

Focus Area	Program	Policy & Practice Implications
Prevention	<p><i>Supportive Services for Veterans Families (SSVF) and HUD and Veterans Homeless Demonstration Program</i> – Establish VA funded SSVF, and HUD-VA funded Homeless Demonstration Program designed to reduce the number of Veterans families entering homelessness. Currently, NEPEC estimates that approximately 27,000 new Veterans request services for homelessness each year. SSVF should reduce this influx. This community based program relies on the collaboration of a variety of mainstream and specialized service providers in each area served. The advice of community providers will be actively solicited in shaping the development of these programs.</p> <p><i>Housing First</i> – Promote rapid and direct placement of homeless Veterans into housing and offer treatment and supportive services. Treatment and supportive services are delivered in conjunction with housing placement in order to promote housing stability and recovery.</p>	<p>Prevention is a critical component of the VA’s efforts to end homelessness among Veterans.</p> <p>Moving in to permanent housing should not be contingent on completing treatment programs.</p>
Integration of Services Along the Continuum of Care	<p><i>Meeting Child Support Obligations</i> – Among the 11,711 homeless Veterans and community providers surveyed during the 2008 CHALENG, legal assistance for child support ranked as the second highest unmet need. Unresolved child support debts can result in liens against bank accounts, denial of credit, failed background checks commonly a part of job applications, forfeiture of driver’s licenses, arrest, inability to secure a lease, and contributes to homelessness.</p> <p><i>HUD-VASH</i> – Assess the potential of contracts with local providers to act as housing specialists to facilitate the placement of homeless Veterans and their families in permanent housing with Section 8 vouchers.</p>	<p>The Department of Health and Human Services, the American Bar Association, AmeriCorps and the VA will launch a 9-city pilot designed to help Veterans meet their child support obligations.</p> <p>Speeding the rate and quantity of placements in permanent housing will remove these Veterans from homelessness.</p>

Model Development/Implementation Core

The primary goal of the Model Development and Implementation Core of the National Center on Homelessness Among Veterans (The Center) is to improve the delivery of care to Veterans who are homeless or at-risk for homelessness. The core will achieve its goal by developing transferable model programs which are emerging, best practices, models generated and tested by the Research Core, or models recommended for further evaluation by the Policy Core. The models currently being evaluated include: the Critical Time Intervention Case Management Model, the Early Recovery Programs Model, The Veteran Justice Outreach Specialty Court Intervention Program Model, the Rural Community-Based Mental Health Services for Veterans in Rural Areas Model, the Technical Assistance Model, and the Seed Projects Model.

Model	Program	Practice and Policy Implications
<p>Critical Time Intervention (CTI) Case Management</p>	<p>HUD-VASH serves chronically homeless Veterans that <i>may</i> suffer from mental illness, substance abuse disorders and/or other conditions that prevent them from retaining permanent housing.</p> <p>CTI is the most beneficial case management model for HUD-VASH since many chronically homeless Veterans suffer from a mental illness and/or substance abuse disorder.</p>	<p>Empirically supported time-limited model of case management.</p> <p>Designed to assist people with mental illness in the transitional phase of exiting the institutional setting and entering the community setting.</p> <p>Relies on the establishment of trusting relationships between client and case manager prior to clients being released from jails, shelters or psychiatric facilities.</p> <p>Three phases of support offered over a period of nine months:</p> <ul style="list-style-type: none"> • Transition to community (three months of intensive support and community integrations) • Tryout (three months of support for and guidance on independent living skills and problem solving), and • Transfer of care (two months of systematically decreasing level of case management).
<p>Early Recovery Programs (ERP)</p>	<p>ERPs (also called low-demand housing or Safe Havens) are an alternative to shelter care and are also used as a placement method if a Veteran is unsuccessfully discharged from an inpatient or residential treatment program because of relapse-related issues.</p>	<p>Establish two to five pilot sites developed on community low-demand housing models that will offer supportive services aimed at:</p>

		<ul style="list-style-type: none"> • Recovery from addiction, • Stabilizing symptoms and behaviors related to a mental illness, • Finding steady employment, • Reuniting with family members, • Establishing new roles as community participants, and • Obtaining housing.
Rural Community-Based Mental Health Services for Veterans in Rural Areas	<p>Provide outreach to those homeless veterans living in rural areas that may have a serious psychiatric illness.</p> <p>Relevant Data:</p> <ul style="list-style-type: none"> • According to VA's Northeast Program Evaluation Center shows that in FY 2008, 30% of all VA service users lived in rural areas and 7.8% in isolated rural areas. • Among VA mental health service users, 26% resided in rural areas and 6.3% in isolated rural areas 	<p>Provide services to population areas not currently serviced by VA's Office of Mental Health Services.</p>
Veteran Justice Outreach Specialty Court Intervention Program	<p>VA Medical Centers will appoint a Veteran Justice Outreach Coordinator, whose role includes working as part of a team to provide courts with "a plan of community-based alternatives to incarceration."</p>	<p>Establish six pilot sites to:</p> <ul style="list-style-type: none"> • Evaluate the feasibility of VA involvement in the health care component for Veterans in specialty treatment courts, and • To examine the effectiveness of this model with regard to community readjustment, homelessness, and recidivism prevention of Veterans in the court system.
Technical Assistance	<p>Support medical center and VISN planning, delivery, and implementation of homeless services designed to promote systems change or redesign of services.</p> <p>Help evaluate outcomes, programs, and the effectiveness of new services.</p> <p>Target audience for technical assistance includes medical center leadership, program administrators, and VA community partner service providers.</p>	<p>Enhance the cultural and clinical competence of service delivery organizations and staff and provide expertise to program staff by addressing the unique needs of special homeless populations (Seriously Mentally Ill, women and families, re-entry from incarceration, TBI, and substance abuse disorders).</p>

Seed Projects	<p>Offer small seed funding grants throughout VA Homeless Programs.</p> <p>Target audience for these seed funds will be frontline providers and managers in VA Homeless programs.</p>	<p>Offer ten grants that will prioritize implementation of the Uniform Service handbook related to Homeless Programs.</p> <p>Priority will be given to the development of:</p> <ul style="list-style-type: none"> • Evidence-based treatments, • Innovative services related to money management or credit restoration, • Implementation or evaluation of recovery oriented services, • Improved access in rural settings, • Enhancement of Veteran input in treatment, • Update of existing educational materials, and • Coordination with community resources.
----------------------	---	---

Research & Methodology Core

The Research & Methodology Core of the National Center on Homelessness among Veterans is intended to increase and disseminate knowledge about homelessness among veterans to inform practice and policy decisions. The following research agenda outlines how the Center will address gaps in the research on homelessness among veterans and develop evidence-based policy and practice solutions.

Focus Area	Studies	Policy & Practice Implications
Prevalence of Homelessness	<p>Multi-Site Prevalence Study – Compare prevalence of homelessness among veterans and nonveterans using Homeless Management Information System (HMIS) and Census data</p>	<p>Improved targeting of resources to prevent and eliminate homelessness among veterans</p>
	<p>Annual Homeless Assessment Report (AHAR): Supplement on Veterans – Estimate use of mainstream homelessness services and beds by veterans and families</p>	<p>National and local estimates to inform policy and practice initiatives</p>
	<p>Geographic Risk Profiles – Develop national, state, and city maps of at-risk veterans</p>	<p>More precise geographic targeting of resources</p>

	<i>OEF/OIF Risk and Resiliency Study</i> – Determine risk and protective factors for homelessness among veterans returning from Iraq and Afghanistan	Informed design of homelessness prevention efforts
Patterns of Health & Social Services Utilization	<i>Services Utilization Study</i> – Determine the use of services funded by VA and mainstream services by veterans who are homeless; identify costs of service utilization and potential savings to mainstream systems	Improved coordination between VA and mainstream systems, access to VA services for underserved veterans, and integration of homeless services to prevent homelessness and house veterans who are homeless
Model Development & Evaluation	<i>High/Low HUD-VA Supportive Housing (HUD-VASH) Program Utilization and Performance Study</i> – Review systems, program, and clinical aspects of HUD-VASH and build an evidence base for effective supportive housing models	Maximized use of HUD-VASH vouchers to increase permanent housing for veterans and their families
	<i>Evaluation of Housing Programs for Homeless Veterans</i> – Evaluate community-based housing services for veterans, focusing on those with mental illness or substance-related disorders	Improved matching of veterans with housing and housing services
	<i>Examining Traumatic Brain Injury (TBI) in the Homeless Veteran Population</i> – Identify prevalence of TBI among veterans and necessary supports to prevent homelessness	Development and implementation of services for veterans with TBI
	<i>Homeless Veterans in the Criminal Justice System</i> – Develop assessment of Veteran Justice Outreach (VJO) specialist workload, responsibility, and client involvement	

Education/Dissemination Core

The Education/Dissemination Core of the National Center on Homelessness Among Veterans will provide education, training, technical assistance, and consultation to improve the delivery of services to homeless Veterans. The following education plan is designed to disseminate current state of the art knowledge in the area of homeless services as well as new information developed by the Center’s Policy Analysis, Model Development/Implementation, and Research/Methodology Cores.

Focus Area	Education/Training	Policy & Practice Implications
Special Populations	Homelessness Among Women Veterans: Population; demographics; and treatment considerations.	Develop a greater awareness of special population needs to enhance treatment designs and quality of services.
	Rural Homelessness (in coordination with VA Office of Rural Health): Overview of homelessness among Veterans in rural areas and availability of services.	
Program Operations Management	GPD Fiscal Primmer: VA fiscal requirements for operational Grant/Per Diem Programs.	Ensure provider’s adherence to fiscal requirements to promote cost efficient services.
	STEP Training: Support Team for Existing and Emerging Partnerships (STEP) Train-the-Trainer initiative for VA staff to engage community providers in clinical and operational aspects of GPD programs.	Increase knowledge and ability of provider staff serving Veterans in residential programs to enhance services.
	VA Homeless Programs Office: Oversight, and general support and guidance for educational initiatives of VA Homeless Programs Office.	Ensure efficiency and efficacy of education dissemination efforts of VA Homeless Programs Office to ensure best outcomes for VA field and program staff.
Model Development	Enhanced RANGE (E-RANGE) Program: Staff training on rural homelessness; program development; population; demographics; characteristics; and outreach/treatment considerations.	Develop consistent model designs and enhance staff ability to outreach to and offer services for a unique population.
	Safe Haven/Low Demand: VA and provider staff training on development and evaluation of the Safe Haven models for chronically homeless Veterans.	Develop consistent model designs, in coordination with community provider staff, and implement reliable program evaluation methods.
	TBI Prevalence in Homeless Veterans (in coordination with Denver VA MIRECC): Study protocol and procedures to develop research initiative at	Identify unique requirements of site research implementation designs and facilitate development of

	three pilot sites.	protocols.
Focus Area	Education/Training	Policy & Practice Implications
Technical Assistance and Consultation	GPD Program: Development of on-site review protocols and implementation of consultation processes to assist GPD Programs and host medical centers.	Maintain operational standards of GPD programs and assist provider or medical centers negotiate discrepancies in grant proposal or regulatory guidance.
	HCHV Contract Training for Non-Contract Personnel (in coordination with VA Office of Acquisition Management): VA staff training on the development and oversight of Healthcare for Homeless Veterans (HCHV) Residential Treatment Programs.	Promote standards for national contract solicitation efforts and enhance VA homeless program staff knowledge on development and oversight of HCHV services.
	HOMES Webinars and Tutorials: The Center has been providing training on the newly implemented VA Homeless Management Evaluation System (HOMES) to educate Homeless Program staff on how to use the new system for an easy transition from the paper-based forms used to HOMES, which went live on April 20, 2011. The National Director for Homeless Evaluation held an initial face-to-face “Train-the-trainer” conference in January 2011, for the 1 - 2 trainer(s) identified points of contact for homeless initiatives in each VISN. Since then, Live Meetings and conference calls were held each month to provide updates on the HOMES system. Additionally, in conjunction with VSSC, a Webinar Overview of HOMES tutorial was created for ongoing use. HUD-VASH: Assistance with high-low program site reviews and assessment of program evaluation results.	HOMES is a vital component of a new VA homeless Registry that will offer a real-time resource for service providers, policy makers, administrators, and researchers. The Registry will provide numerous benefits including the ability to track the care of homeless Veterans; evaluate the effectiveness of interventions; target resources that can be used to prevent homelessness; identify best practices; and incorporate data collected through HUD’s national Homeless Management Information System (HMIS) database. The Registry will provide a facility, VISN, and national-level snapshot of progress towards the VA’s Five Year Plan to End Homelessness among Veterans. Identify clinical and operational processes, maximizing use of vouchers.
	Planning Committees: The Center provides technical assistance to VA Homeless Programs by participating in their planning committees for the various training activities and conferences held nationally. Additionally, the Center provides consultation on behalf of the VA Homeless Program Office when needed.	Provide guidance to ensure curriculum meets the intended purpose and outcome objectives of each training initiative and ensure all initiatives are consistent with VA’s Five Year Plan to End Homeless among Veterans.
	VA Homeless Programs Office: Support and guidance on Congressional and	Provide guidance consistent with Center projects and

	management briefings; federal reporting requirements; intergovernmental collaborations; program development and operations.	operations.
--	---	-------------