



HVRP and Continuums of Care — MAKING SERVICES WORK BETTER

Ending Veteran Homelessness requires coordination of services and partnerships in which plans are forged, resources leveraged and results measured. Employment options must accompany the health care and housing needed for Veterans to leave homelessness.



Disclaimer

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Making Services Work Better: The Connection between the Homeless Veterans Reintegration Program and the Local Continuum of Care

Introduction

In this document, we look at the level of integration and coordination between two specific programs: 1) Homeless Veterans Reintegration Program (HVRP)—a Department of Labor (DOL) employment program that provides employment and supportive services to Veterans who are homeless, and 2) Continuum of Care (CoC)—local bodies funded and tasked by the Department of Housing and Urban Development (HUD) to oversee coordination of homeless services in local communities. The purpose of this brief is to serve as a resource that HVRPs and CoCs can use to partner and share what works in helping Veterans who are homeless obtain housing, supportive services, and jobs. Continuums of Care play an increasingly important role in their communities as planners and managers of local systems of care for homeless individuals and families as well as those at-risk of homelessness. HVRPs are an important resource to address Veteran homelessness and an important program in the CoC. In this document we describe strategies to that foster collaboration between HVRPs and CoCs .

We offer examples of effective practices as well as make recommendations for how to integrate the needs of homeless Veterans into a community's strategy to end homelessness. This brief begins with a short history of the HVRP and CoC as well as recent federal mandates governing how each program works. We try to offer specific strategies currently practiced in different communities that may be useful to improve overall coordination of Veterans' services through local CoCs and other homeless service providers. Specifically, we seek to help integrate services offered through HVRPs and CoCs into a focused practice and on-going conversation on how to establish effective coordination and collaboration between HVRPs and CoCs. The brief also examines additional recommendations to improve connections between HVRPs, CoCs, and other homeless and/or veteran service providers. It concludes with suggestions on next steps.

In conducting research for this document, we selected communities implementing innovative strategies and practices that are working well and are playing a significant role in providing positive support to homeless Veterans. Interviews were conducted with service providers hosting HVRPs within their organization and with CoCs. Providers include urban and rural areas as well as programs housed by a variety of organizations. The following areas and agencies were interviewed: 1) Grand Rapids—Goodwill Industries of Greater Grand Rapids (HVRP) and the City of Grand Rapids (CoC); 2) Houston—Goodwill Industries of Houston and Coalition for the Homeless of Houston/Harris County, Inc. (CoC); 3) Las Vegas—Southern Nevada Regional Planning Coalition—Committee on Homelessness (CoC); 4) New Orleans—Volunteers of America (HVRP); 5) Saratoga, New York – Saratoga County Rural Preservation Company (HVRP); and 6) Tucson—Tucson Prima Collaboration to End Homelessness (CoC). This was a convenience sample. We do not imply that these contributing communities or their services are representative of all HVRP partnerships or that these are the only grantees putting forth effort to connect their services with CoC services. There are other DOL grantees across the country that may be included in future reports are also partnering with community service providers in a variety of ways to end homelessness among Veterans.

Purpose and History of HVRPs and CoCs

Since the early 1990s, many federal, State, and local agencies in partnership with community-based organizations have worked to address the causes and devastating impact of homelessness on individuals and communities. Most federal agencies and local community service providers acknowledge there are huge

challenges in knowing about all of the services that exist, understanding how each one is structured, knowing which clients are eligible to receive what types of services, and implementing a coordinated service strategy in every community. Clients accessing these services also face huge challenges in addressing their personal situation of being homeless, and unfortunately, these challenges can be exacerbated by ineffective service coordination. On the other hand, an individual's homelessness can be effectively addressed and ended when local services are well coordinated and provided to the individual in an integrated manner.

Since initial passage of the Stuart B. McKinney Act in 1988, the federal government has played a significant role in appropriating and distributing funds to communities nationwide to address homelessness. These funds are intended to provide housing resources and services to assist in ending homelessness for individuals and families and to offer supplemental resources to communities for this purpose. The majority of these resources have been allocated and distributed by HUD, but other federal agencies also allocate funds intended to address the needs of persons experiencing homelessness, some of which include the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Veterans Affairs (VA), and the Department of Labor – Veterans' Employment and Training Service (DOL – VETS).

Beginning in the mid-90s, HUD created the concept of a CoC and encouraged communities that received funding for homeless services or that intend to request these funds to do so through CoCs. Consequently, communities have organized CoCs at different times and in different ways with provider organizations able to submit applications for funding directly to HUD, but encouraged to coordinate services with their local CoC. Over time, all applications were coordinated through local CoCs rather than organizations independently making direct requests to HUD.

As more federal agencies began to award and distribute funds for homeless services, local organizations have once again needed to apply directly to federal agencies for these services. Many have not been in communication with their local CoC nor have participated in the creation of CoC plans since it is not required in other federal agency applications in any direct way. Coordination and communication are encouraged but not required. This has certainly been true for agencies applying for homeless funds to serve Veterans, and also for people with mental illness and/or substance abuse issues. As a result, grants awarded by federal agencies other than HUD are often operating outside the sphere of coordination offered by local CoCs. The reasons for this are understandable, but the net result is that homeless populations are receiving services that may or may not be integrated into the overall CoC strategy, and they may be redundant or offered in a "vacuum" without access to complementary services such as affordable housing, case management, benefits assistance, and vocational support. Another problem resulting from this lack of coordination is that it is very difficult to obtain an adequate understanding of the breadth of homelessness in any area since individuals can easily receive services from multiple service systems.

The Mission to End Veteran Homelessness

—What it means for local communities

For the past eight years, the federal government has encouraged communities to create plans to end chronic homelessness over a 10-year period. This mandate was led by the U.S. Interagency Council on Homelessness during the administration of George W. Bush and advanced by the Obama Administration. As communities developed plans for ending chronic homelessness, these same communities experienced a significant increase in the number of individuals and families who have become homeless during the past couple of years due to the decline in the national economy that has impacted most cities, suburban communities, and rural areas. Many communities across the country seek to integrate their CoC efforts and 10 Year Plans into a unified response to homelessness.

Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness (2010) includes the goal of ending veteran homelessness within the next five years, including preventing homelessness among the thousands of service men and women who are in present-day conflicts. Such an ambitious goal requires extensive resources, coordination between current services in all communities, together with excellent communication between all levels of government, policy makers, and community-based service providers that have specific strategies outlined within local CoC and 10 Year Plans. It is important for local plans to identify action steps to achieve this goal and to fulfill this mandate for ending homelessness among Veterans. The need for well-planned implementation of all services and programs for homeless people and those at-risk of homelessness is imperative at the federal, State, and local levels.

CoCs

—Definition, development, and maturation in different communities and their inclusion of assistance for Veterans who are homeless

The concept of the CoC was introduced nationally by HUD in the mid-90s, and the movement towards community-wide applications that are coordinated by an oversight body became more formalized in 1995-96. Communities began to choose oversight bodies that had the responsibility of facilitating a fair and consistent process of inviting different projects and agencies to submit applications. The initial idea of the CoC also focused on creating a community-wide planning process that identified specific goals and activities to be implemented under a coordinated system of care that supports a homeless person and/or homeless families in ending their condition of homelessness.

In some communities, this was structured as a competitive process with different project applications that were ranked according to their capacity to address needs in the community, while in other areas the application was compiled with different projects solicited by this oversight body. In all cases, the CoC became an oversight and coordinating body for the annual submission of applications for funding as well as the annual progress report (APR) required by HUD for the community.

The concept of the CoC further evolved in the 2000s when HUD required any community requesting or receiving HUD funding during the annual application process to belong to a CoC. In rural areas, coordination and application processes were incorporated into a body known as the "CoC – Balance of State" in an effort to bring services and resources to these areas. Today, there are approximately 425 CoCs throughout the United States.

Currently, CoCs are expected to oversee planning processes for services and housing systems tasked with serving homeless people. They are also tasked with integrating the "10 Year Plan to End Chronic Homelessness" into goals and activities within their local housing and supportive services systems. This presents opportunities to convene community groups and stakeholders that share the mission to end homelessness to discuss community needs, coordinate services, evaluate overall service and system effectiveness, and improve partnerships for engaging service providers and public agencies still not participating in the process. One potential outcome of improved collaboration is the establishment of coordinated, more uniform agency policies and intake processes that result in better access to needed programs and services by individuals experiencing homelessness. Another important element of collaboration is tracking the numbers and trends among homeless populations. All programs funded under the CoC across all sub-populations of people that are homeless in a community are required to participate in a local Homeless Management Information System (HMIS). Other agencies serving homeless populations but not receiving HUD homeless funding are encouraged but not required to participate in HMIS. For example, although HVRP grantees that receive funding from the U.S. DOL – VETS have not been required to participate in HMIS, some program voluntarily participate in their local HMIS as CoC members. Participating HVRPs gain a better picture

of overall homelessness in their community; including identifying where else homeless Veterans may be receiving services.

The VA implemented the Homeless Operations Management and Evaluation System (HOMES) in April 2011. HOMES provides a single point of data entry that satisfies the requirements of the HMIS Data Standards. Currently, data are entered into HOMES for the following homeless case management programs, residential treatment programs, and services for justice-involved Veterans:

- Housing and Urban Development VA Supported Housing (HUD-VASH)
- Healthcare for Homeless Veterans (HCHV)
- Grant and Per Diem (GPD)
- Domiciliary Care for Homeless Veterans (DCHV)
- Compensated Work Therapy / Transitional Residences (CWT/TR)
- Healthcare for Re-entry Veterans (HCRV)
- Veterans Justice Outreach (VJO)

By understanding the full range of housing, employment, and supportive services received by a Veteran from multiple agencies, information can be used to reduce fragmentation and overlap as well as lead to improved and more comprehensive service provision.

Federal funders allocating resources to local communities to address homelessness expect local and State CoCs to work to integrate the diverse services provided by public and private agencies into one local service delivery system. For this to occur, it is our observation that several steps should be taken in order to understand what types of services exist in the community and to ensure all service providers and stakeholders are included in planning, funding application, and data reporting activities. The implications for agencies serving Veterans who are homeless may be increased communication between HVRP and other service providers in the CoC; a wider array of service options for all homeless Veterans; and increased ability to leverage resources and create options for the CoCs. Later in this issue brief we offer suggestions and recommendations based on real activities occurring in selected communities that can assist CoCs in achieving this goal. The next section provides guidance for HVRPs on participating in and maximizing the value of CoCs for the people they serve.

HVRPs

—Definition and emergence in communities

Originally authorized in the McKinney-Vento Act, the U.S. Department of Labor, Veterans' Employment and Training Service sponsors the national HVRP competition under 38 U.S.C. Section 2021, which provides that "the Secretary of Labor [the Secretary] shall conduct, directly or through grant or contract, such programs as the Secretary determines appropriate to provide job training, counseling, and placement services (including job readiness, literacy, and skills training) to expedite the reintegration of homeless Veterans into the labor force." On October 13, 2010, President Barack Obama signed the Veterans' Benefits Act of 2010 (Public Law No: 111-275). Section 201 reauthorizes the Homeless Veterans Reintegration Program through fiscal year (FY) 2011.

HVRPs, first launched in the late 1990s, offer responsive and relevant services to homeless Veterans in communities, specifically by increasing employment and linkages to housing. Each funded HVRP must assist homeless Veterans in obtaining permanent employment and accessing immediate housing assistance. The emergence of HVRPs has had a significant impact on Veterans and in addressing their needs (e.g., housing, employment services, benefit counseling, etc.). However, early applications for HVRP funding were often done independently of the local CoC. The result of this lack of coordination means that applications have been submitted based on the funding opportunity and local need to increase services available to Veterans and not as a component of an overall effort to end homelessness. Today, U.S. DOL expects HVRP grantees to develop

linkages with CoCs and their member agencies by participating in local service coordination and training activities; actively participating in planning activities of CoCs and bringing the specific needs facing homeless Veterans to the table; and working with the local VA and CoC to ensure that data related to homeless Veterans is submitted to and integrated in the overall data compilation of the HMIS system.

HVRP staff members interviewed across communities for this issue brief indicated they have made efforts to participate in activities sponsored by the CoC and have established relationships with other service providers within the CoC that offer services and resources to help meet the needs of homeless Veterans seeking jobs. HVRP grants have been awarded in response to specific request for proposals (RFPs) issued by DOL – VETS to provide targeted services rather than require them to provide those services as a component of a collaborative plan. Some of those interviewed explained they have made a conscious effort to coordinate their services with other homeless assistance services provided through CoCs. The extent of collaboration between HVRPs and CoCs is also influenced by the presence or absence of a culture that supports partnerships in the parent agency sponsoring the HVRP. This partially explains why some HVRPs are integrated within their CoCs and some are not. It is also important to note there are three types of HVRPs funded through DOL-VETS. The first is HVRPs (i.e., regular), which serve all Veterans who are homeless. Over the past two years, it has been recognized that specialized programs are also needed, and DOL-VETS has funded a small number of Homeless Female Veterans and Veterans with Families programs (HFV/VWFs) that target the particular needs and issues of female Veterans who are homeless; and Incarcerated Veterans Transition Programs (IVTP) to address homelessness and employment among Veterans who have been involved in the criminal justice system. Of the 143 HVRPs funded in 2011, 24 were HFV/VWF and 16 were IVTPs.

Collaboration—the challenges and benefits for HVRPs in collaborating with CoCs

—Understanding respective requirements and partnering to improve the system

Collaborations between CoCs and HVRPs differ widely in their attempts to integrate services addressing the needs of Veterans that are homeless. This is due to many factors, but most important is the level of emphasis that a specific community places on targeting Veterans and having employment services for homeless persons a priority in the local CoC network. Where communities prioritize homeless employment services, the integration of HVRPs into the overall system tends to be stronger. Other communities concentrate their focus much more on developing a service network to create affordable housing and case management options for homeless people. In these communities where employment is not a priority, the HVRPs seem to be marginalized in their integration with CoC activities. The amount of collaboration in communities also seems to be impacted by the culture of other key organizations. For example, a cross-system boundary spanning culture is more likely to occur when the VA extends its reach beyond the VA Medical Center to become an active CoC member or the efforts of the local workforce investment board and their one stop career centers includes tailored services to homeless job seekers.

The extent of collaboration between HVRPs and CoCs is also influenced by the presence or absence of a culture that supports partnerships in the agency sponsoring the HVRP. For example, some of the HVRPs interviewed are based within Goodwill Industries organizations (e.g., Houston, Grand Rapids) that have long histories of providing rehabilitation and employment services to people with disabilities but have not necessarily been closely connected to homeless service networks, and these organizations may demonstrate less collaboration with the local CoCs. In other communities, the HVRP is located within a veteran’s organization (e.g., Swords to Plowshares – San Francisco), and its service culture is closely aligned with the VA and other Veteran’s services; yet there tend to be a lack of strong collaborations with CoCs. Still yet in other communities, the HVRP is based in an organization that has well-established relationships within the homeless community (e.g., Volunteers of America – New Orleans) where there is a natural and strong collaboration with CoCs. The need for organizations sponsoring HVRPs to partner in order to obtain resources and expertise and/or to generate

referrals can be indicative of the potential for the HVRP to consider partnerships and collaborations as in its best interests.

We know through literature and experience that collaborations can be effective in reducing and ending homelessness. Through interviews with providers for this issue brief, we found HVRPs that attempt to collaborate with CoCs. However, they sometimes fall short and fail to achieve the hoped for partnership; while others do succeed in a collaboration that produces mutually desired outcomes for homeless Veterans. Based upon the information obtained in our sample communities, the following themes and practices emerge that have the potential to strengthen collaboration between HVRPs and their local CoCs.

1. For HVRPs, define the specific service history of the organization housing the HVRP, and its previous involvement in providing employment services to homeless people. Create a targeted plan for staff (including management) to learn about the local homeless service system (including related planning activities). Once staff members are familiarized with the local homeless system, identify specific staff who can attend activities facilitated by the CoC related to their role as a staff member. For example, in Las Vegas the local CoC offers monthly trainings as well as collaboration meetings for direct services staff that are related to current resources and service needs and are committed to helping staff learn from each other. This same CoC sponsors regular planning meetings in which program managers are asked to participate in strategic planning activities focused on addressing service gaps and solving these gaps through an integrated approach. Lastly, this CoC has monthly board meetings with each meeting broadcast on public television to keep the public informed. This board includes representatives that are specifically selected as advocates for the service providers and homeless people.
2. For CoCs, make ending Veteran homelessness a priority. Identify a strategy to engage the HVRP or as well as new homeless service providers that are not traditional homeless service providers. Offer orientations to these organizations on how the CoC is responsible for overseeing and coordinating all services and resources related to serving homeless people (e.g., needs assessments, types of services, etc.), including Veterans. This can include a discussion about the importance of determining the number of Veterans in the community during the Point-In-Time count as well as collecting consistent data, reporting consistent outcomes and identifying gaps in services needed by Veterans.
3. CoC staff members facilitate targeted meetings with HVRP and other homeless employment service providers to determine how the emergence of employment services fits within the overall homeless service network. For instance, CoC invites an HVRP representative to attend planning meetings, review point-in-time estimates, and discuss partnering potential. Also, invite a manager from the HVRP to participate on the CoC board, especially if the VA or one of its homeless programs is not already actively involved.
4. Identify a representative from the CoC to be involved in advisory and planning activities for the HVRP, based on their needs (e.g. a permanent supportive housing representative).
5. Identify a representative from the local HVRP to sit on the CoC and to chair the employment subcommittee of the CoC.
6. Identify key areas of each program (i.e., HVRP and CoC) that need to be integrated and the best methods for achieving integration, specifically concerning jobs creation.
7. Engage with other homeless services providers in joint planning as well as unified definitions of homelessness prevention and employment outcomes, data entry, reporting, evaluation of success, service coordination, and role identification. For example, it is imperative for a community to plan how the needs of Veterans who are not eligible for other Veterans' services can be served effectively through the CoC.
8. Use community needs assessment required of all CoCs to identify targeted strategies for collaboration between homeless service providers, veteran service providers, the VA, and traditional rehabilitation

service providers that often are the home organization for the HVRP and other homeless employment services.

9. Identify uniform strategies to be implemented by the local CoC to integrate new service providers (e.g., individual organizations) and service networks (e.g., employment service providers) into the CoC. Continuous education of staff, including HVRP personnel about the homeless services and housing network supports an integrated culture as does educating housing and case management staff about the importance of work in the lives of homeless Veterans. The integration of programs builds upon the strengths of program staff and addresses the improvement of staff capabilities and knowledge through educational activities. .

The ability and willingness of all homeless service agencies to collaborate contributes to a community atmosphere in which CoC members and HVRPs can engage each other, access services and meet the needs of homeless Veterans. As we proceed through this issue brief, we will attempt to answer the following questions through the profiles of selected HVRPs and CoCs nationwide and highlight one or two factors that stand out in their efforts to establish effective collaboration that result in jobs for homeless Veterans:

1. How was the HVRP different before it became involved with the CoC?
2. What were challenges and the facilitators of change?
3. What is the impact for Veterans?
4. What does collaboration look like?

Real-Life Problems and Solutions

Planning strategies: *Solutions in action—Grand Rapids*

—Facilitating effective planning strategies that incorporate specific needs of homeless Veterans

In Grand Rapids, the HVRP is located within Goodwill Industries, and thus it has a full array of training and employment services available to Veteran participants as well as all other program participants. These include diverse training programs designed to respond to the current job market in the area, job search and interviewing classes, job development services offered by a team of job developers, and job retention services available to all program participants. Staff members of the HVRP believe they have had significant success with job development and placement despite a very poor labor market and economy in Michigan. They attribute this to the strong reputation of Goodwill Industries, including their long-term relationship with employers and a team of job developers that are experts at finding unique opportunities not often found by other agencies. Goodwill also has a rich history of finding jobs that match the interests and needs of homeless veteran job seekers, which has also made the program a success.

HVRP staff report they are part of a coordinated planning process that is fairly comprehensive and inclusive. Also, CoC representatives in Grand Rapids have a strong understanding of how their responsibilities include facilitating coordination and communication among service providers that support the needs of persons experiencing homelessness. For instance, the local CoC's influence ensures the following: 1) diverse representation on the homeless planning committee that involves different homeless service providers representing specific service gaps and needs; 2) funding needs/service gaps are identified and defined thoroughly and in a timely way; 3) issues of systems change that improve service access and delivery to homeless people are built into all activities; 4) each person is offered case management and other supportive services customized to the individual; 5) supportive and other transitional and permanent housing are accessible; 6) employment services based on stated needs and goals of the participant are available; and 7) specific policies that are responsive to the needs of the population and not based only on resource availability. These elements guarantee that the CoC is truly a system of care that integrates the needs of homeless people (including homeless Veterans) from getting off the street and into shelter.

Key elements of planning activities include the following:

1. Ensure all planning activities are inclusive, transparent, and focused on defining clear strategies and actions for the future.
2. Identify issues that need to be addressed as part of the planning process—be sure to include special participants in planning activities. For example, include employers and business leaders that may not typically be involved in local CoCs planning activities focused on employment.
3. Facilitate planning activities at all levels to address direct services, service systems, funding, policy, and citywide issues that relate to homeless people and homeless Veterans.

Communication strategies: *Solutions in action—Las Vegas*

—Implementing long-term communication strategies that are effective

Southern Nevada Regional Planning Coalition—Committee on Homelessness (SNRPC-COH) is responsible for developing and maintaining all responsibilities related to the CoC. This local CoC has received HUD funds since 1994 to act as a coordinating body. The CoC was restructured in 2005 with the new structure more comprehensive and able to facilitate solid communication across southern Nevada regarding most issues related to homeless services and their funding sources. The SNRPC-COH is a subcommittee of a regional planning coalition that is tasked with oversight of all public issues impacting this region of the State. Since homelessness is identified in the region as a priority in terms of reducing the numbers of homeless people and developing adequate services, the SNRPC-COH oversees all activities and funding sources related to homelessness.

The SNRPC-COH consists of representatives from most public agencies in the region as well as elected officials that meet bi-weekly. These representatives attend regular meetings, and this group is seen as a very cohesive and effective governance body. It includes representation from the VA and the WIA system. Meetings are televised, and as a result, the general public has considerable access to information related to current and new services, challenges facing the service delivery system, policy issues, funding decisions, and priorities in strategic planning.

As an active member of the CoC, United States Veterans Initiative (US Vets) operates housing and services in Las Vegas for homeless Veterans including an HVRP, outreach, case management, transportation, alcohol/drug abuse services as well as a HUD funded permanent housing program. The CoC has three transitional Veteran programs, housing 278 homeless Veterans. These transitional programs provide up to two years of supportive services. Allowing Veterans to get re-established and develop skill sets while addressing medical, mental health and addiction issues and a variety of VA specialty programs. Additionally, there are ten contract beds for intensive inpatient substance abuse treatment.

The CoC reported a 21 % rate of employment for 2009 and 18% for 2010. With the economic crisis and their community having one of the highest unemployment rates in the nation, the outcomes for employment at exit from CoC projects are low. To improve these results, providers will continue to provide job readiness and placement programs to prepare their clients for employment with the expectation that when the economy rebounds and jobs become available, preparing them to be qualified to fill any open positions, thus increasing the income of clients leaving homeless assistance programs. Although the CoC does not have an employment focused committee, it established a Provider Meeting that is monthly meetings with service providers coordinate services. In addition this meeting also serves as a way to provide trainings for service providers that teach staff about resources and how to access them, including staff from the local HVRP who typically attend these meetings. The SNRPC-COH maintains a detailed Website with updated information regarding services and opportunities, and all providers and committee members receive regular e-mails regarding new developments.

The COH committee has been so effective that members of the general public regularly approach staff and committee members on the street to ask how they can become involved and help with community-wide efforts. Committee staff members feel their model has been successful in coordinating information and services and recommend that other communities consider similar strategies in order to strengthen communication between all members (including HVRPs) as well as the general public to create as much transparency as possible that achieve the goal of reducing homelessness. Successful strategies include:

1. Identify and create a governance body that is representative of all aspects of addressing homelessness. Include representatives from government, behavioral health service departments, homeless advocates, school systems, libraries, law enforcement/fire prevention, the workforce system, the Division of Vocational Rehabilitation Services, the Housing Authority, HUD, the VA, service providers, businesses, the faith community, elected officials, and other groups that are part of the overall service and policy network committed to reducing homelessness.
2. Schedule regular meetings that are held frequently enough to allow for adequate discussion and informed decision-making.
3. Make meetings accessible to the general public by televising them. Since homelessness is a very public issue that concerns many citizens, this allows for all issues and discussions to be seen by interested parties and has proven valuable in increasing public awareness on issues in southern Nevada. It also ensures the decision-making process regarding homeless issues is transparent.
4. Create and maintain a Website that contains timely information and is updated regularly. Be sure it includes information on current and new resources, funding sources, changes in eligibility criteria, and other information relevant for service providers or government agencies.
5. Maintain an active and comprehensive e-mail database that is updated regularly. Make sure it can be segregated according to specific interests. Integrate addresses of volunteers as well as providers, government agencies, elected officials, and advocates to ensure all people receive the same information. Make sure veteran service providers and the HVRP are part of this database.
6. Facilitate service coordination meetings and trainings to ensure service providers have accurate and current information about available services, new resources, and eligibility criteria. Host one training and service coordination meeting each year dedicated to resources and issues related to homeless Veterans.
7. Cultivate relationships with non-funded service providers and community members that serve homeless persons and enter this data into HMIS. By having more data and outcomes entered into the HMIS system, a more accurate picture of progress to date as well as needs that require more attention can be obtained.
8. Work with the local the VA to implement their new information system (i.e., HOMES) that has the capability to translate traditional veteran data as well as needs regarding homeless services into a format that can be integrated into the local HMIS system.

Key recommendations for other CoCs and HVRPs include:

1. Make sure there are adequate employment services and employer representatives on the coordinating committee or governance committee of your CoC, including a decision-maker from the VA and a representative of a veteran service provider. Consider establishing an employment sub-committee charged with achieving an identified rate of employment for homeless veteran job seekers using CoC housing programs.
2. Prioritize integration of the VA into the governance body of the local CoC, even if it requires persistent recruitment.

3. Make sure the governance committee of the CoC includes Veteran employment representation as well as VA health care. Such representation might come from the local workforce investment board and/or system members and the Division of Vocational Rehabilitation. This could include the Disabled Veteran Outreach Program (DVOP) specialist or the Local Veterans Employment Representative (LVER).
4. Emphasize the importance of governance meetings held at consistent times with well-defined agendas and meeting notes. Televisе meetings to allow the general public to be aware of current efforts and also to ensure decisions and related conversations are transparent. This gives all providers the opportunity to hear information first-hand and does a lot to hold the governance committee accountable as well as the staff of the CoC.
5. Host regular service coordination meetings and trainings that offer direct service staff the opportunity to learn about new and current resources as well as how these are accessed effectively. Be sure to include housing units, case management, employment services, and Veterans-specific services.

Rural settings: *Solutions in action—Saratoga County Rural Preservation Company*

—Addressing needs of homeless Veterans in rural areas: Solutions in action

The Saratoga County Rural Preservation Company (SCRPC) has an HVRP program that serves over 120 homeless Veterans per year in five counties throughout upstate New York. The program’s overall service area is greater than 6,000 square miles with a total of four staff. Challenges faced by this program include those encountered by other HVRPs (e.g., finding adequate employers and appropriate job matches, especially in this economy); having enough affordable housing resources; maintaining consistent communication with service providers throughout the area that work with these same Veterans; and coordinating effectively with the VA. But, SCRPC also faces unique challenges specific to serving rural communities over a large geographic area. These challenges are compelling and complex and include the following:

1. Transportation for staff and clients is a critical issue. The HVRP budget prohibits overall cost of transportation to exceed five percent of the total grant, but in rural settings this makes it almost impossible to provide adequate travel assistance. Between staff mileage required to find and provide services to clients and to support client travel to the VA and other services as well as job search activities, more transportation assistance is needed.
2. Available transportation, including buses and trains, are limited and have random schedules that are not conducive to clients coming to services. Similarly, those Veterans who may have access to a car are faced with the additional challenges of high gas prices and significant travel distances.
3. Due to the geographic distance covered by this program, the amount of time needed to get to each client and to provide adequate and appropriate services may be much greater than in urban areas. Staff members are challenged to provide services to the projected number of homeless Veterans with the available resources (i.e., maximum amount of an HVRP grant for rural areas is less than that of urban programs).
4. Reporting requirements of the grant add more pressure to rural programs since the amount of time needed to serve each client is greater when travel time is included. Staff members are faced with a constant pull of serving clients and completing paperwork with limited resources.
5. Rural economies are struggling, which diminishes the number of available jobs that are in proximity to where homeless Veterans live.
6. Staff have been challenged to locate adequate affordable housing for clients and have had limited success obtaining Veterans Affairs Supportive Housing (VASH) vouchers for participants.
7. The nearest VA is 28 miles away in Albany, which makes it difficult for clients to access services. Similarly, this distance makes it difficult to have consistent communication between the HVRP and VA that includes effective service coordination and strategic planning necessary to address employment needs of homeless Veterans.

8. The HVRP covers five counties, each of which is included within different CoCs. This has presented numerous obstacles to collaborate with CoC activities since it means doing so with three different CoCs.

In order to address these challenges, the team at the HVRP has been innovative and proactive in obtaining additional resources to help meet the needs of homeless Veterans. These efforts have included: 1) staff creating a supportive services network across the region to provide in-kind items for participants in need; 2) staff traveling to different parts of the county to meet with participants since transportation may be so challenging; 3) staff approaching employers with a marketing campaign focused on the merits of hiring Veterans; 4) staff working with VA and DOL – VETS program managers to modify budget line items so they support the needs of Veterans living in rural settings; and 5) staff collaborating with other service and housing providers to bridge service gaps whenever possible. Results of these efforts include the following:

1. SCRPC obtained CoC funds in Saratoga for transitional housing for homeless families.
2. SCRPC obtained Section 8 housing units for individuals over time—also, the organization has its own housing unit that addresses housing needs of its homeless Veterans.
3. SCRPC has 12 “per diem” housing beds for men and 12 for women at any given time.
4. The HVRP staff member who is the lead job developer is masterful at connecting with employers in different counties and convincing them to hire Veterans by emphasizing the social value of hiring Veterans first, resulting in successful placement of individuals into permanent jobs.
5. SCRPC has identified and obtained alternative resources to help offset the significant transportation costs needed to provide adequate services.
6. SCRPC has strong relationships with Healthcare for Homeless Veterans and the Saratoga County Mental Health and Substance Abuse Services Department.
7. Staff members have cultivated strong relationships with the local courts to address issues such as large child support debts or other legal issues facing this population. The SCRPC is participating in discussions about creating a special Veterans court that would have enhanced focus on supporting Veterans to resolve their issues. For example, having back child support debts prevents Veterans from obtaining licenses for professions that have meaningful job opportunities in the Saratoga area.
8. The SCRPC created the Crisis Action Network, which is a group comprised of service providers serving homeless Veterans in the area. This group coordinates services and resources to meet the immediate needs of homeless Veterans. It was created by a staff member of SCRPC and has been very effective in finding immediate solutions to individuals who have needs such as work tools, adaptive equipment, clothing, transportation assistance, mental health support, and food assistance.

Each of these items has supported the HVRP in reaching their outcome and placement goals. For instance, staff members at SCRPC have done a remarkable job supporting their homeless Veterans, placing 74 percent of participants into meaningful, competitive employment. They offer the following recommendations for achieving positive results in a rural HVRP program while working together with local CoCs that include:

1. Identify outreach strategies that focus on using staff time and travel costs as efficiently as possible, including recruiting new participants as well as providing services for existing participants. This is crucial due to so many resources being stretched and can result in more Veterans receiving positive services and outcomes.
2. Work with local CoCs to obtain housing resources that are in the closest proximity to where homeless Veterans are located and where there are more available employment opportunities. For example, the Saratoga HVRP was able to secure over 35 units of housing by working with the local CoC to apply for their own supportive housing units and to advocate for the ongoing creation of more affordable housing units across the county.

3. Create a service network focused on long-term service coordination across the geographical area served to ensure homeless services agencies have the capacity to address employment and supportive services needs as well as other immediate needs of Veterans. SCRPC found they are able to address many of these immediate needs quickly by having this network available to provide for needs such as housing assistance, housing retention support, legal resources, benefits counseling, and specialized resources for women.
4. Work with program officers at DOL – VETS to identify remedies to the challenges of transportation costs exceeding five percent of the total contract that is currently allowed within HVRP grants.
5. Identify and obtain alternative resources that can be used to augment travel and service costs such as a) enrollment into the Division of Vocational Rehabilitation if eligible so that other supportive services are available during a job search; b) utilize supportive service funds in other service and housing budgets to augment costs of job searches; and c) create a crisis action network that can trade resources and assist network members in meeting the client needs in a timely way.
6. Work closely with other housing organizations and the Public Housing Authority in your area to identify potential and current housing resources. This could include planning for future affordable housing to be targeted towards homeless Veterans and their families and submitting timely applications to HUD or the VA for VASH, Shelter Plus Care, and other housing subsidies.
7. Conduct outreach to and recruit local employers to understand the value and benefit of hiring a veteran into any given job. Presenting Veterans as potential workers that have strong skills from their military experience and often have significant educational backgrounds can help deliver this message. For example, one client served by SCRPC in the last five years obtained a job through the HVRP in a local business doing inventory work and is now a patent attorney in Washington, D.C. She needed the support offered by the HVRP to re-enter the workforce, and then was able to capitalize on the skills and education she had obtained prior to entering the military. Marketing the skills and experience of Veterans as well as community benefits to hiring Veterans is a positive way to encourage employers to hire HVRP participants.

Integrating data: *Solutions in action—Tucson*

—Integrating service data and outcomes from HVRP into HMIS

In Tucson, the CoC is known as the Tucson Pima Collaboration to End Homelessness. The chairperson of the CoC is also the program director of the HVRP, and thus a significant level of collaboration occurs through this cross-representation, which helps enhance understanding about the details of program operation that can lead to better collaboration, service delivery, and reporting of related outcomes.

Tucson and other communities interviewed have been asked to integrate their data related to homeless Veterans into the CoC (i.e., HUD's) HMIS system. Many communities have not yet found a way to achieve this, but Tucson has been a leader in implementing new procedures developed by DOL – VETS and has been successful in collecting data and submitting it through the VA into a format that is readable by HMIS. This data will ultimately be integrated into the Tucson's CoC central HMIS database.

Tucson was able to do this through the recent introduction of the HOMES, which was developed by the U.S. Department of Veteran Affairs (i.e., April, 2011) in direct response to requests from HUD to integrate data relating to homeless Veterans into the HMIS so that information regarding homeless people is more comprehensive and inclusive. Concerned about protecting confidentiality of Veterans regarding services received, the VA created the HOMES system to protect confidentiality while transferring necessary information to the HUD HMIS.

Using this system, different veteran's organizations (e.g., HVRPs, Healthcare for Homeless Veterans, etc.) are being asked to enter data that is submitted to a central database in Washington, D.C. Data is then transferred to the HMIS where it is integrated into the overall HUD data information. Since this is a new system that has not yet been fully implemented, "glitches" are still being resolved. The HVRP program in Tucson recently submitted data in this manner and is pleased to have completed the first round. The next step of refining the system is for the VA to identify how this data can be aggregated and sent back to CoCs so there is a comprehensive local overview of the number of homeless people being served and resulting outcomes.

Other Veterans' organizations in different communities and their VAs are still preparing to implement this data collection process. During interviews, we found that CoCs and HVRPs have diverse levels of communication and coordination with local VAs, which is often dependent on the local VA leadership. With specific goals for ending homelessness, including ending veteran homelessness over the next five years, the need for integration of data on homeless Veterans has become more crucial. Of the interviews conducted, Tucson was the only one that reported implementing the HOMES system so far. Other communities acknowledged that HVRPs are just beginning to plan implementation for submitting this data. Tucson has also been effective integrating homeless services offered to Veterans with those of the CoC in numerous ways, and this has helped make data collection and coordination in reporting regarding overall outcomes possible. Critical to the success of this process has been:

1. Representation of the HVRP on the CoC (i.e., in Tucson the program director of the HVRP is the chair of the CoC) ensures a high level of service coordination and integration of issues related to homeless Veterans (especially employment) into strategic planning activities of the CoC.
2. The executive director of Healthcare for Homeless Veterans sits on the oversight committee of the CoC, which adds another element of representation directly from the VA on the CoC.
3. The HVRP is fully integrated into housing and services funded through the CoC. The same organization that runs the HVRP also manages six transitional housing projects—all supported by HUD Supportive Housing Program (SHP) grants. This overlap allows individuals who are in the HVRP to access an apartment supported by SHP funds for up to two years, during which time, the participant can obtain permanent employment and personal stability.
4. Integration of CoC and HVRP resources results in Veterans accessing employment opportunities and stable housing at the same time and prevents the person from having to move out of transitional housing during the time he/she is trying to stabilize other aspects of their life. The scattered site model used by Tucson allows the individual to find an apartment that may be located in closer proximity to a new job. Once the person is stable, he/she is discharged from the transitional housing program but stays in the same apartment. At the same time, the participant lives in transitional housing and receives case management services; he/she is also enrolled in the HVRP for employment services to receive assistance in finding a job. This encourages a higher degree of personal stability for each participant. In addition, this housing resource is available to homeless Veterans with families and individuals coming out of incarceration through the same HVRP. Integration of transitional housing in a scattered site model combined with enrollment in the HVRP to find employment demonstrates a true integration of the HVRP and CoC in Tucson. As an extension to this, the CoC is consciously pursuing housing funds that serve homeless Veterans as a direct resource for individuals who are participating in the HVRP.
5. Planning for homeless Veterans is an integrated part of the scope of work of the CoC with pursuit of new resources that directly address the needs of homeless people in Tucson. As a result, the amount of "siloes" planning is minimized and the population of homeless Veterans is viewed as an integral part of the overall homeless population. Due to this planning, the CoC in Tucson has applied for transitional housing grants consistently over the last 13 years (especially since the HVRP was implemented), each of which includes case management services for the residents. Their ability to

obtain transitional housing, supportive and clinical services, and employment resources through the HVRP has resulted in most participants stabilizing in the program and not returning to homelessness.

Specific recommendations for individual communities to achieve the goal of integrated data entry and related outcomes include the following:

1. To identify gaps in employment services, accurate data collection together with analysis is critical. If data collection across the CoC includes data from the HVRP, the CoC is able to assess how employment goals and needs of homeless Veterans are being met and how the system may need to be augmented in order for a full array of employment resources to be available. This timely and accurate collection of data can also be useful in encouraging the local workforce systems to be more responsive to the employment needs of homeless people, including homeless Veterans. Data that is shared by the HVRP and the CoC offers a more comprehensive view of how Veterans are being served overall, and specifically addresses how Veterans are obtaining employment services.
2. Make a request to your local CoC and HUD representatives to sponsor meetings with the local VA to have conversations about making data from each service delivery system compatible. The common ground is that each system offers different supports and services to the same veteran clients. If you are able to contact representatives at the federal level in HUD and the VA, ask if it is possible for them to direct local communities to develop and to implement goals of sharing data about homeless Veterans. This can be done using the HOMES data system recently implemented by the VA.
3. Once an agreement is reached to implement the HOMES system in a community, it is important to assign a team of people to review data collection systems of the HMIS and HOMES and to identify data fields that need to be shared. Focus on the parts of each database that discuss services and outcomes related to employment of homeless Veterans.
4. Work with the VA to implement the HOMES database system and to train staff members to enter relevant data. The VA submits this data to the centralized database in Washington, D.C. where it is transferred in aggregate form to the centralized HMIS database. To complete transfer of information, it is planned that this information will ultimately be sent back to local communities from where it originated (i.e., in aggregate form) to identify total numbers of homeless people, to understand relevant outcomes, and to plan for needed services.
5. Work with staff and management to define shared terms and outcomes. For example, make sure all staff members know how to define common outcomes such as “job placement,” “job retention,” and other outcomes that are related to the same homeless Veterans.
6. Train staff members from each service system to understand what data is being tracked across the whole system and why; learn about different service cultures—how they differ or are the same.

Job placement: *Solutions in action—Houston*

—Achieving positive job placement goals

We selected an HVRP located within Goodwill Industries of Greater Houston, which is one among four organizations operating HVRP programs in Houston. Goodwill Industries is focused on providing effective training and employment services for many different populations. Since they hold employment services in high esteem, the overall organizational culture includes maximizing employment by co-locating as many employment-related services under one roof as possible. The success of this HVRP draws upon the diverse resources available from Goodwill Industries, their relationships, and the reputation that Goodwill Industries has with employers and other employment service providers (e.g., Goodwill Industries’ relationship with the Division of Vocational Rehabilitation).

Houston’s HVRP (i.e., housed by Goodwill Industries) has a remarkable 98 percent placement rate for all participants. In addition to a Veterans Workforce Investment Program (VWIP) grant from DOL, this Goodwill

Industries runs three separate HVRPs that are within its unit that targets the employment needs of homeless Veterans as well as female Veterans, Veterans with families, and Veterans who are transitioning out of incarceration. Staff members from the VWIP and HVRPs attend monthly service coordination meetings facilitated by the CoC in Houston. In addition, the HVRP's executive and associate directors are invited to attend CoC strategic planning committees. Both HVRP and CoC staff members report at this point in time there is not an extensive amount of coordination and integration between them; however, efforts are being made to recruit the VA to participate in the CoC and to become a more active player in ending veteran homelessness along with making this a priority of the local CoC in Houston. Since Goodwill does not own, sponsor or operate housing programs, it partners with many community based housing programs in the CoC as well as private owners to secure housing for HVRP participants. At one permanent supportive housing site, Goodwill outplaced one of its (non-HVRP) staff at the housing site to provide employment services to tenants. According to Goodwill Industries direct service and management staff, the key to successful job placements enjoyed by the three HVRPs include the following elements:

1. Goodwill Industries has significant national name recognition that increases its visibility and interest of employers to partner in placing HVRP clients into jobs. Several benefits associated with this visibility and organizational resources include:
 - Goodwill Industries job development staff constantly cultivate new and existing business relationships with local employers.
 - Goodwill Industries hires clients directly into positions within the organization.
 - HVRP staff members have more time to focus on job retention services.
2. Goodwill Industries is considered a business as well as a non-profit organization with management staff members participating in many business groups and councils (e.g., Chamber of Commerce, Small Business Association, etc.). Through participation in these groups and their events, Goodwill Industries is able to make significant contacts with local businesses that are looking for good and reliable employees. These business contacts are brought back to staff at the HVRPs and other Goodwill employment programs, resulting in new employer leads for job placement staff.
3. Goodwill Industries has a long-term relationship with mental health clinics in Houston and HVRP staff members feel it is relatively easy to get participants clinical services as needed to support job retention.
4. HVRP staff members have a strong commitment to the core value that every participant deserves a job (e.g., work closely with every participant to identify and obtain a strong job match). Other critical elements include:
 - HVRP staff members of the three HVRPs work closely together as a team to identify employers that are good matches for job seeking participants.
 - HVRP staff members focus on job development within diverse employment sectors that are receptive to hiring individuals who have job barriers or who are in an employment program.
 - HVRP staff members have a well-established working relationship with the Division of Vocational Rehabilitation and the workforce system, which has developed from Goodwill Industries' history of providing employment services to individuals with significant work barriers.
 - HVRP staff members make efforts to collaborate closely with the local CoC (e.g., attending planning and service provider meetings, sitting on committees, etc.) and the value of this collaboration is evidenced by increased housing opportunities, supportive services, outreach/recruitment, and good job referrals of veteran participants who want and need employment services.
5. Houston is divided into business zones that have oversight councils, and HVRP staff members have cultivated business relationships with members on these councils resulting in effective job placement opportunities.
6. Houston has a veteran's representative appointed by the Mayor who acts as a direct advisor on Veterans' issues who encourages local employers to hire Veterans whenever possible.

Key recommendations for other HVRPs include the following:

1. Incorporate employment activities and services of the HVRP into a larger job placement and retention service environment (e.g., the Division of Vocational Rehabilitation, workforce system, DVOP), whenever possible. This provides support and resources to HVRP staff, gives Veterans the opportunity to receive continued services even after eligibility for participation in the HVRP expires, and offers name recognition and reputation of a larger employment organization as a reference source to the capabilities of the HVRP and its participants as well as allows HVRP staff members more time to deliver job retention support.
2. Encourage HVRP and CoC staff members to share job leads and openings and avoid the inclination to be possessive about specific employers. Having a shared vision of getting as many individuals as possible placed in jobs rather than retaining “special” relationships with specific employers has had very positive results in Houston.
3. Learn about incentives and opportunities available to employers if they hire HVRP participants and use these as ways to stimulate hiring Veterans. For example, Goodwill Industries staff members use incentives such as tax credits, wage subsidies, and work experience funds from the Division of Vocational Rehabilitation.
4. Be informed about all resources available from the local workforce and Division of Vocational Rehabilitation systems, in addition to those provided through the HVRP. The number of supportive services, employer connections, and capacity to provide effective job retention support is enhanced by having strong relationships with these groups and resources.

Incorporating business/military leaders: *Solutions in action—New Orleans*

—Incorporating business and military leaders into the CoC and HVRP planning activities

In New Orleans, the HVRP is operated under Volunteers of America and is located in the same building as the Per Diem Housing Program. Both programs have the same manager, which allows for consistent coordination between the programs. Staff and management place participants into a variety of permanent jobs. They believe the key to successful job placement is due to relationships fostered with employers. The consistency of relationships formed with employers allows staff members to place Veterans with diverse barriers into employment, including criminal histories or mental health disorders. The HVRP manager attributes their success to several factors. First, he is a veteran himself and understands Veterans’ issues through personal experience. He also cultivates relationships with different trades’ persons and contractors in New Orleans as well as meets with the planning department in New Orleans responsible for issuing new building permits. He also meets with contractors bidding on contracts issued regularly for rebuilding different parts of New Orleans. He has learned to advocate for job opportunities for HVRP participants on these contracts before they begin, thus achieving a very high placement rate. Second, a number of his friends and colleagues are retired military officers who have continued to be involved in the community of New Orleans as leaders and advocates for Veterans.

Involvement of business and military leaders in community issues related to Veterans has led to New Orleans demonstrating a strong commitment to integrating the needs of Veterans into the city’s overall strategic plan. This includes planning that has been ongoing since Hurricane Katrina as well as specific planning focused on addressing the needs of homeless Veterans. In addition, the Mayor of New Orleans developed an advisory committee of military personnel (i.e., active and retired) that provide input and make recommendations to the Mayor and his staff on Veterans’ issues of all types. The results of having this committee are many, but two significant outcomes are that: 1) many military leaders are also businessmen and community leaders who are instrumental in prioritizing hiring of Veterans; and 2) these leaders have been champions for ensuring city agencies and the general public is aware of the numerous challenges facing Veterans, including those who are homeless.

The HVRP manager believes the Mayor’s advisory committee plays a meaningful role in supporting placement of Veterans into local jobs as well as in creating public awareness about challenges faced by Veterans returning to our communities. The existence of this advisory committee symbolizes the commitment of the local leadership to make re-entry of Veterans into the New Orleans community as positive as possible. The Mayor’s advisory committee also encourages the CoC to integrate the needs of homeless Veterans into its overall planning effort and holds a seat on the CoC.

The needs of homeless Veterans in New Orleans have a high visibility, and the HVRP enjoys significant support from the Mayor’s advisory committee due to the influence this committee has on issues related to Veterans, including the CoC and the VA. This has resulted in increased job placements of Veterans as well as better access to housing resources. The following factors are cited as important in achieving these results:

1. Numerous military personnel are business leaders and management staff for non-profit organizations in New Orleans. These individuals support Veterans to pursue positions of leadership and encourage them to be advocates for Veterans’ issues and the importance of hiring Veterans with other business leaders. Because Veterans have been involved at all levels of program services, including management and public oversight, a supportive and empathic services system has evolved. It is also very important to have Veterans and military leaders get involved with CoCs such as serving on a planning committee.
2. The New Orleans CoC incorporates recommendations from the Mayor’s military advisory committee into its planning activities when appropriate, including recommending specific employers and labor markets that have opportunities available; encouraging the CoC to train local providers and their staff to demonstrate culturally competent language and actions when offering services to Veterans; identifying projected numbers of Veterans currently in the area as well as new Veterans who may be coming into the area; and identifying strategies for educating the greater community of New Orleans in how to best welcome and serve Veterans in the area.
3. Leaders of other public agencies (e.g., Department of Human Services, Public Housing Authority, etc.) know about the Mayor’s advisory committee and work with it to cultivate services for Veterans.

Recommendations for other HVRPs include the following:

1. Establish communication with military and business leaders to assist in prioritizing employment of and adequate affordable housing for homeless Veterans in the community.
2. Submit formal requests to governance bodies of your community to establish an advisory committee or designate staff members who are focused on the issues of Veterans. In Houston, there is a staff member appointed by the Mayor who oversees Veterans’ issues; in New Orleans, the advisory committee was appointed by the Mayor as a demonstration of the city’s commitment to the veteran population.
3. Work with your CoC to include advisors that are dedicated to increasing employment opportunities for Veterans who are homeless (e.g., identify CoC staff to be on a military advisory group to the Mayor).
4. Identify a champion that has a voice in the community and the ear of the local leadership to address different needs of homeless Veterans. Identify program providers as well as policies that should be supported by local government, the HVRPs, the CoC, and the VA.
5. Encourage CoC and HVRP staff members to work with a military advisory committee to sponsor policies and laws that improve opportunities available to all Veterans, including homeless Veterans.

Learning about different service cultures—how they are different and the same

In all six communities interviewed, HVRP staff members attend CoC service coordination meetings, but participation in ongoing planning activities by HVRP staff with the CoC seems to be less consistent in most of

the communities except Tucson. HVRPs and CoCs in the majority of the communities interviewed continue to operate somewhat independently, and collaboration between the two is in early phases in areas such as strategic planning, cooperative agreements, shared funding applications, and data collection. This is beginning to change with different systems giving more consideration to each other in the areas mentioned previously, but true collaboration and coordination has been sporadic in most of the six communities. In Tucson this has been remedied because the chair of the CoC is also the program director of the HVRP so collaborative and shared fundraising, services, and strategic planning are inherent in the program development process.

Division between these programs can partially be attributed to the funding streams for each which originates within separate federal agencies – HVRPs are typically funded by DOL – VETS, while CoCs are typically fund by HUD. This division affects reporting requirements, service expectations, projected outcomes, program guidelines, and timeframes—each of which are often different since the federal agencies have diverse functions and missions.

In many communities interviewed, the employment services provided by the HVRPs have been successful due to their relationships with the rehabilitation or workforce communities and employers more than relationship with the CoC. In some communities, the emphasis on employment services is minimal, and CoCs are just beginning to strategize about how to bring the HVRP and other employment services into the CoC planning activities. In one community interviewed, there are no CoC funds targeted for homeless employment, and employment services are only obtained if the individual qualifies for services within the local workforce system. In another community, collection of data regarding employment outcomes is kept to a minimum with a conscious effort made to update the HMIS, but not to integrate more comprehensive employment outcome measures. The reasons for these differences are discussed in a later section. Overall, each grantee interviewed (i.e., HVRP or CoC) felt they are one of few programs offering real employment services, other than those available to people with disabilities or TANF recipients. As a consequence, Veterans who are homeless are not able to access or receive the vocational services they need.

In order to integrate homeless employment services (including those offered to Veterans through HVRPs, VWIP, and other veteran-specific opportunities), grantees felt the following actions are important:

1. Make sure community needs assessment conducted by the CoC and “Point-in-Time” counts include specific questions about job services and opportunities as well as about veteran status. This should include employment services that are available to homeless people, but not funded through the CoC as well as services provided by the HVRP, other veteran’s services, or information from the VA. It should include services funded by SAMHSA, Medicaid, Social Security, and the Division of Vocational Rehabilitation Services, all of which fund the majority of employment services for people with mental illness and substance abuse issues, including Veterans.
2. Survey homeless service providers, including those that do not receive CoC funds, to gain an understanding of how many Veterans are being served across agencies participating in the system and how many homeless Veterans request employment services.
3. Envision and articulate a strategic plan for employment services targeting homeless Veterans that provide core employment and job search services for all Veterans who are homeless and interested in accessing them. Ideally, the plan should contain training and mentoring opportunities, job coaching (if needed), and job retention/career advancement support for at least six months after the date of hire. Many homeless Veterans, as well as homeless people generally, need this level of support. If local homeless services systems acknowledge the depth of this need and the overall value that can be gained by having services available on the front end of the service system, many services supporting recidivism can be reduced. Within this system, be sure to include employment services funded by alternative departments such as SAMHSA and Medicaid.

4. Ensure elected and appointed officials, the VA, business leaders, employment service providers, the Division of Vocational Rehabilitation, the Workforce Division, DOL-VETs staff (i.e., DVOPs/LVERS), the Department of Human Services (i.e., the division that oversees Medicaid and supported employment funds), and the Social Security Administration participate in the CoC and are aware of and support the needs of Veterans who are homeless.
5. Ask service providers at shelters, emergency services, and supportive housing organizations to identify how many of their participants that are Veterans want employment services as part of their overall “treatment” plan and provide this estimate to the CoC to use in determining local employment strategies.

Integrating homeless employment services into the overall CoC

Developing networks of employers that can be called upon to hire Veterans who are homeless has been a primary focus of national employment initiatives over the past number of years.¹ Resources can be used to identify jobs for people with disabilities within specific industries such as light manufacturing, hospitality, food and beverage services, to name a few. Similarly, there have been supported employment programs that developed extensive relationships with employers. Examples include mental health service agencies in Detroit that have established strong referral relationships to jobs within food services at the Detroit International Airport as well as sports arenas. In Denver and Indianapolis, mental health service agencies have cultivated numerous job opportunities with large hotels and restaurants. Within each community that has a CoC, HVRPs might consider cultivating employer networks specifically interested in hiring homeless people in general, and specifically homeless Veterans. HVRPs should also consider including representatives from these networks on a local CoC oversight body to bring the perspective of an employer to the strategic planning process and to expose employers to the complexities of the issue of homelessness.

Since the HVRP is a distinctive program with specific goals focused on employment for homeless Veterans, several grantees cultivated employer relationships that prioritize hiring homeless Veterans. No examples were given during interviews of jobs obtained through HVRP/CoC collaboration, but rather through job development activities and business relationships cultivated by managers of agencies housing HVRPS and local business owners. Some of these jobs include the following:

1. “Green jobs” in areas of construction, including solar panel production and installation; weatherization; production of windmill parts; and installation of rails for new public transportation projects. Several cities in the western United States have an organization known as “Veteran Green Jobs Initiative.”
2. Hospitality (i.e., hotels, related vendors, and restaurants) is an industry that has been responsive to the idea of building an employer network that shares a common goal of hiring people with job barriers. This industry is appealing due to the number of career pathways that exist once you are “in the door.”
3. Food and Beverage Service, especially in different institutions (e.g., colleges, hospitals, skilled nursing facilities, etc.), is another industry that is onto the idea of creating and participating in employer networks.

Certain cities and grantees (e.g., HVRPs in Houston, New Orleans, and Grand Rapids) discussed how working with groups of employers has increased the number of job opportunities for homeless Veterans, such as hospitality employers and downtown businesses. Working with a network creates a sense of camaraderie

¹ See HUD Employment lecture 8: Employment services for homeless Veterans at <http://www.hudhre.info/index.cfm?do=viewEmpAudioLecture8>.

among employers, allows for staff to address challenges and issues as a group rather than focusing on one employer or participant, and creates a feeling of peer pressure and accountability between employers and staff.

CoCs should consider integrating development and maintenance of employer networks as an action step within local strategic planning efforts and include representatives of these employers' networks as members of the CoC. Employer networks may have a larger agenda than just hiring people (such as community service) and are often willing to act as champions and advocates for a specific issue.

Additional Recommendations to Improve the Connection

HVRP participation with VASH applicants

—Messages to housing case managers and HVRP staff to promote HVRP participation with VASH applicants: how to learn about each other and work together

HVRP and Veterans Affairs Supportive Housing (VASH)² programs require participants are homeless at the time that they apply for, are accepted, and receive services. If someone is already living in VASH housing, they will not qualify for the HVRP since they are no longer homeless. VASH units are part of the CoC housing inventory whether the units are operated by the VA or community based organizations. Every CoC seeks to integrate service programs with permanent housing for individuals with special needs, including the connection between mainstream or other non-HUD funded services to housing programs in its inventory. To use both programs most efficiently as well as the VA Grant and Per Diem (GPD) Housing Program, the following recommendations might be considered:

1. Once someone is enrolled into the HVRP program, work with them to identify a housing strategy that may include moving into a GPD bed, and then into a VASH subsidized unit. It is important to enroll people into HVRP before they actually move into a VASH unit since at that point they are no longer eligible for the HVRP enrollment process. Timing of this can be confusing and contradictory, thus the local CoC could be very helpful in creating documentation of homelessness that can be used to qualify for both programs. It is also useful for HVRP staff to be aware of CoC funded housing and services in the community so that HVRP veteran participants can access these services as well.
2. If someone moves into GPD Housing, and then into a VASH unit, continue providing HVRP services as long as your program allows so the participant receives job retention support. If the HVRP is coordinating well with services funded through the CoC, HVRP participants may be able to access housing retention support through agencies funded through the CoC. Housing resources available through the CoC (e.g., Shelter Plus Care, SHP Housing, Section 8 units, etc.) should be well marketed and known to HVRP staff and participants.
3. As someone moves into GPD Housing, and then into VASH units, coordinate employment services with staff providing case management support to these individuals. In communities such as Tucson, where the CoC and HVRP services are well coordinated and overseen by the same agency, ongoing case management and job retention support are offered to all participants.
4. Think of the provision of case management services connected to VASH units and HVRP employment support as an integrated service model with each staff providing coordinated support. Try to avoid the idea of "handing off" a participant from one staff to another since the ideal is to have services remain

² HUD-VASH assists homeless Veterans and their families afford decent, safe, and sanitary housing through the distribution of housing vouchers. Beneficiaries are selected based on certain requirements including health care eligibility, homelessness status, and income. Since 2008, beneficiaries are no longer required to be chronically mentally ill or have chronic substance abuse disorders. However, chronically homeless Veterans are a target population for HUD-VASH. <http://www.hudhre.info/index.cfm?do=viewHudVashProgram> (accessed 9/14/11)

uninterrupted and to provide ongoing support to participants. The practice of ongoing support in the form of case management as well as employment job retention support is evident in communities such as Sarasota where the same agency runs the HVRP, supportive housing, and related services. Tucson also manages supportive housing that is funded by the CoC as well as the primary HVRP in the area.

Understanding the range of services provided by all homeless providers in your community

Throughout our conversations with HVRPs and CoCs, a common message emerged for a need to understand services provided by HVRPs and CoCs more thoroughly and to plan for the needs of all homeless people together. This type of planning can be done at all levels and includes several activities: 1) coordinating effective daily services for all Veterans within the HVRP and CoC systems; 2) addressing gaps in services immediately as well as over the long term; 3) identifying how Veterans will be served by the CoC and Veterans' service systems in a collaborative fashion that provides continuous supports for individuals; 4) identifying services that do not exist and should be created; and 5) defining policies within and between service systems to provide effective services.

Several ideas to increase and sustain linkages between HVRPs and CoCs include the following:

1. Conduct a community-wide needs assessment in coordination with your annual "Point-in-Time" count that is focused on resources available as well as service gaps specifically for homeless Veterans. Ideally, this includes the CoC and Veterans systems, the behavioral health services system, the rehabilitative services system, as well as services that exist for homeless people but not publicly funded.
2. Identify community leaders sympathetic to the needs of homeless Veterans (e.g., elected officials, appointed leaders, and peer advocates, etc.) and support their efforts to champion housing and employment strategies to end Veteran homelessness. Include touring HVRP and housing programs to help these leaders understand the issues as well as photo opportunities and newspaper articles to garner public support.
3. Facilitate planning activities or join existing efforts that review current services and identify emerging needs at least annually. Attend the annual review of your City's Consolidated Plan to insure the needs of homeless Veterans is included.
4. Make commitments to pursue new funds from federal and other sources to augment services for homeless Veterans.
5. Initiate regular meetings focused on homeless Veterans' services and related coordination. Consider establishing an employment workgroup or committee to increase the employment of homeless Veterans and employer partnerships.

Military discharges

—Military discharges can be an issue for accessing VA services and impact CoC and HVRP services

The categories of military discharge are: honorable, general (i.e., under honorable conditions), other than honorable, bad conduct, and dishonorable. Estimates suggest that about nine out of every ten homeless Veterans have been discharged honorably.³ Honorable and general discharges do not affect a veteran's eligibility for benefits, while the other types of discharge limit or bar a veteran's access to benefits. Additionally, military discharge status affects applications for employment, security clearance, and credit. Veterans can appeal to have their discharge status changed, a process with which attorneys and Veteran Service Organizations (VSO) can assist.

³ National Coalition for Homeless Veterans. (2006). *Employment assistance guide for providers serving homeless Veterans*. Washington, DC: Author.

The good news about work and Veterans' benefits is that eligibility for some important benefits, particularly disability payments and health care for those with a service-related disability, is not generally affected by the Veteran's work status, and Veterans with service-related disabilities work in a wide variety of jobs. Thus, the eligible veteran can work toward employment goals while having a "safety net" in place. HVRP requires that applicants have an "other than dishonorable discharge."

Since some Veterans are not eligible to receive VA or other veteran-specific services based on discharge status, some of the communities with whom we spoke have taken steps towards anticipating how many Veterans will need services through the CoC system and identifying specific resources for these individuals. Several communities allocated CoC funds to do the following: 1) create affordable housing, 2) provide housing/case management services that target homeless Veterans, and 3) provide access to employment and other services within the CoC and workforce system that are focused on Veterans.

Suggested action steps to plan for veteran service needs based on discharge status include the following:

1. Identify specific strategies for counting the number of homeless Veterans in your community that do not qualify for comprehensive Veterans' services. Use local "Point-in-Time" counts, community needs assessments and current surveys with service providers to establish a baseline number of individuals who fit into this category.
2. Request ongoing meetings between the VA and CoC to identify what services are needed for Veterans that are homeless, but not eligible for VA services and can be funded by CoC resources. Think about housing, employment, supportive services, and clinical resources. Include employment programs at local workforce centers (e.g., VWIP, etc.) in these conversations.
3. Provide training to staff in all CoC agencies so they understand the challenges and barriers faced by homeless Veterans seeking employment. Also, identify specific resources in the community that offer services needed by Veterans, but are also supportive, culturally competent, and compassionate to the unique nature of their needs.

Integrating resources

—Focus on integrating resources as a community effectively—what collaboration SHOULD look like

To address veteran's needs and to integrate resources in a community, it is important to pay attention to several important indicators. Specific actions that should be made by HVRP and CoC staff in partnership include the following:

1. **Define common goals and outcomes.** Begin by reviewing primary service goals and outcomes for the HVRP and CoC with regards to veteran's employment and overall personal stability. Make sure these are consistent and not contradictory between each system.
2. **Define common definitions of outcomes.** By establishing common definitions for program goals and services, specific outcomes can be measured and shared between HVRPs and CoCs. An example is to have a consistent definition for what constitutes a "job placement."
3. **Coordinate funding streams.** Begin by reviewing funding and in-kind resources for homeless Veterans who are seeking employment. Create a targeted strategy for efficient use of these resources and avoid overuse—this helps stretch resources and limits confusion for participants.
4. **Define roles.** Specifically, identify the role a local HVRP has within a community's homeless service system and define how anyone who requires Veterans' services can access veteran services.
5. **Make a commitment to provide consistent and regular communication.** Avoid vague referrals to the HVRP by other community service providers or referrals to them by HVRP staff without an understanding of the specific benefits that are available to clients through a referral. It is not fair to a participant to send them to another location without clarifying exactly what he/she will receive upon arrival. This requires CoC, HVRP, and local service providers to communicate consistently and establish

mutual goals that have positive impacts on individual participants as well as the larger service delivery system.

Identify champions

—And empowering them to advocate for change

Many of the HVRP and CoCs with whom we spoke agree that having effective champions who bring more attention to the issues of homelessness, Veterans, and the need for solid employment opportunities is an important factor in the overall success of a program. Some of the most effective champions have been citizens, business owners/employers, elected officials, peer participants, and retired Veterans. In some communities, these champions are on CoC coordinating committees or advisory boards and are also involved in city council and other legislative bodies. The role of champions may differ between communities and is dependent on the specific style and passion of each individual. But, in each case, having a champion who is supportive and passionate about the issue, believes strongly in what is being attempted, is respected and heard in the community, is usually viewed as a leader, and is someone who has learned about the issue and has personal reasons for becoming directly involved lends considerable strength to local HVRP programs and efforts to employ homeless Veterans.

Action steps that can be taken to cultivate local champions include the following:

1. Research the personal backgrounds of public staff members and elected officials to identify those who have personal connections to the issues of homelessness and Veterans or are Veterans themselves.
2. Establish a team of individuals from your program who are passionate about the issues (i.e., homelessness, Veterans, employment), are comfortable speaking to others about these issues, and who have the desire to share their reasons for being involved. Identify individuals you want to talk to and why. Then, create a consistent message for the HVRP program that becomes a theme recognized by the community and public.
3. Make sure potential champions have the latest and most positive information related to your program and the issues (e.g., placement information, new employers, special interest stories, etc.).
4. If you have one or more effective and committed champions, work with them to get the message of the HVRP program and issues Veterans face into the community and to potential employers whenever possible. For example, advocate among employers to prioritize homeless Veterans for new work projects and job opportunities. These efforts can reap positive benefits for everyone.
5. If your champions are in leadership positions, make sure they have accurate and updated information about specific issues that need to be addressed. A consistent desire expressed by all HVRPs interviewed is the need for more VASH vouchers and access to affordable housing for all Veterans, including those who do not qualify for Veterans services because of their discharge status. This is an excellent talking point for champions who are often community and business leaders.

Next Steps

How to face challenges

As your HVRP and CoC tackle the issues presented in this paper, we recommend you use the following questions (or similar ones) to facilitate conversations and to form action plans.

1. What are the main challenges and barriers that need to be addressed to improve collaboration and coordination between the HVRP and CoC? Be specific about actual challenges and list steps required to remove challenges and barriers.
2. What is the most significant challenge to address? Why is it the main challenge? How urgent is it?

3. What additional resources, assistance (e.g., political or other), or partnerships are needed to address the challenge(s)? Since many providers mentioned the desire to have better coordination with the VA, who can help you to achieve this?
4. How will you know when the challenge(s) or barrier(s) have been adequately addressed and resolved?
5. What positive, measurable outcomes will occur as a result of overcoming this challenge or barrier?

Summary

Employment assistance is a core service that is needed to end homelessness for Veterans. Employment is important not merely for the economic gains that work brings, but also because by working, Veterans adjust to and participate actively in their community as well as contribute to their own well-being. Although the HVRP and CoC programs are supported by different funding streams, they have often come about through unique pathways, but there is ample common ground for working together. Currently, the connection between HVRPs and CoCs varies in communities across the country. In some, the linkage is a strong with vibrant working partnership, while in others more needs to be done to make an effective connection. The keys to collaboration are in the hands of leaders, planners, program directors, and staff because partnership occurs at multiple levels (e.g., systems, programs, and practice levels). Thus, the responsibility for making connections work for the benefit of Veterans experiencing homelessness rests with us all.

In this issue brief, we presented lessons that emerged from information obtained from a small number of HVRP grantees with circumstances and relationships with their CoCs different in rural and urban environments that often require diverse approaches to collaboration. In some instances, differences are based in the HVRP's organizational capacity; in others, it is about champions forging partnerships across programs or lack of champions. Differences are also found in resources at the disposal of the HVRP or CoC as well as across communities with respect to the extent to which work and employment services are a priority. The priority within HVRPs is to increase homeless veteran employment, employment retention, and access to housing; the priority of CoCs is to bring resources to bear to end homelessness. Clearly, these agendas converge.

The recommendations contained in this preliminary overview are potentially useful to HVRPs and their CoC partners. However, more information needs to be obtained from many more HVRPs and CoCs to gain a better understanding of the barriers and facilitators to collaboration that can be used as a basis for providing comprehensive recommendations that federal, State, and local authorities can consider and act upon.

Appendix 1

Methods

—Methods for collecting information contained in this Brief

In order to identify different issues and challenges facing HVRPs and CoCs across the nation, we decided to choose a representative sampling that included five cities and one rural region. These cities and their related programs were chosen based on the following criteria: 1) size of the city; 2) number of Veterans living in the area based on Point-in-Time and census counts; 3) number of HVRPs located in the city or area; and 4) geographical region. These criteria were used to identify a diverse range of programs as well as to select a rural region based on availability together with the belief that service needs and challenges would be greatly different from those of the programs in urban areas. Cities interviewed included: 1) Grand Rapids, 2) Houston, 3) Las Vegas, 4) New Orleans, and 5) Tucson. The rural region interviewed was the HVRP in Saratoga County, New York. For contact information of each interviewee, see Appendix 2.

The issues we chose to discuss stemmed from overall issues that face homeless people in general, including lack of affordable housing, limited access to clinical and legal services, transportation issues, and challenges in preventing service systems from being siloed. We identified different aspects of collaboration and service coordination as well as what is needed to be successful at these. Since we were speaking with HVRPs and CoCs in different areas, we also asked several questions related to strategic planning for homeless people, Veterans, and homeless Veterans as well as how planning for these is integrated or segregated in each community. Lastly, we asked each group to describe direct communication and decision-making that occurs between HVRPs, CoCs, and the local VA.

The questions used to facilitate discussions were slightly different for the HVRPs than those for the CoCs with distinctions focused on the primary responsibilities of each group. For example, HVRPs have an emphasis on service coordination, whereas CoCs have an emphasis on community planning processes. These questionnaires are included as attachments.

Interviews for each city and program were scheduled by Laura Ware, Program Associate for Advocates for Human Potential, at least one week in advance. This allowed for several programs to have multiple staff present at the interview in order to address different aspects of the program or the different HVRPs that exist within a single agency. Notes were taken from each interview, and themes were integrated into this document.

HVPR questions

—Proposed questions for HVRP interviews – HVRP Grantee Questions – June 12, 2011

1. Please describe how long you have had an HVRP grant. What type do you have? What local circumstances led to your applying for this grant? How long has your staff been part of the program?
2. Who are the primary partners in your HVRP grant? How did you decide who the partners would be and why?
3. What are the primary needs you see from Veterans who access your services? What types of services are in the greatest demand? Can you give a couple of specific examples?

4. What specific involvement has your program had with your local Continuum of Care and 10 Year Plan to End Homelessness? Does your program or parent agency receive funds from HUD and your CoC for related activities, or for supplemental needs of the HVRP program? Are your staff involved in CoC committees, revisions of plans, etc.? If you are new to the program, do you feel that you are connected to CoC.
5. How is the HVRP program integrated into the overall plan for ending homelessness? Please be candid re: the actual overlap between your program and the actual CoC body.
6. Please describe how the CoC is directly involved with or aware of your program? Would you say there is a well-established relationship, a casual one, not much of one, etc.?
7. Related to the question above, what specific service and housing providers who are part of the CoC are formal partners with your program? What is the nature of this partnership? How formal is the partnership (e.g., contract, subcontract, MOU, general agreement, 1 to 1 referrals, etc.)?
8. In your opinion, what types of actions, activities, or discussions would be needed with CoC staff and members for the HVRP and CoC to improve coordination and collaboration of services as well as to share a vision for ending homelessness.
9. What challenges have you faced in starting and managing your HVRP program in the local homeless community? What have been some of the notable successes and supports that you have received from this same community, including the CoC staff and members?
10. Do you have any final comments about how your HVRP program and the CoC have collaborated or not that would be helpful learning tools for other communities?

CoC questions

—Proposed questions for CoC interviews – June 19, 2011

1. Please describe the level of involvement of your CoC in the local HVRP program? Was the CoC involved at all in the application for the grant?
2. When was your CoC created? Who are the primary partners in your CoC? Is your HVRP an active partner in the CoC? What committees are they members of?
3. What are the primary service needs of homeless Veterans who access programs in your CoC area? What types of services are in the greatest demand? Are there enough of these services (i.e., housing, employment support) to meet these needs? Do you have some specific examples?
4. What local funds are distributed through the CoC to specifically serve homeless Veterans, separate from the HVRP program? How is your local or state 10 Year Plan to End Chronic Homelessness integrated into your CoC, if at all?

5. What is the current amount of your annual CoC award? What specific services and numbers of housing units are funded through your CoC?
6. Have you and your staff had direct contact with HVRP staff? What specific actions do you take as the CoC to encourage and ensure the service providers for homeless people, including homeless Veterans, are integrating and coordinating with each other? What specific committees do you have as part of the CoC?
7. How do you view your area's HVRP program as an integral part of the overall plan for ending homelessness? Please be candid re: the overlap between your CoC and the HVRP program?
8. What is your CoC approach to establishing direct relationships with your service network? Does your CoC consist primarily of organizations funded through HUD? Does it include programs that are serving homeless people but are not funded through HUD? How does the CoC hold the different service providers accountable, and vice versa? Are there formal contracts, MOU's, etc. in place?
9. In your opinion, what actions, activities, discussions and/or adjustments would be useful in improving how service coordination occurs between the service providers and the oversight body of the CoC? What changes could be made at the policy level for improvements to occur? Do you feel that the local service network, including your HVRP, is involved in creating and implementing your area's overall vision and strategy for ending homelessness?
10. What challenges have you faced in creating your CoC, and implementing an effective strategy to end homelessness? What have been some of the notable successes and supports that you have received from this same community, including the CoC staff and members?
11. Do you have any final comments about how your HVRP program and the CoC have collaborated or not that would be helpful learning tools for other communities?

Appendix 2

Contact information

—Individuals and groups interviewed

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