live in encampments.

Funding Sources – This program is funded through HUD's McKinney –Vento's Supported Housing Program for homeless persons, now focusing on chronically homeless persons. Members of the Homeless Coalition had met with staff for approximately two years due to the severe lack of any sort of resources for homeless persons in the area. The VA's Health Care for Homeless Veterans locally initially introduced staff to local providers. Presently the agency furnishes matching dollars through use of non-discretionary funds; the agency is working with the Florida Department of Children and Families for funding for match dollars.

Intake Characteristics – Homeless veterans typically enter this program directly from encampments, abandoned buildings, and other places not intended for human habitation. Shelter is not available, for the most part; veterans are unaware of any local resources. They are extremely resistant to receiving services both due to the severity of their Post Traumatic Stress Disorder and their extreme isolation.

Treatment Model – The program is staffed with a Program Coordinator, a licensed clinician who is both a certified addictions professional and a mental health care specialist, a medical records specialist, a vocational specialist, a residential specialist and a community specialist. Direct care staff include independent living counselors and support aides. The assessment and treatment teams include the veterans participant, any of the veteran's family available, Volunteers of America of Florida staff and other providers as desired and indicated. After assessment and admission, an individual service/treatment plan is developed by the treatment team which always includes the veteran to be served. The plan outlines the goals and objectives to be achieved. As one is accomplished another replaces it until the time for discharge. Services may include individual or group counseling, independent living skills, social rehabilitation skills, education and training. The plan is dynamic rather than static, and is reviewed at least every six months, and more often as situations change. The ultimate goal of each plan is for the veterans to live as independently as possible, which typically includes part or full time employment.

Staff working with this rural chronically homeless population have discovered that these veterans are largely unaware of available resources and how to access them. Only infrequently have they been in emergency shelter. Therefore, one of the staff's first tasks is to educate them about the services and resources available and the eligibility requirements for each.

Appendix F: ARCH

ARCH: The Chicago Collaborative to Help End Long-term Homelessness

Among the first hurdles any city or service provider must face in their attempt to serve long-term homeless people is funding. Who will pay for the necessary housing and services? The answer currently almost always requires a collaborative approach.

In 2003, the Chicago Continuum of Care responded to the federal NOFA for the Collaborative Initiative to Help End Chronic Homelessness. This NOFA, for the first time, combined funding from HHS, HUD and the VA to create housing resources for single individuals who meet the federal definition of chronic homelessness. Chicago's successful application resulted in a \$3.4 million dollars in federal money to create a harm reduction model of permanent supportive housing for 59 long-term homeless individuals in the city over a five-year period (2004-2009). This project is called ARCH (ACT Resources for the Chronically Homeless).

Who

The application process was coordinated by Corporation for Supportive Housing as the Co-Chair of the Chicago Continuum of Care's Chronic Homelessness Task Group. The Task Group created an ad hoc NOFA subcommittee to work on the application ([click here to see a timeline of the group's work](#)). Four different agencies were selected to apply for the federal funding sources in the NOFA.

- The Chicago Department of Human Services was the lead applicant for the NOFA and applied to HUD for the \$1,996,140 for 59 Shelter Plus Care subsidies for five years.
- The Illinois Division of Alcoholism and Substance Abuse applied for the HHS SAMHSA funding for the project which resulted in: \$700,000 for year one; \$490,000 for year two; and \$280,000 for year three. This funding will support most of the staff of the service team. Local and state government and philanthropy will provide additional funds as this grant decreases annually and will have to fully fund this section of the collaborative in years four and five.
- Heartland Health Outreach applied to HHS HRSA for \$900,000 for the project over 3 years to provide primary health and dental care to non-veteran tenants.

The U.S. Department of Veterans Affairs is receiving a total of \$648,000 for the project over three years to provide supportive services to the veterans participating in the project.

Vision

In order to address the needs identified by the Continuum of Care, ARCH focuses on the long-term homeless population on the south side of Chicago. The collaboration has a goal of housing 59 long-term homeless persons by January of 2005. Twenty percent of them are projected to be veterans. The collaboration is centered around a new entity, called ARCH, which is based on the Assertive Community Treatment (ACT) Team model (see endnote). The Chicago Continuum of Care's approach to this application was to have an inclusive and transparent process, a collaboration of non-profit and government entities, a structure that emulates the Continuum structure, and one that addressed existing inequities in resource allocation.

Project Implementation

Each partner applied for a portion of the \$3.4 million needed for the project to succeed. (For a detailed look at the structure of the application process and what each grant will fund, [click here](#)). Taken together, this funding provides housing subsidies, supportive services, primary health and dental care and Veteran's services.

- *Service Approach.* This is a housing first strategy with wraparound services. The housing is based on a harm reduction model of housing where long-term homeless individuals do not have to be sober, clean, or in mental health treatment to enter or to maintain their housing.
- *Service Delivery.* Services are provided through the ACT Team. Staff includes a team leader, five case managers (dually trained in mental health and substance abuse), a VA case manager, a nurse and a quarter-time psychiatrist. The service team does outreach, works with long-term homeless individuals to secure a unit using their Shelter Plus Care subsidy, provides supportive services to tenants in their housing, and works to connect the tenants to

Appendix F: ARCH

mainstream resources and services in the community in which they live. Additional medical services are provided by Heartland Health Outreach under the HRSA grant and by the VA for veterans. The service team uses the Shelter Plus Care vouchers to secure housing units and works to ensure that good relations are maintained between the landlord and the tenant.

- *Outreach.* The ACT Team performs outreach to long-term homeless people who are living outside or in shelters.
- *Housing.* Housing is provided in both scattered site and clustered unit configurations. The ACT team helps the tenant find a unit and arranges for the Shelter plus Care subsidy to underwrite the cost of the unit. The YMCA and Catholic Charities provide clustered units at their buildings and scattered site units are secured on the open market.

Accomplishments

- Interagency collaboration has established a new culture of cooperation, increased resources for tenants, and created a structure where partners support the project by filling in where needed.
- Interagency collaboration ensures that the program benefits from a variety of perspectives and organizational cultures so that no one agency or service system dominates the services and culture of the ACT team.
- The wide spectrum of providers involved (substance abuse, mental health, housing) ensures that tenant needs are met, no matter what type of assistance or treatment they may need and that there is no wrong door for entry.
- As of August 2004, 22 individuals have been placed in housing, 1 is awaiting placement and 34 have been screened by the VA and engaged by the ACT Team.

Start-up Challenges

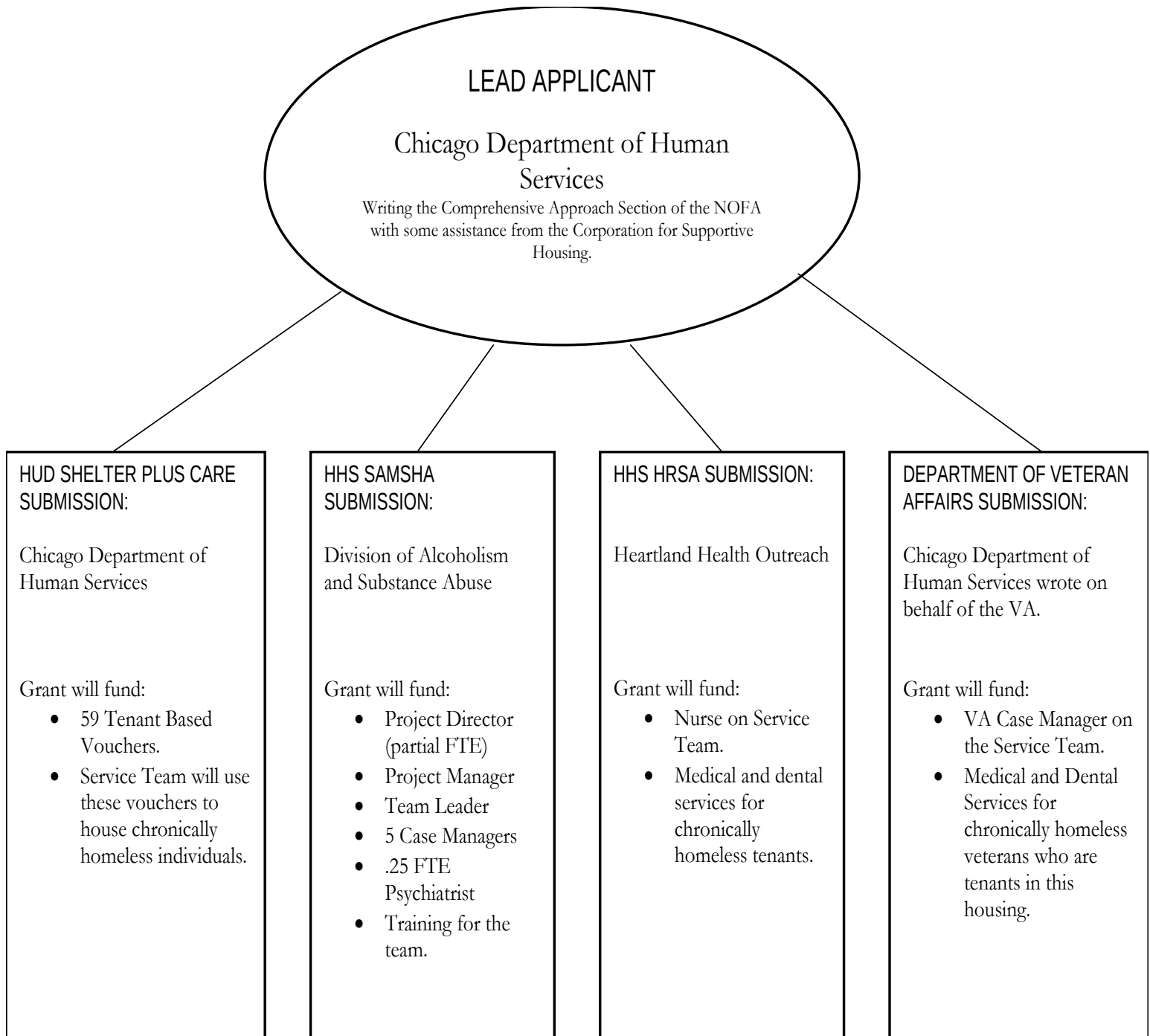
- Hiring experienced staff dedicated to this effort as originally proposed was difficult because the short-term funding commitment to the positions (three years) made them unattractive to seasoned staff who were leery of giving up the stability of their current positions.
- A few of the previously identified housing locations became unavailable and locating market units on the south side of Chicago was more difficult than anticipated. This was especially challenging because there was no funding in the grant to hire staff to locate housing (this task is done by the ACT team).
- The project is part of a national study requiring that all potential tenants be screened by the U. S. Department of Veterans Affairs to gather data for the study. For some long-term homeless people, this level of participation, at such an early stage of engagement, is difficult, and for some, impossible.

Lessons Learned

- Consider creating MOU's with all team partner agencies before submitting an application. If this is not possible, at least outline very clearly the commitment and responsibility of all partner agencies. During the NOFA phase, organizations were eager to participate on the ACT team, but once the grant was funded, the details of their participation became more complicated.
- When working with many different agencies, differences in institutional cultures, policies, and procedures must be addressed. Creating the ARCH entity was complex; the ACT Team is comprised of staff from eight different organizations. Each organization has its own culture and policies and procedures. Subcontracts with consistent salaries and policies for all members of the team had to be negotiated with each organization. This was complicated and time-consuming and delayed the initial start-up.
- It is easier to integrate existing staff into a new project than to hire new staff just for the project. The staff hired for the ACT team required more training than originally anticipated and this also led to a delay in the initial start-up.
- The collaborative structure is beneficial, but a balance must be found between ensuring wide representation and having so many partners that managing the partnerships creates more work than the project itself. In future applications, we would reduce the number of organizations who have staff on the ACT Team. We chose to include eight organizations in our initial application because we were seeking to create an open and inclusive process at a time when many organizations were anxious about funding. In retrospect, the project would have been implemented more smoothly and quickly if we reduced the number.
- While initially harder during the start-up phase, the Collaborative model of ARCH, because it includes both nonprofit and government agencies, has the capacity to lead to more significant system change.

Appendix F: ARCH, Chart

ARCH: Chicago Application to the Collaborative to Help End Chronic Homelessness NOFA in 2003



Appendix F: ARCH, Timeline

Planning Process for Chicago's Application in Response to the Collaborative Initiative to Help End Chronic Homeless NOFA

The NOFA: A joint application to Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, HHS; Office of Community Planning and Development, HUD; Substance Abuse, Mental Health and Provider Care Services, VA for funding to create housing with services for people who are chronically homeless.

- 1-27-03: NOFA for the Collaborative Initiative to Help End Chronic Homelessness published in the Federal Register. Application due on April 14, 2003.
- 2-19-03: NOFA webcast on application
- 2-21-03 Ad Hoc NOFA Subcommittee of the Chronic Homeless Task Group: Attendees included Daria (CDHS consultant), Mara Lappin and Jose Sifuentes (CDHS), 7 nonprofits, Patricia Smith (CMHC), and Peter Gaumond (OASA). Focused discussion on population to be served, program models and data and resources needed. This group was kept intentionally small.
- 2-27-03 Chronic Homeless Task Group Meeting: Task Group updated on NOFA information from the webcast. Jose Sifuentes from CDHS had talked to several nonprofit organizations about potential housing resources (Catholic Charities, Haymarket House and the YMCA). John Lafley from the YMCA attended the meeting to say that they had units that could be used. Mary Ann Romeo from the VA voiced their commitment to participate in the application. Discussion resulted in consensus to use a multidisciplinary team approach (hybrid ACT team) to provide mobile outreach and ongoing clinical services to people in housing. Agreed that greatest need is for housing on south side of the city. Attendees at meeting included 13 nonprofit organizations and representatives from the VA, CDHS, OASA and OMH.
- 2-27-03 Second Meeting of the Ad Hoc Subcommittee: Began to look at application. Sought CDHS' approval to sponsor Daria writing the application. Divided up sections of the application for first drafts – CSH, OASA, VA and OMH agreed to help gather data. Began discussion on who would apply for the different sections of the grant application.
- 3-4-03 Third Meeting of the Ad Hoc Subcommittee: Decisions made on the project model and applicants for the different sections of the grant application.
- 3-7-03 Fourth Meeting of the Ad Hoc Subcommittee: Determined eligibility criteria for partners and moved to grant writer conference call structure.
Created Grant writing deadlines:
3-21-03: first drafts due and given to VA,
3-31-03: final drafts completed and final approval from City sought,
4-14-03: grant submitted.
- 3-10-03 Letter sent to members of the Continuum of Care to fill them in on the application and the RFQ for partners in the application.
- 3-14-03 Responses from RFQ due. All 12 responses were reviewed that afternoon and tentative decisions made on partners for the project. Formal rejections given to applicants who weren't chosen on 3-21-03 after finalizing negotiations with all agencies selected as partners.
- 3-21-03 Application presented to Chicago Continuum of Care for support.
- 3-27-03 Chronic Homeless Task Group Meeting: Updated on NOFA application process.
- 4-14-03 Application Submitted.

Appendix G: Direct Access to Housing



Established in 1998, the San Francisco Department of Public Health's (SFDPH) Direct Access to Housing (DAH) program provides ***permanent housing*** with on-site ***supportive services*** for approximately 876 formerly homeless adults, most of whom have concurrent mental health, substance use, and chronic medical conditions.

SFDPH, with a budget of over \$ 1 Billion annually, operates a large public hospital, the largest publicly funded skilled nursing facility in the country (1,200 beds), 26 primary care and mental health clinics, and contracts for a broad array of services through community-based providers. Finding appropriate housing for individuals who have few family or community connections is a major challenge for staff of these public or community-based organizations. Without access to a stable residential environment, the trajectory for chronically homeless individuals is invariably up the "acuity ladder" causing further damage and isolation to the individual and driving health care costs through the roof.

The DAH program was developed in an attempt to reverse this trajectory through the provision of supportive housing directly targeted toward "high-utilizers" of public health system. DAH is a "low threshold" program that accepts single adults into permanent housing directly from the streets, shelter, acute hospital or long-term care facilities. Residents are accepted into the program with active substance abuse disorders, serious mental health conditions, and/or complex medical problems.

I. Permanent Housing

The DAH program provides 876 units of permanent supportive housing in nine Single Room Occupancy (SRO) hotels, three newly developed properties and one licensed residential care facility ("board and care"). In most of the buildings, be they SROs or apartment buildings, people live independently in their own units, but have support services on site as well as 24 hour desk clerks. One building is a Residential Care Facility with a higher level of support on site and shared rooms. Additionally, the DAH Program has secured blocks of specific units in several buildings owned and operated by non-profit providers. Here, the DAH program pays for the subsidies and some support services, but does not finance the entire building. The DAH buildings range in size from 33 to 106 units. The majority of the units have private baths and shared cooking facilities. At the residential care facility, three meals per day are prepared for the residents. SFDPH acquires sites for the DAH program through a practice known as "master leasing". The main benefits of this approach include the ability to rapidly bring units on-line and the reliance on private capital for the upfront renovation costs. In addition, the renovated buildings combined with on-site services stabilize properties that have often been problematic for the surrounding neighborhood.

The key components of SFDPH's strategy include:

1. Identifying privately-owned buildings that are vacant or nearly vacant where the building's owners are interested in entering into a long-term lease with SFDPH. These are triple net leases with the owner retaining responsibility only for large capital improvements.

Appendix G: Direct Access to Housing

2. Negotiating improvements to the residential and common areas of the building prior to executing the lease. It is the owner's responsibility to deliver the building with improvements completed and in compliance with all health and safety codes. Improvements typically include build-out of supportive service and property management offices, community meeting rooms, community kitchens, and additional bathrooms. All rooms are fully furnished prior to occupancy.
3. SFDPH contracts with one or more organizations to provide on-site support services and property management. Most buildings include a collaborative of two or more entities.

II. Supportive Services

All ten sites have between three and five on-site case managers as well as a site director. Most of the case managers are bachelors' level social workers though some are formerly homeless peer advocates and some have advanced social work degrees. Site directors are generally master's level, licensed social workers or registered nurses. Case managers assist residents to access and maintain benefits, provide one-on-one substance use, mental health, life skills and family counseling, assist in accessing medical and behavioral health (mental illness and substance abuse) treatment, assist with accessing food and clothes and interface with property management to assist in preventing eviction.

All ten sites also have access to a roving behavioral health (BH) team made up of three BH specialists. The BH team is available to residents for scheduled one-on-one counseling and groups and can be available five days a week for rapid intervention and placement of residents in off-site mental health and/or substance use residential treatment. The primary goal of the BH team is to prevent eviction resulting from exacerbation of mental health and substance use disorders. The residential slots are "pre-paid" to circumvent the usual queuing necessary to access these services. While in residential treatment, a resident's permanent room is held for them for the duration of the treatment. BH counselors follow patients while in residential treatment and assist in reintegrating them back into the community after treatment.

All sites have access to some medical care. Most residents have primary care providers at one of the public health clinics. At the RCF, there is around the clock nursing services. One residential hotel has five-day-a-week nursing services, three-day-a-week urgent care medical services provided by an on-site nurse practitioner and a full time on-site licensed social worker. The two sites with nurses can offer residents directly observed therapy for psychiatric and HIV medications, as well as other medications, five days a week. The other sites have access to an on-call nurse practitioner for urgent care home visits. At all sites, staff meet monthly with the medical director for the DAH program to assist with medical treatment plans and to strategize on how to access appropriate medical and psychiatric care in the community.

III. Eligibility and Referral

Residents are specifically recruited into the DAH program if they are high users of the public health system and have on-going substance abuse, mental illness and/or medical problems. Residents do not need to be recipients of SSI or general assistance. Building staff work to "screen in" prospective tenant rather than looking for reasons to deny housing. Many of the individuals housed in the DAH program have been unable or unwilling to maintain permanent housing for any extended period of time in their adult lives. Persons who are gravely disabled and/or have a skilled nursing need cannot be accommodated in DAH housing. DAH works with specific "access points" that provide care to chronically homeless people. These referral points include street outreach teams, emergency shelters, high-utilizer case management teams, primary care clinics, and institutional settings. Each unit in the DAH buildings is "attached" to specific referral point. As new buildings come on line, the building's units are assigned to specific agencies depending on funding source for the building and the needs of the public health system at the time of rent-up. For example, the first DAH facilities were designed to house people directly from the streets and therefore a large percentage of the units are controlled by agencies such as Healthcare for the Homeless and other outreach teams that serve people who are street based or staying in emergency shelters. For the residential care facility, residents are referred from the city-run locked psychiatric rehabilitation facility, the public skilled nursing facility, and the acute psychiatric ward at San Francisco General Hospital.

Appendix G: Direct Access to Housing

IV. Practicing Low-Threshold Supportive Housing

All residents in the DAH facilities have tenant rights and all services offered to residents are voluntary. On-site support service staff actively engages residents and attempt to assist individuals in making choices that reduce their physical, psychiatric or social harm. Over time, as residents develop trust in the on-site staff, the resident is able to work with the staff to develop and adhere to an individualized treatment plan. For residents that are unable or unwilling to accept offered services and/or to reduce harmful behavior, staff continues to regularly engage residents in dialogue and continue to offer services. A considerable amount of staff meeting time and supervision is spent supporting staff to maintain empathy and engagement with residents despite some resident's poor choices and outcomes.

V. Financial Information

Funding for the DAH program comes predominantly from the city general fund. Other revenue sources for the project include state money targeted toward homeless mentally ill persons, Ryan White Care Funds, SAMHSA, and reimbursement through the Federally Qualified Health Center system for a portion of the medical and mental health related expenses. Approximately 80% of DAH residents receive SSI and Medi-Cal (California's Medicaid system) benefits. The buildings also receive revenue from tenant rent. Residents pay fifty percent of their income towards rent. Total cost to provide permanent housing and support services in DAH buildings (excluding the one licensed residential care facility) is approximately \$1,200 per month per resident. The average rent received from residents is \$300 per month therefore requiring a \$900 per month subsidy from governmental sources.

VI. Outcomes

The main goal of the DAH program is to provide housing to a group of people that have rarely, if ever, maintained stable housing as adults. Since opening the first DAH site in 1998, almost two-thirds of the residents have remained housed in the DAH program. Of the remaining one-third of the residents who moved out of the program, half moved to other permanent housing. Only 4% of residents were evicted from the housing facilities. Evictions usually resulted from repeated non-payment of rent (despite money management), violence or threats to staff or residents or destruction of property. Not surprisingly due to the severity of medical illnesses among the population housed in DAH, 4% of DAH residents have died.

Given that DAH is funded by the health department, an important outcome measure is health care utilization before and after placement in the program. Overall, DAH residents used a considerable amount of health care services prior to entering the DAH facility. Each DAH resident averaged 12 visits to outpatient medical services in the year prior to placement in the facility. After placement, there was little change in outpatient visits in part because on-site case managers encourage residents to maintain primary care appointments. On the other hand, emergency department use was reduced significantly after housing with a 58% reduction in emergency department utilization after entering the program. Similarly, in the first two years after entering the program, there was a 57% reduction in inpatient episodes after entering the program compared to the two years prior to housing placement.

About one-sixth of residents had exacerbations of their mental illness leading to psychiatric hospitalization both before and after placement in the program. However, the number of days per hospitalization decreased significantly after placement. This is not surprising as discharge from psychiatric hospitalization is often delayed due to lack of available appropriate community based housing. The DAH program routinely holds a resident's permanent housing unit during a period of acute exacerbation of their mental illness.

For further information contact:

Marc Trotz, Director Housing and Urban Health
San Francisco Dept. of Public Health
101 Grove St, Rm. 323
San Francisco, CA 94102
Tel: 415-554-2565
E-mail: marc.trotz@sfdph.org

Josh Bamberger, MD, Medical Director
Housing and Urban Health
San Francisco Dept. of Public Health
101 Grove St, Rm. 318
San Francisco, CA 94102
Tel: 415-554-2664
E-mail: josh.bamberger@sfdph.org

Margot Antonetty, Director of Programs
Housing and Urban Health
San Francisco Dept. of Public Health
101 Grove St. Rm. 323
San Francisco, CA 94102
Tel: 415-554-2642
E-mail: margot.antonetty@sfdph.org

Appendix H: McKinney-Vento Comparison Chart

Issue	Current Law	S. 1801, Community Partnership to End Homelessness Act of 2005 ('Reed bill')	H.R. 5041, Homeless Assistance Consolidation Act of 2006 ('Administration bill' or 'Renzi bill')
1. Authorized Funding Level	- FY 2005: \$1.241 billion - FY 2006: \$1.34 billion - FY 2007: President's request=\$1.536 billion (up to \$200 for Samaritan Initiative)	\$1.6 billion for FY 2007	\$1.536 billion for FY 2007; 'such sums as necessary' FY 2008-2011 - Up to \$200 million in FY 2007 for Samaritan Initiative; such sums as necessary thereafter
2. Permanent Housing Set Aside	No set aside in underlying McKinney-Vento Act. 30% set aside enacted annually by appropriators from FY 1999-FY 2005 (expected in FY06).	30% targeted to individuals and families with disabilities	30% targeted to individuals and families with disabilities, exclusive of Samaritan Initiative bonus (described below)
3. Permanent housing for non-disabled homeless families	Not an eligible activity. Non-disabled homeless families eligible for transitional but not permanent housing.	Bill proposes to make 10% of funds available for permanent housing for non-disabled, homeless families. It is not clear whether this will operate as a ceiling, although that seems to be staff's intent	Not an eligible use
4. Additional Incentives to Create Permanent Housing	- In the FY 2005 NOFA, HUD created incentives to undertake permanent housing activities (point allocation) and target the chronically homeless (permanent housing bonus). \$400,000 limit per project on capital funding under SHP.	- Special incentives to create new permanent housing stock for the chronically homeless and non-disabled homeless families include: a) additional TA; b) bonus money from HUD; and c) 10 year rental assistance (chronic homelessness only) - Removes limit on capital funding for permanent and transitional housing.	- Tenant-based rental assistance contracts between HUD and Continuum of Care are for terms of 5 years at FMR rates. - Continuum of Care board may receive 25% or more of the funds up front to lock in firm commitments from landlords. - Project-based assistance is 5 year term EXCEPT that: - If owner/project-sponsor spends \$3000 or more per unit in rehab, then 10 years. - Removes limit on capital funding for permanent or supportive housing projects. - Samaritan Initiative: Continuum of Care board may receive a bonus (of Secretary's design) if it includes project(s) for chronically homeless. - Note: includes specific guidance regarding termination of tenancies in permanent housing (only for "serious or repeated violations of lease," breaking the law, or "other good cause") and transitional housing (violation of "significant program requirements" and subject to a formal process that may include a hearing.)³⁷

Appendix H: McKinney-Vento Comparison Chart

Issue	Current Law	S. 1801, Community Partnership to End Homelessness Act of 2005 ('Reed bill')	H.R. 5041, Homeless Assistance Consolidation Act of 2006 ('Administration bill' or 'Renzi bill')
5. Permanent Housing Subsidy Renewals	Renewal funding not addressed in underlying McKinney-Vento statute. Appropriators have funded SPC renewals non-competitively since FY 2001. SHP-PH renewals subject to competitive renewal.	All operating/rent subsidies to permanent housing to be renewed non-competitively from within the account (as SPC renewals are currently).	- Tenant-based subsidies receive no special treatment - Owners of projects receiving project-based assistance "shall have an option to renew the assistance for an additional 5 year term."
6. Definition of 'chronically homeless'	- Federal definition does not exist in statute. Created under regulatory authority for purposes of Collaborative Initiative and McKinney NOFAs. - Only unaccompanied individuals who are: a) disabled- and b) homeless for 1 year continuously or 4 times in 3 years.	Individuals and families are eligible if: a) disabled--(for families must be head of household; and b) homeless for 1 year continuously or 4 times in 3 years	Incorporates definition used in recent NOFAs and Collaborative Initiative to End Chronic Homelessness (i.e., only disabled, unaccompanied individuals homeless for 1 year or longer continuously or 4 times in three years).
7. Program Consolidation/ Eligible Activities	- SHP, SPC, and Mod SRO are existing programs. - Broad range of services eligible for funding but NOFA increasingly discouraging services funding. - Administrative costs are ____ (to be confirmed)	- Consolidates all non-ESG programs into single Community Homeless Assistance Program ("CHAP"). - Eligible activities include all activities currently eligible under McKinney-Vento programs (i.e., capital and operating costs for housing, supportive services, etc.) - Beginning three years from date of enactment, "only allowable supportive services will be job training, case management, life skills training, outreach, housing counseling, and other services determined by the Secretary to be directly relevant to allowing persons experiencing homelessness to access housing." - Services funding phase out to be delayed on an annual basis if GAO report (mandated annually) shows that replacement funding from other federal agencies is not available. - Limitation on administrative costs not set (to be confirmed)	- Consolidates all non-ESG programs into single Community Homeless Assistance Program ("CHAP"). - Eligible activities include all activities currently eligible under McKinney-Vento programs (i.e., capital and tenant/project-based assistance for operating costs for housing, supportive services, etc.) EXCEPT that: - only supportive services eligible for funding are those "determined by the Secretary (either at the Secretary's initiative or on the basis of adequate justification by an applicant) to be directly relevant to assisting persons experiencing homelessness to access and retain housing, for both new projects and projects receiving renewal funding." - Administrative costs—Continuum of Care board may use up to 6% of grant total; project sponsor may use up to 5% of grant from Continuum of Care board.

Appendix H: McKinney-Vento Comparison Chart

Issue	Current Law	S. 1801, Community Partnership to End Homelessness Act of 2005 ('Reed bill')	H.R. 5041, Homeless Assistance Consolidation Act of 2006 ('Administration bill' or 'Renzi bill')
8. ESG Homelessness Prevention	- ESG permits funding of homelessness prevention. - Prevention is not an eligible activity under main McKinney-Vento programs	- ESG is allocated 15% of total appropriation. Homelessness prevention is no longer an eligible activity under ESG; caps on staff costs and services funding removed; ESG grantees must coordinate with Collaborative Applicants. - In addition, up to 5% of total appropriation may be used for homelessness prevention subject to a "supplement not supplant other resources" provision.	- ESG is allocated 15% of total appropriation. Homelessness prevention is no longer an eligible activity under ESG; caps on staff costs and services funding removed; ESG grantees must coordinate with Continuum of Care boards. - Up to 10% of total appropriated could be targeted to homelessness prevention activities.
9. Allocation of Funds	Continuum of Care competition is implemented via NOFA by HUD. Statute says only "competitively awarded" so HUD has derived from that the authority to create CoC process (this authority has not been challenged).	- Competitive. - Collaborative Applicants lead collaborative planning and application process envisioned to be similar to the current Continuum of Care. - Collaborative Applicants need not be legal entities. - To facilitate realistic planning, localities are provided "pro rata share" estimates of expected grant amounts prior to annual competition.	- Competitive - Continuum of Care boards would receive funds and sub-grant to individual projects (currently HUD makes grants directly to projects). - Continuum of Care boards must be "legal entities" (i.e., either "organized or recognized under state law" or "organization associated with state or local gov't) - To facilitate realistic planning, Secretary is to provide Continuum of Care boards "pro rata share" estimates of expected grant amounts prior to annual competition.
10. Role of Non-Government Stakeholders (non-profits, Homeless formerly Homeless persons, etc.)	"Continuum of Care" competition is entirely a creation of the NOFA process (i.e., not codified in underlying statute or regulation). - Continuum of Care planning bodies are largely self-selecting and self-governing. - Relative power of government vs. non-government stakeholders varies widely.	- Collaborative Applicants determine funding priorities in competitive application. - Rotating board would be composed of homeless/formerly homeless persons, homeless advocates, and non-profit housing and services providers; government officials, business community, and neighborhood groups. - Inclusiveness of planning process is a competitive criterion. - No requirement that a specified percentage of total funding be targeted to non-profit organizations. - Secretary may take remedial action to ensure fair distribution of funds where he/she finds that Collaborative Applicant board does not meet foregoing requirements.	- Continuum of Care boards coordinate application process, set funding priorities, and monitor grants. - At least 65% of Continuum of Care boards must be drawn from non-governmental stakeholders, including homeless/formerly homeless persons, advocates, non-profits, business community, neighborhood leaders, and philanthropy. Conflict of interest rules preclude potential grantees from participating in decisions that might affect them directly. - Remainder – at least one person—to be drawn from government agencies that administer targeted homeless programs and other programs for which homeless persons may be eligible. - Secretary may take remedial action to ensure fair distribution of funds where he/she finds that Continuum of Care board does not meet foregoing requirements.

Appendix H: McKinney-Vento Comparison Chart

Issue	Current Law	S. 1801, Community Partnership to End Homelessness Act of 2005 ('Reed bill')	H.R. 5041, Homeless Assistance Consolidation Act of 2006 ('Administration bill' or 'Renzi bill')
11. Matching Requirements/ Involvement of mainstream housing and service funding programs	- HUD has increasingly emphasized accessing mainstream resources in the annual NOFA. - However, grantees under both SPC and SHP have struggled when seeking to meet match requirements when: 1) services are provided by partners rather than the grantee themselves, even when services are clearly targeted to tenants, often under an MOU; and 2) matching funds come from other federal programs like Medicaid, CSBG, etc.	25% cash match on all funds except renewal of permanent housing operating subsidies that: a) serve households below 50% AMI; and b) receive no non-McKinney federal or state funds. - Strong orientation toward leveraging mainstream resources, including that: Collaborative Applicant must review discharge planning processes of publicly-funded facilities and institutions; report on deficiencies to those systems; Secretary judges competition in part on applicant's plan to leverage mainstream resources; and performance reports must report on this leveraging.	25% cash match - Strong orientation toward leveraging mainstream resources, including that: Continuum of Care board must review discharge planning processes of publicly-funded facilities and institutions; report on deficiencies to those systems; Secretary judges competition in part on applicant's plan to leverage mainstream resources; and performance reports must report on this leveraging.
12. Performance measures	APRs required.	- Annual performance reports to address various criteria: e.g., number of persons who entered permanent housing, obtained/retained jobs, and received a range of services. - Success measures should be "risk-adjusted to factors related to the circumstances of the population served."	- Requires "independent outcome based evaluation of the homeless assistance planning process [] to measure the performance of [CoC] board in ending chronic homelessness and in preventing or helping to end the homelessness of persons in geographic area" - Continuum of Care board must participate in Consolidated Plan process and coordinate with local/regional 10 Year Plans to end homelessness/chronic homelessness. - Success measures should be "risk-adjusted to factors related to the circumstances of the population served."
13. Technical Assistance	1% of amount appropriated	1% of amounts appropriated	1% of amounts appropriated can be used for TA and/or "special initiatives and demonstration programs"
14. Interagency Council on Homelessness	Funded at \$1.5 million	Adds OMB, DOJ, and SSA to council; Requires ICH to develop National Strategic Plan to End Homelessness; Funded at \$3 million	Not addressed (Administration has introduced separate bill dealing exclusively with ICH).
15. Homeless Management Information Systems (HMIS)	Required under recent NOFAs (being phased in at different rates in different Continuums)	- Required participation, including periodic unduplicated counts. - Collaborative Applicants can apply for funding	- Required participation, including periodic unduplicated counts. - Does not appear to be eligible

2005-2006 Federal Legislation to Promote Permanent Supportive Housing for Veterans

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Appendix I: Chart of Legislation to Promote Permanent Supportive Housing for Veterans

Bill Name and Number	Key Sponsors	Key Provisions	Status of Legislation
Homes for Heroes Act of 2006 (S. 3475 / H.R. 5561)	Senators Obama (D-IL), Johnson (D-SD), Schumer (D-NY), Menendez (D-NJ) / Representatives Andrews (D-NJ), Renzi (R-AZ).	- Requires HUD to provide VA with 20,000 Section 8 vouchers per year for the sole use of homeless veterans. - Creates a new supportive housing program for very-low income veteran families, modeled on HUD Section 202 Housing for the Elderly. HUD would be authorized to make awards to nonprofit organizations for capital costs and rental assistance. - Authorizes VA to fund supportive services for veterans living in housing assisted through the new HUD program.	- Pending in Senate Banking Committee and House Financial Services Committee. - Expires at end of 109th Congress if not passed; expected to be reintroduced in early 2007 in 110th Congress.
Veterans' Choice of Representation and Benefits Enhancement Act of 2006 (S. 2694)	Senators Craig (R-ID), Chambliss (R-GA), Graham (R-SC), Hutchinson (R-TX), Murkowski (R-AK), Jeffords (I-VT).	- Authorizes \$15M in FY 2007 (increasing to \$25M by FY 2009) for VA to make awards to nonprofit organizations to provide supportive services for very low-income veterans in permanent housing. - Sets aside 500 existing Section 8 rental assistance vouchers for homeless veterans in FY 2007 (increasing to 2,500 by FY 2011). - Reauthorizes VA's Grant and Per Diem Transitional Housing Program at \$130 million annually. - Also reauthorizes other VA homeless veterans programs.	- Passed in Senate August 3, 2006. - Pending in House Veterans Affairs and Financial Services Committees. - One year Grant and Per Diem reauthorization likely to pass through VA appropriations legislation.

Appendix I: Chart of Legislation to Promote Permanent Supportive Housing for Veterans

2005-2006 Federal Legislation to Promote Permanent Supportive Housing for Veterans

Bill Name and Number	Key Sponsors	Key Provisions	Status of Legislation
Homeless Veterans Assistance Act of 2006 (H.R. 5960)	Representatives Michaud (D-ME), Bradley (R-NH), Filner (D-CA), Brown (D-FL), Carson (D-IN), Herseth (D-SD), Salazar (D-CO).	- Authorizes \$25M per year for VA to make awards to nonprofit organizations to provide supportive services for very low-income veterans in permanent housing. - Authorizes the VA to conduct a demonstration program to identify members of the Armed forces on active duty who are risk of homelessness and provide assistance to prevent them from becoming homeless – including referral, counseling, and supportive services, but not housing. - Reauthorizes VA's Grant and Per Diem Transitional Housing Program along with other VA homeless veterans programs.	- Pending in House Veterans Affairs Committee. - Expires at end of 109th Congress; could be reintroduced in early 2007 in 110th Congress. - One-year Grant and Per Diem reauthorization likely to pass through VA appropriations legislation.
Sheltering All Veterans Everywhere Act of 2005 (S. 1180)	Senators Obama (D-IL), Boxer (D-CA), Clinton (D-NY), Dorgan (D-ND), Durbin (D-IL), Johnson (D-SD), Murray (D-WA).	- Reauthorizes VA's Grant and Per Diem Transitional Housing Program along with other VA homeless veterans programs. - Expands eligibility for the Department of Labor's Homeless Veterans Reintegration Program (HVRP) employment program to veterans at imminent risk of homelessness.	- Pending in Senate Veterans Affairs Committee. - Expires at end of 109th Congress; could be reintroduced in early 2007 in 110th Congress.
Services to Prevent Veterans Homelessness Act (S. 1991 / H.R. 4746)	Senators Burr (R-NC), Dole (R-NC), Thune (R-SD) / Representatives Bradley (R-NH), Filner (D-CA), Brown (D-FL), Herseth (D-SD), Simmons (R-CT) and others.	- Authorizes \$25M per year for VA to make awards to nonprofit organizations to provide supportive services for very low-income veterans in permanent housing. - Provides a preference for entities providing supportive services for very low-income veteran families who are transitioning from homelessness to permanent housing.	- Pending in Senate and House Veterans Affairs Committees. - Expires at end of 109th Congress; could be reintroduced in early 2007 in 110th Congress. - Text from these bills included within S. 2694 and H.R. 5960 (see above).