

THE NEW HAMPSHIRE HOMELESS VETERANS PLAN

A Four-Year Strategic Plan to End Homeless Among Veterans & Their Families



THE VISION

To eliminate homelessness among veterans in New Hampshire (NH) by ensuring all NH veterans and their families, by 2014, have access to affordable housing and support services that promotes independence and well-being.

LEAVE NO VETERAN BEHIND:

ACKNOWLEDGMENTS

To all the veterans, service members and their families who have served our country - at home or abroad, "thank you for your service!"

The members of the Veterans Homeless Committee (VHC) would like to thank the following agencies and veteran service organizations for their endless support and efforts to end homelessness among veterans:

Air Force Aid Society
American Legion
Armed Forces Relief Trust
Army Emergency Relief
Coast Guard Mutual Assistance
Department of Labor, Veterans Employment and Training (DOLVETS)
Disabled American Veterans (DAV)
Friends of Veterans
Helping Hands Outreach Center
Liberty House
Navy – Marine Corps Relief Society
National Veterans Services Fund
NH Easter Seals
NH Employment Security
NH Office of Veterans Services (formerly known as NH State Veterans Council)
NH VFW Over-There Fund
Semper Fi Fund
Soldiers Angels
State Veterans Advisory Committee
The Vet Center
The Way Home
United Way
USA Cares
Veterans of Foreign Wars

The Veterans Homeless Committee also recognizes that there are many other military and civilian organizations throughout our State who provide services and supports to homeless veterans that are not listed in this Plan. We offer our sincere appreciation to all of them.

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EXECUTIVE SUMMARY

The New Hampshire (NH) Veterans Homeless Plan is a bold and aggressive strategic plan to end homelessness among NH's veterans and their families within four (4) years. Partnering with the US Department of Veterans Affairs (VA), NH Department of Health and Human Services (DHHS), and numerous other organizations throughout the State, this Plan is designed to be proactive and to serve those who protect us.

New Hampshire is unique in that jurisdiction for the State is shared and partnered by two VA Medical Centers - the VA Medical Center located in Manchester, NH (VAMC-Manchester) and the VA Medical Center in White River Junction, VT (VAMC-WRJ). VAMC-Manchester covers the counties of Hillsborough, Belknap, Strafford, Merrimack, and Rockingham, and VAMC-WRJ has the remaining NH counties of Carroll, Coos, Grafton, Cheshire and Sullivan.

Using the Manchester VAMC 2009 CHALENG Report, three (3) critical unmet needs were clearly defined – emergency (immediate) shelter, detoxification from substances; and long-term, supportive permanent housing.

Under the leadership of the Veterans Homeless Committee, created in February 2009, goals and objectives were carefully crafted, engaging veteran organizations, city and town legislators, communities, and profit and nonprofit organizations into this “wheel of responsibility”. The listed Executable Elements outline the Plan's key components, its comprehensive goals, actions to be taken, the lead implementer(s), expected outcome/benefits, and estimated completion time.

The chart Proposed Projected Plan Impact on Veteran Homelessness Housing in NH demonstrates the dedication and commitment of this State to ending homelessness among our New Hampshire veterans and their families.

The Veterans Resources Chart includes veteran and other state and local organizations illustrating an awareness of resources throughout the State and beyond. Many of these agencies/groups have indicated an eagerness and willingness to further assist.

This Plan has stirred the emotion, imagination and excitement of many, with the belief that New Hampshire will eradicate homeless among its veterans within four (4) years.

INTRODUCTION/BACKGROUND

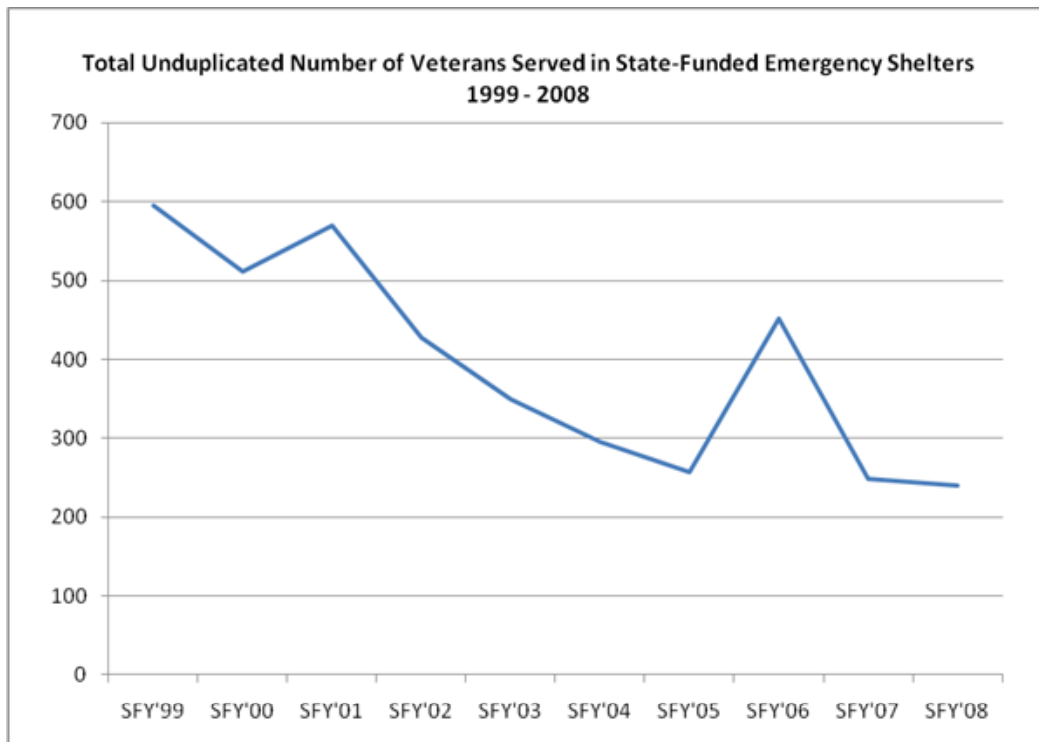
On February 20, 2009, the Manchester VA Medical Center (VAMC) and NH Department of Health and Human Services (DHHS), Harbor Homes, Inc. and other Community Partners convened a conference to help bring military and civilian resources together. The goal was to begin building a military and civilian partnership. Addressing homelessness among veterans in New Hampshire was one of four (4) priority areas of this conference; and as a result of the conference, the Veterans Homeless Committee (VHC) was created. The purpose of the VHC

was to specifically identify the needs of homeless veterans, improve collaboration between the Manchester VAMC, White River Junction VAMC, NH DHHS and Community Partners, and to improve coordination and relationships among agencies to better serve homeless veterans.

At a meeting of the Veteran Homeless Committee on September 25, 2009, the Committee proposed that their ultimate goal should be the elimination of homelessness among veterans living in New Hampshire.

Currently there are a number of ways homeless veterans are counted in New Hampshire. The NH Homeless Management Information System (HMIS) database contains data on homeless veterans served by state and federally-funded homeless assistance programs such as outreach, shelters, transitional and permanent supportive housing. The annual NH Point-in-Time (PIT) count, a one-day count of the New Hampshire homeless, also identifies veterans, as does the US Department of Housing & Urban Development (HUD)'s newly required Veterans Annual Homeless Assessment Report (AHAR). In addition, both VAMC's in Manchester, NH and in White River Junction, VT have a process for identifying homeless veterans served. In calendar 2009, NH HMIS identified 428 veterans who were homeless with estimates ranging as high as 600.

The New Hampshire Ten Year Plan to End Homelessness (2006) and data on the "Total Unduplicated Number of Veterans in NH State-Funded Emergency Rooms through SFY '08" indicates that the number of homeless veterans in the State has declined over the last several years. This has been achieved in large part through the successful implementation of transitional and permanent housing programs through the VA, HUD-VASH (Veteran Administration Supportive Housing) Program and community partnerships.



On November 3, 2009, the US Department of Veterans Affairs (VA) announced a plan to end homelessness among veterans in five (5) years. Their comprehensive plan is built upon six (6) strategic pillars.

1. Outreach and Education
2. Treatment
3. Prevention
4. Housing/Supportive Services
5. Income/Employment/Benefits
6. Community Partnerships

This includes, but is not limited to the following preventative measures:

- programs for justice-involved veterans such as linkage to VA services to homeless veterans in treatment courts and discharge planning for incarcerated veterans re-entering society;
- supportive services for low-income veterans and their families; and
- a national referral center to link veterans with local service providers as well as expanded efforts for education, jobs, health care and housing.

The New Hampshire Plan to End Veteran Homelessness comes at a time when NH is facing significant challenges. The NH National Guard and NH Reserves are preparing for the largest deployment in its history. During the coming months, over 700 Army and Air Guard and over 600 Reservists will be deployed. NH's response has been to engage in unprecedented partnerships in an effort to ensure that all service members and their families are being supported. One example of this effort is the Deployment Cycle Support Program (DCSP).

DCSP is a unique partnership, managed by Easter Seals of New Hampshire, between the NH National Guard, NH DHHS and a network of civilian social service organizations. Experienced staffs from the civilian network provide care coordination to military members and their families who are engaged in the deployment cycle. This includes, pre-deployment, during deployment and post deployment. This Program combines public and private funding and resources to establish an integrated (military/civilian), sustainable service delivery framework that prevents service members and their families from falling through the cracks, reduces crises, and minimizes problems associated with combat injuries and stress/fear. The DCSP Care Coordinators provide counseling, employment assistance, financial counseling, emergency financial assistance through "Veterans Count", housing assistance, childcare and respite, transportation and other services. New Hampshire was the first state to establish a program like this.

Also, an outreach program has been created for our NH Guardsmen, Reservists, and their families called "Yellow Ribbon Reintegration". This outreach initiative is a collaborative effort amongst many agencies including the Manchester VAMC and the Department of Defense

(DOD). With the support of our Governor and congressional delegation, it has evolved from a simple welcome home ceremony into a national initiative that addresses their health and well-being before, during and after a deployment.

Among the many challenges our combat veterans face is a growing problem of homelessness. The NH National Guard has collaborated with the Veterans Administration, Harbor Homes, Inc. and other community organizations in an effort to reduce homelessness among our veteran population.

As the NH National Guard continues to evolve as an operational-ready force commanded by our Governor during state emergencies and our President in a time of war, so too does our support system for the men and women who volunteer to serve, and their families. They have answered the call for us; it is our duty to be there for them.

The purpose of this Plan is to provide a framework to ensure alignment of focus and resources between the two VA Medical Centers (Manchester, NH and White River Junction, VT), NH DHHS, private nonprofits, military leadership and concerned citizens. The VHC firmly believes that given the above resources along with the commitment of private and public partners, veteran homelessness in NH can be eliminated within four (4) years.

DEFINING THE PROBLEM - CAUSES OF HOMELESSNESS AMONG VETERANS

Jurisdiction for the State of New Hampshire is shared by two VA Medical Centers: the VA Medical Center (VAMC-Manchester), located in Manchester, NH and the VA Medical Center (VAMC-WRJ), located in White River Junction, VT. VAMC-Manchester covers the counties of Hillsborough, Belknap, Strafford, Merrimack, and Rockingham, and VAMC-WRJ has the remaining NH counties of Carroll, Coos, Grafton, Cheshire and Sullivan.

The US DVA National Center on Homeless Veterans (www1.va.gov/HOMELESS/NationalCenter_Mission.asp) reports approximately 10% of adults in the United States are veterans; yet, existing HUD point-in-time (PIT) surveys suggests that veterans represent up to 15% of America's homeless population. According to the 2008 *Annual Homeless Assessment Report to Congress*, more than 135,000 adults who served in the armed forces were homeless in a shelter at some point between October 2007 and September 2008, the majority residing in emergency shelters rather than transitional housing. Despite the fact that the number of homeless veterans is decreasing, the VA 2009 CHALENG Report (Community Homelessness Assessment, Local Education and Networking Groups) estimates that on any given night, approximately 107,000 veterans are homeless. This estimate represents a continuing reduction in the number of veterans estimated to be homeless.

HUD defines a homeless person as one who "lacks a fixed, regular, and adequate nighttime residence; or resides in a public or privately operated shelter or institution; or resides in a place not designed for use as a regular sleeping accommodation for human beings". HUD further adopted the Federal definition which defines a chronically homeless person as "either (1) an

unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.” HUD has encouraged communities to target resources specifically at the chronically homeless population because while comprising only 10% of the homeless population, research indicates this group consumes more than 50% of all resources (National Alliance to End Homelessness, Fact Sheet: Chronic Homelessness, January 24, 2010).

The vast majority of homeless veterans are male, while 4% are female. Most are single and come from poor, disadvantaged backgrounds. Homeless veterans tend to be older and more educated compared to the homeless non-veteran population. The VA estimates that about 45% of all homeless veterans are living with a mental illness and slightly more than 70% have alcohol or other drug abuse problems.

Although a third of homeless veterans served in combat and experience posttraumatic stress disorder (PTSD), research suggests that there is no causal connection between military service or exposure to combat and homelessness among veterans (Rosenheck & Fontana, 1994). In fact, the immediate post-Vietnam era cohort has found to be at greatest risk for homelessness compared to other eras of service (Gamache, Rosenheck, & Tessler, 2001). At the same time, research has shown that posttraumatic stress disorder symptoms seldom manifest immediately after an individual has separated from the military. In fact, PTSD symptoms may not be present for several years after deployment which may result in a veteran seeking help many years after the traumatic event (Solomon & Mikulincer, 2006). Such symptoms as they occur may negatively affect functioning and potentially result in homelessness. Ensuring that ongoing services and resources are available to veterans and our returning service men and women is crucial to taking a proactive stance towards eradicating homelessness.

In sum, homelessness is often times a consequence of multiple psychosocial factors such as unstable family supports, job loss, inadequate job skills, substandard living conditions such as poor quality motels and rooming houses, health issues, substance abuse disorder, and/or other mental health concerns. That said, homeless services cannot be provided in a vacuum and must include a comprehensive strategy that incorporates a recovery-oriented approach in addition to supportive physical and mental health stabilization and treatment.

1. Unmet Needs

Each year, the VA Medical Center’s Healthcare for Homeless Veterans’ Program (HCHV) distributes the Project CHALENG Participant survey to state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. This survey serves as a tool to identify the met and unmet needs of homeless veterans on a local and national level. The Manchester VAMC 2009 CHALENG Report indicated that the following items ranked as being the three (3) greatest unmet needs for homeless veterans.

GOALS and OBJECTIVES

The vision of this Plan is to create a NH service system where there is “no wrong door” when it comes to veterans seeking services to prevent or escape from being “homeless”. The Veterans Homeless Committee (VHC) was created to improve access to programs and services, and is committed to ensuring that “any door” a veteran knocks on provides the care and assistance that will help to improve their situation.

To address the unmet needs of our homeless veterans in NH, the VA has identified the following key components as being fundamental to ending homelessness among veterans.

1. Outreach and Education
2. Treatment
3. Prevention
4. Housing/Supportive Services
5. Income/Employment/Benefits
6. Community Partnerships

1. Outreach and Education:

Goal 1: Increase awareness of state-wide resources available to homeless veterans and their families

Many veterans as well as community providers are unaware of the resources available. Only recently have agencies begun asking their clients, "Did you serve in the military?" It is important to use the word “military” instead of “veteran” because not every military person identifies himself/herself as a veteran because of their combat status, length of time in the military, and/or for other reasons.

It is also important that every homeless veteran in New Hampshire has an awareness of the VA services, available community housing resources, and the homeless provider network.

Goal 2: Increase access to the VA and other community resources for homeless veterans

While both VA Medical Centers have made many improvements to enhance the care of homeless veterans, not all veterans are able to access the services available at these centers. This may be due to transportation barriers and/or because they are unsure how to access the care needed. Community resources are sometimes reluctant to provide services to veterans while at the same time, veterans may be unwilling to receive care outside of the VA. Both areas need to be addressed in order to assist a veteran with receiving medical and/or mental health care.

Goal 3: Educate city and town legislators, the business community and the public at large to the impact of homelessness on the State, law enforcement, hospitals, individuals and families

It is important to engage the VA, DHHS, and other provider agencies in this Plan, but to complete our ‘wheel of responsibility’ to end veteran homelessness, it is critical for legislators and communities to have an awareness and understanding of the impact of homelessness on the State, law enforcement, hospitals, individuals and families.

2. Treatment:

Goal 1: Eliminate the barriers to providing inpatient detoxification from substances

Many VA and community providers have had difficulty with accessing detoxification beds for veterans with a substance abuse problem. Sadly, there have been experiences where the VA homeless staff has witnessed veterans being discharged from private hospitals because no bed was available for the veteran to receive social and/or medical detoxification. Most veterans then relapse as a result despite the desire to become sober. Currently the Manchester VAMC does not provide inpatient detoxification and relies on either detox programs in the community or at other VA Medical Centers throughout New England, such as White River Junction, VT VAMC. For veterans ambivalent about sobriety, the idea of leaving the State in order to receive the care they need poses a substantial threat to their security and need for support from family and friends.

3. Prevention:

Goal 1: Develop awareness of veteran-specific resources throughout the State

Although information and referral agencies exist, such as NH 2-1-1 (a phone number to dial for information about health and human services and organizations in your community), a homeless veteran-specific resource guide does not exist at this time. Throughout the development of the Veteran Homeless Committee, new providers and agencies have come to the table and several of the VHC members were unaware that their programs even existed. Because some providers are having difficulty recognizing what resources might be available, we can assume that veterans are having that same difficulty. Offering a resource guide where any provider and/or veteran can go to gain information will expedite the ability to access resources without veterans needing to jump through hoops in order to obtain the services needed.

Goal 2: Increase access to wraparound services for veterans who are at risk of becoming homeless

Homelessness is often the result of lack of supportive services, medical and/or mental health treatment. It is important to move beyond helping veterans find permanent housing and work towards providing either in-home or outpatient supports that can help prevent the veteran from losing their home. Many veterans who become homeless have difficulty managing their finances and/or struggle living independently in the community. Through wraparound services and support, homelessness can be prevented.

Goal 3: Establish a Veterans Court in NH to serve justice-involved veterans

The most recent U.S. Department of Justice Bureau of Justice Statistics (BJS) Survey of Inmates in Local Jails (2002) data indicates that 9.3% of people incarcerated in jails are veterans. By establishing veteran-specific mental health and drug courts, veterans can receive treatment for their mental health concerns and substance abuse problems, and avoid the unnecessary criminalization of mental illness that often leads to additional problems such as homelessness.

Each VA Medical Center has been strongly encouraged to develop working relationships with the court system and local law enforcement and must now provide outreach to justice-involved veterans in the communities they serve.

4. Housing/Supportive Services

Goal 1: Increase opportunities for long-term, permanent supportive affordable housing available to veterans who are homeless or at risk of homelessness

Currently there are only three (3) housing authorities in NH that offer veteran's preference when applying for subsidized housing. It is the hope of the Veteran Homeless Committee that housing authorities across the State will take into consideration the service that a veteran has made to our country and gives them preference when applying for public housing and/or a Housing Choice Voucher. The VHC would also like to see an expansion of HUD-VASH vouchers. During Manchester VA's first year of HUD-VASH vouchers, the VASH Program Manager received over 150 referrals to the Program; however, the VASH Program was only able to accommodate 35 veterans. With the downfall of the economy along with the ever-increasing number of veterans returning from combat experiencing a number of psychosocial stressors – the need is only greater and places more veterans and their families at serious risk of becoming homeless.

5. Income/Employment/Benefits

Goal 1: Create greater employment opportunities for homeless veterans

Without an income, veterans engaged in transitional housing and/or emergency housing will not be able to afford permanent housing in the community. By providing access to jobs and assistance with employment searches, veterans are given the opportunity to obtain gainful employment while also increasing self-esteem and purpose in one's life.

6. Community Partnerships

Goal 1: Increase awareness and access to homeless drop-in centers

There are several programs throughout the State that offer homeless adults a place where they can seek safety and assistance. At the same time, many people are unaware that these programs even exist. The Veterans Homeless Committee aims to improve the presence of veteran resources at these drop-in centers while also encouraging veterans to utilize the help that a drop-

in center can provide such as food, clothing, job-seeking assistance, phone calls, laundry, and support from trained mental health providers.

**Goal 2: Continue to improve collaboration and coordination between both VA
Medical Centers, DHHS, National Guard and Community Partners**

Collaboration and coordination among programs enhances services and housing opportunities for homeless veterans. In order for this Plan to have success, federal, state, and local governments along with faith-based, non-profit and private groups need to work together in establishing a grassroots approach towards ending homelessness among veterans.

NEW HAMPSHIRE'S 4-YEAR PLAN EXECUTABLE ELEMENTS

KEY COMPONENT: 1. OUTREACH AND EDUCATION

GOAL	ACTIONS	LEAD IMPLEMENTER	EXPECTED OUTCOMES/BENEFITS	PROGRESS/COMPLETION
1. Increase awareness of State-wide resources available to homeless veterans and their families	1.1.1 - Continue to have agencies that provide services to homeless veterans present at statewide "Project Homeless Connect" days on a yearly basis	1.1.1 - State Local Delivery Area (LSDA) Program Managers, Balance of State COC, Manchester COC, and the Greater Nashua COC	1.1.1 – One-stop shopping for housing, support, and quality of life resources	1.1.1 - 2010 -2014 Project Homeless Connect
	1.1.2 - Continue to organize a "Stand Down" for homeless veterans on a yearly basis	1.1.2 - HCHV Program, Harbor Homes, Inc., Department of Labor	1.1.2 – One-stop shopping for housing, support, and quality of life resources	1.1.2 – Will be instituted each Fall, beginning in 2010
	1.1.3 - A letter will be composed and mailed to state-wide service providers that will include information on veteran resources	1.1.3 - HCHV Program	1.1.3 - Awareness for providers and veterans who are homelessness or at risk of becoming homeless	1.1.3 - Fall of 2010
	1.1.4 - Identify service provider network groups (COC's, VSO's, LSDA's, etc.) to target for informational presentations, military conference trainings, and networking opportunities between VA service providers and local community service providers	1.1.4 - Balance of State COC, Manchester COC, and the Greater Nashua COC, National Guard, Office of Veteran Services and DHHS	1.1.4 - Agencies and community providers will have a better understanding of the service needs for veterans who are homeless	1.1.4 - Ongoing
	1.1.4 – Update NH Veterans' Resource Directory to include resources for homeless veterans	1.1.4 – Office of Veterans Services	1.1.4 - Increase awareness of resources for veterans	1.1.4 - Ongoing

2. Increase access to the VA and other community resources for homeless veterans	1.2.1 - Partner with the National Guard on adding VA HCHV Program information to their online resource guide	1.2.1 - HVC and the NH National Guard	1.2.1 - Centralized access for veterans' resources	1.2.1 - Will be achieved upon completion of their guide
	1.2.2 - Advertise the National Homeless Call and Referral Center (1-877-4AID-VET) at local agencies and Veteran Service Organization Posts	1.2.2 - HCHV Program	1.2.2 - Increased awareness of crisis hotline	1.2.2 - Ongoing
	1.2.3 - Obtain a donation of cell phones with 6 months free service for use by homeless veterans	1.2.3 - Harbor Homes, Inc.	1.2.3 - Greater mobility and ability to access services	1.2.3 - Within 6 months after plan approval
	1.2.4 - Utilize VA Emergency Contract funds to place homeless veterans into transitional housing	1.2.4 - Harbor Homes, Inc. and HCHV Program	1.2.4 - Ability to house veterans immediately without waiting for grant and per diem (GPD) beds to become available	1.2.4 - Fall 2010
	1.2.5 - Provide VA Healthcare enrollment forms to community agencies	1.2.5 - Office of Veteran Services, HCHV Program, and DHHS	1.2.5 - Increase veteran enrollment into the VA Medical Center	1.2.5 - Ongoing
3. Educate city and town legislators, the business community and the public at large	1.3.1 - Visit libraries, schools and other public buildings throughout the state, using media and/or a panel to engage citizens in discussion	1.3.1 - HVC	1.3.1 - Increased understanding of the impact of homelessness on the State, hospitals, law enforcement, individuals and families	1.3.1 - Ongoing
	1.3.2 - Use all forms of media to educate the public on resources for homeless veterans	1.3.2 - Harbor Homes, Inc.	1.3.2 - Increased awareness of the services and resources available to homeless veterans	1.3.2 - 9-12 months after plan approval
<u>KEY COMPONENT: 2. TREATMENT</u>				

1. Eliminate the barriers to providing inpatient detoxification from substances	2.1.1 - Increase substance abuse treatment for NH homeless veterans	2.1.1 - HVC	2.1.1 - An increased number of substance abuse treatment options for homeless veterans	2.1.1 - 2013-2014
	2.1.2 – Partner with community resources that provide substance abuse treatment and detoxification services	2.1.2 - HVC	2.1.2 – Increased number of substance abuse treatment options for homeless veterans	2.1.2 - 2011
	2.1.3 – Advocate for the Manchester VAMC to provide inpatient detox for veterans on-site	2.1.2 - HVC	2.1.2 - Provide immediate and accessible detox services at the time veteran is requesting help	2.1.2 - Spring 2011
	2.1.4 – Collaborate with the Military and Civilian Alcohol and Drug Committee (MCAD) on establishing resources and services for veterans with a substance abuse problem	2.1.4 - HVC	2.1.4 – Increased collaboration and non-duplication of efforts	2.1.4 – Spring 2011
<u>KEY COMPONENT: 3. PREVENTION</u>				
1. Develop awareness of veteran-specific resources throughout the State	3.1.1 – Expand veteran-specific resource guide as mandated by RSA 115:6 Ila(1)	3.1.1 – NH Office of Veterans Services (NHOVS), NH Employment Security	3.1.1 – Comprehensive guide to veterans assistance services across the State	3.1.1 – Expansion is ongoing
2. Increase access to wraparound services for veterans who are at risk of becoming homeless	3.2.1 - Assist homeless veterans to access VA benefits such as disability benefits, education, and rehabilitation services	3.2.1 - VBA Fiduciary Program through the VA Benefits Administration	3.2.1 – Provides specialized case management for veterans who are homeless	3.2.1 – Ongoing

	3.2.2 - Utilize existing community walk-in centers such as 'Connections' located in Nashua, NH and the Homeless Service Center in Manchester, NH	3.2.2 - Harbor Homes, Inc., Manchester COC	3.2.2 - To channel resources of veterans at risk and homeless services	3.2.2 - Ongoing
	3.2.3 - Facilitate quarterly at-risk groups at Manchester VAMC and other locations statewide	3.2.3 - HCHV Program	3.2.3 - Information and help for veterans at risk of becoming homeless	3.2.3 - Ongoing
	3.2.4 - Partner with the VA Home Loan Guaranty Program, Homeless Prevention and Rapid Rehousing (HPRP) Program, and NH Housing Finance Authority	3.2.4 - Home Loan Guaranty Program	3.2.4 - Increases opportunity towards home ownership	3.2.4 - Ongoing
	3.2.5 - Make recommendations to the VA to establish contracts with community agencies that provide services to homeless veterans in areas of the State where VA services are limited	3.2.5 - HCHV Program	3.2.5 - Decrease wait list and increase services option for homeless veterans	3.2.5 - 2012
	3.2.6 - Educate agencies throughout the state on how to apply for VA funding that will support services for low income veterans	3.2.6 - HCHV Program	3.2.6 - Agencies will be able to provide financial assistance and support services to veterans at-risk of becoming homeless	3.2.6 - 2011
	3.2.7 - Establish, refine and expand a Veteran's Legal Advocacy Project as outlined in Senate Bill 517 (2010)	3.2.7 - NHOVS, NH Legal Assistance, NH Bar Association	3.2.7 - Legal assistance to ensure the unique legal needs of veterans are met to prevent such things as homelessness, home foreclosure, contract review, child custody issues, and civil matters due to deployments and/or military related medical conditions	3.2.7 - Program development by 2012, program expansion and refinement would be ongoing

3. Establish a Veteran's Court in NH to serve justice-involved veterans	3.3.1 – Identify the number of justice involved veterans throughout the State of NH.	3.3.1 – HCHV Program and HVC	3.3.1 – Increased understanding of the services needed.	3.3.1 - 2012
	3.3.2 – Implement a system for coordination of services both within the VA Medical Center as well as with community agencies for justice involved veterans.	3.3.2-HCHV Program and community agencies	3.3.2 – Provided alternative sentencing and opportunities for justice involved veterans to receive mental health and substance abuse treatment	3.3.2 -2012
<u>KEY COMPONENT: 4. HOUSING/SUPPORTIVE SERVICES</u>				
1. Increase opportunities for long-term, permanent supportive, affordable housing available to veterans who are homeless or at risk of homelessness	4.1.1 - Request additional HUD-VASH vouchers each year for the next four (4) years	4.1.1 - Manchester VAMC HUD-VASH Program	4.1.1 - Additional vouchers will greatly reduce housing need for homeless veterans as well as address potential need for veterans returning home from Iraq and Afghanistan	4.1.1 - 2011-2014
	4.1.2 - Collaborate with White River Junction VAMC and other statewide partners to make the VA Supportive Housing (VASH) Program more visible, accessible, and expeditious for NH veterans	4.1.2 - WRJ VAMC HUD-VASH Program, Manchester VAMC HUD-VASH Program	4.1.2 - Greater visibility and accessibility, for veterans from the Manchester VA catchment area and the seven (7) northwestern most counties of NH	4.1.2 - Ongoing
	4.1.3 - Compile/disseminate a list of private affordable housing options throughout the State to be made available to homeless veterans	4.1.3 - VAMC HCHV Program, DHHS	4.1.3 - Awareness of affordable housing opportunities throughout the state	4.1.3 - Ongoing
	4.1.4 - Request the Public Housing Authorities to establish a veterans preference	4.1.4 - HVC, DHHS	4.1.4 - Increased housing options for homeless veterans	4.1.4 - Ongoing

KEY COMPONENT: 5. INCOME/EMPLOYMENT BENEFITS

<p>1. Create greater employment opportunities for homeless veterans</p>	<p>5.1.1 - Maximize the opportunities for veteran grants through the Federal Department of Labor</p>	<p>5.1.1 - Harbor Homes, Inc., DOL, US Department of Labor/Veterans Employment & Training, and other interested applicants</p>	<p>5.1.1 - Technical assistance to train homeless veterans for employment, using federal funds</p>	<p>5.1.1 - 2009-HHI has received a \$200,000 grant for gainful employment</p>
	<p>5.1.2- Obtain Veteran's Workforce Investment Program (VWIP) funding</p>	<p>5.1.2-Harbor Homes, Inc., US Department of Labor/ Veterans Employment & Training, and other interested applicants</p>	<p>5.1.2-Provides homeless veterans necessary job training, enabling them to compete in today's workforce.</p>	<p>5.1.2-HHI will apply for this grant and hopes to begin delivering services by FY2011</p>
	<p>5.1.3 – Seek out opportunities for funding and partnering with the Department of Defense and other government contracts to provide employment opportunities</p>	<p>5.1.3 – Harbor Homes, Inc., US Department of Labor/Veterans Employment & Training, and other interested applicants</p>	<p>5.1.3 – To insure maximum veteran employment opportunities</p>	<p>5.1.3 – Will apply in 2010</p>
	<p>5.1.4-Provide vocational assistance to any veteran who requires guidance on any issue related to employment at the VAMC-WRJ and the VAMC-Manchester</p>	<p>5.1.4-Vocational Rehabilitation Specialist through the Compensated Work Therapy Program and the Vocational Rehabilitation Counselors located at the VA-WRJ, US Department of Labor/ Veterans Employment & Training</p>	<p>5.1.4-Assists veterans in overcoming barriers to employment</p>	<p>5.1.4-Ongoing</p>

	5.1.5 – Assist homeless veterans to access VA benefits such as disability benefits, education, and rehabilitation services	5.1.5 – VBA Fiduciary Program through the VA Benefits Administration	5.1.5 – Provides specialized case management for without these services many veterans might be homeless	5.1.5 - Ongoing
<u>KEY COMPONENT: 6. COMMUNITY PARTNERSHIPS</u>				
1. Increase awareness and access to homeless drop-in centers	6.1.1 - Distribute homeless drop-in flyers to providers and homeless veterans in order to encourage participation	6.1.1 - HVC	6.1.1 - Increase awareness of homeless drop-in centers that will in turn lead to greater participation	6.1.1 - Ongoing
2. Continue to improve collaboration and coordination between the Manchester , WRJVAMC, NH National Guard, DHHS and Community Partners	6.2.1 - Continue scheduling quarterly meetings and make updates to homeless plan	6.2.1.- HVC	6.2.1.- Implementation of this state-wide plan to end homelessness among veterans by 2014	6.2.1.- Ongoing

“The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the Veterans of earlier wars were treated and appreciated by their country.”

~George Washington - 1789

STRATEGIES, MEASUREMENT AND ASSESSMENT

1. Coordination of Services

Coordination of services for homeless veterans requires an approach that includes both veteran specific and general community-wide homeless resources. The goal would be to establish a “no wrong door” system, with both community and VA case managers coordinating efforts and ensuring resources are accessible regardless of where the homeless veteran enters the homeless service system. This effort will involve building upon current methods of collaboration and creating new opportunities for service providers from the VA and the community at large to work together. Key to strengthening and sustaining this approach will be education and outreach to, and among service providers regarding the services and resources available across the State for homeless veterans, as well as those mainstream resources that are available to assist homeless veterans. Mainstream resources and service providers will be further encouraged to prioritize homeless veterans in their service delivery system, expanding access and further solidifying the “no wrong door” approach.

The effort will identify VA staff, outreach workers, shelter staff, mental health and substance abuse clinicians, city welfare representatives, homeless school liaisons, and hospital discharge planners; targeting education and outreach to established statewide and regional groups such as NH’s three (3) Continuum of Care (COC’s), Local Service Delivery Area Groups (LSDA’s), NH state quarterly meetings for Shelter Directors and Outreach staff, and other groups. Outreach and education efforts will focus on identifying resources, and mechanisms to ensure ongoing communication and coordination between VA local community service providers.

2. Housing

New Hampshire currently has 74 beds and 40 apartments designated as transitional and permanent housing specifically intended to serve homeless veterans. The majority of this housing is located in the Southern Region of the State. Those current and planned housing resources through 2014 are outlined in Appendix III. The Veteran Homeless Committee hopes that outreach and technical assistance, coupled with the availability of housing development resources will create opportunities for the creation of additional housing for homeless veterans across the State.

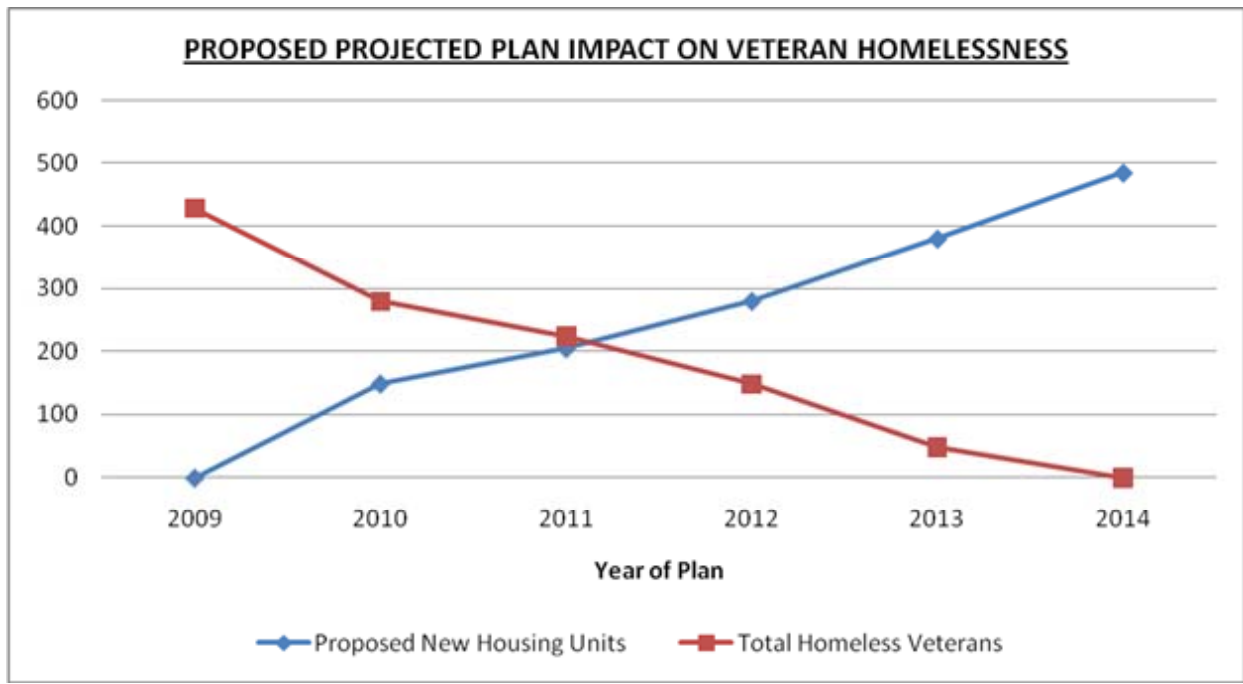
3. Data Measurement and Assessment

The New Hampshire Veteran Homeless Committee recognizes that a key component in measuring success will be accurate assessment and data analysis. A primary goal will be to standardize and further refine the method for identifying homeless veterans. Success will be measured by a decrease in the number of homeless veterans served by the homeless service system, and education in the number of homeless veterans reported on in the annual VA CHALENG Report.

The Veteran Homeless Committee commits to meeting quarterly to evaluate our progress, and to convene an annual meeting bringing together key stakeholders and front line staff to review

progress, identify gaps or service delivery issues and celebrate accomplishments in the effort to end homelessness among veterans in NH.

As identified in the Manchester VAMC 2009 CHALLENGE Report, one of the three (3) greatest unmet needs of homeless veterans was for long-term, supportive permanent housing. As the chart shows below, with the proposed new housing units and increased HUD-VASH vouchers, permanent housing for homeless veterans will increase by approximately 400%. (See Appendix III.)



REFERENCES

April 2010: *Operational Plan to End Homelessness Among Veterans in Five Years* approved by the Manchester VA Medical Center Leadership as the Medical Center's Plan

April 2010: *Operational Plan to End Homelessness Among Veterans in Five Years* approved by the White River Junction VA Medical Center Leadership as the Medical Center's Plan.

December 21, 2006: *A Home for Everyone: New Hampshire's Ten-Year Plan to End Homelessness* approved by Governor John Lynch as the State's Office Plan

2008 *Annual Homeless Assessment Report to Congress*

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Gamache, G., Rosenheck, R., & Tessler, R. (2001). The proportion of veterans among homeless men: a decade later. *Social Psychiatry and Psychiatric Epidemiology*, 36, 481-485.

National Alliance to End Homelessness, Fact Sheet Chronic Homelessness, January 24, 2010

NH Homeless Management Information System (HMIS)

Rosenheck, R., & Fontana, A. (1994). A model of homelessness among male veterans of the Vietnam War generation. *American Journal of Psychiatry*, 151, 421-427.

Solomon, Z., & Mikulincer, M. (2006). Trajectories of PTSD: A 20-year longitudinal study. *American Journal of Psychiatry*, 163, 659-666.

US Department of Housing & Urban Development (HUD) Veterans Annual Homeless Assessment Report (AHAR)

U.S. Department of Justice Bureau of Justice Statistics (BJS) Survey of Inmates in Local Jails (2002)

US DVA National Center on Homeless Veterans

Veterans Administration (VA) 2009 CHALENG Report (Community Homelessness Assessment, Local Education and Networking Groups)

APPENDIX I

VA MEDICAL CENTER (VAMC)

Located in Manchester, NH

The VA Medical Center (VAMC) provides the following services to veterans:

- Urgent Care
- Primary Care
- Ambulatory and/or Same Day Surgery
- Specialty Clinics
- Home Based Primary Care
- Community Acute Rehab Care
- Long Term Care

In addition to the main facility, primary care and mental health services are offered at four (4) community-based outpatient clinics (CBOC). These clinics are located in Conway, Tilton, Somersworth, and Portsmouth, NH.

The following resources and services are currently being provided through the Medical Center to address the problem of veteran homelessness:

- ***Primary Care Mental Health Walk-in Clinic (PMHC):*** PMHC is the gateway to mental health services providing short-term treatment, assessment and diagnosis of symptoms and needs, consultation to primary care providers as well as integration of care and referral to ongoing treatment. It is an opportunity for rapid access to mental health services that are non emergent. The service is available in the Primary Care location at the VA, Manchester, NH.

The model of appointments is a walk-in clinic, no appointment necessary, in hopes of improving access of mental health care to veterans. Hours are Monday-Friday, 8:00 am to 4:00 pm.

- ***Outpatient Mental Health Clinic:*** The Outpatient Mental Health Clinic offers individual and group therapy on an outpatient basis as well as psychiatry services both at the VAMC and other VA community-based outpatient clinics located throughout the State. Veterans interested in this program should contact the Mental Health Clinic Coordinator at 603-624-4377, ext. 6825.
- ***Outpatient Substance Abuse Treatment:*** Social workers and psychologists provide outpatient substance abuse treatment and assist with locating resources and referring veterans to other VA facility programs as well as community resources. Veterans

interested in this program should contact the VA Manchester Mental Health Clinic Coordinator at 603-624-4377.

- **Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF) Program:** The OIF/OEF Program provides case management services to newly returning veterans to assist with the transition from combat zone to civilian life, connecting them to the VA and non-VA resources. This program is located at the VAMC in Manchester, NH and services the men and women who have served in OIF/OEF wars.
- **Polytrauma Program:** This program, located at the VAMC, Manchester, NH, offers assessment and treatment to veterans who may suffer from multiple physical, cognitive, psychological, psychosocial impairments and/or functional disabilities as a result of trauma. The Polytrauma Social Worker also provides case management, coordination of care, evaluation of psychosocial needs, family education, and support with community reintegration. Referrals are made through the veteran's primary care doctor at VAMC.
- **Compensated Work Therapy (CWT):** This program works with veterans in overcoming barriers to employment. Vocational assistance is provided to any veteran who requires guidance to developing job search techniques, resume development or any issue related to employment. A Vocational Rehabilitation Specialist will determine which of two (2) available programs is best suited for the veterans.
 - **Supported Employment** is a CWT program designed primarily to help veterans diagnosed with serious mental illness (SMI), find and maintain competitive employment in their local community. Veterans in this program will work one-on-one with a Vocational Rehabilitation Specialist in the pursuit of employment.
 - **Transitional Work Experience** is a CWT program designed to provide employment assistance and work opportunities. Veterans may be financially compensated and provided jobs through Veterans Industries (VI) within the VA medical facility or the local community.

VA MEDICAL CENTER WHITE RIVER JUNCTION (VAMC-WRJ)

Located in White River Junction, VT

All services listed above with the exception of the Community Acute Rehab and Long Term Care, are also offered by VAMC-WRJ.

VAMC-WRJ also provides home- and community-based Mental Health Intensive Case Management (MHICM). MHICM is a program for the chronically mentally ill to support them in independent living. VAMC-WRJ has a sixty (60)-bed medical unit, which includes a seven (7)-bed ICU. Detoxification inpatient stays are available for those who require it. VAMC-WRJ also has a psychiatric unit of ten (10) beds.

By the Fall of 2010, the Brattleboro, VT CBOC will be operational with primary care mental health and program support staff ready to serve those veterans from Cheshire County, NH and surrounding areas who wish to have greater, and more convenient access to this care. VAMC-WRJ can be reached at 1-802-295-7363; Substance Abuse Treatment - Extension 6079; Primary Mental Health Care - Extension 5760.

HEALTHCARE FOR HOMELESS VETERANS (HCHV) PROGRAM

Located at the Manchester VA Medical Center

In response to the increasing number of veterans seen in the general homeless population, The VA, in 1987, developed the Health Care for Homeless Veterans (HCHV) Program. It was not until 2001 though, that the HCHV Program was established at the Manchester VA Medical Center. This Program is designed to provide outreach services to homeless veterans with mental health and substance abuse issues and assist them in accessing and utilizing needed medical, psychiatric, substance abuse, and housing resources.

- ***Outreach:*** The Manchester Homeless Coordinator provides outreach services to homeless veterans in community locations such as shelters, soup kitchens and drop in centers in central and southern New Hampshire. Typically, the referring agency will contact the Manchester VA Homeless Coordinator and arrange for a specific day/time to meet with the veteran or group of veterans at the community location where the veteran is. This is done on an "as needed" basis.
- ***Homeless Walk-in Clinic:*** The HCHV Program offers a daily walk-in clinic for homeless veterans at the VAMC-Manchester, NH. Veterans can receive walk-in services by calling 1-603-624-4366, ext. 6845, Monday through Friday.
- ***National Call Center for Homeless Veterans (NCCHV):*** The NCCHV was developed out of the VA's national plan to end veteran homelessness in five (5) years. NCCHV will serve as a resource for homeless veterans seeking immediate assistance through a 24-hour toll-free hotline (1-877-4AID VET). Veterans who contact the hotline will be directed to their local VA where they will receive timely and coordinated access to all VA services.
- ***Intake Assessment:*** HCHV staff assesses each homeless veteran using a clinical assessment tool (Form X). This tool is also useful in assisting HCHV with determining the psychosocial needs of the veteran. Assessments are done at the VA Medical Center, shelters, soup kitchens, and various other community agencies where HCHV staff may meet with homeless veterans for an intake assessment. Upon completion, Form X is sent to the Northeast Program Evaluation Center (NEPEC) in Connecticut for program evaluation purposes.
- ***Referral:*** Homeless veterans are referred by HCHV staff into the VA or a community residential treatment facility, substance abuse treatment, transitional housing, job and employment stabilization programs, veteran's benefits, social security, representative

payee services and supported housing. Referrals are based on the assessment of need and where the veteran is interested in receiving his/her care.

- ***Community Case Management:*** Assisting veterans who do not enter the residential or inpatient care, but who need supportive services in the community for a short period of time until the veteran is connected to a housing or clinical program. Typically the Manchester VA Homeless Coordinator will meet with the veteran at the VAMC or at a local shelter/agency. On those rare occasions when either the veteran or homeless coordinator is unable to meet in person, the homeless coordinator will work with the veteran via phone and/or with local agencies where the veteran is located to ensure he/she is receiving the care and assistance that is needed.
- ***HCHV Residential Treatment:*** The residential treatment contract provides veterans with ninety (90) days to six (6) months of community-based residential services at a contracted residential treatment facility. Limited case management is provided by a Homeless Coordinator for the length of placement. At this time, the VA contracts with Helping Hands located in Manchester, NH and Harbor Homes, Inc. in Nashua, NH to provide residential treatment for homeless veterans. Agencies that wish to apply for contract funds need to submit a proposal under HUD's Notice of Funding Availability (NOFA) Homeless Program.
- ***Grant and Per Diem (GPD):*** GPD is a partnership between Harbor Homes, Inc., located in Nashua, NH and the HCHV Program. This program provides transitional housing up to two (2) years to homeless veterans who have no or minimal income, along with twenty four (24)-hour staffing, ongoing case management and treatment planning. Agencies wishing to participate in the GPD Program may submit an application when the HUD Notice of Funding Availability (NOFA) is published in the Federal Register.
- ***VA Supportive Housing (VASH):*** This program combines an allocation of Section 8 rental vouchers from HUD with ongoing case management and clinical services provided by the VA Supportive Housing Program. In order to be eligible for this program the veteran must meet the McKinney Act definition of homelessness. The Public Housing Authority will determine eligibility based on income limits. Veterans who are appropriate candidates must require case management services in order to obtain and sustain independent community housing. Veterans needing case management services have a serious mental illness, substance use disorder history, physical disabilities, and/or difficulty reintegrating back into society after years of being homeless.

“Once where I was hopeless I now have hope as a direct result of the VASH program which was a huge turning point in my life which now brings me peace of mind and a good sense of well being and the VA and VASH has lightened the burden.”

Comment from a Once-Homeless Veteran – 4/05/2010

- ***Project CHALENG:*** Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) for Veterans, an innovative program designed to

enhance the continuum of care for homeless veterans provided by the local VA and its surrounding community service agencies. Each year the Healthcare for Homeless Veterans (HCHV) Program, located at the VAMC, conducts a survey with homeless veterans and community providers. The purpose of this survey is to assess current perceptions of homeless veterans' needs, the degree of VA/community cooperation and collaboration in serving homeless veterans, along with progress on local homeless veterans' program initiatives. The results from this survey are sent to the VA Central Office, Washington, DC, after which they are published each year to assist the VA and others in determining the services that are needed.

- ***Stand Down:*** Stand Down is an annual one-day event that provides an opportunity to homeless veterans of the many services available to them, such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment. Stand Downs are collaborative events, coordinated between the VAMC in Manchester, NH and other local government and community agencies who serve the homeless. The time/day of the event is advertised in multiple ways to ensure that all homeless veterans and providers are aware that the event is taking place.
- ***Homeless Veterans Dental Program:*** The dental needs of homeless veterans are well documented and ranks as one of the highest unmet needs for this population as shown each year in the VA CHALENG Report. Dental problems, such as pain and/or missing teeth can be tremendous barriers in seeking and obtaining employment. Studies have shown that after dental care, veterans report significant improvement in perceived oral health, general health and overall self-esteem, thus, supporting the notion that dental care is an important aspect of the overall concept of homeless rehabilitation.

Given these factors, the VAMC offers free dental vouchers for veterans who are participating in either the Grant or Per Diem Program, or are under contract at Helping Hands and/or Safe Haven. Veterans in each of these programs do not qualify until they have been in the program for at least sixty (60) days.

HEALTHCARE FOR HOMELESS VETERANS (HCHV) PROGRAM

Located at the White River Junction, VT Medical Center

HCHV began in 2006 at the VA-WRJ. The HCHV team has doubled in size over the past year. Like the Manchester VAMC's HCHV Programs, HCHV at VAMC-WRJ provides outreach services and offers resources to homeless veterans.

- ***Outreach, Referral, & Community Case Management:*** At VAWRJ, there is point-of-contact for the westernmost counties of New Hampshire providing similar service in which referrals from the community come on an "as needed" basis. Screenings for HCHV Programs and case management often takes place but is not limited to the Berlin Vet Center in Gorham, NH or the Community-Based Outreach Clinic in Littleton, NH. Michelle Lague at 802-295-9363 x5871 fills this role. Furthermore, each HCHV team

member at VAMC-WRJ possesses designated responsibilities and duties to specific program evaluation, management, and administration. Therefore, depending on referrals and individual cases, more than one team member may be involved in knowing about a veteran, especially as transitions regarding the housing situation are made.

VA-WRJ also provides social work and mental health outreach in Colebrook, Gorham, and Plymouth, NH at designated times/days and by appointment. By the fall of 2010, similar provider availability will be established and operational in Newport and Keene, NH. Community case management and outreach by a VA-WRJ HCHV team member will be available as needed at these locations. More structured, standing clinic appointment times specific to assisting homeless veterans are being developed.

VA-WRJ also provides social work and mental health outreach in Colebrook, Gorham and Plymouth, NH at designated times/days and by appointment. By the fall of 2010, similar provider availability will be established and operational in Newport and Keene, NH.

- ***Homeless Walk-in Clinic:*** VA-WRJ does not operate a homeless walk-in clinic per say. However, via the primary mental health or primary care clinics veterans can present to social workers issues regarding homelessness and housing. Social workers then make referrals and consult with an appropriate Health Care for Homeless Veterans team. Mental health outpatient and primary care social workers have knowledge of and access to HCHV liaisons who then can help in facilitating appropriate referrals and information sharing.
- ***National Call Center for Homeless Veterans (NCCHV):*** The NCCHV was developed out of the VA's national plan to end veteran homelessness in five (5) years. NCCHV will serve as a resource for homeless veterans seeking immediate assistance through a 24-hour toll-free hotline (1(877) 4AID VET). Veterans who contact the hotline will be directed to their local VA where they will receive timely and coordinated access to all VA services.
- ***Intake Assessment:*** HCHV staff assesses each homeless veteran using a clinical assessment tool (Form X). This tool is also useful in assisting HCHV with determining the psychosocial needs of the veteran. Assessments are done at the VA Medical Center, shelters, soup kitchens, and various other community agencies where HCHV staff may meet with homeless veterans for an intake assessment. Upon completion, Form X is sent to the Northeast Program Evaluation Center (NEPEC) in Connecticut for program evaluation purposes.
- ***Grant and Per Diem (GPD):*** This program provides two (2) years transitional housing to homeless veterans who have no or minimal income, along with twenty four (24)-hour staffing, ongoing case management and treatment planning. Agencies wishing to participate in the GPD Program may submit an application when the HUD Notice of Funding Availability (NOFA) is published in the Federal Register.

VA-WRJ HCHV Grant Per Diem Programs include: (1) the 20-bed Veterans Victory Farm, an organic working farm, located in Fitzwilliam, NH and operated by Veterans Homestead out of Massachusetts, located in Fitzwilliam, NH, (2) the 6-bed Phoenix House Rise Program in Bellows Falls, VT, and (3) the 20-bed Veteran's Place in Northfield, VT. By the end of 2010, two more GPD Programs will be established and operational in Winooski and Bradford, VT. While only one of the GPD Programs within VA-WRJ's jurisdiction is located in NH, per the GPD Program policies, thirty six (36) GPD Program beds within VA-WRJ's jurisdiction are in or within relatively easy access to New Hampshire. Programs are open to homeless veterans regardless of state of origin or referral. The Grant Per Diem Liaison can be reached at 1-802-295-9363 x5763.

- ***VA Supportive Housing (VASH):*** This program combines an allocation of Section 8 rental vouchers from HUD with ongoing case management and clinical services provided by the VA Supportive Housing Program. In order to be eligible for this program the veteran must meet the McKinney Act definition of homelessness. The Public Housing Authority will determine eligibility based on income limits. Veterans who are appropriate candidates must require case management services in order to obtain and sustain independent community housing. Veterans needing case management services have a serious mental illness, substance use disorder history, physical disabilities, and/or difficulty reintegrating back into society after years of being homeless.
- ***Community Residential Treatment:*** The residential treatment contract provides veterans with ninety (90) days to six (6) months of community-based residential services at a contracted residential treatment facility. Limited case management is provided by a HCHV team member for the length of placement. At this time, the VA-WRJ contracts with Health Care and Rehabilitation Services with locations in Proctorsville and Woodstock, VT and Spring Lake Ranch of Cuttingsville, VT to provide residential treatment for homeless veterans. Agencies that wish to apply for contract funds must submit a proposal under HUD's Notice of Funding Availability (NOFA) Homeless Program.
- ***Project CHALENG:*** Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) for veterans, an innovative program designed to enhance the continuum of care for homeless veterans provided by the local VA and its surrounding community service agencies. Each year the Healthcare for Homeless Veterans (HCHV) Program, located at the VA-WRJ, conducts a survey with homeless veterans and community providers. The purpose of this survey is to assess current perceptions of homeless veterans' needs, the degree of VA/community cooperation and collaboration in serving homeless veterans, along with progress on local homeless veterans' program initiatives. The results from this survey are sent to the VA Central Office, Washington, DC, after which they are published each year to assist the VA and others in determining the services that are needed.
- ***Stand Down:*** Stand Down is an annual one-day event that provides an opportunity to homeless veterans of the many services available to them, such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety

of other necessary services, such as housing, employment and substance abuse treatment. Stand Downs are collaborative events, coordinated between the VA-WRJ and other local government and community agencies who serve the homeless. The time/day of the event is advertised in multiple ways to ensure that all homeless veterans and providers are aware that the event is taking place.

- ***Homeless Veterans Dental Program:*** The dental needs of homeless veterans are well documented and ranks as one of the highest unmet needs for this population as shown each year in the VA CHALLENGE Report. Dental problems, such as pain and/or missing teeth can be tremendous barriers in seeking and obtaining employment. Studies have shown that after dental care, veterans report significant improvement in perceived oral health, general health and overall self-esteem, thus, supporting the notion that dental care is an important aspect of the overall concept of homeless rehabilitation.

Given these factors, the VAMC offers free dental vouchers for veterans who are participating in either the Grant or Per Diem Programs or Community Residential Treatment Programs. Veterans in each of these programs do not qualify until they have been in the program for at least sixty (60) days.

APPENDIX II

VETERAN ADMINISTRATION (VA) SPECIFIC PROGRAMS

- ***VA Benefits Administration (VBA):*** VA has many additional benefits and services to assist homeless veterans. Disability benefits, education, and rehabilitation services, are among the services that the VAB offers to eligible veterans. VA annually awards more than \$29 billion in disability benefits to millions of veterans. In many instances, these payments are the major source of income to veterans and serve to prevent homelessness. VA's Fiduciary Program provides specialized case management to over 100,000 veterans, many of whom might be homeless without the services it provides.
- ***Vet Center:*** Provides readjustment counseling and outreach services to all veterans who served in any combat zone. For military-related issues, services are also available for family members. The Vet Center has a clinic in Manchester, Keene, and Gorham, NH. In addition, clinicians are also located in satellite offices in Newington, NH.
- ***Post 9/11 GI Bill Benefits:*** The Post-9/11 GI Bill provides financial support for education and housing to individuals with at least 90 days of aggregate service on or after September 11, 2001, or individuals discharged with a service-connected disability after 30 days. You must have received an honorable discharge to be eligible for the Post-9/11 GI Bill. To apply online the veteran can go to: <http://www.gibill.va.gov>
- ***Department of Veterans Affairs (VA) Guaranteed Home Loans:*** The VA Guaranteed Home Loan is made possible by private lenders, such as banks, savings and loans or mortgage companies. These loans are offered to eligible veterans for the purchase of a home for their own personal occupancy. This includes purchasing an existing home,

condominium, townhouse, or co-op. It can also be used to build a home. The VA guarantees the loan to protect the lender against loss if the payments are not made. In addition, VA-Guaranteed Home Loans are intended to encourage lenders to offer veterans loans with more favorable terms. Some of the advantages of the VA Guaranteed Loan include:

- No down payment (unless required by the lender, or the purchase price is more than the reasonable value of the property) up to the Freddie Mac loan limit for the county where the property is located.
- Buyers informed of reasonable value.
- Negotiable interest rates and limitations on closing costs.
- No mortgage insurance premiums; however, veterans using the program must pay a funding fee that could range between 0.5% and 3.3% of the loan amount and can be included in the loan. Veterans receiving disability compensation from the VA are exempt from the fee.
- Mortgages are assumable.
- The guaranteed loan program can be used to refinance an existing loan to reduce the interest rate.
- VA assistance to veteran borrowers in default due to temporary financial difficulty.

Information is available on the VA website at www.homeloans.va.gov or the veteran can call the Manchester Regional Loan Center at 1-800-827-6311.

- ***Special Adapted Housing (SAH) Grant Program:*** Veterans with specific service-connected disabilities may be entitled to a grant from VA to construct an adapted dwelling or modify their existing home to meet their needs. Eligible veterans may use the grant up to three (3) times, as long as the amount does not exceed the maximum allowable. Information is available on the VA website at www.homeloans.va.gov or the veteran can call the Manchester Regional Loan Center at 1-800-827-6311.
- ***Post 9/11 GI Bill Benefits:*** The Post-9/11 GI Bill provides financial support for education and housing to individuals with at least ninety (90) days of aggregate service on or after September 11, 2001, or individuals discharged with a service-connected disability after thirty (30) days. Eligibility requires an honorable discharge for the Post-9/11 GI Bill. To apply online, the veteran can go to: <http://www.gibill.va.gov>

APPENDIX III

**PROPOSED PROJECTED PLAN IMPACT ON VETERAN HOMELESSNESS HOUSING
IN NEW HAMPSHIRE**

HOUSING - 2010								
Agency Name	Facility Name	Location	Type of Housing	No. of Beds	No. of Apts	VASH Voucher	TOTAL	Based on 2009 NH HMIS Homeless Veterans Count
Helping Hands	Helping Hands Outreach	Manchester, NH	T	23	0	0	23	428
Harbor Homes, Inc.	Veteran's FIRST	Nashua, NH	T	16	0	0	16	
Harbor Homes, Inc.	Buckingham Place	Nashua, NH	T	0	20	0	20	
Harbor Homes, Inc.	Safe Haven-contract beds	Nashua, NH	T	5	0	0	5	
Harbor Homes, Inc.	Liberty House	Manchester, NH	T	10	0	0	10	
Harbor Homes, Inc.	Dalianis House	Nashua, NH	T	0	20	0	20	
Veterans Homestead, MA	Victory Farm	Fitzwilliam, NH	T	20	0	0	20	
HUD VASH Program	Manchester Housing Authority	Scattered	PH	0	0	35	35	
Total				74	40	0	149	279

PROPOSED HOUSING – 2011

Agency Name	Facility Name	Location	Type of Housing	No. of Beds	No. of Apts	VASH Voucher	TOTAL	Based on 2009 NH HMIS Homeless Veterans Count
Harbor Homes, Inc.	Somerville Street	Manchester, NH	T	26	0	0	26	279
Harbor Homes, Inc.	Great Brook Homes	Antrim, NH	PH	5	0	0	5	
HUD VASH Program	NH Housing Finance Authority	Tilton and Manchester, NH	PH	0	0	25	25	
Total				31	0	25	56	223

PROPOSED HOUSING – 2012

Agency Name	Facility Name	Location	Type of Housing	No. of Beds	No. of Apts	VASH Voucher	TOTAL	Based on 2009 NH HMIS Homeless Veterans Count
Seacoast	Unknown	Seacoast Area	T	20	0	0	20	223
NH Housing Authority	Unknown	Scattered	PH	0	5	0	5	
HUD VASH Program	Unknown	Unknown	PH	0	0	50	50	
Total				20	5	50	75	148

PROPOSED HOUSING - 2013

Agency Name	Facility Name	Location	Type of Housing	No. of Beds	No. of Apts	VASH Voucher	TOTAL	Based on 2009 NH HMIS Homeless Veterans Count
North Country	Unknown	Scattered	T	20	0	0	20	148
NH Housing Authority	Unknown	Scattered	PH	0	5	0	5	
HUD VASH Program	Unknown	Unknown	PH	0	0	75	75	
Total				20	5	75	100	48

PROPOSED HOUSING - 2014

Agency Name	Facility Name	Location	Type of Housing	No. of Beds	No. of Apts	VASH Voucher	TOTAL	Based on 2009 NH HMIS Homeless Veterans Count
Southwestern Region	Unknown	Keene, NH	T	20	0	0	20	48
Harbor Homes, Inc.	Mainstream Housing	Scattered	PH	0	5	0	5	
NH Housing Authority	Unknown	Unknown	PH	0	5	0	5	
HUD VASH Program	Unknown	Unknown	PH	0	0	75	75	
Total				20	10	75	105	-57

APPENDIX IV

ACRONYM LIST

CBOC	- Community-Based Outpatient Clinics
COC	- Continuum of Care
CWT	- Compensated Work Therapy
CSM	- Command Sergeant Major
DHHS	- NH Department of Health and Human Services
DOD	- US Department of Defense
DOL	- Department of Labor
DOLVETS	- US Department of Labor, Veterans Employment and Training
DA	- US Department of Veterans Affairs
GPD	- Grant and Per Diem
HCHV	- Healthcare for Homeless Veterans
HHI	- Harbor Homes, Inc.
HMIS	- Homeless Management Information System
HUD	- US Department of Housing and Urban Development
HVC	- Homeless Veterans Committee
HVRP	- Homeless Veterans Reintegration Program
ICH	- US Interagency Council on Homelessness
LSDA	- Local Service Delivery Area
MCADC	- Military and Civilian Alcohol and Drug Committee

MOA	- Memorandum of Agreement
MOU	- Memorandum of Understanding
NCCHV	- National Call Center for Homeless Veterans
NEPEC	- Northeast Program Evaluation Center
NH	- New Hampshire
NHNG	- New Hampshire National Guard
NHOVS	- New Hampshire Office of Veteran Services
NOFA	- HUD's Notice of Funding Availability
OEF	- Operation Enduring Freedom
OIF	- Operation Iraqi Freedom
PMHC	- Primary Care Mental Health Walk-in Clinic
PTSD	- Post-Traumatic Stress Disorder
SAH	- Specially Adapted Housing
SMI	- Serious Mental Illness
VA	- Veterans Administration
VAMC	- VA Medical Center
VASH	- VA Supportive Housing
VBA	- Veteran's Benefits Administration
VHA	- Veterans Healthcare Administration
VI	- Veterans Industries
VISN	- Veterans Integrated Service Network
VSO	- Veteran Service Organization
WRJ	- White River Junction, VT

APPENDIX V

VETERANS RESOURCE CHART

