# The Massachusetts Integrated Plan to Prevent and End Homelessness Among Veterans

***Ensuring all Massachusetts veterans have a stable place to call home***

***2013-2015***

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**Acknowledgements**

This plan is in honor of and dedicated to all of the servicemen and women who have served our Commonwealth and our country.

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## Table of Contents

## Executive Summary

The Massachusetts Plan to Prevent and End Homelessness among Veterans has a compelling vision: all Massachusetts veterans will have a stable place to call home. Its overall goal is bold: reduce the number of homeless veterans in the Commonwealth by 1,000 point in time by the end of 2015. Massachusetts veterans deserve nothing less.

According to the 2011 Point In Time count there were 1,268 homeless veterans on a given night across Massachusetts, which represents 7.6% of the total homeless population in the state. This Point In Time count has been trending downward in recent years, with the 2011 count 20.6% lower than that of the previous year. We also estimate that 450 of those individuals meet the U.S. Department of Housing and Urban Development's definition of chronically homeless.

The Steering Committee to End Veterans' Homelessness sought significant input into the development of the guiding principles, goals, targets, and strategies contained herein. Plans from the Veterans' Administration, the United States Interagency Council on Homelessness, Arizona, New Hampshire, King County, Washington and Washington State were reviewed and the Steering Committee spoke to the authors and implementing bodies to learn from their experiences. Additionally, the Steering Committee engaged well over 200 stakeholders from across the Commonwealth to identify barriers, opportunities, and best practices. Finally, the Steering Committee reviewed emerging best practices in preventing and ending homelessness among veterans from here in Massachusetts, as well as other parts of the country.

Stemming from this environmental scan and needs assessment, the Steering Committee identified five guiding principles that form the basis of this plan, and should be considered by stakeholders for all future implementation strategies.

1. Focus on results and evidence-based practices
2. Prioritize prevention and rapid rehousing
   - Divert and use shallower resources for non-chronically homeless veterans
3. Prioritize chronically homeless veterans, the most at-risk, and frequent utilizers of emergency care
   - Focus deep subsidy resources and services on chronically homeless veterans
4. Address the needs of all men and women who served in the military regardless of the type of discharge they received
5. Build partnerships

Further, in an effort to integrate federal, state, and local resources and to align with the U.S. Department of Veterans' Affairs' (VA) Plan to End Homelessness Among Veterans and the U.S. Interagency Council on Homelessness' (USICH) plan *Opening Doors*, the Steering Committee has organized its goals within a Four Pillar framework of (1)

Housing, (2) Prevention, (3) Intervention, and (4) Partnerships. The specific goals addressed by this plan include:

**Goal 1: Veterans who become homeless are rehoused and stabilized**

**Goal 2: Veterans most at risk of homelessness remain housed.**

**Goal 3: Veterans have increased access to benefits and resources**

**Goal 4: Federal, state, and community resources are aligned and integrated to support veterans.**

The following are signature initiatives of the Plan to Prevent and End Homelessness among Veterans, details of which are provided in the following pages.

1. Reduce the 2011 homeless veterans PIT count by 1,000 by the end of 2015.

2. End chronic homelessness among veterans, going from 450 to 0, by the end of 2015..

3. Access 1,000 units of permanent housing to meet plan goals by end of 2015, including:
    - 700 new HUD VASH vouchers
    - 250 new units of housing through DHCD initiatives for chronically homeless veterans, including at least 25 for non-VA eligible chronically homeless veterans
    - 50 housing subsidies through DHCD initiatives to access existing housing units for non-VA eligible homeless veterans

4. Support the VA's efforts to build community capacity to serve veterans where they live by contracting for HUD VASH case management, peer support and other services with DVS and community-based non-profits.

5. Expand partnerships between VA, MA ICHH, DVS (Chapter 115), DHCD, Continua of Care (CoC), VSO's, Housing Authorities, Regional Homeless Networks, and the Regional Housing Network. This partnership is the key to:
- Accessing existing housing
- New housing production
- Providing comprehensive wrap around services
- Ensuring access to benefits and income supports
- Prevention

6. Develop regional lists of homeless veterans in partnership with CoCs, Regional Networks to End Homelessness, and city and town Veteran's Services Officers (VSO's) in order to prioritize resources and support services, to track progress and outcomes for specific individuals, and to understand the scope of veterans who are newly homeless and accessing systems of care.

7. Launch a demonstration project in Year 1 of this plan to test the feasibility of conversion strategies that allow providers to utilize existing veteran's emergency and transitional housing resources for permanent housing and community-based supports.

8. Improve research and data to better inform policy and target resources.

## Background/Introduction

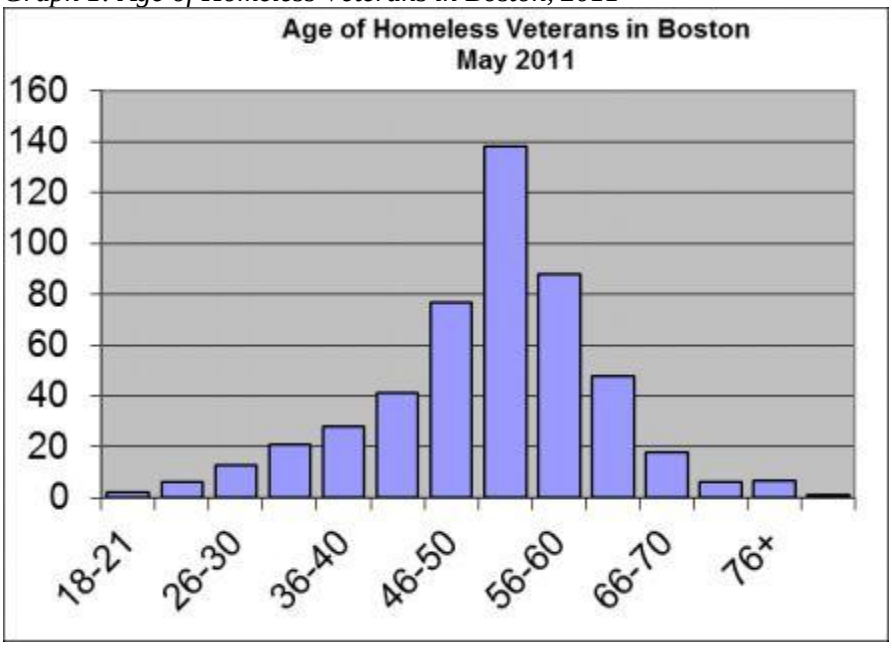
In December 2011, the Patrick Administration charged the Interagency Council on Housing and Homelessness (ICHH) and the Massachusetts Department of Veterans' Services (DVS) with drafting the first statewide plan to prevent and end homelessness among veterans. This action built upon several significant activities in recent years that had fostered emerging partnerships, setting the stage for a new way of approaching the challenge of ending veterans' homelessness in a targeted and collaborative fashion.

First, the VA released its 5-year plan to end homelessness in 2009, which challenged us to identify priorities and contribute to the national effort. Shortly, thereafter the USICH released *Opening Doors*, which provided detailed models of strategic partnerships between the VA and other federal agencies. In January of 2011, the newly appointed Secretary of DVS announced that ending homelessness among veterans would be a top priority for his agency. Later that year, the VA and the U.S. Department of Housing and Urban Development (HUD) hosted a conference on ending veterans' homelessness, which brought together a diverse group of stakeholders from every region of the Commonwealth.

The Steering Committee initially reviewed several key data sources to obtain a baseline understanding of the economic and demographic characteristics of the population of veterans who are homeless or at-risk. Using data sources from HUD, VA, DVS, City of Boston, and the Massachusetts Housing and Shelter Alliance (MHSA), the Steering Committee agreed that the Point In Time Count represented the best current estimate of the scale of homelessness among veterans. This data is imperfect and the plan will outline a process for improving data across systems. However, the plan relies on the PIT count for the purpose of setting targets and measuring progress over time. The other sources are utilized to provide additional context.

In sum, the 2011 Point In Time Count found 1,268 homeless veterans, which was down from 1,597 in 2010 and 1,890 in 2009. Thus, 7.6% of the homeless population is comprised of veterans, which is a lower percentage than the national rate of 14%. Home and Healthy for Good data from MHSA found that the average age of a homeless veteran served in their program was 51, which is similar to what the City of Boston found. Graph 1 below shows the age distribution for homeless veterans in the City of Boston's Continuum of Care.

*Graph 1: Age of Homeless Veterans in Boston, 2011*




The population is overwhelmingly male, with female veterans representing 3% of the population located in Boston, and less than 1% of those served by Home and Healthy for Good. National statistics support this estimation with females representing approximately 4% of all homeless veterans across the country. However, female veterans are at particular risk of homelessness, and are twice as likely as female non-veterans to become homeless. That risk increases among those who are poor. Female veterans in poverty are more than three times as likely to become homeless than female non-veterans in poverty. Being in a family household lowers the risk of homelessness for female veterans, with their risk factor equal to that of the non-veteran female population.

The City of Boston also found that 35% of homeless veterans were classified as chronically homeless under HUD's definition. We also estimate that a high percentage of homeless veterans in Massachusetts have disabilities. Indications are that physical, mental illness, substance abuse, and chronic health conditions are the most common. Boston found that 82% of homeless veterans reported having a disabling condition of some kind. National statistics support this finding, with homeless veterans being more likely to have a disability than homeless adults who are not veterans.

We are learning more about the risks veterans are facing to their housing stability as more are returning home from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) /Operation New Dawn, many of whom are quite young. Since 2001, DVS has record of 45,192 service members separating from service to Massachusetts. Nationally, we know that veterans between the ages of 18-30 are overrepresented in the homeless population. We do not yet have clarity on the average time it takes from returning home from service to when a veteran becomes homeless. We must monitor this closely over the course of the plan's implementation to determine whether we are meeting the needs of those younger veterans who served in OEF/OIF.

After review of the available data describing those veterans who are homeless, the Steering Committee determined that this plan should be as inclusive as possible. This plan is designed to address anyone who served in the military regardless of the type of discharge they received. Also, data indicated a need to target the significant subpopulation of chronically homeless veterans. In addition, women are an increasing segment of the homeless veteran population, and their unique needs suggest particular attention. Further, veterans of Operation Enduring Freedom and Operation Iraqi Freedom/Operation New Dawn could potentially be at risk, and thoughtful responses must be enacted in order to prevent them from becoming homeless or rehouse them as quickly as possible.

The timing of this plan is critical in order to leverage federal resources associated with the VA and USICH plans, and to capitalize on lessons coming from other states' efforts. As the data indicates, the number of homeless veterans in Massachusetts is on the decline, but significant challenges to meeting the goal remain. The public and political will exists in the Commonwealth now, so stakeholders must take action to ensure all Massachusetts veterans have a stable place to call home.

## Goals, Strategies and Resources

***Goal 1: Housing. Veterans who become homeless are re-housed and stabilized.***
The solution to veteran's homelessness starts in the same place that all cost effective efforts to end homelessness begin – supporting current at-risk veteran tenancies and rapidly rehousing those that have become homeless. For homeless veterans who need long term assistance, we must marshal permanent supportive housing resources, moving the estimated 450 chronically homeless veterans off the street.[1] To do this we need to triage and provide either 1) rental assistance with supportive services or 2) fund the production of new or rehabilitated housing units linked with supportive services.

Producing new housing units is a very expensive response and must be reserved for individuals with the most serious and long term housing needs. We recommend building upon the current system of triage, so that Veterans Services Officers (VSOs), the VA, homeless service providers, shelter programs, and others can make good, reliable and time sensitive decisions about which veterans need an intervention strategy anchored in a unit versus those that can be accommodated with a mobile Veterans Affairs Supportive Housing (VASH) voucher or other supportive housing resource.

Prior requests for VASH have been very successful for the Commonwealth – over 345 vouchers were secured in the FY 2012 round. However, the ability to use these VASH vouchers through a project-based approach[2] supporting appropriate developments is contingent on special approval. For the effort to be successful, DHCD and the network of homeless veterans housing providers need to obtain approximately 700 vouchers or 350 vouchers per year in VASH rounds. This will require coordination with service providers, current VASH recipients and others. Non-VASH vouchers are also needed for veterans who have less than honorable discharges and are thus ineligible for VASH. They often have significant challenges and need to be housed and stabilized quickly.

To respond to the most vulnerable veterans' long term needs, we recommend developing 250 new permanent supportive housing (PSH) units for chronically homeless veterans over the next three years. Many chronically homeless veterans will need subsidized units for a long period to stay housed. These PSH units, when coupled with appropriate services can provide a permanent resource and opportunity for a chronically homeless veteran to maintain housing

[1] "Permanent supportive housing" means decent, safe, and affordable community-based housing that provides tenants with the rights of tenancy under State and local landlord tenant laws and is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences. This definition was put forward by the federal Substance Abuse and Mental Health Administration (SAMHSA) and is commonly accepted. This definition was adopted for Massachusetts' Community Housing and Services Memorandum of Understanding.

[2] A Section 8 Housing Choice Voucher entitles the holder to make a rent payment that is adjusted to reflect no more than approximately 30% of their household income, subject to verification and annual re-certification. This voucher is mobile and can be used to pay rent for any eligible rental unit. The "project-basing" approach means that a Section 8 Housing Choice Voucher is attached to a specific unit of housing, providing the rental assistance to the occupant of a specific housing unit. This process is frequently deployed with non-VASH vouchers to create permanent affordability and enhance the strength of a project's financing.

stability over the long-term.

To do this, we recommend that DHCD further prioritize housing for homeless veterans in two ways. The first approach is through the current homeless housing priority. Homeless projects can currently be proposed regardless of whether there is a DHCD rental round underway. To encourage proposals targeted to homeless veterans, DHCD can prioritize and highlight this preference within the out-of round homeless guideline in the 2013 Qualified Allocation Plan (QAP). The second approach would be to include a specific veteran-focused incentive in the extremely low income (ELI) category for the updated pre-approval process categories in the 2013 QAP. Even with a focus on cost discipline in selecting projects, the costs of developing these units will be high. Developers proposing to DHCD will need the full suite of resources including tax credits, bond funded resources and rental assistance vouchers from DHCD to fund the development of hard units for veterans. To fight these high costs, DHCD will need both cost discipline from development interests (for example, selecting smart, lower cost adaptive re-use or preservation projects) and additional non-DHCD rental assistance resources.

To support these costs for the projects that truly need the deepest level of support, we recommend that up to 100 VASH and 25 non-VASH rental assistance vouchers be dedicated to the development of these 250 hard units. Non-VASH vouchers may be needed to house chronically homeless veterans who have less than an honorable discharge and thus ineligible for assistance through the VA. With the priority in the out-of-round and in rental round selection process, cost discipline among the developers, and some rental assistance resources, we believe that development interests can answer the call and provide up to 250 units of housing dedicated to chronically homeless veterans. The development of these units aligns with the Commonwealth's goal to create 1,000 units of permanent supportive housing by 2015.[3]

***Goal 2: Prevention. Veterans most at-risk of homelessness remain housed.***

To effectively prevent future homelessness among veterans, we must identify and prioritize at-risk households for assistance that will help them stabilize. At the local level, partners must share information, referrals, and create a "no wrong door" approach. Collaboration, communication, and targeted resource allocation will be crucial to achieving this goal. In fact, Massachusetts offers a unique and powerful platform for universal homelessness prevention among low-income veterans. The Legislature authorized a state benefit during the Civil War, known as "Chapter 115", that provides financial support for basic needs to veterans and their dependents. Each city or town in the Commonwealth appoints or shares a Veteran Service Officer (VSO) to administer Chapter 115 benefits. VSOs utilize Chapter 115 benefits to stabilize and support eligible veterans every day and increasing access to this system of support is a priority strategy.

Another critical prevention resource, Supportive Services for Veteran Families (SSVF), is contracted to service providers through the VA. SSVF is a limited resource, unlike Chapter 115 benefits, and thus recipients must be well-targeted in order to achieve the most impact. To this end, the VA recently released a targeting tool to prioritize households most at-risk of homelessness for SSVF. The SSVF program also offers case management to help households stabilize.

However, Chapter 115 benefits and SSVF resources alone will not end homelessness among veterans. Some veterans are ineligible or need more support than these resources can offer. In

[3] http://www.malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter58

other cases, veterans do not know they are eligible or do not reach out for help in time. Mainstream systems will need support and training on how to screen for veteran status and make appropriate referrals. The "no wrong door" approach may be further facilitated through electronic resource databases such as massvetsadvisor.org, launched in spring 2012 to help connect veterans to resources no matter where they first seek help. Regional Networks and/or Continua of Care will be instrumental in facilitating communication and convening partners to create a system for identifying and serving at-risk veterans.

HUD's Emergency Solutions Grant (ESG) is distributed locally and through DHCD, and is designed to identify sheltered and unsheltered homeless persons, as well as those at risk of homelessness. It provides the services necessary to help them regain stability in permanent housing after experiencing a housing crisis or homeless episode. All ESG recipients – including State ESG recipients – coordinate with CoCs in their geographic area in preparing both their homelessness strategy and plan for allocation of resources to address the needs of homeless individuals and families and persons at risk of homelessness. HUD highly encourages ESG grantees and CoCs to develop a working partnership with the local VSOs to identify and prioritize homeless and at-risk veterans for funding.

Public Housing Authorities (PHAs) can also be a critical partner in efforts to prevent homelessness among veterans, but more information and collaboration is necessary. Currently, state-aided public housing has a preference in place for veterans, and homeless veterans have an even higher preference. Thus, there is a basis for housing authorities to identify ways to support this population. However, housing authorities commonly face challenges in providing services to those housed in their units because of limited funding and staff resources. A key strategy to overcome these challenges is to connect housing authorities with their local Veterans' Service Officer. A clearly defined protocol that outlines how the VSO and housing authority will work together can improve access to Ch. 115 and other resources for veterans in public housing. Further, housing authorities can serve as an early warning system, identifying veterans who fall behind on rent or exhibit other indicators of some instability. Those veterans, in particular should be referred to Veterans' Service Officers for assistance prior to eviction in an attempt to resolve crises and maintain stability in public housing. This model would build off successful examples implemented for other at-risk populations in public housing.

Philanthropic funding is also a key resource that can supplement homelessness prevention efforts. Oftentimes, these resources are more flexible and can be leveraged in a way to fill service gaps and maximize efficiency of other resources.

***Goal 3: Intervention. Homeless veterans have increased access to housing, benefits and other resources.***

Homeless veterans do not always disclose their veteran status. Some may leave service with desire to disconnect from the military or VA, some are discharged with less than honorable status, and others are ashamed of their difficulties after discharge and do not wish to ask for help from entities associated with the military. Furthermore, individuals living outside, including unsheltered veterans, are often distrustful of shelters, service programs, or the VA due to past experiences and trauma. For all these reasons, engaging and connecting some homeless veterans to benefits poses substantial challenges. One key strategy for benefit maximization has been to advocate for discharge status upgrades among veterans with less than honorable discharges. In addition, local and national efforts provide evidence that peer-to-peer engagement among veterans in the community is highly effective.

In 2011, DVS launched the Statewide Housing and Advocacy for Reintegration and Prevention (SHARP) teams that utilize peers to identify homeless veterans, connect them with resources,

and stabilize them in housing. These teams are funded through the VA and provide additional peer support to identify and stabilize veterans housed with VASH vouchers. There is broad consensus that peer-to-peer engagement teams like SHARP are critical to reaching veterans on the street and in the community.

Engagement strategies must cast a wide net to reach the most vulnerable homeless veterans in our community. Examples of these sites include soup kitchens, food banks, VA clinics in the community, emergency shelters, drop-in centers, emergency rooms, and other locations where veterans gather. Outreach approaches could include targeted public service announcements, training for first-responders and non-veteran service agencies, or hosting an open house with the local Veteran Service Officer.

Last, housing and service resources must match needs of homeless veterans, particularly those who are ineligible or choose not to engage with the VA and other providers. Since permanent supportive housing resources are scarce, targeting tools like vulnerability indices are useful to prioritize individuals most in need. Within the housing-first service delivery paradigm, chronically homeless individuals enter low-threshold housing[4] without additional conditions such as sobriety. Once housed, tenants are required to comply with their lease agreement and supports are offered to help them remain in housing. To reach the ultimate goal of ending homelessness, these low-threshold housing options must be available to the most vulnerable chronically homeless veterans, including those who do not qualify for VA or state benefits.

***Goal 4: Partnerships. Federal, state, and community resources are aligned and integrated to support veterans.***

None of the strategies contained in this plan will be effectively implemented without strong, strategic partnerships. Thus, the development of appropriate and effective partnerships across multiple sectors warrants its own attention. Continua of Care and Regional Networks to End Homelessness are well-positioned to provide the framework and context for more targeted and purposeful collaborations among relevant stakeholders. The ICHH and HUD should partner with each Regional Network and Continuum of Care to establish working groups on ending veteran homelessness for the purpose of implementing regionalized strategies associated with each of the goals outlined in this plan. Under the HEARTH Act, CoCs are now required to create a subcommittee to address veterans' homelessness. The Steering Committee will also provide technical assistance to regional working groups and CoCs by sharing best practices and ensuring participation from federal and state agencies.

The VA has also begun contracting with DVS in order to develop the capacity of communities to serve veterans where they live. The Steering Committee will look to additional opportunities to expand this model with DVS and community-based agencies. The potential benefit is expedited service delivery and a leverage of local expertise.

A commonly cited challenge by service providers working with homeless and at-risk veterans is that information about resources and programming is unclear and systems are difficult to

[4] Low-threshold housing is defined as a paradigm shift in service delivery related to permanent supportive housing where tenancy is not conditioned upon accepting services or compliance to program rules, case plans or program objectives but rather upon the ordinary and regular expectations associated with tenancy. Services in this model are focused on assisting the tenant with all that is necessary for sustaining his or her tenancy and emphasize the engagement and choice of the tenant. (MHSA, 2008)

navigate from the outside. In 2012 DVS began to respond to this challenge by launching www.massvetsadvisor.org to help organize information about resources and benefits for veterans. However, more can be done. Joint interagency and cross-sector trainings focused on key challenges can provide an opportunity to eliminate siloes and improve veterans' access to assistance.

## Action Plan

| Goal 1- HOUSING: Veterans who become homeless are re-housed and stabilized. | | | |
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| ***Strategy*** | ***Action Plan*** | ***Agencies Involved*** | ***Target Date*** |
| *A. End the homelessness of 450 chronically homeless veterans.*<br><br>***Target:*** *Reduce chronic homeless veteran count from 450 to 0 in 3 years (currently determined through estimates, needs data improvement)*<br>***Baseline:*** *Estimated 450 chronically homeless veterans in 2012.* | **1. Maximize utilization of new HUD VASH Vouchers:**<br>- Engage a coordinated strategy to ensure Massachusetts receives a total of 700 HUD VASH vouchers over the next 2 years (2013 and 2014). | HUD*, VA*, DHCD | 350 vouchers in 2013; 350 vouchers in 2014 |
| | **2. Produce 250 new permanent supportive housing units targeted to chronically homeless veterans**:<br>- Encourage submission of permanent supportive housing projects for chronically homeless veterans to DHCD. Highlight in 2013 QAP that DHCD currently prioritizes homeless veterans housing projects and they can be proposed outside of the usual DHCD funding rounds.<br>- Include a specific veteran focused incentive in the extremely low income (ELI) category for the updated pre-approval process categories in the 2013 QAP.<br>- At least 100 of these new units will be supported through project-based HUD VASH vouchers.<br>- Reserve at least 25 of these new units for chronically homeless veterans not eligible for VA services | DHCD* | 2013 - 2015 |
| | **3. Identify and assess chronically homeless veterans and target housing and wrap around services accordingly**:<br>- Develop method to ensure that the most vulnerable chronically homeless veterans across the state are prioritized for VASH or other permanent supportive housing.<br>- Establish Coordinated Assessment through CoCs that includes a standardized assessment tool/vulnerability index.<br>- Target 150 HUD VASH vouchers to access existing housing for chronically homeless veterans. | MHSA*, VA*, DHCD*, HUD*, DVS, CoCs, philanthropy | 2013 – 2015 |

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| | - Target 50 subsidies through DHCD initiatives to access existing housing for chronically homeless veterans not eligible for VA resources.<br>- Leverage Home and Healthy for Good to create supportive housing units for chronically homeless veterans who are ineligible for VASH. | | |
| | **4. Use HUD VASH, Grant and Per Diem (GPD), and non-HUD VASH rental assistance to leverage wrap around services that help support the tenancies of VA eligible and non-VA eligible chronically homeless veterans**:<br>- Implement the "transition-in-place" model and other strategies to support conversion from transitional housing to permanent supportive housing. | ICHH*, MHSA*, DVS*, VA, GPD providers, CoCs | 2014 |
| | **5. Expand housing access**:<br>- Implement strategies to attract landlords, realtors, and property managers willing to rent to chronically homeless veterans.<br>- DHCD will reiterate the veteran preference in state-aided public housing to all Housing Authorities.<br>- Expand housing search capacity. | DHCD*, DVS, HUD, VA, CoCs | 2013 |
| *B. Rapidly rehouse all nonchronically homeless veterans*<br><br>***Target**: Reduce total Point In Time Count by 1,000 in 3 years*<br>***Baseline**: In January 2011, Point In Time Count included 1,268 homeless total veterans, of whom approximately 800 were non-chronically homeless veterans.* | **1. Enhance capacity to rapidly identify and re-house non-chronic and newly homeless veterans:**<br>- Identify and build on an existing triage models to rapidly identify appropriate housing for homeless veterans.<br>- Engage regional partnerships between VSOs, Housing Authorities, Regional Housing Agencies, Regional Homeless Networks and Continua of Care.<br>- Rapidly identify homeless veterans through the development of long-term stayers lists and other strategies, and fast track them into permanent housing options and wrap around services.<br>- Develop "in-reach" strategies to re-house homeless veterans using Ch. 115 benefits, ESG and SSVF by partnering VSOs and other providers with mainstream and veteran shelters, as well as street outreach teams.<br>- Target up to 450 HUD VASH vouchers to rapidly rehouse homeless veterans, particularly those with a disability, who are not | MHSA*, DHCD, DVS, VA, SSVF providers, VSOs, CoCs | 2013 - 2015 |

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| | chronically homeless. | | |
| | **2. Use HUD VASH, Grant and Per Diem (GPD), and non-HUD VASH rental assistance to leverage wrap around services that help support the tenancies of VA eligible and non-VA eligible homeless veterans**:<br>- Implement the "transition-in-place" strategy model and other strategies to support conversion from transitional housing to permanent supportive housing. | VA, SSVF grantees, DVS, VA GPD providers, philanthropy | 2013 - 2014 |
| | **5. Expand housing access**:<br>- Implement strategies to attract landlords, realtors, and property managers willing to rent to homeless veterans.<br>- DHCD will reiterate the veteran preference in state-aided public housing to all Housing Authorities.<br>- Expand housing search capacity. | DHCD*, DVS, HUD, VA | 2013 - 2014 |
| **Goal 2 - PREVENTION: Veterans most at-risk of homelessness remain housed.** | | | |
| ***Strategy*** | ***Action Plan*** | ***Agencies Involved*** | ***Target Date*** |
| *A. Match veterans most at-risk of losing their housing with prevention resources, mainstream benefits, and treatment to stabilize their tenancies*<br><br>***Target**: Increase number of veterans receiving Chapter 115 benefits at least 25% by 2015.*<br>***Baseline**: 8,515 veterans received Chapter 115 benefits in January 2012.*<br><br>***Target**: Increase number of veterans receiving VA healthcare by 5,000 per year.* | **1. Maximize use of Chapter 115 benefits**:<br>- Improve ability to track housing outcomes for Ch. 115 recipients who are at-risk of homelessness. | DVS*, VSOs | 2013-2015 |
| | **2. Enhance coordination and targeting of Supportive Services for Veteran Families (SSVF) Program**:<br>- Implement SSVF targeting tool to prioritize veteran households most at-risk of homelessness for assistance.<br>- Improve ability to track housing outcomes for SSVF recipients across MA. | VA*, SSVF grantees, TAC | 2013 – 2014 |
| | **3. Enhance screening for veteran status and referral to specialized services through CoC-sponsored coordinated assessment.** | HUD*, CoCs | 2013 – 2014 |

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| ***Baseline**: 80,318 veterans received VA healthcare in MA in March 2012.* | | | |
| *B. Partner with Housing Authorities to Prevent Evictions of veterans*<br><br>***Target**: Decrease the number of veterans evicted from Local Housing Authorities*<br>***Baseline**: Determined by each Local Housing Authorities* | **1. Coordinate initiatives to connect housing authorities with their local Veterans' Service Officer, DVS peer to peer program, and other community based resources to prevent eviction:**<br>- Establish protocol for Housing Authorities to collaborate with VSOs and DVS to reduce evictions by improving access to Ch. 115 and other benefits. | DHCD*, DVS, ICHH, VA, VSOs, philanthropy | 2013 |
| | **2. DVS and VA provide veterans' resource and awareness training to Housing Authority staff:**<br>- Train Local Housing Authorities to proactively identify at-risk veterans in their units and make appropriate referrals. | DVS*, VA*, DHCD | 2013 |
| **Goal 3 – INTERVENTION: Homeless veterans have increased access to housing, benefits and other resources.** | | | |
| ***Strategy*** | ***Action Plan*** | ***Agencies Involved*** | ***Target Date*** |
| *A. Utilize low-threshold outreach and housing programs to connect underserved homeless veterans with benefits*<br><br>***Target**: Increase number of homeless veterans engaged by SHARP, Safe Havens, and street outreach teams*<br>***Baseline**: 50-60 veterans have been served via the SHARP outreach program in the first year.* | **1. Implement initiatives to help more homeless veterans successfully upgrade their discharge status to help them qualify for VA and DVS benefits and services:**<br>- Track and increase number of discharges upgraded. | VA*, DVS* | 2013 |
| | **2. Expand peer to peer outreach and engagement, including developing models that do in-reach to homeless veterans.** | DVS*, CoCs | 2013 - 2014 |
| | **3. Expand community capacity to serve veterans in the communities where they live by:**<br>- Expand contracting of VA resources to qualified community based organizations<br>- Develop "no-wrong door" protocols in communities to rapidly identify and refer veterans to appropriate resources. | VA*, DVS, CoCs | 2013 - 2014 |
| | **4. Use chronic homeless lists and targeting tools such as vulnerability indices to identify the most vulnerable homeless veterans and prioritize them for very low threshold housing with wrap-around services to stabilize and maintain housing:**<br>- Increase the number of CoCs that compile lists of chronic | MHSA*, CoC, HUD | 2013 |

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| | homeless veterans in their region.<br>- Track and increase the number of homeless veterans assessed through a vulnerability index. | | |
| | **5. Identify opportunities to include homeless veterans in current and future initiatives regarding employment, training, and workforce development targeting Massachusetts veterans.** | ICHH*, DVS*, VA* | 2014 |
| **Goal 4 – PARTNERSHIP: Federal, state, and community resources are aligned and integrated to support homeless veterans** | | | |
| ***Strategy*** | ***Action Plan*** | ***Agencies Involved*** | ***Target Date*** |
| *A. Identify partnership opportunities for efficiencies*<br><br>***Target**: All 10 Regional Networks to End Homelessness develop active working groups on veterans and report regularly to ICHH on strategies, progress and challenges.*<br><br>***Target**: All CoCs have participation from local veteran's shelters and housing providers funded by VA and DVS in Point in Time Count, Housing Inventory Chart, lists of chronically homeless veterans and other ongoing CoC efforts.* | **1. Ensure the engagement of regional federal agency leadership to support the goals of Massachusetts Plan to Prevent and End Homelessness among Veterans through coordination with the New England Regional Federal Interagency Council on Homelessness.** | HUD*, VA*, ICHH | 2013 |
| | **2. Partner with each Regional Network to End Homelessness to establish working groups on ending veteran homelessness for the purpose of implementing regionalized strategies associated with each of the goals outlined in this plan.** | ICHH*, CoCs | 2013 |
| | **3. Provide technical assistance to regional veterans' working groups and CoCs, coordinated through the Steering Committee, by sharing best practices and ensuring participation from federal and state agencies.** | HUD*, ICHH*, Steering Committee | 2013 - 2015 |
| | **4. Identify and help implement initiatives to expand community capacity to serve veterans, including participation in local planning to prevent and end homelessness, and contracting opportunities for qualified community based organizations.** | VA*, DVS*, HUD, CoCs | 2014 |
| | **5. Identify opportunities to continue to engage and build engagement with statewide stakeholders organizations such as the Massachusetts Chapter of the National Association of Housing and Redevelopment Officials (MA NAHRO), the Regional Housing Network of MA, Massachusetts Housing and Shelter Alliance (MHSA), private philanthropies, the MA Veterans Services Officers Association, etc. to help implement plan strategies.** | Steering Committee | 2013 – 2015 |
| *B. Cross-train front-line staff across silos and sectors* | **1. Enhance the capacity of organizations serving veterans to connect VA eligible and non-VA eligible veterans to housing,** | MHSA*, TAC*, VA, DVS, DHCD | 2013 – 2015 |

| | | | |
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| ***Target**: Increase knowledge and capacity among service providers and community partners as evidenced by preand post-training assessments.* | **mainstream and veteran benefits, and employment to help move them on a trajectory to permanent housing.**<br>- Increase front-line capacity through cross-training on priority topics such as upgrading discharges, low-threshold housing models, and maximizing state and federal benefits. | ICHH | |
| | **2. Enhance awareness and capacity among community partners, such as first-responders, food pantry and food stamp workers, housing authorities, emergency shelters, among others to improve screening and referrals (part of "no wrong door" protocol implementation).** | VA*, DVS*, ICHH, MHSA | 2014 |

## Implementation and Assessment

The Massachusetts Plan to Prevent and End Homelessness among Veterans is designed for implementation over the course of a three year period – 2013-2015. Thus, implementation must begin immediately and be carried out with urgency. In order to achieve the goals set forth in the plan, the Steering Committee recommends a basic implementation structure that will provide oversight and accountability as well as a framework for engaging multiple stakeholders in carrying out specific strategies.

The Steering Committee will remain active throughout the plan's implementation, and will serve as the oversight committee to ensure progress against goals. Additionally, this committee will be responsible for ensuring appropriate stakeholders from all relevant sectors are engaged in implementation. It will also serve as the body to report on overall progress to the Governor, Lt. Governor, and legislature annually. The Steering Committee should work closely with the Interagency Council on Housing and Homelessness to assist in coordinating resources. The Steering Committee will meet at least quarterly to review progress, identify challenges and barriers, and highlight emerging best practices.

The first order of business for the Steering Committee will be to establish Working Groups related to each of the four primary goals contained in the plan. The Steering Committee will identify lead parties responsible for chairing each Working Group, and will charge each with engaging a diverse stakeholder group. Each Working Group should identify the parties necessary for implementing the strategies named herein. The Working Groups will report on their progress and make recommendations to the Steering Committee quarterly. The Steering Committee will provide guidance, resources, and technical assistance as necessary to ensure each Working Group's success.

The Steering Committee has also recognized that some current funding streams are designed to pay community-based partners to have their emergency and transitional beds filled with homeless veterans. To reduce reliance on shelter and expand permanent housing opportunities, we need to examine how the agencies that work with our homeless veterans are funded and reward programs that move veterans out of homelessness and support them in independent living to reduce the possibility of recidivism. As such, the Steering Committee will launch a demonstration project in Year 1 of this plan to test the feasibility of conversion strategies that allow providers to utilize existing veteran's emergency and transitional housing resources for permanent housing and community-based supports. The Steering Committee will look to the National Center on Homelessness among Veterans as a partner and resource in this particular effort as well as in the full implementation of this plan.

The Steering Committee believes that much of the plan must be coordinated and implemented at the local level where coordination among providers of VA, DVS, DHCD, HUD, and other programs is essential. The Steering Committee and Working Groups will formally bring together the existing efforts of the ICHH Regional Networks, CoCs, VSOs and community-based providers to more effectively end veterans'formally bring together the existing efforts of the ICHH Regional Networks, CoCs, VSOs and community-based providers to more effectively end veterans' homelessness as outlined in the Partnership section of this plan.

The Steering Committee strongly encourages CoCs to play a lead role in each of the Working Groups to effectively carry out the plan's goals. In addition, the Steering

Committee expects that each CoC is working to develop or strengthen their local subcommittee on veterans. A highly functioning veterans subcommittee within each CoC will increase their competitiveness under the requirements of the HEARTH Act[5] as well as placing the CoCs in a desirable position to receive funding from DHCD, DVS, and HUD. For example, funding awards for veterans' supported housing and services will prioritize CoCs that demonstrate they have a formal working veterans' subcommittee that meets the criteria of the plan.

This enhanced CoC participation fits into the priorities and requirements of continued funding under the HEARTH Act. A formal committee structure will include an organizational chart that outlines all of the required strategies of the plan and an inventory of the agencies and persons responsible for coordination with the CoCs. A formal agreement includes specific policies and procedures for coordination among providers of homeless outreach services, emergency shelter, essential services, homelessness prevention and rapid rehousing assistance, transitional and PSH homeless assistance, and mainstream services and housing providers. Such CoC subcommittees will be responsible for identifying homeless and at-risk veterans, maintaining an HMIS database, and developing written standards to determine the type and amount of resources required to stabilize and house local veterans based on a vulnerability index. The Steering Committee will specifically work with each CoC to establish a list of homeless veterans in their community in order to prioritize rehousing and support services. This step is critical to track progress and outcomes for specific individuals, as well as to understand the scope of veterans becoming newly homeless and accessing systems of care.

In addition to Working Groups focused on each of the four primary goals of this plan, the Steering Committee will launch a Data Committee to set a course for improving data across systems. Data quality and accessibility was identified as a core barrier in the planning process. In order for the Steering Committee and its partners to understand the effectiveness of implementation it is essential that data challenges are ameliorated. The Data Committee will have responsibility for improving data associated with all four goals, and must partner closely with the goal-focused working groups. The Data Committee will report on its progress and make recommendations to the Steering Committee quarterly.

Data on homeless veterans come from multiple sources, making it difficult to create a single report on homeless veterans in the Commonwealth. This section outlines data sources explored in the development of this Plan, limitations of the data, and improvement goals.

The VA currently uses CHALENG to capture and report on homeless veterans who use VA services. However, the VA serves a subset of all veterans in the Commonwealth and, likewise, a subset of homeless veterans. Many homeless veterans are ineligible for VA services or prefer not to be connected to the VA, making CHALENG an incomplete data source. The VA is in process of adopting HUD's Homeless Management Information System (HMIS) data standards to track homeless veterans, but currently captures data in a distinct format.

Mainstream homeless shelters that receive HUD funding are required to utilize HMIS for client information and to participate in the Point in Time count in January. Unfortunately, HMIS data is sent directly to HUD and the MA Department of Housing and Community

[5] For additional information and background on the HEARTH Act see: http://www.hudhre.info/hearth/.

Development (DHCD) does not have access to every community's HMIS data. Further, data quality for critical fields such as exit information, veteran status or chronic homelessness is often incomplete. In addition, shelters funded by the MA Department of Veteran Services (DVS) have not historically participated in HMIS, though DVS plans to require HMIS participation. For these reasons, the Point in Time count remains the most reliable snapshot of veteran homelessness across the state that can be used to compare from one year to the next.

However, some local communities have made significant strides understanding their homeless veteran population through HMIS. Boston's Continuum of Care spent several years improving data on homeless veterans and in 2011 their data was accepted to be included in the Veteran Annual Homeless Assessment Report (AHAR). Boston's ability to report on their homeless veteran population has helped us create a statewide estimate of the number of chronically homeless veterans.

In addition to the indicators we will track as part of this Plan, we have several data improvement goals. First, we aim to improve the accuracy of our statewide count of homeless veterans and chronically homeless veterans. Second, we strive to be able to describe homeless veterans across the Commonwealth by aggregating data from every community. To this end, the MA Department of Veterans' Services will start to require participation in HMIS in contracts from its homeless service providers. DHCD is also working to synchronize the majority of HMIS systems statewide. Third, we will work toward gathering baseline data and creating a strategy for tracking progress on additional priority targets such as those proposed in Appendix 1.

# Appendix 1: Additional Recommended Targets

The following targets are proposed in addition to those previously noted above as important measures for future tracking. Statewide baseline data is needed to measure against each proposed target. This list will help guide the work of the Data Committee.

**Target:** Reduce the number of veterans who experience homelessness over the course of one year by 70% by 2015. Data source: Apply methodologies from HUD AHAR to MA data
**Baseline:** In FFY 2011, 1,235 veterans used emergency shelter and 921 veterans used transitional housing in Boston only. Baseline for state unknown.

**Target:** Reduce number of newly homeless veterans in MA. Data source: HMIS, VA data.
**Baseline:** Unknown

**Target:** Reduce average length of stay in shelter to 30 days by 2015. Data source: HMIS
**Baseline:** Unknown for state

**Target:** Reduce time to lease-up for VASH recipients.
**Baseline:** Unknown

**Target:** Demographic and risk-factor characteristics among veterans who receive prevention interventions mirrors characteristics among homeless veterans. This includes % women, average age, average income, history of homelessness, recent institutional discharge, or other risk factors. Data sources: HMIS, Ch. 115 data, VA data, SSFV recipient data.
**Baseline:** Unknown

**Target:** At least 85% housing retention rate for 12 months among formerly chronically homeless veterans who are tenants through VASH, Home and Healthy for Good, or other Permanent Supportive Housing programs.
**Baseline:** As of February 2012, 88% of the 105 veterans enrolled in Home and Healthy for Good retained housing (since the program began). Unknown for other programs.