

# Arizona Action Plan to End Homelessness Among Veterans



Localizing the Federal Plans

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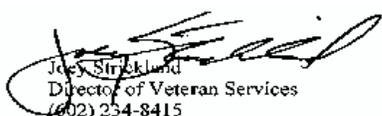
When I came to the Arizona Department of Veterans' Services from Louisiana in June of 2008, I brought with me a new understanding of how quickly one's life can turn based on events beyond our control. Hurricane Katrina resulted in widespread homelessness overnight and as the Director of the Louisiana Department of Veterans' Affairs, I quickly became responsible for addressing the emergency needs of hundreds of homeless veterans and their families. We worked quickly and closely with our federal partners at the U.S. Department of Veterans' Affairs and local, community and faith-based organizations to set up shelters and move veterans and their families back to stable housing. Seeing the men, women and children enduring this tremendous loss reminded me of my own experience with homelessness as a child and how quickly life changed when the Sheriff's Office showed up, unexpectedly, with orders of eviction. It's hard to describe the intense fear of not knowing where you'll sleep each night.

The homelessness crisis created by this single event brought to surface what should have been in the forefront of our collective minds all along; the fact that this crisis has existed for decades with over 100,000 of our nation's heroes battling life on the streets as I write this letter. As a Colonel in the United States Army, I was taught to never leave a soldier behind. As the Director of the Arizona Department of Veterans' Services, I am committed to never leaving a veteran behind and ending homelessness among them in our state and country is among my top priorities.

This is why we immediately created the Homeless Veterans Services Division following U.S. Department of Veterans' Affairs Secretary Eric Shinseki's November 2009 announcement of their 5 Year Plan to Prevent and End Homelessness Among Veterans. We knew the federal VA would not be able to achieve its ambitious goals without the coordinated efforts of our state and local governments and community and faith-based organizations. President Obama echoed this sentiment seven months later in the release of Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness stating "states, local government, nonprofits, faith-based and community organizations, and the private and philanthropic sectors are responsible for some of the best thinking...their work will inform and guide our efforts at the national level."

We invite all stakeholders to join us as we localize federal plans and provide the broad, yet specific direction needed to ensure our collective and limited resources are aligned for the maximum impact on ending homelessness among veterans in Arizona. It is most important that we work together, in the same direction, and this living plan provides a targeted framework for this to occur.

Thank you for your service to our nation's heroes who deserve nothing less than a safe place to call home.

  
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# Executive Summary

The Arizona Department of Veterans' Services has developed the Arizona Action Plan to End Homelessness Among Veterans to outline a set of Goals, Strategies, and Objectives to guide stakeholders in critical activities related to veteran homelessness over the next five years. The Arizona Department of Veterans' Services is committed to successfully ending homelessness among veterans in Arizona and establishing a replicable, national model for use by the U.S. Department of Veterans Affairs, State Departments of Veterans Affairs and other interested parties. The plan reflects the input of a broad group of community stakeholders, each of who have a critical role and responsibility in the successful implementation of the Plan.

In November 2009, Secretary of the U.S. Department of Veterans Affairs, General Eric K. Shinseki presented his framework for the VA's five-year plan to end homelessness among veterans. He made it clear it was up to each state to carry out the plan, "Your local initiatives are crucial," Shinseki said. "That's where the creative fires are built, stoked, and bellowed".<sup>1</sup> In December 2009, Director of the Arizona Department of Veterans' Services, Col. Joey Strickland, quickly heeded the call by creating the Homeless Veterans Services Division, the first of its kind and dedicated to the eradication of homelessness among veterans in Arizona.

The Arizona Department of Veterans' Services held two Statewide Summits of key stakeholders in February and June of 2010, the U.S. Interagency Council on Homelessness released its highly anticipated Federal Plan entitled Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. One of the four key goals of Opening Doors is to prevent and end homelessness among veterans within in five years. Additional State and National Summits took place in September and December 2010, respectively and three Regional Summits were held in February 2011 in Northern, Central and Southern Arizona all to inform Federal, State and Local plan development.

It is clear that the beginning of the end of homelessness among veterans is found by solving the visible side of this issue; by providing housing and wrap around services to those who are traditionally the "hardest to serve," have been on the streets the longest and are generally referred to as chronically homeless veterans. The midpoint to solving this crisis is to right size the capacity of the temporary help system in terms of both scale and efficiency to ensure adequate resources at their highest yield for veterans who experience episodic homelessness. The end entails complete integration of veteran-specific and mainstream resources that quickly identify and connect veterans and their families to flexible resources that prevent homelessness in the first place. It is in this spirit that the Goals, Strategies and Objectives are laid out in the Action Plan.

While the core Goals required ending homelessness among veterans are relatively static, the Strategies and Objectives are very much alive with new innovations occurring across the Nation on a near daily basis. It is thus, that this document is best viewed as a "living" document, subject to modify and adapt continuously, in writing and in implementation, to maximize success and efficacy.

The Action Plan outlines 3 key Goals, 5 Strategies and 16 Objectives to effectively end homelessness among veterans in Arizona. The Goals, Strategies, and Objectives are presented below:

**Goal 1: End Chronic Homelessness Among Veterans (Focus Years 1-3)**

Strategy 1: Target and Prioritize HUD VASH and Other Permanent Supportive Housing to Chronically Homeless Veterans Using “Housing First” Model

Objective A: Adopt a multi-layered assessment system to identify the most vulnerable and chronically homeless veterans

Objective B: Fund “Bridge Housing” for immediate placement for the most vulnerable

Objective C: Develop robust “navigation” services in communities

Objective D: Consolidate public assistance programs (VASH, HPRP, Section 8)

Objective E: Target 20% of all PSH developments towards veterans

**Goal 2: Increase Capacity of the Temporary Help System (Focus Years 2-4)**

Strategy 2: Increase the Scale of the Existing System and Housing Stock

Objective F: Increase homeless provider capacity through periodic training and technical assistance around VA GDP and other assistance programs

Objective G: Identify overall demand and by sub-population to establish development targets by community

Objective H: Target GDP development to specific high barrier populations

Objective I: Pilot “Transition in Place” model for veterans

Strategy 3: Increase the Efficiency of the Existing System and Housing Stock

Objective J: Increase speed and access to entitlement income

Objective K: Increase opportunities for competitive employment and supportive employment (Title V, Compensated Work Therapy, etc)

Objective L: Increase speed and access to affordable housing through preferences and set-asides

### **Goal 3: Prevent Homelessness Among Veterans (Focus Years 3-5)**

#### **Strategy 4: Interconnect and Coordinate Mainstream and Community-Based Systems**

**Objective M: Ensure mainstream and community-based resources identify veterans' status and connect them to additional veteran resources**

**Objective N: Connect transition Guard/Reserves/Active Duty and recently separated veterans to targeted employment educational opportunities and support services**

#### **Strategy 5: Increase Affordable Housing Stock**

**Objective O: Work with Public Housing Authorities and other housing agencies to create veterans' preferences within public housing subsidy programs**

**Objective P: Collaborate with the Arizona Department of Housing, affordable housing developers, and veteran service providers to target the development of affordable housing to veterans**

# The Veteran Culture

As a diverse society we have become accustomed to and continue to embrace everyday interaction with people from various cultural backgrounds. The self-education, formal training and interaction one may go through to become increasingly competent is often limited to culture, race and ethnicity and thus, the culture developed through one's particular profession is often overlooked. When joining one of the five branches of the United States' Military, an individual's life and cultural norms adapt and change to that of Military life; a change that often carries with the veteran throughout their life. Understanding the military and veteran culture can be a powerful tool to enhancing programmatic outcomes and success in ending homelessness among veterans.

The first main challenge facing organizations in understanding veteran culture is simply identifying veteran status. Since veterans represent just 8% of the civilian population, many organizations simply do not ask in the course of everyday business, regardless of the fact that veterans represent 15.9% of the overall homeless population and 21% of the street-living population in Arizona.<sup>2</sup> Often organizations recognize the importance of identification, yet ask the question in a non-inclusive way such as "Are you a veteran?" While seemingly straightforward, some individuals who served in the military do not identify as a "veteran." This most commonly occurs among female veterans due to male connotations to the word, yet can also occur among males that did not serve in a combat zone. The most inclusive way to ascertain veteran status is to ask, **"Have you ever served in any of the five branches of the United States Armed Forces?"**

The second primary challenge is in knowing what to do once a veteran is identified. The National Resource Directory for Homeless Veterans is a great starting point for any organization and can be accessed by provider or participant at [www.nationalresourcedirectory.gov](http://www.nationalresourcedirectory.gov) or toll free at **(877) 4AID-VET (424-3838)**. The Directory was founded by the Department of Veterans Affairs and is staffed 24 hours a day, 7 days a week by trained VA staff members. The hot-line connects homeless and at-risk veterans and their families to local VA Social Workers and community-based resources.

The final challenge is developing veteran cohorts or specific environments that can accelerate success through reigniting unit cohesion from military culture and natural camaraderie among veterans due to shared experience. It is important to note that veterans are highly productive and mission-driven. They carry lower unemployment, stay on jobs longer and switch careers less often than their civilian counterparts, homeless unaccepted. Veteran-specific environments encourage success not when veterans are grouped together to be "given" more, rather when it is done to "expect" more.

There are several government, private, and non-profit organizations in the State of Arizona who provide educational training throughout the year that individuals and organizations can access to increase their knowledge and skills in understanding veteran culture.



The Arizona Coalition to End Homelessness (AZCEH) is a non-profit advocacy and education organization with strong ties to the veteran community. AZCEH is the fiscal sponsor for the Arizona StandDown serving over 1,000 homeless veterans in a single weekend and offers a homeless veteran-specific learning track during their annual statewide conference in October.

The AZCEH annual conference is the premiere educational conference on homelessness in Arizona and has more than 350 stakeholders attend each year. AZCEH began showcasing a veteran-specific learning track in October 2009 and some of the breakout sessions are highlighted below:

2009

- Supporting Veterans
- AZDVS: Veterans Benefits Definitions and Acquisition
- Tucson Veterans Serving Veterans: A Best Practice
- Statewide, Veteran Specific Employment Networks and Resources
- VA: OIF/OEF Veterans, TBI/PTSD Signs and Symptoms
- Resume Building Using Transitional Military Skills

2010

- Meeting the Special Needs of Homeless Female and OIF/OEF Vets
- Homeless Veteran Peer Support
- Serving Justice-Involved Veterans
- Returning Veterans: What to Expect and How to Prepare
- Accessing Resources through the Veterans Administration

The Arizona Coalition to End Homelessness is a member of the National Coalition for Homeless Veterans and attends the NCHV annual conference each year. The knowledge and best practices learned at the conference are used to educate the Coalition's 100 plus member agencies on challenges veterans face in the community and best practice strategies to addressing them.

[www.azceh.org](http://www.azceh.org)



The **Arizona Coalition for Military Families** is a public/private partnership focused on building Arizona's capacity to serve and support all service members, veterans, their families and communities.

The Coalition is a centralized connection point for all individuals and organizations from the military, government and all sectors of the community throughout the state that serve, support and interact with the military and veteran population. There are four areas of focus for ACMF activities:

**Statewide Coordination and Collaboration** - Ensuring a consistent and comprehensive approach to supporting our service members, veterans and families on a statewide level.

**Community Outreach & Education** - Providing information, resources and training to the community and increasing the number of community providers knowledgeable about the needs of the military and veteran population.

**Regional Community Capacity Building** - Helping individual communities throughout the state to build stronger networks to support individuals and families.

**Strategic partnership** - Connecting organizations and fostering cross-sector collaboration among providers.

#### **Key Initiatives:**

- The annual **Statewide Symposium in Support of Service Members, Veterans & Their Families** is the only statewide convening around military and veteran issues for military, government and community partners
- ACMF partners to conduct **continuing education** events for target groups such as health care and behavioral health providers, attorneys and other professionals, including programs with a topical focus and experiential learning opportunities such as Military Immersion Training
- The **Guidelines for Care** project is a cross-sector collaborative effort that will define guidelines for the provision of high quality care and support to the military and veteran population.
- The **Arizona Military/Veteran Employment and Education Initiative** focuses on addressing unemployment, underemployment and higher education for service members, veterans and their families. A key aspect of the initiative is the Military/Veteran Employment Portal, a web-based technology that translates military skills, builds a resume and creates a customized job portal. This service is a free to all service members, veterans and their families.

[www.arizonacoalition.org](http://www.arizonacoalition.org)

# Arizona Military Women's Conference



Women veterans are the fastest growing segment of the veteran population, and their enrollment in VA health care is expected to more than double in the nation in the next 15 years.<sup>3</sup> The Arizona Department of Veterans' Services, in support of women veterans, has taken strong measures in working with women veterans. The Arizona Military Women's Conference is a two-day event hosted by AZDVS and is held each year in May. All service member/veteran women are invited to this conference to learn about all of the community services that are available. The conference conducts educational workshops for:

- Employment
- Education
- Healthcare
- Mental Health Benefits
- Family Dynamics
- VA Benefits
- Will and Estate Planning
- Vocational Rehabilitation
- Legal Clinic
- Retirement Planning

Women veterans are up to four times more likely to be homeless than nonveteran women. "While the overall numbers of homeless veterans have been going down, the number of women veterans who are homeless is going up."<sup>4</sup>

[www.azdvs.gov/women\\_veterans/womens\\_conference.aspx](http://www.azdvs.gov/women_veterans/womens_conference.aspx)

# Goal 1: Ending Chronic Homelessness Among Veterans

## Focus Years 1-3

Ending veteran homelessness starts with ending visible homelessness among veterans. Those experiencing chronic homelessness are the face most often associated with homelessness and yet paint an entirely inaccurate picture of the temporary condition experienced by most. In fact, the chronic homeless population represents just 10% of the overall population and the median length of stay for most veterans in emergency shelter was just 3 weeks in 2009 and under 4 months for those using transitional housing.<sup>5</sup> This population of veterans has traditionally been labeled “service resistant” and often described as “choosing” homelessness. Best practices across the Nation have proven the inaccuracy of such assertions by modifying the service intervention from a transitional continuum of care model to a “Housing First” model prioritizing permanent housing and wrap around services.

The Department of Housing and Urban Development (HUD) defines a chronically homeless person as an individual who is an unaccompanied adult with a disabling condition who has been homeless for a year or more, or those who have experienced at least four episodes of homelessness within three years.<sup>6</sup> HUD classifies a disabling condition as a diagnosable, serious mental illness, developmental disability, chronic physical illness, substance use disorder, or disability including the co-occurrence of two or more of these conditions.<sup>7</sup>

The relatively broad definition of chronic homelessness fails to assess the level of severity each chronically homeless person faces based on their particular experience. Thus, many communities have established criteria to prioritize and rank in order the most vulnerable chronically homeless individuals by mortality risk and/or severity of disabilities in order to allocate very limited Permanent Supportive Housing resources to these individuals. These systems ensure the most in need receive housing and support services first as the reduction of competition for resources among this group is critical to ending visible homelessness. Otherwise, in a limited resource environment, the most vulnerable homeless veterans will “lose out” to more resourceful individuals and our communities will continue to see homelessness as it exists today, regardless of all other accomplishments.

The systems used to narrow down the most vulnerable homeless individuals experiencing chronic homelessness are referred to as a vulnerability index or assessment. An example of a vulnerability index is one created by Common Ground which has been employed in Maricopa and Pima Counties through Project H3: Home, Health, Hope and 51 Homes: Providing Hope, Improving Health, Changing Lives, respectively as part of their 100,000 Homes Campaign initiatives.<sup>8</sup>

## **Vulnerability Index: Prioritizing the Street Homeless Population by Mortality Risk**

The Vulnerability Index is a survey-based tool for identifying and prioritizing the street homeless population for housing according to the fragility of their health. It is a practical application of research into the causes of death of homeless individuals living on the street conducted by Boston's Healthcare for the Homeless organization, led by Dr. Jim O'Connell. The Boston research identified the specific health conditions that cause homeless individuals to be most at risk for dying on the street prematurely. For individuals who have been homeless for at least six months, one or more of the following markers place them at heightened risk of mortality:

- 1) More than three hospitalizations or emergency room visits in a year
- 2) More than three emergency room visits in the previous three months
- 3) Aged 60 or older
- 4) Cirrhosis of the liver
- 5) End-stage renal disease
- 6) History of frostbite, immersion foot, or hypothermia
- 7) HIV+/AIDS
- 8) Tri-morbidity: psychiatric, substance abuse, and chronic medical condition

Whereas the Common Ground Vulnerability Index measures health fragility, another example is the Vulnerability Assessment developed by the Downtown Emergency Service Center (DESC) of Seattle. This assessment-based instrument employs a Likert-scale used to objectively measure the health, disability and functionality of each individual to determine the most vulnerable. The Valley of the Sun United Way's Permanent Supportive Housing Initiative in Maricopa County is planning to employ the DESC Vulnerability Assessment to place the most vulnerable homeless in the 1,000 Permanent Supportive Housing units it aims to develop by 2016.

Regardless of the particular assessment, it is critical that a consistent and objective method be employed to determine the most vulnerable. This reshapes the traditional outreach model from one that requires the homeless veteran to seek services to one in which the services seek out particular individuals based on need. Without this subtle, but critical change, visible homelessness among veterans is likely to persist.

# Strategy 1: Target and Prioritize HUD VASH and Other Permanent Supportive Housing to Chronically Homeless Veterans Using “Housing First” Model

The existence of chronic homelessness is an acute indication that the traditional continuum of care model, where veterans move from streets to shelter to treatment and transitional housing and eventually to affordable housing, has not worked for all veterans. Approximately 10% of the homeless population is considered chronically homeless, yet they consume 50% of the overall resources.<sup>9</sup> Veterans experiencing chronic homelessness average as many as 3 years longer on the streets when compared to non-veterans experiencing chronic homelessness.<sup>10</sup> A different approach is required to reach this critical sub-population and communities across the country have employed “Housing First” models as an effective Best Practice intervention.

“Housing First” places priority on stabilization within permanent housing combined with wrap-around, participant-centered support services. Two critical components are typically present, both which exist in HUD VASH, consisting of a housing voucher subsidizing the participant’s rent and a case manager to assist the participant in retaining housing and developing new skills and resources. Such resources are cost and labor intensive, yet have consistently been shown to cost the community less than leaving this sub-population on the streets cycling in and out of emergency rooms, shelters, detoxification facilities and jails.<sup>11</sup> Given this, it is incumbent upon the veteran community to utilize the right resource for the right veteran and their family to promote the greatest overall impact on ending homelessness among veterans at the most effective cost. Hence, the community’s most intensive services and resources (HUD VASH and other PSH) should be directed to veterans that require the most intensive assistance.

## Objective A: Adopt a multi-layered assessment system to identify the most vulnerable and chronically homeless veterans

The effective use of an assessment system to rank order homeless veterans from greatest need to least is critical to reduce competition for highly vulnerable veterans experiencing chronic homelessness. Many communities are already adopting such practices and VA Hospitals and community-based organizations serving homeless veterans should collaborate with these community efforts where present and lead the way in developing them where absent.

## **Objective B: Fund “Bridge Housing” for immediate placement for the most vulnerable**

The concept of “Bridge Housing,” in context of this Plan, is the immediate placement of a homeless veteran identified as vulnerable and chronically homeless into temporary, single-occupancy housing at primary engagement for placement into HUD VASH or other Permanent-Supportive Housing. This gives the veteran a greater sense of stability, reinforces trust in the resources being offered and gives the Case Manager, Navigator and/or Peer-Specialist a more stable platform to assist the veteran through bureaucratic processes.

## **Objective C: Develop robust “Navigation” services in communities**

“Navigation,” in the context of this Plan, is based on the models demonstrated through Project H3: Home, Health, Hope in Maricopa County and replicated by 51 Homes: Providing Hope, Improving Health, Changing Lives in Pima County. Navigators are generally peers and ensure continuity of care preventing the usual “hand off” of care between systems by providing services at initial engagement on the streets, into Bridge and Permanent Housing, throughout mainstream benefits processes and supporting them in housing retention. Navigators provide consistent, participant-centered care using recovery principles with an unlimited scope of work and as a supplement to any entitled services such as Case Management through HUD VASH or the Regional Behavioral Health Authority.

## **Objective D: Consolidate public assistance programs (VASH, HPRP, Section 8)**

Due to gaps in each benefit program, multiple programs are often required to get any one veteran the assistance needed to enter housing. These often include the local VA Hospital, the local Public Housing Authority (PHA) and the administering agency for Homeless Prevention and Rapid Re-housing Program (HPRP) or Supportive Services for Veteran Families (SSVF) grants in the future. Typically, linear processes exist moving veterans from VA for eligibility to the PHA for the housing voucher and finally to HPRP or SSFV for deposit assistance with each step adding critical time along the way preventing the most vulnerable veterans from accessing Permanent Supportive Housing.

## **Objective E: Target 20% of all PSH developments towards veterans**

Permanent Supportive Housing (PSH) is the combination of permanent, affordable housing and supportive services designed to “wrap” tenants with resources to assist them in retaining housing and increasing independence. Many communities are developing Permanent-Supportive Housing structures for chronically homeless individuals, such as the

Valley of the Sun United Way's Ending Homelessness Initiative, which aims to build 1,000 Permanent Supportive Housing units by 2016. According to data from Project H3 and 51 Homes, veterans comprise 21% of the single adult population of homeless living on the streets. Therefore, each PSH development should dedicate 20 % of units specifically to chronically homeless veterans. VA Hospitals and Public Housing Authorities can support such goals by seeking to convert the appropriate number of HUD VASH Housing Choice Vouchers to Project-Based Vouchers attached to such developments.

**Local Best Practice Highlight:**

The Arizona Department of Housing created a set-aside in the Qualified Allocation Plan for its 2011 Low-Income Housing Tax Credit (LIHTC) program to encourage the development of Permanent Supportive Housing for Chronically Homeless individuals. As part of the set-aside, the QAP required 20% of developed units be targeted to chronically homeless veterans ensuring an appropriate proportion reaches this critical population.<sup>12</sup>

**Local Best Practice Highlight:**

When developing the Ending Homelessness Initiative, Valley of the Sun United Way successfully requested the adoption of a 20% veteran target by the Ending Homelessness Advisory Committee. This results in 200 Permanent Supportive Housing units that will be developed for chronically homeless veterans by 2016.

# Goal 2: Increase Capacity of the Temporary Help System

## Focus Years 2-4

Increasing the capacity of the temporary help system will be a combination of increasing the scale and efficiency of the system. Beds and supportive services are a finite resource and it is imperative to utilize these services to the fullest of their abilities. Enhancing flexibility within the temporary help system will break down barriers that are critical to meeting the diverse needs of homeless veterans. With 70% of homeless veterans experiencing alcohol, drug, or mental health problems the elasticity of the temporary help system is a necessity.<sup>13</sup>

Performing a gaps analysis within the temporary help system will give a baseline of the number beds in the areas of transitional housing, permanent supportive housing, transition-in-place, and affordable housing compared to the number of current and projected newly homeless veteran population. This will play a crucial part in carrying out the Action Plan by understanding the scale of housing and supportive services needed to meet the demand of the homeless veteran population.

It will be important to create a mainstream system of communication in the temporary help system. This will allow for a faster transition of an individual working through the temporary help system and thus increase the turn rate. Assisting homeless veterans at each step, from intake to exit, to move to the next level of independence as fast as possible and clinically appropriate keeps the system moving. When there is a shortfall in any one area of the system it creates a bottleneck and slows the turn rate impacting the overall efficiency. At the same time, increases in efficiency of the temporary help system cannot come at the expense of success and thus we must also take into account the success rate of the system in ending homelessness among veterans.

## Strategy 2: Increase the Scale of the Existing System and Housing Stock

Increasing the scale of transitional housing and supportive services for veterans is the first strategic part of the Arizona Action Plan to increase the capacity of the temporary help system, yet can not be considered in absence of desired efficiency increases. Conducting research and analysis, based on efficiency assumptions, will allow for an accurate number of beds needed in each particular community to adequately address the needs of veterans experiencing episodic homelessness in the coming years. Two main factors involved with calculating the number of beds will be the number of turns per year the temporary help system is achieving and the number of new beds needed for veterans on a year-to-year basis. Since the homeless population among veterans is not a static number, it will be important to account for and estimate the number of newly homeless veterans.

Diversity of transitional housing and locations are a key factor to meeting the needs of all subcategories; this includes single male, single female, families, rural areas, and reservations. This will enable the needs to be met of all homeless veterans in the State of Arizona.

## **Objective F: Increase homeless provider capacity through periodic training and technical assistance around VA GDP and other assistance programs**

Consistent and continuous training and education for community-based organizations, local governments and tribal governments is critical to increasing the scale of temporary housing and assistance programs. Many organizations are unaware of specific VA grant programs and corresponding eligibility requirements. Coordinating consistent training will aid in expanding critical community partnerships and increasing scale.

## **Objective G: Identify overall demand and by sub-population to establish development targets by community**

Establishing the appropriate development goal for temporary housing units in each community requires a few factors including a Veteran's Point in Time Estimate (VPIT); the Annual Estimate of Homeless Veterans; the Bed Turnover Rate; and the Success Rate. This data will be used to target development for each region of Arizona for Transitional Housing, Permanent-Supportive Housing, Transition In Place and Affordable Housing. These elements in place, an estimate of the scale of services to support full reintegration including treatment services, financial assistance and prevention resources can be better estimated. Assumptions in efficiency increases must be taken in account when developing growth targets.

## **Objective H: Target GDP development to specific high barrier populations**

Veterans Affairs has established the Justice-Involved Veterans Program placing a Re-Entry Specialist within each Veterans Integrated Service Network (VISN) and a Veterans Justice Outreach Worker in most local hospitals. These programs assist veterans when reintegrating from incarceration back into mainstream society, many of whom would otherwise discharge to homelessness. These veterans have significant barriers that may include felony convictions, sexual offenses, continuing probation and lengthy gaps in employment history. When facing homelessness, these veterans are confronted with a particular Catch 22, as they require bed confirmation prior to release, yet compete with non-incarcerated veterans for the same bed space within Grant and Per Diem (GPD) programs. Since GPD pays providers on a Per Diem basis for occupied beds, providers are unable to hold beds to particular release dates and thus incarcerated veterans struggle to meet release terms.

## Objective I: Pilot “Transition-in-Place” model for veterans

Transition-in-Place (TIP) is a transitional housing model that would enable a homeless veteran and/or their family to rapidly enter Permanent Housing at the outset of, or just prior to, homelessness rather than enter traditional transitional housing facilities. Placement is followed by temporary, or “transitional”, support services that reduce as the tenant’s independence increases or connections to on-going mainstream supports are solidified.<sup>14</sup> This model offers the least invasive intervention with the greatest dignity and should be targeted primarily toward those experiencing homelessness for the first time, although may also be effective with other sub-populations.

## Strategy 3: Increase the Efficiency of the Existing System and Housing Stock

Increasing the efficiency of the existing system and housing stock is the second strategy of the goal to increase capacity of the temporary help system. Speed and success rate are the main factors taken into account when looking to improve the efficiency of the temporary help system. Currently the average turn per bed is two homeless individuals a year, the goal is to increase this to four a year. The current success rate of a homeless individual making it through the temporary help system and living in permanent housing is 51% and the goal is to increase the success rate to 65%.<sup>15</sup> Accomplishing these two goals will help with the gap between the number of beds available and the amount needed to temporarily house all homeless veterans.

## Objective J: Increase speed and access to entitlement income

The Veterans Benefits Administration has implemented priority review for all homeless veterans’ claims and placed a Homeless Veterans Benefits Coordinator in each Regional Office. The Coordinator can be reached through the National Resource Directory line at (877) 4AID-VET or [www.nationalresourcedirectory.gov](http://www.nationalresourcedirectory.gov). The Arizona Department of Veterans’ Services employs over 30 veteran-specific Benefits Counselors throughout the state to directly assist veterans in applying for and obtaining their entitlement benefits ([www.azdvs.gov](http://www.azdvs.gov)) and many Veteran Service Organizations offer similar services. Given these resources, systems must be put in place to ensure professional VA Benefit Counselors screen 100% of all homeless veterans; especially those entering Transitional or Permanent Housing and all corresponding claims are submitted.

## Objective K: Increase opportunities for competitive employment and supportive employment (Title V, Compensated Work Therapy, etc)

Competitive employment is the most efficient means to expediting the end of the homelessness experience for any particular veteran and/or their family. Decreasing the time it takes to obtain employment by increasing the opportunity for employment is critical. Arizona Department of Economic Security's Disabled Veterans Outreach Program is available to provide employment support for homeless veterans and may be co-located within such programs. Aligning all resources to include Workforce Incentive Act, Homeless Veterans Reintegration Program, Veterans Workforce Investment Programs and other veteran training and employment resources can accelerate the pace to employment for veterans. Additionally, expanding supportive employment opportunities such as Compensated Work Therapy and Title V programs can close the gap in work history among homeless veterans and accomplish similar results.

## Objective L: Increase speed and access to affordable housing through preferences and set-asides

Affordable Housing is rental housing that costs an individual no more than 30% of a household's income and is most readily found in programs using HUD rental subsidies including Housing Choice Vouchers (formerly Section 8), Multi-Family developments, HUD Supportive Housing Program and Shelter plus Care programs. Affordable housing is also found in developments where the construction is subsidized to enable affordable rent limits, which include the Low-Income Housing Tax Credit (LIHTC) program, HOME and Community Development Block Grant programs. Programs vary from scattered-site to project-based, yet all have flexibility to create preferences or modify tenant selection criteria to prioritize veterans exiting the transitional housing system. Aligning these resources with specific transitional housing programs for homeless veterans can decrease the length of stay among veterans in the temporary help system and increase long-term success rates.

### Local Best Practice Highlight:

In 2009, Cloudbreak Phoenix, LLC proposed the development of Victory Place Phase III, 75 units of studio and 1-bedroom apartments for low-income veterans over the age of 55, adjacent to Victory Place, where a 66-bed transitional housing program for homeless veterans exists. The project was awarded through the LIHTC program and is expected to open its doors in December 2011.

# Goal 3: Prevent Homelessness Among Veterans

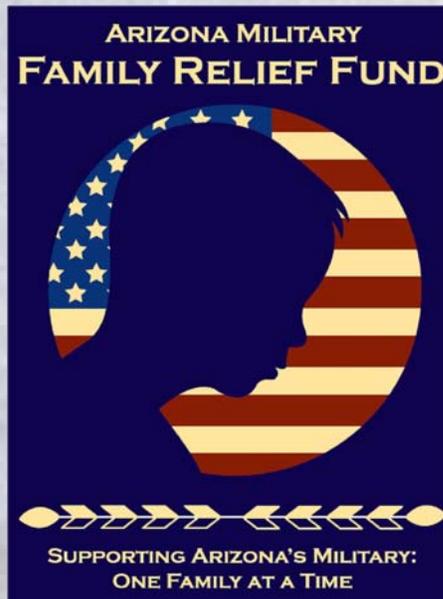
## Focus Years 3-5

Since October 2001 the United States has deployed over 1.6 million troops into war zones. Of these soldiers 60 percent have multiple deployments to Iraq and Afghanistan and as many as one in five returns suffering from Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI).<sup>16</sup> The Southwest Region, including Arizona, Nevada and Southern California, is home to over 60,000 Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans and growing at rapid pace.<sup>17</sup> Many of these veterans will face considerable hardships during the reintegration process and will become particularly at-risk for homelessness.

Preventing homelessness from occurring in the first place often avoids costly future interventions and offers the greatest level of dignity and least invasive measure in the veteran's and his/her family's life. Given the rapid growth of the OIF/OEF veteran populations, prevention amongst this group is critical, yet remains extremely important among other eras as well, especially the aging Vietnam era population.

"Universal" and "Targeted" Prevention strategies are required to create an effective system that ensures the reduction of new (unique) homeless veterans in a given year. "Universal" prevention strategies are systems that create basic protections for populations regardless of a specific risk or threat of homelessness at the particular intervention point. The Unemployment Insurance system is an example of Universal Prevention as losing one's job, in and of itself, does not constitute a specific homelessness risk, yet income supports often prevent such a risk from occurring. "Targeted" prevention is thus, an intervention designed to prevent homelessness given the enhanced risk of its occurrence, such as that posed by late rent payments or eviction orders imposed by landlords.

While veterans experience poverty less often than their civilian counterpart, approximately 6% of veterans are living in poverty and approximately 4.2% of veterans are "housing burdened" as defined by paying more than 50% of their income on housing.<sup>18</sup> In Arizona, this translates to approximately 30,000 veterans living in poverty and 21,000 paying more than 50% of their income on housing.<sup>19</sup> Effective prevention strategies for this higher risk group of veterans must include aggressive outreach and coordination among mainstream resources and community-based organizations and services to ensure veterans are connected to all available supports during crisis and the availability of affordable housing.



The Arizona Military Family Relief Fund is a resource available for eligible service members, veterans and their families to overcome financial hardship caused by deployment and to alleviate the risk factors of becoming homeless. If a service member, veteran or their family has become homeless, the Arizona Military Family Relief Fund can provide assistance to get them rapidly re-housed and in contact with any services they may need.

**Are You Facing Hardship?**

**Is a Family Member Currently Deployed or  
Have You Deployed to a Combat Zone since 9/11/01?**

**We Can Help.**

For more information visit [www.azdvs.gov](http://www.azdvs.gov) or call (602) 234-8403

## Strategy 4: Interconnect and Coordinate Mainstream and Community-Based Systems

Preventing homelessness among veterans requires an interconnected mainstream system of all public and private agencies that may come in contact with veterans in need of assistance. Seeing as veterans are typically U.S. citizens prior to attaining veteran status, many veterans will first appear at public institutions and mainstream services available to all citizens in a time of crisis. They may also appear in private networks such as churches, Veteran Service Organizations or crisis response networks such as law enforcement, emergency rooms and detoxification facilities. As veterans are just 8% of our civilian population, it is easy for their status to go unidentified and remain disconnected from veteran-specific entitlements they may be eligible. In accordance with the “Open Door” policy of the Veterans Administration, it is important for all possible engagement points to be able to effectively identify veterans and connect them to veteran resources.

### Community Resource & Referral Center (CRRC)

The Community Resource and Referral Center (CRRC) is a collaborative, multi-agency, multidisciplinary program that serves veterans that are homeless and those at-risk of homelessness. The primary goal is to assist at-risk veterans in maintaining their current housing, or for those who are homeless or in otherwise untenable housing situations to move rapidly into stable housing. The CRRC’s low-threshold to entry is an essential element to improving access, as engaging veterans, including female veterans and their families, is a critical first step to obtaining needed services.

The CRRC will be established in collaboration with local community-based homeless providers and other Federal and State providers engaged in providing services to the homeless veteran population including but not limited to the following services:

- Emergency/Bridge Housing
- Clinic (Mental/Physical Health)
- Short Term Case Management
- Peer Support Specialist
- Substance Abuse Services
- Benefits and Income (VA, SSI)
- Employment Services (CWT)
- Case Management
- Housing Placement
- Transportation

## Objective M: Ensure mainstream and community-based resources identify veteran status and connect them to additional veteran resources

### Local Best Practice Highlight:

AZ Department of Economic Security trains its staff to identify veteran status at the Unemployment Insurance claim stage. Upon positive identification, a referral is made to the Disabled Veterans Outreach Program/Local Veterans Employment Representative (DVOP/LVER) catalyzing a proactive engagement call to provide employment placement services and resources.

## Objective N: Connect transitioning Guard/Reserves/Active Duty and recently separated veterans to targeted employment, educational opportunities and support services

In today's advanced technological environment it is critical that new tools to reach veterans are developed by leveraging greater use of technology. Connecting veterans and their families to veteran-friendly employers, educational institutions and services can create an effective universal prevention system. The key is in using technology to help cut through the "noise" created by information streams. Tools should be created to help connect the right veteran to the right service or opportunity at the right time.

### Local Best Practice Highlight:

The Arizona Coalition for Military Families launched the Military Veteran and Employment Portal on its website [www.arizonacoalition.org](http://www.arizonacoalition.org). The portal employs a military skills translator to assist veterans, Guard and Reserve members in translating military jargon into civilian key word search terminology employed by Human Resource Divisions to prevent veterans from being unintentionally screened out of searches due to language barriers. An exportable résumé and an individual portal are created where technology searches myriad on-line job postings seeking skill matches in the veteran's profile. When a match is found, the job link is placed on the veteran's home page just one click away to application.

## Strategy 5: Increase Affordable Housing Stock

Ample availability of affordable housing for veterans is critical to creating a robust universal prevention system. The U.S. Department of Housing and Urban Development defines housing as affordable when a household pays no more than 30% of their income on it.<sup>20</sup> This is a general rule to ensuring families are not "housing burdened" and thus have the ability to purchase food, clothing, medical care, childcare and other needs. Affordable housing is generally created either through a voucher subsidy that covers the difference between 30% of a household's income and the rent or through subsidizing the construction of housing so that rents can be offered at affordable rates to low-income households.

## Objective O: Work with Public Housing Authorities and other housing agencies to create veteran preferences within public housing subsidy programs

Public Housing programs funded by the Department of Housing and Urban Development offer various types of subsidized housing programs, which make rent affordable for low-income households. The largest program is the Section 8 Housing Choice Voucher Program. Public Housing Authorities create annual Administrative Plans and are able to set Local Preferences to prioritize particular low-income populations for voucher distribution. Many other public housing programs can do the same through modifying tenant selection criteria. This objective seeks to engage Public Housing Authorities and other housing agencies across rural and urban Arizona and Tribal Lands in creating preferences that prioritize veterans and Arizona Guard and Reserve members for these critical resources. Doing so will ensure that those who have served the state and country are the first to receive the universal prevention resources available all low-income citizens.

### Local Best Practice Highlight:

The Housing Authority of Maricopa County adopted a Local Preference for Veterans giving them a higher priority on the wait list.<sup>21</sup>

## Objective P: Collaborate with the Arizona Department of Housing, Affordable Housing Developers and Veteran Service Providers to Target the Development of Affordable Housing to Veterans

The Low-Income Housing Tax Credit Program (LIHTC) is the most common financing to develop affordable housing for low-income households and developers can use the program to create affordable housing prioritizing veteran households meeting particular income guidelines. Such developments not only universally prevent homelessness among low-income veterans, whom are twice as likely to experience homelessness as their peers, but also offers a direct path out of homelessness.<sup>22</sup>

### Local Best Practice Highlight:

The Arizona Department of Housing created a Veteran Preference in its Qualified Allocation Plan (QAP) for the LIHTC program in 2010 resulting in the award of Madison Pointe, a 60-unit affordable housing complex for low-income veteran families being developed by NRP Group.

# Appendix A: Synchronization of Federal and State Plan

## Federal Strategic Plan Themes from Opening Doors:

### **INCREASE LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT**

- Objective 1: Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness
- Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness

### **INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING**

- Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness
- Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness

### **INCREASE ECONOMIC SECURITY**

- Objective 5: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness
- Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness

### **IMPROVE HEALTH AND STABILITY**

- Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness
- Objective 8: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice
- Objective 9: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice

### **RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM**

- Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing

**OPENING DOORS: THEMES**

Opening Doors Themes and State Plan Goals, Strategies, Objectives Alignment		Increase Leadership, Collaboration, and Civic Engagement	Increase Access to Stable and Affordable Housing	Increase Economic Security	Improve Health and Stability	Retool the Homeless Crisis Response System		
ARIZONA ACTION PLAN TO END HOMELESSNESS AMONG VETERANS	<b>Goal 1:</b> End Chronic Homelessness Among Veterans (Focus Years 1-3)  <b>Strategy 1:</b> Target and Prioritize HUD VASH and other Permanent Supportive Housing to Chronically Homeless Veterans using a "Housing First" Model.		X	X		X		
		<b>Objective A</b>		X		X		
		<b>Objective B</b>		X		X		
		<b>Objective C</b>	X	X		X		
		<b>Objective D</b>	X	X		X		
		<b>Objective E</b>	X	X				
	<b>Goal 2:</b> Increase Capacity of the Temporary Help System (Focus Years 2-4)  <b>Strategy 2:</b> Increase the Scale of the Existing System and Housing Stock		X			X		
		<b>Objective F</b>	X	X				
		<b>Objective G</b>	X					
		<b>Objective H</b>				X		
		<b>Objective I</b>	X	X		X	X	
		<b>Strategy 3:</b> Increase the Efficiency of the Existing System and Housing Stock		X	X	X		X
			<b>Objective J</b>			X		
			<b>Objective K</b>			X		
	<b>Goal 3:</b> Prevent Homelessness Among Veterans (Focus Years 3-5)  <b>Strategy 4:</b> Interconnect and Coordinate Mainstream and Community-based Systems		X		X	X		
<b>Objective M</b>		X		X	X			
<b>Objective N</b>			X	X	X			
<b>Strategy 5:</b> Increase Affordable Housing Stock			X	X				
		<b>Objective O</b>	X	X				
		<b>Objective P</b>	X	X				

# Appendix B: Tools to Localize the Arizona Action Plan

## Strategic Alignment Worksheets for VA Hospitals and Community-Based Organizations

There is an old business adage which suggests organizations should spend *80% of time planning and 20% on execution*. This is perhaps never more true than here, where communities are being asked to come together to end homelessness among veterans across diverse landscapes starting at Federal levels and working their way down to the local VA hospital, communities in urban and rural geographies, all in differing political climates and varying degrees of capacity. Successfully ending homelessness among veterans requires the strategic alignment of Opening Doors: Federal Strategic Plan to Prevent and End Homelessness and the Arizona Action Plan to End Homelessness among Veterans with partnering VA Hospitals, community and faith-based organizations and other stakeholders to ensure our collective actions are working towards the same end.

The Strategic Alignment Worksheets were created with three main purposes in mind; to strategically synchronize the Federal and State plans, to inform the stakeholder community of Arizona the direction being taken to end homelessness among veterans, and for all partners to have a tool to help align their own organization's activities, where appropriate and able, to the Goals, Strategies and Objectives sought. The Strategic Alignment Worksheets are an important step to uniting the community in a clear path to ending veteran homelessness.

The Worksheets are constructed using the 6 Pillars identified by the VA as the critical component areas to ending homelessness among veterans. Each pillar is best viewed as a broad categorization of resources and includes Outreach & Education; Treatment; Prevention; Housing & Supportive Services; Income/Employment/Benefits and; Community Partnerships as the foundation of the Plan. The Arizona Action Plan sits atop the pillars in the form of Goals, Strategies and Objectives providing direction to the resource areas represented by the pillars. The framework is intended to assist local VA Hospitals and community organizations to analyze and realign, where possible, their existing resources and identify gap areas where new resources might be needed. The ultimate outcome envisions a broad array of community partners committed to ending homelessness among veterans and with its collective resources all moving in the same direction.

## How to use the Strategic Alignment Worksheets

The Worksheets enable an organization to analyze its current resources, or planned resources, for their appropriate placement within a Pillar or Pillars. Once the appropriate resource area is defined, resources can be analyzed for alignment with the Strategies and/or Objectives and retooled for alignment where appropriate. The action elements listed on each Pillar should be measurable and specific to ensure the intervention impact can be assessed. Two examples of such are demonstrated below.

### **Example of Alignment with Strategy:**

The local Veterans Affairs Health Care System (VAHCS) administers HUD VASH vouchers to house homeless veterans. HUD VASH vouchers provide a combination of housing and supportive services to veterans and thus fit neatly on the Housing and Supportive Services Pillar. To align the resources with the Federal and State Plans to end homelessness among veterans, the local VAHCS decides to allocate 75% of its HUD VASH vouchers to homeless veterans experiencing chronic homelessness.

On Worksheet 1, Housing and Supportive Services Pillar, the VAHCS places a “1” to indicate meeting Strategy 1, followed by “Allocate 75% of HUD VASH Vouchers to Chronically Homeless Veterans.”

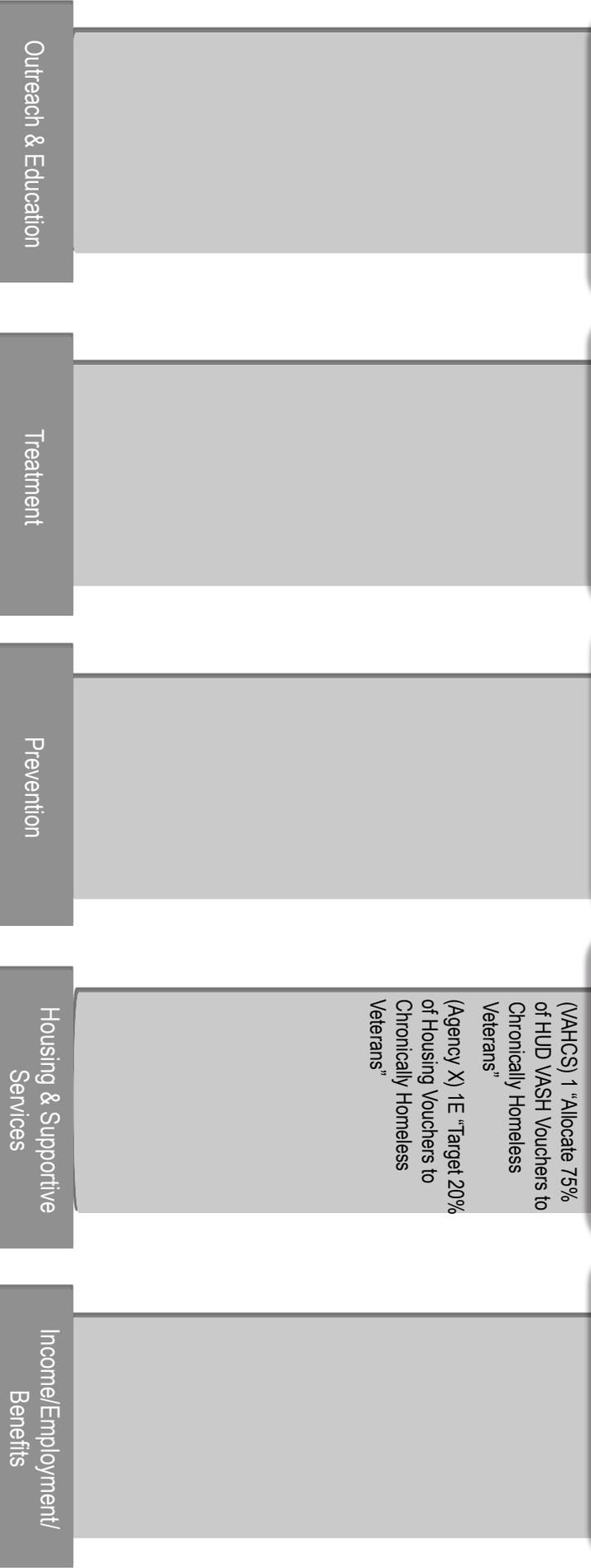
### **Example of Alignment with Strategy and Objective:**

Agency X has housing subsidy vouchers to provide housing to 100 chronically homeless individuals. Agency X wants to ensure veterans are appropriately represented within its program and decides to target, by modifying its tenant-selection criteria or other processes, 20% of their housing vouchers to chronically homeless veterans. On Worksheet 1, Housing and Supportive Services Pillar, Agency X places a “1E” to indicate meeting Strategy 1 and Objective E, followed by “Target 20% of Housing Vouchers to Chronically Homeless Veterans.”

# Goal 1: End Chronic Homelessness Among Veterans (Focus Years 1-3)

Strategy 1: Target and Prioritize Permanent Supportive Housing to Chronically Homeless Veterans Using "Housing First" Model

- (A) Adopt a multi-layer assessment system to identify the most vulnerable and chronically homeless veterans
- (B) Fund "Bridge Housing" for immediate placement for the most vulnerable
- (C) Develop robust Navigation services in communities
- (D) Consolidated public assistance programs (VASH, HPRP, Section 8)
- (E) Target 20% of all PSH developments towards veterans



Community Partnership

## Goal 2: Increase Capacity of the Temporary Help System (Focus Years 2-4)

Strategy 2: Increase the Scale of the Existing System and Housing Stock

(F) Increase homeless provider capacity through periodic training and technical assistance around VA GPD and other assistance programs

(G) Identify overall demand and by sub-population to establish development targets by community

(H) Target GDP development specific high barrier populations (Re-entry, Sex Offenders)

(I) Pilot "Transition in Place" model for veterans

Outreach & Education

Treatment

Prevention

Housing & Supportive Services

Income/Employment Benefits

Community Partnership

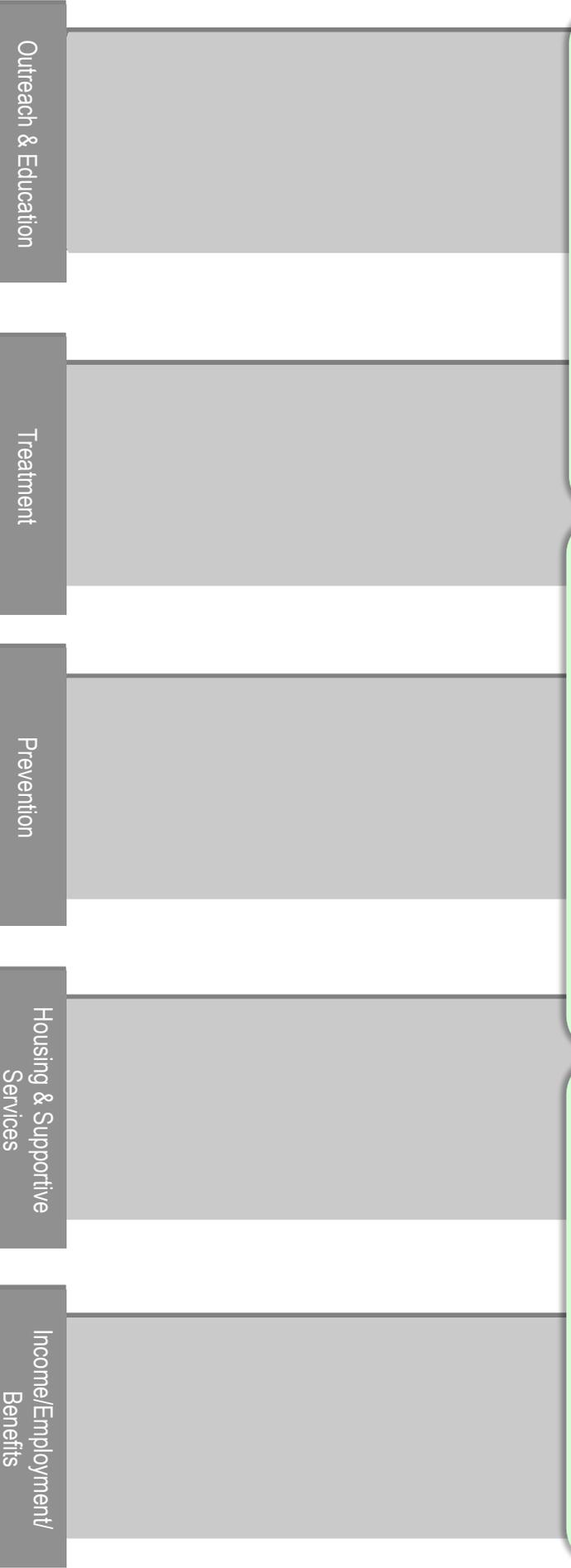
## Goal 2: Increase Capacity of the Temporary Help System (Focus Years 2-4)

Strategy 3: Increase the Efficiency of the Existing System and Housing Stock

(J) Increase speed and access to entitlement income

(K) Increase opportunities for competitive employment and supportive employment (Title V, Compensated Work Therapy, etc)

(L) Increase speed and access to affordable housing through preferences and set-asides



Community Partnership

## Goal 3: Prevent Homelessness Among Veterans (Focus Years 3-5)

Strategy 4: Interconnect and Coordinate Mainstream and Community-Based Systems

(M) Ensure mainstream and community based resources identify veterans status and connect them to additional veteran resources

(N) Connect transitioning Guard/Reserves/Active Duty and recently-separated veterans to targeted employment, educational opportunities and supportive services

Outreach & Education

Treatment

Prevention

Housing & Supportive Services

Income/Employment/ Benefits

Community Partnership

## Goal 3: Prevent Homelessness Among Veterans (Focus Years 3-5)

### Strategy 5: Increase Affordable Housing Stock

(O) Work with public housing authorities and other housing agencies to create veterans preferences within public housing subsidy programs

(P) Collaborate with the Arizona Department of Housing, affordable housing developers, and veterans service providers to target the development of affordable housing to veterans

Outreach & Education

Treatment

Prevention

Housing & Supportive Services

Income/Employment/Benefits

Community Partnership

# Appendix C: Measurable Outcomes

## Top Line Measures

### **Goal 1: Ending Chronic Homelessness Among Veterans**

Reduction in the Chronic Homeless Veteran Point In Time (VPIT) Count on streets and in emergency shelters

### **Goal 2: Increase Capacity of the Temporary Help System**

Narrowed Scale Gap (number of beds) and efficiency (turns per year and success rate) increase from 2 turns to 4 turns of the temporary help system with success increases to 65%

### **Goal 3: Prevent Homelessness Among Veterans**

Reduction in the Annual Estimate of Homeless Veterans:  $AEH = VPIT + (NHV7 \times 51)(1 - PPE12)$

VPIT = Veterans Point in Time Count

NHV7 = New Homeless Veterans in Past 7 Days

PPE12 = Proportion of NHV7 with a Prior Homeless Episode in the past 12 month

# End Notes & References

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