City of Lowell

Partnership for Change to End Homelessness Plan Amendment:

Ending Veterans' Homelessness

Submitted by:
City of Lowell
CoC Advisory Board
CoC Veterans' Subcommittee to End Veterans Homelessness
Veterans Commission
Department of Planning and Development

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1. Executive Summary

In 2008, the City of Lowell joined cities and towns across the nation to announce the creation of a 10-Year Plan to End Homelessness. The *Partnership for Change: Action Plan to End Homelessness in Ten Years (10YP)* marked the beginning of a decade of new initiatives and opportunities for Lowell and the Greater Lowell community to address the challenge of homelessness.

The 10YP provided a broad roadmap to assess the current system of "managing" homelessness and explore the new, more innovative and cost effective "Prevention" and "Housing First" approaches. Today, these new systems are reducing and, in some cases, ending veteran and non-veteran homelessness in communities all across America. The 10YP also implemented the City's *Keys to Ending Homelessness Conference Series.* Over the past 7 years it helped to further a statewide dialogue on the difficult and complex economic, behavioral health and social impacts of the crisis of homelessness. More importantly it focused on what the cost effectiveness of permanent housing in ending homelessness really means.

Federal Strategic Plan to End Veterans Homelessness

Ending homelessness among veterans by the end of 2015 is a national priority. The goal and plan for achieving it were introduced by the then Department of Veterans Affairs Secretary Eric Shinseki in November of 2009. In June 2010, the U.S. Interagency Council on Homelessness (USICH) released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*[i] (FSP), which is fully aligned with this goal.

Ending homelessness does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience or be at-risk of homelessness.[ii]

An end to homelessness means that there is a systematic response in place that ensures veterans' homelessness is prevented whenever possible or is an otherwise rare, brief, and non-recurring experience. Specifically, that the community has the capacity to meet the Federal goals that include:

- Quickly identify and engage people at-risk of and experiencing homelessness.
- Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- Provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured.
- When homelessness does occur, quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

With this in mind, In March of 2012, the City created the Lowell Continuum of Care's Veterans Subcommittee to End Veterans' Homelessness (LVS). Members include representatives from the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, MA (Bedford VA), Massachusetts Department of Veterans Services (DVS), Veterans' Northeast Outreach Center, Lowell's regional Supportive Services for Veteran Families (SSVF) provider, and many other Federal, State, regional and local partners, and stakeholders on this issue.

Since then, enhanced collaboration has ensured veterans increased access to health care, mental health and substance use disorder treatment, employment and job training, and both permanent and permanent supportive housing opportunities for them and their families. As a result of the national effort over the last four years, USICH has reported that the Obama Administration and its partners in states and communities like Lowell, all across the country, have joined forces on an unprecedented effort to end veterans' homelessness, achieving a 33 percent decrease in homelessness among veterans nationwide.[iii] Locally, 93% of Lowell's veterans that have experienced homelessness are now living in a VA Transitional Residence and Compensated Work Therapy Program. They are on a path to securing permanent housing and the City is on track to meet the goal of ending veterans' homelessness in 2015.

With this in mind, on September 17, 2015 former Mayor Rodney Elliot announced that the City of Lowell was joining mayors and communities across the nation in this initiative by announcing an amendment to the City's 10YP that sets a comprehensive strategy in place that will end veterans' homelessness in the city. The amendment describes a multi-agency housing and service delivery system that places each homeless veteran, and those at risk of homelessness, on a path to stable housing. Lowell joins Federal, state and local partners in the commitment to end homelessness among veterans. The city has already achieved and will sustain "functional zero" –a well-coordinated and efficient community system that assures that veterans' homelessness is rare, brief and non-reoccurring; and that no veteran is forced to live on the street. Currently every veteran living in Lowell has access to the support they need and want to avoid staying on the street and moving quickly to permanent housing.

History of Veterans' Homelessness

According to the Coalition for the Homeless' briefing paper (COH/BP) War and Homelessness: How American Wars Create Homelessness Among United States Armed Forces Veterans, iv "Throughout American history (dating back to the colonial era) there has been high incidence of homelessness among veterans, primarily as a result of combat related disabilities and trauma and the failure of government benefits to provide adequate housing assistance for low-income and disabled veterans."

Todd DePastino, author of ***Citizen Hobo: How a Century of Homelessness Shaped America*** [v]confirmed that: "The word "tramp" was used during the Civil War to mean a long grueling march to battle. But in 1873, the first year of a major economic depression, 'tramp' began to refer to the new kind of vagrant who was on his own grueling march with 'no visible means of support.' It fits, because many tramps of the 1870s were Civil War veterans, and they hitched rides on railroads that had transported troops during the war."

The COH/BP goes on to say that: "The post-Civil War era witnessed a much more significant growth in homelessness nationwide...One reason was the enormous economic dislocation generated by the war and the succeeding economic recession, and by the 1870s "vagrancy" was recognized as a national issue... and many cities responded by creating new antivagrancy legislation. "[vi] Unfortunately, we are still seeing this type of response to homelessness in communities all across the country.

"The homelessness crisis of the Great Depression, which affected many World War I veterans, was dramatically abated in the early 1940s by the enlistment of tens of thousands of Americans in the armed forces and by the wartime (WWII) economic upswing... With the end of World War II, however, homelessness re-emerged as a significant problem in many cities...and would have continued to affect many thousands of World War II veterans were it not for the national economic upturn and the benefits provided by the G.I. Bill." [vii]

The City is proud of Lowell's own Edith Nourse Rogers, the first woman elected to Congress from Massachusetts and the longest-serving woman in the U.S. House of Representative. Rogers authored legislation for the GI Bill of Rights and the Women's Auxiliary Army Corp. Both before and during her 35 years of congressional service, she was known widely as a patron of American veterans. She chaired the Veterans' Affairs Committee during the 80th and 83rd Congresses (1947–1949; 1953–1955) and, in appreciation, the American Legion awarded Congresswoman Rogers its Distinguished Service Cross for her work on behalf of veterans, making her the first woman to receive the honor. The City of Lowell is proud to carry out this work in her name.

Edith Nourse Rogers
Social welfare volunteer and congresswoman

Served in Congress from:
June 30, 1925 – September 10, 1960

Moving forward in time, "With the advent of the Vietnam War, the link between homelessness and military veterans finally came to the attention of the general public. By the late 1970s, when modern homelessness fully emerged, a significant portion of the homeless men seen sleeping outdoors in vast numbers in New York City and other large cities were armed forces veterans. Many veterans suffered from post-traumatic stress disorder (PTSD), substance use disorders, and physical disabilities caused by their experiences in combat." viii

Unfortunately today, according to the National Coalition for Homeless Veterans, "Vietnam veterans comprise the largest proportion of the homeless veteran population. "ix However, in 2013, the VA reported a new population of homeless veterans. Nearly 50,000 Iraq and Afghanistan veterans were either homeless or in a Federal program aimed at keeping them off the streets—doubling the previous number of homeless veterans from these recent wars in just 2 years.x

Current Status: Profile of Lowell Veterans Experiencing Homelessness

A review of FY2014 veterans' homelessness data from HUD's Annual Homeless Assessment Report (AHAR) and the VA's Homeless Operations Management System (HOMES) showed that 122 veterans in Lowell were served. The majority of veterans were white (83%), non-Hispanic (84%) and male (94%) between the ages of 51-61 (40%). More than half (53%) of all veterans were living with a serious medical condition (heart disease, diabetes, etc.), 74% with Substance Use Disorder, 48% with Post-traumatic Stress Disorder, 27% with serious mental illness and 34% with major depression. Most are living with a combination of one or more of these disabling conditions.xi

In addition, the majority (62%) entered Lowell's CoC from a substance use or detox treatment program, 12% from other shelter and transitional housing programs, 13% from an institutional setting (health, mental health, criminal justice), 3% after living with family or friends, 4% from some form of subsidized housing. and 3% from the streets and other places not meant for human habitation.

All of these veterans received some type of medical services (VA medical, MassHealth, Medicare). In addition, 73% received intensive housing counseling services, 48% Compensated Work Therapy, 34% housing assistance (Veteran Administration Supportive Housing, other housing voucher, Supportive Services for Veteran Families, non-VA rental assistance, etc.), 22% received Supplemental Security Income (SSI) or Retirement Survivors Disability Insurance (RSDI), 23% gained employment and 8% educational benefits.

The largest segment of the population (43%) stayed in Lowell's VA and non-VA programs for 30 days or less. Eight percent remained homeless for 2-3 months, 23% for 4-6 months and 26% for 7 months to one year. Nine percent of veterans exited shelter and transitional housing programs to market rate rental housing with no housing assistance required, 21% to market rate rental housing with the support of a Veterans Administration Supportive Housing (VASH) or other non-VA housing voucher, 10% to VA and non-VA permanent supportive housing, 18% from one VA program to another, 16% to an institution (health, mental health, substance use, criminal justice); 8% reconnected with family or friends; and 18% to destinations unknown. xii

Housing First and Affordable Housing VS. the High Cost of Emergency Shelter (ES), Transitional Housing (TH), Nursing Homes and Correctional Facilities

In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes. Among them was a change in methodology used to address homelessness.

Prior to HEARTH, Continuum of Care systems for addressing homelessness began by placing homeless individuals and families in emergency shelter, where the primary conditions of homelessness were stabilized. Case managers then began to address various challenges that their clients faced, moving them through a variety of housing and services programs, such as detox, respite/recovery, transitional housing, etc., until it was determined that they were ready for housing. The problem with this process is that clients often languished within the shelter system for years and/or cycled in and out of

shelter over extended periods of time.

A new policy of "*Housing First*" was established to move veterans and non-veterans experiencing homelessness immediately from the streets or homeless shelters to their own home. Research shows that, for veterans and non-veterans with disabilities, housing with supportive services is more cost effective and less disruptive to the community than shelter programs. Moreover, housing reduces or eliminates the ongoing cycle of jail time for unacceptable community behaviors, ambulance calls, emergency room visits, hospitalizations, court appearances, and incarcerations.

Emergency Shelter and Transitional Housing Costs

- ***The Bedford VA*** has reported housing costs for the following housing types:
  - Bedford Domiciliary Residential and Rehabilitation Treatment Program (DRRTP) at $300 per day or $109,500 per year per veteran. Nationally this type of program has a 47% success rate[xiii] (Tsemberis and Eisenberg 2000);
  - Crescent House, a Transitional Residence (TR) program with a Compensated Work Therapy program attached to it is $200 per day per veteran or $73,000 annually; and
  - Cunningham House, a TR program at $50 per day, $18,250 per year, per veteran.[xiv]
- **Families in ES or TR:** According to *The Family Options Study*[xv], a three-year-long evaluation of three types of ways to help homeless families, conducted by the Department of Housing and Urban Development (HUD), Abt Associates and Vanderbilt University, the average monthly cost of serving a family in:
  - Emergency shelter is $4,819 a month or over $58,000 per year; and in
  - Transitional housing the cost for families on average is about $2,706 per month or just under $33,000 per year.
  - Hotels/Motels: According to figures released by Governor Baker's Office, FY 2015 State spending on hotels and motels for homeless families will exceed $40 million, compared with $1 million only six years ago. The Governor's Office also notes that the average MA Emergency Assistance Program funded hotel/motel stay for a homeless family is seven months at an average cost of $2,500 per month--$30,000 annually.
- **Individuals in ES:** The US Interagency Council on Homelessness[xvi] estimates the cost of housing individuals in emergency shelters at between $30,000 and $50,000 per person per year.

Nursing Homes and Correctional Facilities

- **Nursing homes** can be one of the last resorts for homeless persons aging within the system. Long-term chronic health conditions gone unchecked and a life lived in places not meant for human habitation can take a toll on an individual's quality of life and housing choices. Nursing home costs vary by location. According to Massachusetts Executive Office of Human Services, Office of Medicaid the average cost is $310 per day per person or $113,150 annually.[xvii]
- **Correctional facilities** have reported the phenomena of "Snowbirds"-- seasonal repeat offender who seek housing over the winter months. It's difficult to estimate the cost of Snowbirds, having to factor in the recurring court and local police costs. However, according to the Massachusetts Department of Correction, the average cost of housing an offender over a period of 12-months is $53,041.[xviii]

Housing First and Affordable Housing

- **Permanent housing** (rental housing) has an 88% success rate nationally for formerly homeless individuals and families remaining housed for at least five years.[xix] The average cost nationally for all households is estimated at $1,500 per month or $18,000 annually per household.[xx]
- **Permanent housing subsidy**, or housing voucher (including Section 8 and VASH), costs about $1,162 per month or $13,944 annually per person.[xxi]

The challenge is to find more cost effective ways of housing very low-income veterans and non-veterans, all persons with disabling conditions, and others unable to meet the high cost of housing at minimum wage and/or fixed income benefit levels.

Veterans' Emergency Shelter and Transitional Housing Inventory and Availability within the Jurisdiction

There are currently 291 publically funded housing units in Lowell, dedicated to veterans and veteran families. In 2015, 54 veteran households are living in scattered-site rental units funded in part with VASH vouchers. Three new VASH vouchers have recently been awarded; and 13 veterans on the VA wait list have specifically requested to live in Lowell. In addition over the past 2 years, Lowell's former Varnum School was transformed into 21 units of market rate, veterans' preference housing.

291 Publicly Funded Dedicated Veterans' Housing Beds/Units in Lowell	
Crescent House	44
Cunningham House	2
Lowell Housing Authority	191
HUD-VASH	54

However, even with a housing voucher, rental units are difficult to secure. A recent study released by the Joint Center for Housing Studies at Harvard University, reports an "increasing rent burden experienced by the lowest income individuals and families and growing gap between the demand for affordable rental units and the supply in various markets." Like other states, Massachusetts is affected by this problem. The rental markets in cities like Lowell are highly stressed. "In many locations, rents exceed pre-recession levels, and vacancy rates are at historic lows. In this environment, the importance of federal and state programs to support the production of new affordable rental housing cannot be overstated. "[21]

As an example, Lowell's shelter providers are currently reporting that just over 30 households, with either the independent finances or public subsidies in hand to secure and maintain housing, cannot find an available affordable housing unit to rent—13 are veterans.

General Overview Federal and State Veterans' Services

Massachusetts leads the nation in providing veterans services. The Commonwealth spends more per capita, through state and local taxpayer dollars, on outreach, and housing and service programs than any other state in the nation. Massachusetts is also the only state in the country that requires every city and town to have a Veterans Service Officer (VSO). VSOs are funded by the MA Department of Veterans Services. These are not ceremonial positions, although some of their work does include organizing memorial celebration events. The bulk of the important work that they do is advocating for the needs of local veterans. These men and women help provide $77 million of Commonwealth funds to veterans and family members that are in financial need. They also assist with medical referrals, Veterans Administration claims and employment searches. Their job is to ensure that the men and women, who have served our country, are taken care of—regardless of when they returned. [xxiii]

Veterans are also fortunate to have a variety of targeted resources from the Federal government. Massachusetts is home to five VA medical campuses, and a network of VA Veteran Centers and outpatient clinics. The Lowell Veterans' Center, operated by the Edith Nourse Rogers Memorial Hospital (Bedford VA), provides a broad range of counseling, outreach, and referral services to combat Veterans and their families. Vet Centers guide Veterans and their families through many of the major adjustments in lifestyle that often occur after a Veteran returns from combat. Services for a Veteran may include individual and group counseling in areas such as Post-Traumatic Stress Disorder (PTSD), alcohol and drug assessment, and suicide prevention referrals. All services are free of cost and are strictly confidential. In addition, since 1993, the Lowell Outpatient Clinic, a division of the VA Boston Healthcare System, has been offering primary medical care to veterans and their families in the Greater Lowell area.

The VA's benefits systems provide outreach and referrals to medical, mental health and substance use treatment, supportive services, and housing programs. They also offer employment, job training, a business development program, veteran entrepreneur business loans and much more. The men and women of the VA in Massachusetts work steadfastly on behalf of all veterans.

Systematic Response

Lowell's Federal, State and local partners are connecting all available resources for which veterans and their families may be eligible. In doing this the Lowell Continuum of Care Veterans' Subcommittee to End Veterans' Homelessness (LVS) adheres to the following Federal guidelines:[xxiv]

- Follow an innovative *Housing First* approach to help veterans obtain permanent housing as quickly as possible, without unnecessary prerequisites;
- Prioritize the most vulnerable veterans, especially those experiencing chronic homelessness, for permanent supportive housing opportunities, including those created through the HUD-VASH program;
- Coordinate outreach efforts to identify and engage every veteran experiencing homelessness and focusing outreach efforts on achieving housing outcomes;
- Target rapid rehousing interventions, including those made possible through the Department of Veterans Affairs' Supportive Services for Veteran Families program, toward veterans and their families who need shorter- term rental subsidies and services in order to be reintegrated back into our communities;
- Leverage housing and services that can help veterans who are ineligible for some of the VA's programs to get into stable housing;
- Increase early detection and access to preventive services so at-risk veterans and their families remain stably housed; and
- Closely monitoring progress toward the goal, including the success of programs in achieving permanent housing outcomes.

In addition, since 2012 the LVS has been working to address challenges associated with its multi-agency service delivery network. LVS members represent different levels of management within their agencies, some facing severe funding challenges. There are institutional, cultural and language differences, and there are competing priorities. Some can respond more quickly than others, and moving from familiar "business-as-usual" frameworks to new, innovative *Housing First* strategies can be difficult. As a result, there can be barriers associated with multi-agency collaboration that include: data and information sharing, different/duplicated assessments, services and housing plans, challenges to coordinating actions/services across agencies, and the lack of consistent care, many times due to a client's inability to stay engaged or follow through. There are also accountability issues related to who is responsible for overseeing each veteran's overall case and health insurance concerns when the veteran moves between and among agencies for services.

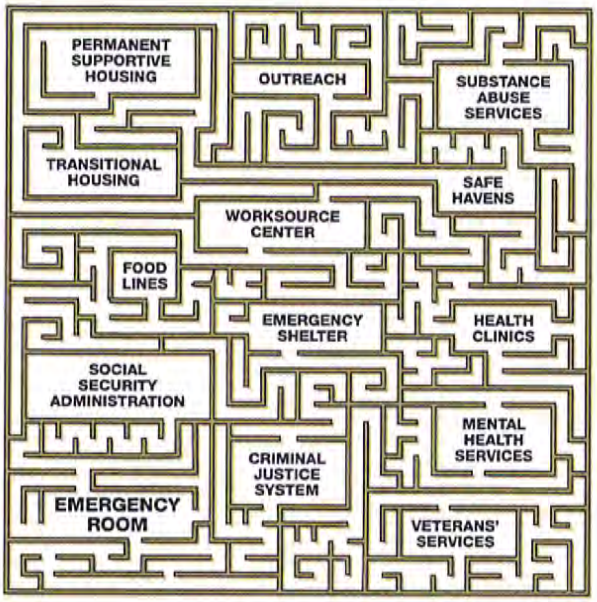
Recognizing the daunting maze of health care, housing, employment and education programs that veterans must navigate for services, the LVS has refocused entry to Lowell's network of multi-agency services by establishing an Intermediary.

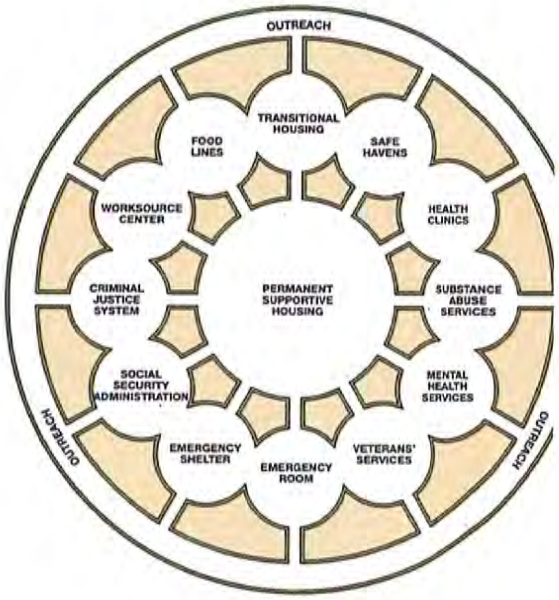
Lowell's Intermediary is the Veterans Northeast Outreach Center (VNOC), a regional Supportive Services for Veteran Families (SSVF) program funded by the VA. Its responsibility is to focus on the veteran and not leave each veteran to contend with the maze. VNOC does this by providing 24/7 access to services and triaging veterans to programs that best suit their needs as quickly as possible.

As Intermediary, the VNOC is responsible for securing release of information documentation from all veterans served; and for the collection, analysis and reporting on all veterans' data for Lowell. This includes data from all VA and non-VA funded programs. To fulfill these requirements, VNOC has created a Rapid Response Team (VNOC-RRT).

All network referrals for emergency housing, housing stabilization, tenant landlord mediation and other service related issues will be directed to their attention for permanent housing, support services and/or for triage and referral to other more appropriate agencies or institutions.

Veterans will not have to focus on the maze; VNOC-RRT will focus on them and their needs.





Preventing Veterans Homelessness

As you can see the social costs of homelessness are substantial and preventing veterans and non-veterans alike from entering into the current shelter system is a major priority. LVS and VNOC-RRT efforts will include ongoing outreach to network partners including local clinics, hospitals, landlords, law enforcement, non-profit housing and service providers, and other first responders. The goal is to establish a systematic network response that engages and refers veterans, in need of housing assistance, to the VNOC-RRT. LVS network partners will use a version of the U.S. Department of Veterans Affairs *Homeless Screening Clinical Reminder (HSCR)* tool. The HSCR is a set of simple procedures, currently administered to all veterans presenting for outpatient services at the VA. It assesses the veteran's risk of homelessness by asking about housing stability within the next two months. Veterans who screen positive for homelessness or homelessness risk will be referred immediately to the VNOC-RRT for assistance. [xxv]

Community Teamwork, Inc., (CTI) a non-profit community action and regional housing agency benefits and referrals system tracks all requests for assistance, such as: SNAP benefits (food stamps), fuel and utility, home modification, childcare, employment, etc. When a household applies for one type of emergency assistance, CTI provides them with information on other benefits and services that they may be eligible to receive. In addition, if a veteran requests assistance, CTI's Veteran PEER Specialist follows up with additional information and referrals to VNOC, if needed. CTI can also assist with housing support, as it is a facilitator of the U.S. Department Housing and Urban Development/Veteran Administration Supportive Housing (HUD-VASH) program and other state and federal housing support programs such as HomeBASE, Rental Assistance for Families in Transition, Emergency Assistance and Emergency Solutions Grant program. [xxvi]

Ending Veterans' Homelessness

As mentioned above according to the Federal initiative: "an end to homelessness does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience or be at-risk of homelessness."[xxvii]

An end to homelessness means that the City of Lowell and its partners have a systematic response in place that ensures homelessness is prevented whenever possible or is an otherwise rare, brief, and non-recurring experience. Specifically, that the community has the capacity to meet the Federal goals that include:

- Quickly identify and engage people at-risk of and experiencing homelessness.
- Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- Provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured.
- When homelessness does occur, quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

The City of Lowell and its Partners have achieved and will sustain "functional zero" – a well-coordinated and efficient community system that assures that:

- No Veteran is forced to live on the street.
- Veterans' homelessness is rare, brief and non-recurring, and that
- Every veteran has access to the supports they need and want to avoid staying on the street and move quickly to

Conclusion

For many years, some of the best minds in Federal, State and local government; local and regional veterans' organizations; community leaders and champions on the issue of ending veterans' homelessness have led the way in developing a systematic response to end veterans' homelessness. Lowell's CoC Advisory Board and LVS have incorporated many of their recommendations and innovative strategies into the development of this plan.

The continued personal commitment of public, private and non-profit partners, along with Lowell's historic energy and innovation, as well as the access to good data and the availability of funding, can end and prevent veterans' homelessness in our community.

2: Veterans Housing

THE CHALLENGE: Move beyond shelter to a *Housing First* and prevention based system response that reduces barriers to housing for veteran and non-veteran individuals and families experiencing homelessness.

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009

In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act amended and reauthorized the McKinney-Vento Homeless Assistance Act, with substantial changes. Among them was a change in methodology used to address homelessness.[xxviii]

Housing First

Federal agencies and advocates for the homeless are advancing *Housing First* program initiatives to end chronic, individual and family homelessness. A system of addressing homelessness based on a *Housing First* model is a relatively new innovation in social policy. *Housing First* moves homeless persons immediately from the streets or homeless shelters to their own place, with supportive services, regardless of their substance use, criminal history, poor credit, or other challenges.

According to the U.S. Interagency Council on Homelessness, "studies of *Housing First* systems have reported high rates of housing retention and stability in housing which have been demonstrated by programs serving people who had long histories of homelessness and instability. Other outcomes include less time homeless (living on the streets or in shelters) and more consumer choice regarding housing, treatment, and daily living. *Housing First* programs for adults experiencing chronic homelessness have demonstrated substantial savings in public costs for hospital care (emergency room and inpatient hospitalizations), sobering centers, shelters, ambulance services, jails, and other services."[29]

Shelter, Institutions, Jail vs.

Housing First Costs Per Year/Per Veteran

Individuals

❑ Bedford VA Domiciliary	$109,000
❑ VA TR/CWT	$ 73,000
❑ VA TR	$ 18,250
❑ Non-VA Shelter	$ 30,000-$50,000
❑ Jail/Prison	$ 53,041
❑ Nursing Home	$113,150

Families

❑ Non-VA Shelter	$ 58,000
❑ Transitional housing	$ 33,000
❑ EA Hotel Program	$ 30,000

As you can see from the table above, the social costs of homelessness are huge, both for homeless veterans, their families and the community at large. They are especially costly for those experiencing chronic homelessness.

Generally a chronically homeless person has been living in shelter or other places not meant for human habitation for at least one year or have been homeless on at least four separate occasions in the last 3 years. In addition, they can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, and cognitive impairments resulting from brain injury, or chronic physical illness or disability.[xxix]

As mentioned above, the challenge is to find more cost effective ways of housing very low-income veteran and non-veteran families, all persons with disabling conditions, and others unable to meet the high cost of housing at minimum wage and/or fixed income benefit levels.

Housing Status: Lowell Veterans Currently Experiencing Homelessness

Currently 93% of all veterans experiencing homelessness in Lowell are living at the VA's Crescent House, a Transitional Residence/Compensated Work Therapy (TR/CWT) Program.[xxx] These unique rehabilitation programs are designed to intervene in the cycle of homelessness and institutionalization. The program provides an environment in which veterans can acquire the skills and supports needed to function productively and independently in competitive employment environments and community based housing.

Specifically, the TR/CWT program is a work-based Psychosocial Residential Rehabilitation Treatment Program offering a therapeutic residential setting for veterans involved in Compensated Work Therapy. It's a rehabilitation-focused residential setting for veterans recovering from chronic mental illness, substance use disorder and homelessness. These programs provide a bridge between hospitalization or intensive outpatient treatment and successful community reintegration. It utilizes a residential therapeutic community of peer and professional support, with a strong emphasis on increasing personal responsibility and achievement of individualized rehabilitation goals.

TR/CWT programs differ from other VA-operated residential bed programs, in that participants contribute (using their CWT earnings) to the cost of operating and maintaining their residences and are responsible for planning, purchasing and preparing their own meals.[xxxi]

VA's Crescent House TR/CWT

The social costs of homelessness are huge, both for society and for homeless individuals and families. However, for a society to allow those who have served our country to become and remain homeless, in many cases for decades, is unacceptable.

The remaining individual veterans, not living in VA supported programs, are living in an emergency shelter operated by Southern Middlesex Opportunity Council's Lowell Transitional Living Center. All veteran families are living in Community Teamwork, Inc.'s Transitional Emergency Scattered Site program.

Veterans' Emergency Shelter and Transitional Housing Inventory and Availability within the Jurisdiction

As stated earlier, there are currently 291 publically funded permanent housing units in Lowell, dedicated to veterans and veteran families. The VA's Crescent House and Cunningham House described above, provide 44 beds for veterans. Emergency shelter is provided for individual veterans at Lowell Transitional Living Center and Community Teamwork, Inc. currently has 2 units of emergency shelter housing for veteran families.

HUD Fair Market Rents in the City of Lowell

HUD Fair Market Rents (FMR) in the City of Lowell for 1-bedroom and 2-bedroom rental units is $864 and $1,109 respectively. According to the National Low Income Housing Coalitions' (NLIHC) Housing Wage Calculator, in order to afford a FMR of $864 in Massachusetts, an individual would need to make at least **$16.00 per hour**, or just over **$34,000 per year**. This calculation assumes that no more than 30% of income will be spent on rent (the generally accepted standard of affordability). If earning the minimum wage of $9, it would take 80 hours per week to have an income high enough to afford this rent.

For families to afford an FMR 2-bedroom unit at $1,109 the household would need to make at least **$21.33 per hour**, or an estimated **$44,360 per year**. Again assuming no more than 30% of income is spent on rent. This household at the minimum wage will have to work 95 hours per week to have an income high enough to afford this rent.[xxxii]

However, the chance of finding a 1-bedroom unit in the City of Lowell at the FMR 1-bedroom price point is nearly impossible. Most available 1-bedroom units can range from $900 to $1,200 per month. Lowell is a high cost, low vacancy rental market and college town. As a result, Landlords have their choice of potential tenants.

Systematic Response

As you can see from the chart at the beginning of this section, providing permanent subsidies or housing vouchers to individuals and families can save taxpayers on average between 54-83% of the current cost of VA transitional residence programs, public shelters and other transitional housing program. In addition, access to stable housing can reduce in-patient costs associated with health, mental health and substance use; and involvement with the criminal justice system.

The Lowell Continuum of Care's Veterans Subcommittee to End Veterans Homelessness (LVS) has a multi-agency membership. Partners represent various levels of their agencies and with different levels of decision making abilities. Some work primarily on policy issues and not directly with homeless veterans. In addition the LVS does not have its own funding resources, thus any actions taken are implemented through one or more of a combination of member agencies, with no single point of oversight.

As a result, the LVS agreed that an needed. An intermediary that understood Federal and State veteran and non-veteran benefits and that had experience working with veterans experiencing homelessness. It was determined that the Veterans' Northeast Outreach Center (VNOC) would be the principle point of contact for network referrals related to veterans in crisis and that services would be available 24 hours per day, 7 days a week.

The VNOC, a private non-profit organization, was initially founded by volunteers in 1985 to serve Vietnam veterans. Since that time, the organization has addressed the needs of veterans and their families throughout the Merrimack Valley. The organization has also been authorized, by the VA, as a Supportive Services for Veteran Families (SSVF). SSVF programs provide supportive services to very low-income veteran families in or transitioning to permanent housing. In addition, the VNOC owns or operates 171 units of veterans' housing and provides direct referrals, with follow-up services to an additional 25 units.[xxxiii]

The VNOC can ensure that veterans who are experiencing a housing crisis are connected to stable housing as quickly as possible, using resources from the programs listed below.

VA and Non-VA Housing Programs, Resources and Benefits:

1. Housing Vouchers and Permanent Rental Subsidies

HUD-VASH is a collaborative program between the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) through which eligible veterans experiencing homelessness can receive a Housing Choice rental voucher from HUD, paired with VA-provided case management and supportive services to sustain housing stability, support recovery from physical and behavioral health issues, and address other challenges.

The rental voucher allows veterans and their families to live in market rate rental housing while the VA provides case management services. A housing subsidy is paid to the landlord directly by the local public housing authority on behalf of the participating veteran. The veteran then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. Case management services augment the program, assisting veterans to sustain housing and achieve recovery goals. The HUD-VASH Program is for the most vulnerable Veterans, and provides special services for women Veterans, those recently returning from combat zones, and Veterans with disabilities.[xxxiv] There are 2 agencies that facilitate VASH vouchers for Lowell, Community Teamwork, Inc. and the Chelmsford Housing Authority.

In addition, the City of Lowell and Veterans Northeast Outreach Center plan to apply to the Massachusetts Department of Housing and Community Development for 10 Massachusetts Rental Voucher Program vouchers targeted to help end veterans' homelessness. These MRVP vouchers will have a preference for chronically homeless individuals with a history of military service that may otherwise not qualify for existing VA supportive transitional services. In addition, veterans selected for an MRVP voucher may utilize a network of state-supported, veteran-

centric outreach case management services located across the Commonwealth. [xxxv]

Vouchers are not enough, the Lowell CoC will also be accessing a number of other subsidized housing opportunities for veterans experiencing homelessness that can include rental assistance funded by: Low Income Tax Credits from local affordable housing developers, SMOC's Pay for Success/Social Impact Bond financed housing project; and short- and medium rental assistance from the Commonwealth's Emergency Assistance, HomeBASE and Rental Assistance for Families in Transition programs that are facilitated by Community Teamwork's Housing and Community Education Center. In addition, there is also funding for housing assistance provided through the state and city from HUD Emergency Solutions Grants. For example, this funding can provide assistance with first and last month's rental fees, utility arrearages and moving costs.

2. Supportive Services for Veteran Families (SSVF)

The SSVF program provides time-limited financial assistance and case management services to help veterans and their families rapidly return to housing or prevent homelessness. VA funds community-based, nonprofit organizations, like the VNOC, to provide security deposits and rental subsidies and case management services to ensure that the housing secured is stable and successful. The goal it to support each veteran with the resources needed to prepare them to take over full responsibility for the lease and the rent. [xxxvi]

The City of Lowell is in the catchment area of three SSVF programs, Veterans Northeast Outreach Center, New England Center for Homeless Veterans and Volunteers of America, all of whom are members of the Lowell Veterans' Subcommittee to End Veterans Homelessness.

3. Lowell Housing Authority (LHA)

The Lowell Housing Authority's Administrative Plan Policy allows a preference for veterans and their spouses. Applicants who qualify for such a preference can bypass long waiting lists maintained by a Public Housing Authority and receive a Section 8 subsidy or public housing apartment in a relatively short period of time. Currently the LHA houses 191 veterans and their families. This includes 24 new admissions in the last 12 months. [xxxvii]

4. Landlords

Landlords can play a key role for those who have served our country by working with the LVS and VNOC to make their rental units available to veterans who have experienced homelessness and are participating in the HUD-VASH or SSVF programs. In addition, there are some advantages in partnering with HUD-VASH and/or SSVF programs such as: more stable rental income, reduced vacancy rates due to quick connections with renters as soon as units become available, and access to staff who can address any issues that may arise. Participants in both programs can access case management and/or comprehensive support services, which can provide a safety net for tenants. Landlords can be assured that lease terms will be met, reducing default risks. [xxxviii]

The Lowell CoC has a long history of working with landlords in the Greater Lowell Area as members of the CoC's Landlord Subcommittee and ongoing relationships with the Greater Lowell Landlords Association. Currently the Bedford VA and Veterans Northeast Outreach Center are developing more coordinated outreach approach to landlords in Lowell and the Merrimack Valley.

5. Massachusetts Department of Veterans Services: Veteran Housing Programs

The Massachusetts Department of Veterans Services (DVS) housing programs listed below can be accessed through Lowell's Veterans' Services Officer (VSO). [xxxix] In FY2014, over 2000 requests for assistance were received by Lowell's VSO and most cases were handled by staff. This part of the systems response will not change. However, if the VSO receives requests for emergency housing or if there is a need for a more comprehensive assessment for services, the veteran will be referred to the VNOC.

a. **Public Assistance**

Under Chapter 115 of Massachusetts General Laws, the Commonwealth provides a uniform program of financial and medical assistance for indigent veterans and their dependents. Qualifying veterans and their dependents receive necessary financial assistance for food, shelter, clothing, housing supplies, and medical care in accordance with a formula which takes into account the number of dependents and income from all sources. Eligible dependents of deceased veterans are provided with the same benefits as they would were the veteran still living.

b. **Homeless shelters, transitional housing, and supportive housing with services**
The DVS provides some funding to a range of non-profit organizations, which provide housing services to eligible veterans. Housing services range from emergency homeless shelters, group residences, to single occupancy (SRO) quarters. All require that residents maintain a sober and drug-free environment. Services are available to both male and female veterans.
    i. The VNOC, in collaboration with the assistance of the VSO, will ensure that all data on benefits received will be collected, inputted to the Massachusetts Homeless Management Information System (MAHMIS) and reported to appropriate federal and state funders for the jurisdiction.

c. **DVS-Supported Permanent Housing**
The state of Massachusetts maintains permanent housing units for veterans in Bedford, Worcester, New Bedford, and 2 locations in Gardner. These locations offer affordable rental housing for honorably disabled veterans in private rooms. The state also maintains soldiers' homes in Holyoke and Chelsea.

6. **VA Homeless Providers Grant and Per Diem (GPD) Program**
The U.S. Department of Veterans Affairs GPD program[xl] is offered annually, as funding permits, by the VA Health Care for Homeless Veterans (HCHV) program to fund community agencies providing services to homeless veterans. The purpose is to promote the development and provision of supportive housing and/or services with the goal of helping homeless veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.

Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted to specialized populations including homeless women veterans, etc.) are eligible for these funds. The program has two levels of funding: the Grant component and the Per Diem component.

a. **Grants**: Limit is 65 percent of the costs of construction, renovation or acquisition of a building for use as service centers or transitional housing for homeless veterans. Renovation of VA properties is allowed; acquiring VA properties is not. Recipients must obtain the matching 35 percent share from other sources. Grants may not be used for operational costs, including salaries.
b. **Per Diem**: For supportive housing, the maximum amount payable under the per diem is $41.90 per day per veteran housed. Veterans in supportive housing may be asked to pay rent if it does not exceed 30 percent of the veteran's monthly-adjusted income.

3. Preventing and Ending Veterans' Homelessness

THE CHALLENGE: Prevent Lowell's veterans and non-veterans from becoming homeless.

Who Among the Veteran Population is at Risk of Becoming Homeless in Lowell?

In Lowell, as in much of the nation, we have a serious mismatch between what people at the lower end of the pay scale are able to earn and what it costs to live in the city.

According to the U.S. Census Bureau's 2010 Census, 20,239 people in Lowell are living at or below the poverty level. That is for example, a family of three having a gross income of $20,090 or an individual with $11,770.[xli] The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is living in poverty. If a family's total income is less than the threshold for the family's size, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation. The official poverty definition uses money income before taxes and does not include noncash benefits such as public housing,

Medicaid/MassHealth, and SNAP benefits (food stamps). Nor does it include clothing, transportation and other cost of living supplies.[xlii]

As stated above, HUD Fair Market Rents (FMR) in the City of Lowell for 1-bedroom and 2-bedroom rental units is $864 and $1,109 respectively. Individuals would need a monthly income of at least $2,800, or a family $3,700 to afford rents at these levels. This income must also provide for food, transportation, and other cost of living expenses.

To illustrate this further, the table below shows the living expenses of a veteran—without a housing subsidy or VASH voucher--and whose main source of income is Supplemental Security Income (SSI).

One Veteran Living at or Below the Poverty Level			
Component	Monthly Income	Monthly Expenses	Available Balance
SSI Benefit	$ 829		$ 829
1-Bedroom	$0	$900	$ (900)
VASH or other housing subsidy	$0	$0	$ -
Fuel Assistance @$400/yr	$ 33	$ 100	$ (67)
Electricity ($30-$75/mo)	$ -	$ 30	$ (30)
SNAP Benefits (food only)	$ 194	$ 194	$ -
Other living expenses	$ -	$ 20	$ (20)
Transportation (Reduced Bus Pass -MassHealth)	$ -	$ 35	$ (35)
MA Life Links Free Phone (250 minutes)	$ -	$ -	$ -
Cable/Internet ($30-$100/mo)	$ -	$ 30	$ (30)
TOTAL	$ 1,056	$1,309	$ (253)

SSI is provided to people who have low income and few resources, and who are: age 65 or older; blind; or disabled. The Social Security Administration manages the program, but SSI is not paid for by Social Security taxes. U.S. Treasury general funds, not the Social Security trust funds, pay for SSI.[xliii] Additional income in this example includes fuel assistance and SNAP (food stamps) benefits, and is based on the veteran's ability to secure a 1-bedroom apartment just above the HUD Fair Market Rent for Lowell.

As you can see from the table above, even with all of the benefits that are available to help an individual achieve and maintain housing, this typical housing situation is not sustainable. The total investment in public funds of $1,056 per month is not enough to prevent this formerly homeless veteran from perhaps falling back into the shelter system. However, an additional investment of a housing subsidy of $300-$500 can save taxpayers as much as $1,000-2,000 per month, when compared to individuals living at a non-veteran emergency shelter and $4,600 per month to those living at a VA Transitional Residence/Compensated Work Therapy facility.

An investment that includes a housing subsidy of $300-$500 per month can save taxpayers as much as $1,000-2,000 per month for individuals living at a non-Veteran shelter and $4,600 per month living at a VA Transitional Residence /Compensated Work Therapy program.

Shelter, Institutions, Jail vs.

Housing First Costs Per Year/Per Veteran

Individuals

❑ Bedford VA Domiciliary	$109,000
❑ VA TR/CWT	$ 73,000
❑ VA TR	$ 18,250
❑ Non-VA Shelter	$ 30,000-$50,000
❑ Jail/Prison	$ 53,041
❑ Nursing Home $113,150	

Families

❑ Non-VA Shelter	$ 58,000
❑ Transitional housing	$ 33,000
❑ EA Hotel Program	$ 30,000

More importantly, *Housing First* studies show that veterans and non-veterans alike do better in permanent housing; and results have demonstrated substantial savings in public costs for hospital care (emergency department and inpatient hospitalizations), detox, shelters, ambulance services, jails, and other crisis related services.

Lowell is home to an estimated 4, 874 veterans. Currently 413 or 8% have experienced homelessness and are now living in publicly funded permanent or transitional housing units, or in emergency shelter. In FY2014, just under 2,000 veterans representing 41% of the city's veteran population made inquiries of Lowell's Veterans' Service Officer related to discharge requests, medical assistance, educational opportunities, housing assistance, and SNAP benefits (food stamps). Many of these households may be one economic or health care crisis away from homelessness. However, even if only one quarter of these potentially at risk of homelessness veteran families and individuals were to become homeless and enter the shelter system, the costs would be staggering.

To address this challenge, the City and its partners have created a comprehensive system, facilitated by an Intermediary that quickly identifies and engages veterans at-risk of and experiencing homelessness. The Intermediary acts as quickly as possible to prevent the loss of housing or diverts households, when possible, to other housing options to prevent them from entering the homeless services system.

Systematic Response

The City's primary goal in acting to end veterans' homelessness is to improve the homeless prevention system through enhancing existing network relationships to develop a new, more comprehensive "Early Warning/Early Intervention System" (EW/EIS).

The purpose of the EW/EIS will be to identify unsheltered and homeless veterans; and others who may be unstably housed and at risk of homelessness. To achieve this goal, the Lowell Veterans Subcommittee to End Veterans' Homelessness (LVS), in cooperation with the City's Continuum of Care Advisory Board (CCAB) and the Veterans Northeast Outreach Center/Intermediary is introducing a set of simple procedures and questions for network partners to implement should they encounter a veteran experiencing a housing crisis. Their actions can include standard referrals to the VNOC that incorporate already established protocols and release of information documentation; or providing veterans with contact information for the VNOC-RRT so that they may self-refer for assistance.

After receiving a referral, the VNOC-RRT will follow up with the veteran to address any immediate crisis. Going forward it will work with them to complete an assessment of their needs and create a plan to establish long-term goals to secure and maintain stable housing. In addition to housing, plans can include but not be limited to: health, behavioral health and substance use services; job training, compensated work therapy and educational opportunities. The VNOC-RRT is also responsible for connecting the veterans to the right services to meet their goals, and collecting and forwarding all release of information forms and other documentation needed to acquire demographic and other relevant data needed to get and keep veterans housed. They will also track and update all required data related to housing and benefits achieved on a regular basis. To meet HUD and VA data collection and reporting requirements, data will then be reported in the MAHMIS on behalf of the City of Lowell. The LVS, in cooperation, with the CCAB and VNOC, will be responsible for reviewing reported outcomes and evaluating system performance to adjust the systematic response as needed.

4: Education, Job Training and Employment

THE CHALLENGE: Helping homeless veterans and veterans at risk of homelessness access educational and job training opportunities; achieve and maintain employment to ensure housing and personal stability; and reconnect with family and community.

Service members and Veterans Experiencing Homelessness

According to the VA, although many service members have successfully navigated the stress of deployment, readjusting to civilian life is a challenge for nearly all military personnel. Despite these challenges, the great majority of returning service members and veterans are quite resilient, able to adapt well, and transition to civilian and workplace life with success. [xliv]

However, for veterans experiencing homelessness, about half are living with serious mental illness, half have a history with the criminal justice system, and nearly 70 percent have substance abuse disorders. Additionally, veterans experiencing homelessness have distinct characteristics that make it difficult to regain stability. They are more likely to be unsheltered and to experience homelessness for longer periods of time than non-veterans. Veterans have high rates of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and sexual assault--all of which increase the risk and duration of homelessness. [xlv]

After a trauma or life-threatening event, it is common to have reactions such as upsetting memories of the event, increased jumpiness, or trouble sleeping. If these reactions to things, that they've seen or had to do, do not go away it may be an indication of PTSD. Although PTSD is found in both the military and general population, research has found that 10-15% of combat Veterans will go on to develop symptoms that qualify for a diagnosis, compared to 7% in the general population. [xlvi]

As a result, some veterans may face barriers preventing them from successfully reintegrating into society and returning to the workforce. Barriers include the lack of requisite job skills, a competitive civilian job market, and mental health issues frequently resulting from their time in service.

Systematic Response

Lowell's Intermediary, the Veterans Northeast Outreach Center (VNOC) offers continuing education and job search information and referrals, to the programs listed below, for veterans that would like to continue their education or pursue advanced degrees. They also offer employment services, resume preparation, career assistance and job placement services to area veterans in the Merrimack Valley. [xlvii]

The VNOC can coordinate with case managers and clinical staff, to create education and employment strategies that are unique to each veteran's needs and interests. Progress towards goals is monitored on a regular basis and plans updated as needed. Moreover, the City and its partners are working to enhance collaboration to increase access to job training, employment opportunities and benefit offered by the programs listed below and others that are applicable to the needs of homeless and formerly homeless veterans.

1. **Homeless Veteran's Reintegration Plan**

   To address the issues identified above and other challenges, the Homeless Veterans' Reintegration Program (HVRP) was created. Its purpose is to provide services to assist in reintegrating homeless veterans into meaningful employment within the labor force and to stimulate the development of effective service delivery systems that will address the complex problems facing homeless Veterans.

Grantees provide an array of services utilizing a case management approach that directly assists homeless veterans as well as provide critical linkages for a variety of supportive services available to them. The program is "employment focused" and veterans receive the employment and training services they need in order to re-enter the labor force. Job placement, training, job development, career counseling, resume preparation, are among the services that are provided. Supportive services such as clothing, provision of or referral to temporary, transitional, and permanent housing, referrals to medical and substance abuse treatment, and transportation assistance are also provided to meet the needs of this target group. Since its inception, HVRP has featured an outreach component using veterans who themselves have experienced homelessness. In recent years, this successful technique was modified to allow the programs to utilize formerly homeless veterans in various other positions where there is direct client contact such as counseling, peer coaching, intake, and follow-up services.

The emphasis on helping homeless veterans get and retain jobs is enhanced through many linkages and coordination with various veterans' services programs and organizations such as the Disabled Veterans' Outreach Program and Local Veterans' Employment Representatives stationed in the local employment service offices, Workforce Investment Boards, One-Stop Centers, Veterans' Workforce Investment Program, the American Legion, Disabled American Veterans, Veterans of Foreign Wars, and the Departments of Veterans' Affairs, Housing and Urban Development, and Health and Human Services. [xlviii]

2. Federal Employment opportunities for available for homeless Veterans

For homeless veterans interested and able to work the following Federal programs are available to help them get started:

a. **The Homeless Veteran Supported Employment Program (HVSEP)** provides vocational assistance, job development and placement, and ongoing supports to improve employment outcomes among homeless Veterans and Veterans at-risk of homelessness. Formerly homeless Veterans who have been trained as Vocational Rehabilitation Specialists (VRSs) provide these services. [xlix]
b. **VA's Compensated Work Therapy (CWT) Program** is a national vocational program comprised of three unique programs which assist homeless Veterans in returning to competitive employment: Sheltered Workshop, Transitional Work, and Supported Employment. Veterans in CWT are paid at least the federal or state minimum wage, whichever is higher. [l] This program has changed the lives of many veterans living at the Crescent House in Lowell. Providing veterans with an opportunity to work, earn money and get back on their feet has not only changed lives, but saved lives.
c. **VA's National Cemetery Administration and Veterans Health Administration** have also formed partnerships at national cemeteries, where formerly homeless Veterans from the CWT program have received work opportunities. [li]
d. **The Vocational Rehabilitation and Employment (VR&E) Program** assists Veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. Services that may be provided include: Comprehensive rehabilitation evaluation to determine abilities, skills, and interests for employment; employment services; assistance finding and keeping a job; and On the Job Training (OJT), apprenticeship, and non-paid work experiences. [lii]

3. Veterans' Preference in Federal and State Government Employment

Veterans' preference provides a uniform method by which special consideration is given to qualified veterans seeking Federal employment. It applies to civil service examinations. To meet the criteria for preference, a veteran must achieve a score of 70 or higher either by a written examination or an evaluation of experience and education. If met, 5 or 10 points will be added to the overall score. [liii] Massachusetts Veterans are also entitled to veterans' preference in civil service exams for state government jobs. If a veteran scores 70% or higher, they are entitled to go to the top of the exam list; disabled veterans have top priority. If a veteran applies for a promotional exam, they get two points added to their score. If veterans apply for a civil service job for which there is no exam, they are entitled to veterans' preference in a "provisional appointment." If for a position in the labor force, where no exam is required, they go to the top of the list. In part as a result of this program, there are currently 1000 non-school department employees representing 17% of the total employees working for the City of Lowell. [liv]

4. Edith Nourse Rogers Memorial Veterans Hospital (Bedford VA) Veterans Integrations to Academic Leadership (VITAL) Program

The Bedford VA's VITAL program is addressing Veterans' needs for specialized support at several Massachusetts colleges and universities. VITAL is a national VA health initiative helping returning Operation Iraqi Freedom and Operation Enduring Freedom Veterans transition to and succeed in college. The program also serves Persian Gulf War and Vietnam War-era Veterans and is available to all Veterans. This is accomplished by providing world-class health and mental health care to support Veterans' successful integration at colleges and universities.[lv]

5. Career Center of Lowell

The Career Center of Lowell is committed to providing assistance to help veterans build a career after their military service. Two Veterans' Representatives are on site to assist veterans explore the employment services they need to find jobs, acquire skills and education, plan their career, attend workshops, and take advantage of Career Center's many resources. The Career Center carries out its Priority of Service commitment to veterans by providing the following services including, but not limited to: assessment, job search, resume writing, job placement, interviewing skills, career counseling, mainstream educational and training opportunities, first chance at job vacancy listings, electronic job banks and computer access. It also offers direct access to multiple lists of veteran-friendly corporations and small businesses for veterans and their families. [lvi]

6. Education Benefits

Each veteran's experience with homelessness is different. There may be some interested in completing their high school equivalency and/or refreshing their academic skills to pursue higher education goals. Many benefits are available to advance the education and skills of veterans and service members through the GI Bill. Spouses and family members may also be eligible for education and training assistance in fact, 25 percent of those benefitting from VA education programs are non-veterans. [lvii] Some might find they are eligible for more than one benefit or that one program is more suited to certain education and training goals than another. Available programs include:

a. **The Department of Veterans Affairs (VA)** provides education benefits to eligible service members, veterans, and certain dependents and survivors. If eligible, they may receive financial support for undergraduate and graduate degrees, vocational and technical training, licensing and certification tests, apprenticeships, on-the-job training, and more. In addition, funding is also available for books and supplies, license or certification tests, national exams, including SATs, ACTs, GMATs, and LSATs; on-the-job and apprenticeship training; vocational/technical training; and a monthly housing allowance. [lviii]
b. **Massachusetts Veterans Education Assistance** provides tuition waivers for all Massachusetts veterans to all state colleges and universities. MA National Guard Education assistance provides a 100% tuition and fee waiver for MA National Guard soldiers attending a state college, university, or community college program. The University of Massachusetts Boston's Veterans' Upward Bound Program provides a unique opportunity for veterans of all ages to gain access to information about college and career awareness, acquire the academic skills required for entry into higher education and/or to acquire the equivalent of a high school diploma. Services are offered continuously with various workshops, self-paced computer tutorials, individualized tutoring and classroom-based instruction. All Veterans Upward Bound classes and supplies are FREE to qualified Veterans. In addition through the MA Welcome Home Bill, high schools are allowed to award diplomas to World War II, Korean, and Vietnam Veterans who left school for good upon being drafted or enlisting in the military. [lix]
c. **University of Massachusetts Lowell:** Currently 1,600 veterans are attending the University of Massachusetts at Lowell. UML's goal is to help veterans translate and use skills gained in the service of their country, to service for their community. As a result of its commitment to veterans, U.S. Veterans Magazine in its annual Best of the Best awards, named the University of Massachusetts, Lowell as one the top veteran-friendly schools of 2015 [lx] In addition, College Factual, a trusted outcome-based ranking system to guide students through college-selection decisions rated UML 16th out of 428 for veterans interested in Criminal Justice and Corrections careers, and 19th of 382 for veterans interested in Liberal Arts and General Studies.

d. **Middlesex Community College**: currently, has over 450 veterans on campus (split between Bedford and Lowell, with some students attending classes on both campuses). At the MCC's Lowell campus the population includes veterans, dependents, active military and reservists and those in the National Guard. MCC also has a Veterans Resource Center on the Lowell Campus that offers assistance with applications, the G.I. Bills, housing allowances, behavioral health challenges and much more. A Veterans Club has been established to build camaraderie and friendships among students and to provide a variety of activities for veterans. To provide complete and comprehensive services for veterans, MCC partners with Massachusetts General Hospital's Home Base Program, the Edith Nourse Rogers Memorial VA Hospital and the Ciccola Foundation.

5. Systematic Change and Budget Requirements

THE CHALLENGE: Improving collaboration related to interagency partnerships and multi-agency service delivery systems; and achieving and maintaining the goal of ending veteran homelessness.

Interagency Collaboration

Despite the introduction of government legislation and initiatives to promote federal and state interagency partnerships focused on ending homelessness, it seems that some barriers still exist. As you can see from the membership list of the Lowell CoC's Subcommittee to End Veterans Homelessness (LVS), most members represent regional, state or federal agencies.

They also represent different levels of management within their agencies and may or may not be decision makers. Some of their agencies face severe funding challenges; there are institutional and language differences, and competing priorities. Some member agencies can respond more quickly than others, but for others, moving from familiar "business-as-usual" strategies to new, innovative, unfunded or underfunded models of service is difficult at best.

As a result, there can be barriers associated with multi-agency collaboration that include: data and information sharing; different/duplicated assessments, services and housing plans; challenges to coordinating actions/services across agencies; lack of consistent care, many times due to a client's inability to stay engaged or follow through. There are also accountability issues related to who is responsible for overseeing each veteran's overall case and there are health insurance concerns when veterans move between and among agencies for services. However, all that said, LVS members are committed to working through all of these issues, focusing instead on getting veterans in shelter, on the streets or in danger of losing their housing, stably housed as quickly as possible.

"The Right Housing at the Right Time with the Right Support Services"

For many years, the Federal and State goals for achieving a comprehensive approach to housing persons experiencing homelessness has been to access each household to determine the right housing placement, at the right time, with the right amount of support services. For example, some people experiencing homelessness may only need a small amount of financial assistance such as first and last month's rent to secure and maintain housing. Others will need additional assistance to find housing and gain access to short- or medium-term rental assistance, behavioral health stabilization services, job training and/or perhaps education opportunities.

However, there is a small portion of the homeless population that requires intensive and persistent case management, long-term financial assistance, and permanent supportive housing due to complex medical, mental health and/or substance use issues. Yet as stated earlier, the availability of affordable rental housing units is the greatest challenge. According to Realtor.com, Lowell was the hottest real estate market in Massachusetts in 2014 and it's still remained strong in 2015. [lxi] Add that to the City's growing prominence as a college town and you have landlords with the opportunity to increase rents to meet the demand and have their choice of tenants.

The Learning Curve: Affordable Care Act (Medicaid/MassHealth) for Persons Experiencing Homelessness

In September of 2005, the Massachusetts Behavioral Health Partnership (MBHP) was asked by the Commonwealth's Executive Office of Health and Human Services to develop a behavioral health model that could support individuals who were experiencing chronic homelessness using a *Housing First* model. As a result, the Massachusetts Housing and Shelter Alliance (MHSA) and Medicaid/MassHealth partnered with the MBHP to develop the Community Support Program for People Experiencing Chronic Homelessness (CSPECH).

Under the terms of a Federal Medicaid Section 1115 waiver, the state's Medicaid/MassHealth program covers diversionary services that are coordinated by the MBHP and are intended to provide community-based alternatives to inpatient services. The services covered by Medicaid/MassHealth have been tailored in CSPECH to meet the needs of people who are experiencing chronic homelessness at the time of enrollment and who frequently have not been effectively engaged in other treatment services.

Chronically Homeless: a person that has been living in shelter or other places not meant for human habitation for at least one year or has been homeless on at least four separate occasions in the last 3 years; and that can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, and cognitive impairments resulting from brain injury, or chronic physical illness or disability.

Reimbursement rules for CSPECH allow payment for services based on a daily rate for the time during which a person is enrolled in the program. This payment mechanism makes it easier for service teams to provide assertive outreach and to build and sustain trusting relationships with people who have long histories of homelessness, who may need help with day-to-day activities or who may have problems that impede access to treatment. For individuals enrolled in CSPECH the frequency and intensity of services can vary from day-to-day or week-to-week; this program structure ensures that the service team can respond flexibly to clients' needs and preferences over an extended period of time. [64]

In 2006, Massachusetts passed a law requiring most adults to have health insurance or pay a penalty. It offered subsidies to make coverage more affordable for lower-income people and created an exchange where people could shop for health plans. It also made it possible for the first time, for all homeless persons to receive health care. The legislation, pushed and signed by then-Governor Mitt Romney, became a model for the Affordable Care Act, the national health law signed by President Obama in 2010. [65]

MBHP and the MHSA's innovative CSPECH program was so successful that it was recognized nationally as a proven model of Medicaid/MassHealth reimbursement that can help fund permanent supportive housing for chronically homeless individuals. So much so that in 2011, as a result of its success and MHSA's advocacy, MassHealth lifted the cap on CSPECH, allowing this cost-saving model to reach even more individuals. By 2012, MBHP estimated that CPSECH had already created a net Medicaid/MassHealth savings of over $3 million. [66]

However, as USICH points out, it can be challenging to use Medicaid/MassHealth reimbursement to pay for the services that support recovery and housing stability. Providers of services linked to *Housing First* models of permanent supportive housing often have limited experience contracting with managed care organizations (MCOs). Most MCOs have limited experience serving people experiencing homelessness who may have complex health problems, limited ability to care for themselves, and difficulty obtaining or becoming engaged with health care and treatment services. [67]

Barriers to Data Sharing

According *to Best Practices: Sharing Information to End Veteran Homelessness, A document of the HUD-VA Federal 100-Day Workgroup* "In the current budget environment, communities cannot anticipate funding for new housing resources; therefore, communities need to develop systems to prioritize and target housing resources and connect households in need of assistance with the appropriate interventions. Therefore, it is important for communities to target the limited, intensive, and expensive permanent supportive housing resources (i.e., CoC Program, HUD-VA Supportive Housing (HUD-VASH)) to the people with the longest histories of homelessness and the most extensive needs. "

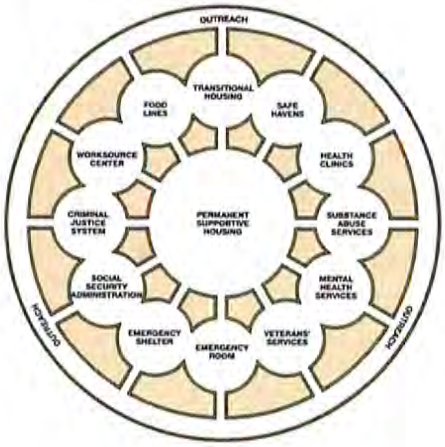
Research shows that these households are often the most frequent users of local emergency systems, including healthcare, and have the highest barriers to obtaining and maintaining permanent housing.[lxii] It's critically important for homeless service providers to be able to share information about the homeless veterans that they are serving. Not only to ensure that each veteran receives the housing and services required to address their individual needs, but also to use taxpayer funded assistance as effectively and efficiently as possible.
In addition, HUD funded CoCs must submit data on households experiencing homelessness to a Homeless Management Information Systems (HMIS) to comply with Federal regulations. VA programs report similar data to the VA's Homeless Management Evaluation System (HOMES). It's a challenge for our multi-agency team to track housing and service efforts that ask slightly different questions, using different institutional languages on different reporting platforms. There are also important privacy concerns to consider.

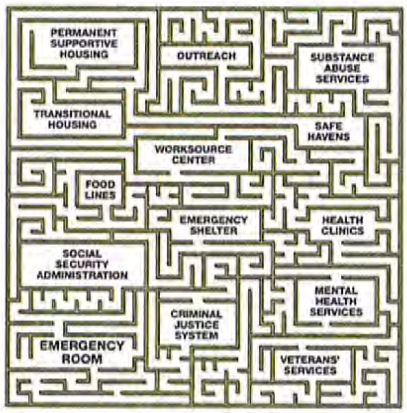
For LVS members, including the Veteran Administration Medical Centers (VAMC) and VA Transitional Residence Programs, to share information about a particular veteran household, there must be a release of information (ROI), signed by the veteran, to allow information sharing between VAMCs and CoCs.[lxiii] The LVS is currently tracking sheltered and unsheltered veterans, not living in a VA funded program on Lowell's Veterans Registry. However, once the ROI documents are in place, VA program staff can share information about those clients with the CoC's intermediary, Veterans Northeast Outreach Center (VNOC). VNOC can then upload data to the MAHMIS for Lowell allowing for the ability to generate a master list of homeless veterans including assessment updates, efforts, referrals and outcomes. It will also track important benchmarks from the date of initial contact, to services and the move-in to permanent housing date and destination.

Systematic Response

1. **Designate Veterans Housing First and Homeless Prevention Intermediary:**
    a. **Supportive Services for Veteran Families (SSVF):** The SSVF program is funded by the United States Department of Veteran Affairs and is administered regionally through the Veterans Northeast Outreach Center (VNOC). SSVF is a community-based program that employs a *"Housing First"* strategy to assist individuals and families at imminent risk of losing their home to maintain safe, permanent housing. In addition the program is also designed to meet the needs of individual veterans and veteran families that have already become homeless by rapidly rehousing them in permanent housing with support services as needed.
    b. VNOC has been designated as Lowell's Intermediary with responsibilities that include but may not be limited to:
        i. Meeting the VA directive of having all VA-funded Grant and Per Diem (GPD) providers, Health Care for Homeless Veterans (HCHV) residential contract and emergency providers, and Supportive Services for Veteran Families (SSVF) providers have been directed by VA to participate in HMIS implementations operated by each CoC in which they provide services.
        ii. Acting as a single point of contact for all veteran referrals from VNOC's 800 number (1-844-VET-VNOC or 1-844-8662), CoC homeless shelter and services programs, VA and non-VA medical, mental health and criminal justice institutions, Lowell Police Department, and other first responders and network partners.
        iii. Meet or exceed the specifications for achieving the goal of ending veteran homelessness, and

iv. Managing the CoC's goal to change the current system from one that's based on a maze of sometimes difficult to untangle front doors that veterans must learn to circumnavigate, to one where the VNOC is the principle point of entry. Once a veteran begins working with the VNOC's Rapid Response Team, the VNOC focuses all LVS and partner organizations' collaborative and comprehensive efforts on stabilizing the veteran in permanent housing.





2. Systematic Restructuring Budget: FY2016-2019

For Lowell to succeed in achieving the goals of *Opening Doors, the Federal Strategic Plan to End and Prevent Homelessness (FSP)* among Veterans in 2015, chronically homeless in 2017 and families and youth in 2020, additional funding must secured. Funding is needed to enhance the existing coordinated assessment system, increase and improve access to behavioral health care services and long-term substance use disorder treatment programs. Most importantly, to end homelessness, more investment in long-term permanent supportive housing and other affordable permanent housing units must be committed by the Federal government.

As mentioned above, to continue the progress Lowell has achieved thus far in meeting the FSP's first goal of ending veterans' homelessness, the establishment of an Intermediary is needed to manage and direct a multi-agency service delivery system. Otherwise, it will be business as usual. Lowell's Intermediary, the Veterans' Northeast Outreach Center, serves cities and towns in Massachusetts from the northern seacoast towns to Merrimack Valley and throughout Middlesex County.

The VNOC owns or operates 171 units of veterans' housing. They also provide direct referral with follow-up services to an additional 25 units. The City, LVS and VA estimate that between 100-200 veterans at risk of homelessness will be referred or self-refer to the Intermediary for assistance each year. To ensure the jurisdiction is adequately represented, important data collected, reported and analyzed and acted on—a modest amount of funding is required.

a. **Rapid Response and Housing Stabilization Staff:** Housing stabilization services are integral components of effective Rapid Re-housing interventions and critical to preventing of homelessness. Many individuals and families experiencing homelessness have significant barriers to maintaining stable housing, such as lack of income and savings, extraordinary expenses related to health care or personal debt, or a track record of violating the terms of rental agreements. Housing stabilization services are provided to people transitioning from homelessness into permanent housing who need services to address these barriers and remain stable in housing. Many people can succeed in housing with short-term housing stabilization services, while others who have more significant challenges and live in permanent supportive housing may need ongoing assistance that includes similar service interventions that focus on housing stability. The services can also be helpful in preventing the loss of housing among people at imminent risk of homelessness.[lxiv]

b. **Coordinated Assessment/HMIS:** the definition from the Interim CoC Rule of *centralized or coordinated* assessment, that establishes basic minimum requirements, is ... a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. (Section 578.3) As mentioned earlier, Lowell's network of local, regional and statewide veterans' housing and service providers do not now meet the definition above of a "centralized or coordinated" assessment system. Veterans are assessed at each front door, of the maze of services that they enter. Data may or may not be reported to either an HMIS or VA HOMES data platform or it could be reported to both. Therefore funding is needed to cover the expense of initiating confidentiality agreements, release of information for veterans served and Memorandum of Agreements between and among network partners related to data assessments and data collection procedures and protocols.

c. **Rapid Rehousing and Permanent Supportive Housing**: to maintain an end to veterans' homelessness and meet the goal of ending chronic homelessness by 2017 more rapid rehousing and permanent supportive housing is needed for individuals. According to Nan Roman, the president and C.E.O. of the National Alliance for Homelessness, Housing First isn't just cost-effective. "It's more effective, period. The old model assumed that before you could put people into permanent homes you had to deal with their underlying issues—get them to stop drinking, take their medication, and so on. Otherwise, it was thought, they'd end up back on the streets. But it's ridiculously hard to get people to make such changes while they're living in a shelter or on the street. If you move people into permanent supportive housing first, and then give them help, it seems to work better."[lxv]

Shelter, Institutions, Jail vs.

Housing First Costs Per Year/Per Veteran

Individuals

❑ Bedford VA Domiciliary	$109,000
❑ VA TR/CWT	$ 73,000
❑ VA TR	$ 18,250
❑ Non-VA Shelter	$ 30,000-$50,000
❑ Jail/Prison	$ 53,041
❑ Nursing Home	$113,150

Families

❑ Non-VA Shelter	$ 58,000
❑ Transitional housing	$ 33,000
❑ EA Hotel Program	$ 30,000

Studies show that veterans and non-veterans alike do better in housing. Yet the current system still seems to rely on placing veteran and chronically homeless individuals in very costly shelter and transitional housing programs, institutions, and/or nursing homes.

However the idea of ending homelessness has come a long way and real progress has been achieved. In addition, President Obama's 2016 Budget demonstrates his deep commitment to ending homelessness. The Budget makes investments needed to end chronic homelessness in 2017, make significant progress toward ending homelessness among families, children and youth in 2020, and sustain efforts to end Veteran homelessness in 2015.

In his Budget, the President calls for nearly $5.5 billion in targeted homelessness assistance. In addition to targeted homelessness assistance, the Budget also includes key investments in mainstream programs needed to end homelessness, such as 67,000 new Housing Choice Vouchers to support low-income households, including families experiencing homelessness; survivors of domestic and dating violence; families with children in foster care; youth aging out of foster care; and Veterans experiencing homelessness, regardless of their discharge status.[71]

[lxvi]

Systematic Restructuring Budget: **FY2016-2019**				
System Component	**Veteran and non-veteran Individuals** Assisted (Over 3 years)	Existing Resources (Over 2 years)	New Resources Needed (Over 1 years)	Total New Resources Needed (Over 3 years)
Intermediary Rapid Response, Housing Stabilization	600	None	$53,000 includes 15.7% Fringe	$159,000
Intermediary Coordinated Access and HMIS	300	None	$10,000	$30,000
Rapid Rehousing Intermediary SSVF Regional Funding	120	$2,000,000/5	None	None
Permanent Supportive Housing VASH Vouchers	10 Low Barrier Units	None	$150,000/year	$$450,000
Total			$213,000	$639,000

5. APPENDICES

APPENDIX A: Glossary & Acronyms

Chronic Homelessness: The U.S. Department of Housing and Urban Development (HUD) defines a person experiencing chronic homelessness as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. (HUD)

Continuum of Care: (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

Coordinated Access: That assistance is allocated as effectively as possible and that it is easily accessible no matter where or how people present. That CoC have a centralize assessment process that identifies and assesses needs, and prioritizes housing decisions based on needs and vulnerability.

Ending Veterans' Homelessness does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience or be at-risk of homelessness."[lxvii] An end to homelessness means that the City of Lowell and its partners have a systematic response in place that ensures homelessness is prevented whenever possible or is an otherwise rare, brief, and non-recurring experience.

Homeless Persons: An individual who lacks housing, including one whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; an individual who is a resident in transitional housing; or an individual who has as a primary residence a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. http://legal-dictionary.thefreedictionary.com/Homeless+Person

Housing First: Housing First is an approach that centers on providing homeless people with housing quickly and then providing services as needed. What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve (National Alliance to End Homelessness)

Rapid Rehousing: is for individuals and families who are experiencing homelessness (residing in emergency or transitional shelters or on the street) and need temporary assistance in order to obtain housing and retain it. Rapid Re-Housing means that the household is assisted to obtain permanent housing as quickly as possible. There is no universal deadline or time limit that defines "rapid." Households vary and housing markets vary. It may take days or weeks to find a vacancy in housing an individual or family can afford, with a landlord who will accept their rental history (HUD)

Retirement Survivors Disability Insurance: the three of the types of benefits that the Social Security Administration pays. Another name for the Social Security program is "Old Age, Survivors and Disability Insurance Program

Permanent Supportive Housing: is a proven, effective means of reintegrating chronically homeless and other highly vulnerable homeless families and individuals with psychiatric disabilities or chronic health challenges into the community by addressing their basic needs for housing and providing ongoing support. (USICH)

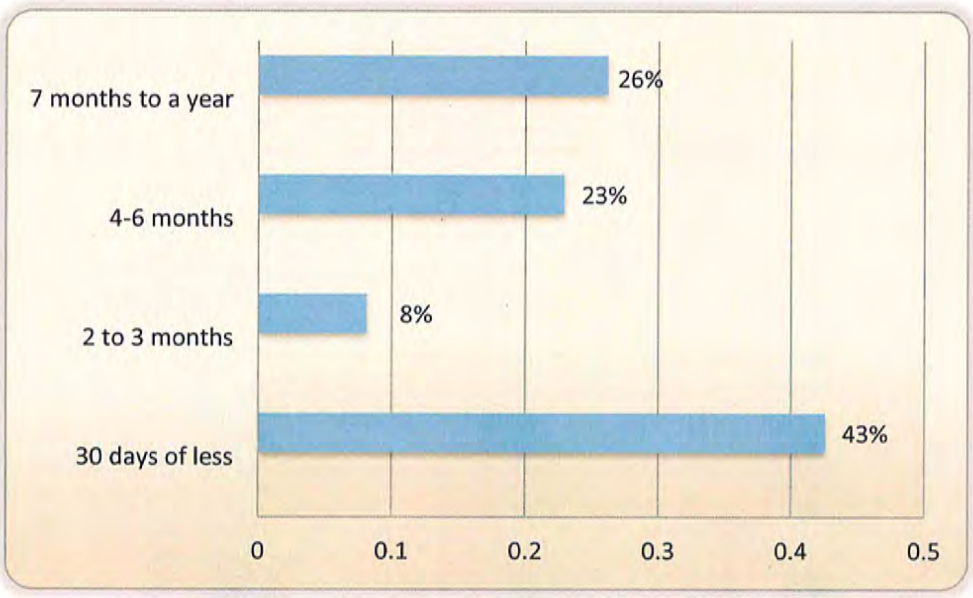
Supplemental Security Income: SSI is provided to people who have low income and few resources, and who are: age 65 or older; blind; or disabled. The Social Security Administration manages the program, but SSI is not paid for by Social Security taxes. U.S. Treasury general funds, not the Social Security trust funds, pay for SSI.

Acronyms

AHAR	Annual Homeless Assessment Report to Congress	MBHP	Massachusetts Behavioral Health Partnership
CCAB	Continuum of Care Advisory Board	MCO	Managed Care Organizations
COC	Continuum of Care	MHSA	Massachusetts Housing and Shelter Alliance
CSPECH	Community Support Program for People Experiencing Chronic Homelessness	MOU	Memorandum of Understanding
CTI	Community Teamwork, Inc.	MRVP	Massachusetts Rental Voucher Program
CWT	Compensated Work Therapy	NLIHC	National Low Income Housing Coalitions
DRRTP	Domiciliary Residential and Rehabilitation Treatment Program	PIT	Point-in-Time Annual Homeless Census
DVS	Department of Veterans Services (Massachusetts)	PTSD	Post-Traumatic Stress Disorder
ELI	Extremely Low Income (Housing)	ROI	Release of Information
ES	Emergency Shelter	RSDI	Retirement Survivors Disability Insurance
EW/EIS	Early Warning/Early Intervention System	SMOC	Southern Middlesex Opportunity Council
FMR	Fair Market Rents (HUD)	SNAP	Supplemental Nutrition Assistance Program
FSP	Federal Strategic Plan	SRO	Single Room Occupancy Unit
GDP	Grant and Per Diem	SSI	Supplemental Security Income
HCHV	Health Care for Homeless Veterans	SSVF	Supportive services for Veteran Families
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing [Act}	TBI	Traumatic Brain Injury
HIC	Housing Inventory Count	TH	Transitional Housing
HMIS	Homeless Management Information Systems	TR/CWT	Transitional Residence/Compensated Work Therapy
HOMES	Homeless Management Evaluation System (VA)	UML	UMass Lowell
HUD	Housing and Urban Development (Federal Department)	USICH	United States Interagency Council on Homelessness
HUD-VASH	HUD-VA Supportive Housing	VA	Veterans Administration (Federal Department)
HVRP	Homeless Veteran's Reintegration Plan	VAMC	Veteran Administration Medical Centers
HVSEP	Homeless Veteran Supported Employment Program	VNOC	Veterans Northeast Outreach Center
LHA	Lowell Housing Authority	VNOC-RTT	Veterans Northeast Outreach Center—Rapid Response Team
LPD	Lowell Police Department	VR&E	Vocational Rehabilitation and Employment
LVS	Lowell Veterans Subcommittee to End Veterans Homelessness	VRS	Vocational Rehabilitation Specialists
MAHMIS	Massachusetts Homeless Management Information System	VSO	Veterans' Services Officer (Lowell)

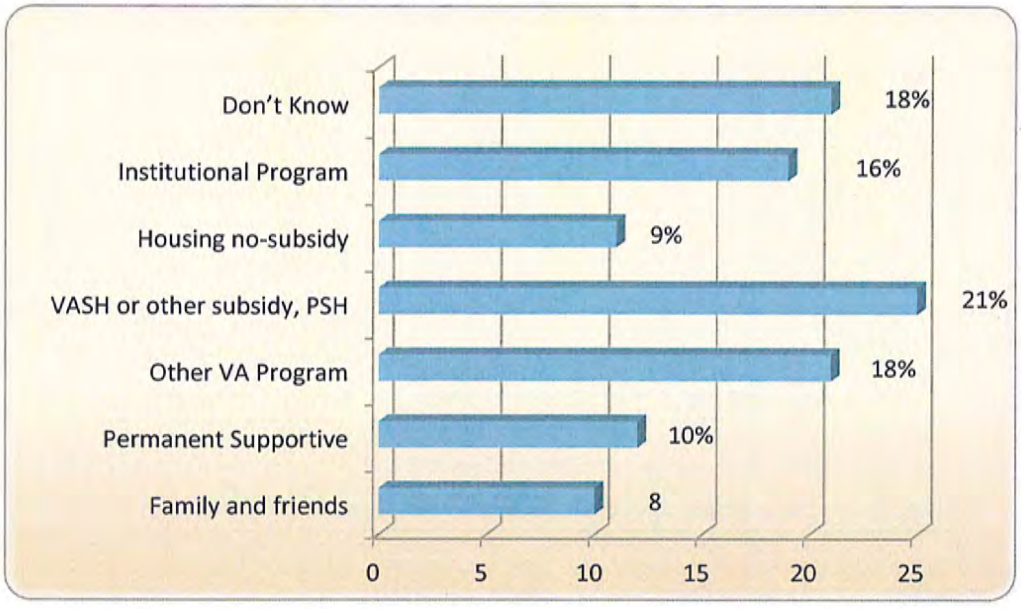
APPENDIX B:

Length of Stay in Emergency Shelter and VA Transitional Residence Programs



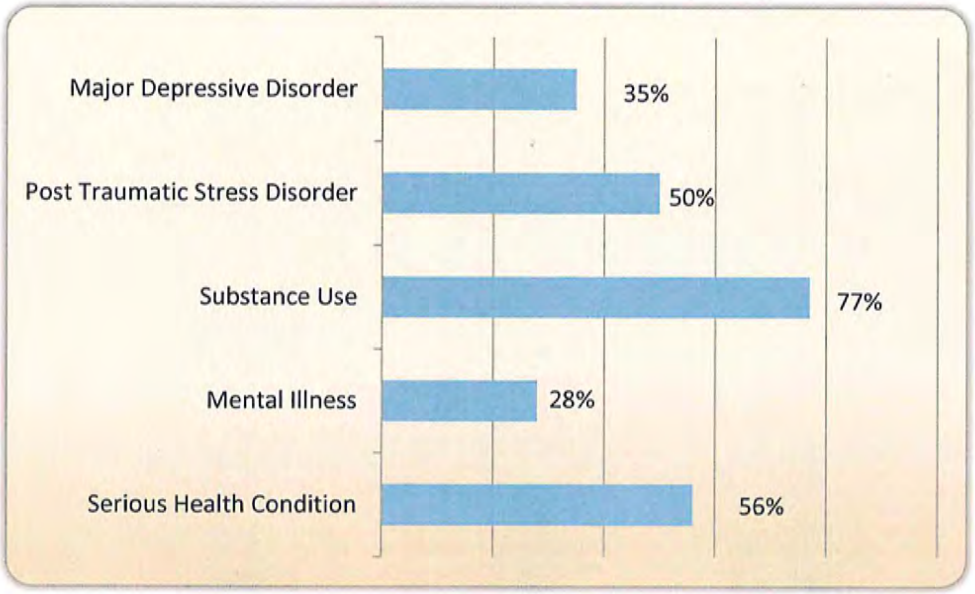
Source of data FY2014 Annual Homeless Assessment Report and Homeless Operations Management System

APPENDIX C: Exit Destinations



Source of data FY2014 Annual Homeless Assessment Report and Homeless Operations Management System

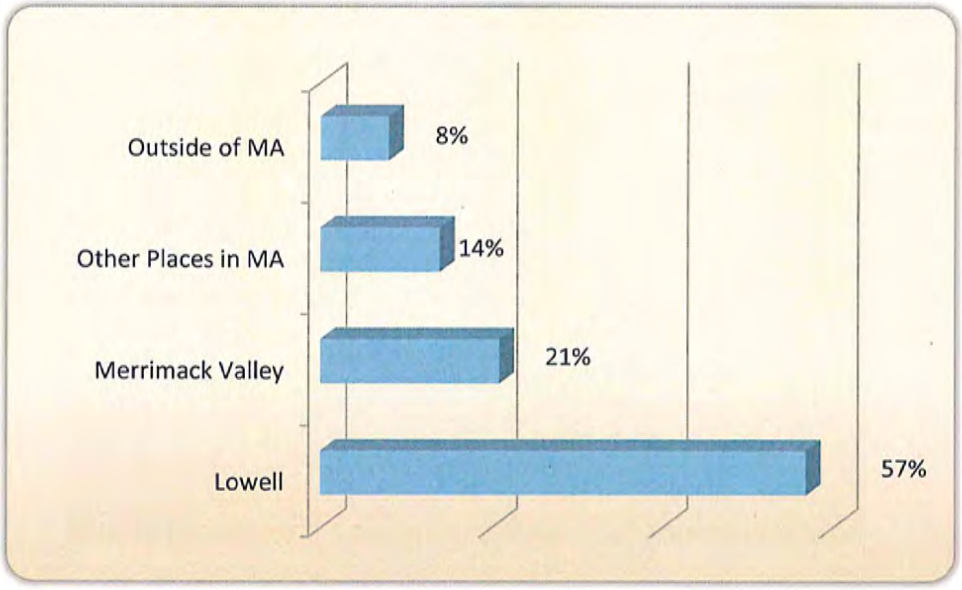
APPENDIX C: Disabilities



Source of data FY2014 Annual Homeless Assessment Report and Homeless Operations Management System

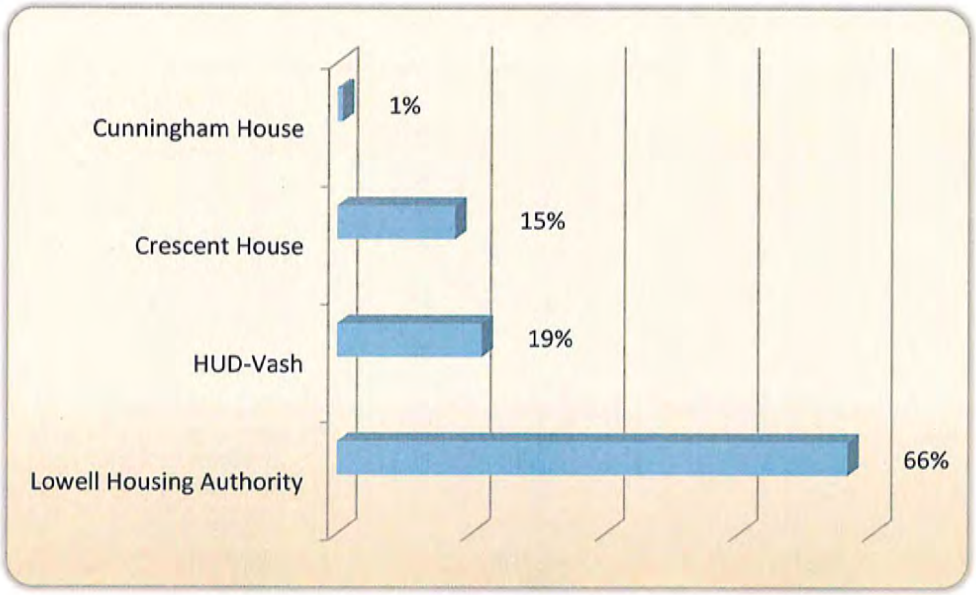
*Responses may include one or more of the disabilities shown

APPENDIX C: Prior Residence



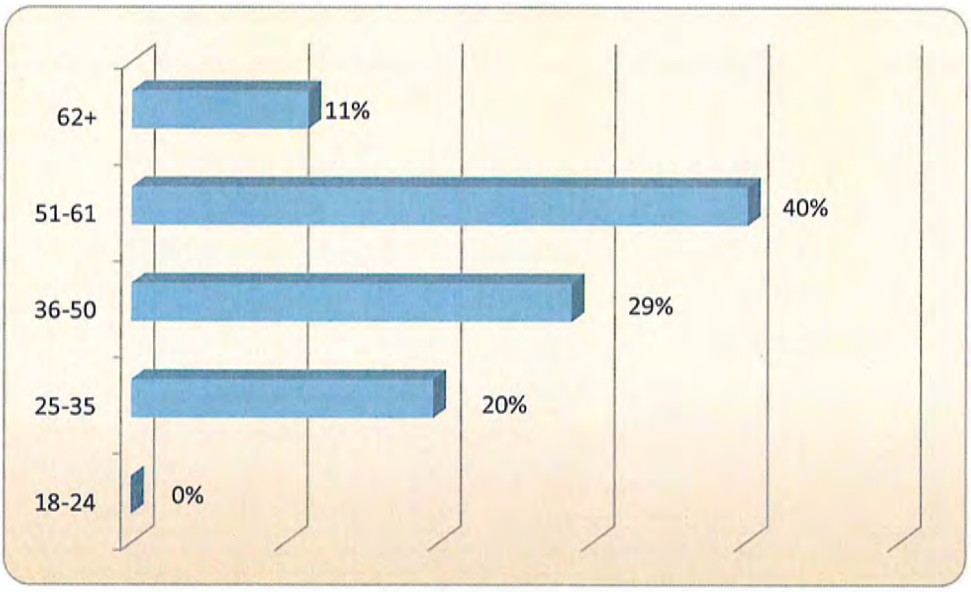
Source of data FY2012-2014 Annual Census Single Adults

APPENDIX D: Dedicated Veteran Housing 291 Units



Source of data FY2015 Annual Housing Inventory Count

APPENDIX D: Age



Source of data FY2014 Annual Homeless Assessment Report and Homeless Operations Management System

APPENDIX D: Timeline/Action Steps

City of Lowell Ending Veterans Homelessness QUARTERLY TIMELINE - WEEKS 1-15

Timeline: (Page 1 of 4)

W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15
9/14/2015	21-Sep	28-Sep	5-Oct	12-Oct	19-Oct	26-Oct	2-Nov	9-Nov	16-Nov	23-Nov	30-Nov	8-Dec	15-Dec	22-Dec

Key Milestones

- △ September 17th Kick-off
- △ October 30th DHCD ROI with VNOC
- △ Nov. 19th EVH Final Draft to LVS
- △ December 17th 1st Quarter Assessment, 2nd Quarter Implementation Plan

Activities with Meetings and Milestones

- Situation Analysis
- Kick-off
- EVH Plan: Ongoing Updates and Review for Presentation to LVS on November 19th /Submission to HUD and
- Final EVH Plan Review VA, VNOC, Planning and Development
- INTERMEDIARY: Pilot Preventing and End Homelessness begins with ES, TH and Outreach Programs, Police, Community Teamwork, Inc.
- AHAR Reporting Period 1st DRAFT Due December 2nd, PIT & HIC Acutual January 20th
- Scoping Solutions/Action Steps
- INTERMEDIARY Pilot begins with Shelters,
- LVS Review Veteran Registry and Case
- Quarterly Updates and Planning
- VNOC Management Briefing 1st Quarter
- PLANNING: Updates/Revisions for 2nd Quarter

City of Lowell Ending Veterans Homelessness QUARTERLY TIMELINE - WEEKS 16-30

Timeline: (Page 2 of 4)

W16	W17	W18	W19	W20	W21	W22	W23	W24	W25	W26	W27	W28	W29	W30
28-Dec	1/4/2016	11-Jan	18-Jan	25-Jan	1-Feb	8-Feb	15-Feb	22-Feb	Feb-29	7-Mar	14-Mar	21-Mar	28-Mar	4-Apr

Key Milestones

- January 20th PIT & HIC/LVS MTG.
- February 8th Network Partnership Meetings Commence
- March 17th LVS Situation Analysis Review

Activities with Meetings and Milestones

- **Situation Analysis**
- **COUNTS: PIT & HIC**
- **Annual Homeless Assessment Report to Congress**
- **MAHMIS/HOMES Data Sharing Collaboration, Collection, Reporting,**
- **Scoping Solutions/Action Steps**----CoC Advisory Board Tracking Progress Intermediary Pilot with Selected Network Partners
- **INTERMEDIARY: Firm up Policies, Procedures, "800" number, Release of Information Documentation Discussions with the VA ; and Commencement of Individual and Group Meeting with Network Partners to Introduce the Intermediary and New Procedures**
- **MAHMIS/HOMES: Firm up Policies and Procedures for Collecting Data, Data Points and Benchmarks, ROIs, Reporting Timelines, Monthly LVS Veterans' Registry Reports, MOAs**
- **Quarterly Updates and Planning**
- **VNOC Management Briefing 2nd Quarter**
- **PLANNING: Updates/Revisions for 3nd Quarter**

City of Lowell Ending Veterans Homelessness QUARTERLY TIMELINE - WEEKS 31-45

Timeline: (Page 3 of 4)

W31	W32	W33	W34	W35	W36	W37	W38	W39	W40	W41	W42	W43	W44	W45
11-Apr	18-Apr	25-Apr	2-May	2-May	16-May	23-May	30-May	6-Jun	13-Jun	20-Jun	27-Jun	4-Jul	11-Jul	18-Jul

Key Milestones

- April 21st LVS MTG
- May 18th L VS Situation Review Analysis
- June 16th VNOC Management Briefing and 3rd Quarter Review

Activities with Meetings and Milestones

- Situation Analysis
- Education, Job Training, Employment
- MAHMIS/HOMES Data: Education completion levels, CWT Participation Levels, Vitrual Job Ladders, Veteran Friendly Employers, Entrepreneural Opportunities,/Programs
- INTERMEDIARY Funding and Budget Review
- Scoping Solutions/Action Steps-----CoC Advisory Board Tracking Progress Intermediary Pilot Expansion to All Network Partners
- INTERMEDIARY: Increase/Enhance Coordination with Career ICenter of Lowell and other Network Partners and Veteran Friendly Businesses.
- MAHMIS/HOMES: Data collection, reporting, analysis edu., job training, employment efforts and outcomes
- Quarterly Updates and Planning for Year 2 Implementation
- VNOC Management Briefing 3rd Quarter Recommendations Year Two
- PLANNING: Updates/Revisions for 4nd Quarter and Annual Report

City of Lowell Ending Veterans Homelessness QUARTERLY TIMELINE - WEEKS 46-53

Timeline: (Page 4 of 4)

W46	W47	W48	W49	W50	W51	W52	W53	W54	W55	W56	W57	W58	W59	W60
25-Jul	1-Aug	8-Aug	15-Aug	22-Aug	29-Aug	5-Sep	12-Sep	19-Sep	26-Sep					

Key Milestones

		△ August 18th DRAFT Annual Report DUE					△ September 15th LVS ANNUAL MTG and ANNUAL REPORT							

Activities with Meetings and Milestones

- **Annual Analysis**
- All Categories
- MAHMIS/HOMES
- INTERMEDIARY Funding and Budget Review
- **Scoping Solutions/Action** Steps-----Year Two
- INTERMEDIARY Analysis
- MAHMIS/HOMES: Analysis
- **Quarterly Updates and Planning for Year 2 Implementation**
- VNOC Management Briefing 3rd Quarter
- PLANNING: Updates/Revisions and Recommendations Planning Year Two

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Bruce Akashian
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Career Center of Lowell

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Comfort Home Care

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SSVF Program Coordinator for
Middlesex County
Veterans Northeast Outreach Center

Noelle Young
Case Manager
SMOC/Lowell Transitional Living Center

[i] U.S. Interagency Council on Homelessness Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. Washington, DC: U.S. Interagency Council on Homelessness; 2010.
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[vii] Coalition for the Homeless BRIEFING PAPER War and Homelessness How American Wars Create Homelessness Among United States Armed Forces Veterans
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