

A Place at the Table: Homeless Veterans and Local Homeless Assistance Planning Networks

February 2002



U.S. Department of Housing and Urban Development
Community Planning and Development Office

Acknowledgements

This guidebook was prepared by Abt Associates Inc. under Contract C-OPC-21198, Task Order 9, for the U.S. Department of Housing and Urban Development's Office of Community Planning and Development. The primary authors of this report are Gretchen Locke, Jenny Berrien, and Kristin Winkel. Mary Joel Holin served as the Technical Reviewer.

The authors acknowledge the thoughtful guidance and support provided by HUD staff Michael Roanhouse, the Government Technical Monitor, Mary Kay Bransford, the Government Technical Representative, and William Pittman, Director of HUD's Veteran Resource Center. Mark Johnston and John Garrity of the same office provided useful technical review.

The authors wish to thank other Federal agency staff who provided us with contacts and information on funding resources available to homeless assistance providers serving veterans. Peter Dougherty at the U.S. Department of Veterans Affairs and Stanley Seidel at the Department of Labor were particularly helpful in identifying projects for us to consult. At the U.S. Department of Health and Human Services, we consulted with Fran Randolph (Center for Mental Health Services) and Jean Hochron (Healthcare for the Homeless) and their staff. In addition, we thank Richard Schneider of the Non-Commissioned Officers Association and Sharon Hodge of Vietnam Veterans of America for sharing their insights with us.

We especially acknowledge the support provided by our subcontractor, the Maryland Center for Veterans Education and Training, and Executive Director Colonel Charles Williams, USA (Retired), who assisted in all stages of guidebook development, from its earliest conception to the final review.

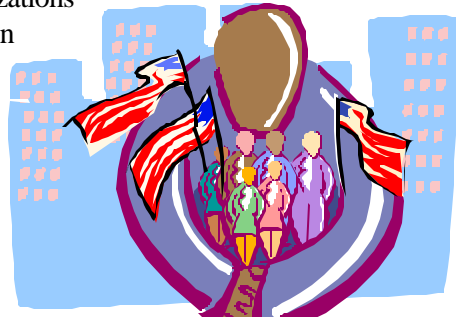
The authors of this report are grateful to the project administrators we consulted in 17 communities located around the nation. This guidebook would not have been possible without their detailed descriptions of lessons learned on strategies for integrating the needs of homeless veterans in local homeless assistance planning networks. We thank them for generously sharing their time, experiences, and wisdom with us.

Table of Contents

INTRODUCTION	1
CHAPTER 1 OVERVIEW OF COORDINATED HOMELESS ASSISTANCE PROGRAM PLANNING	3
AN OVERVIEW OF CONTINUUM OF CARE PLANNING.....	6
HOW TO GET INVOLVED.....	9
CHAPTER 2 STRATEGIES FOR ENSURING VETERANS’ INTERESTS ARE REPRESENTED IN LOCAL HOMELESS ASSISTANCE PROGRAM PLANNING	13
STRATEGY 1: MAKE LOCAL NETWORKING A PRIORITY.....	14
STRATEGY 2: DON’T GO IT ALONE.....	16
STRATEGY 3: THINK STRATEGICALLY ABOUT HOW THE PROJECT ADDRESSES LOCAL HOUSING AND SUPPORTIVE SERVICE GAPS.....	19
STRATEGY 4: BE A LEADER IN THE HOMELESS ASSISTANCE COMMUNITY.....	22
CHAPTER 3 GETTING TO THE TABLE: HOW FOUR ORGANIZATIONS MADE LOCAL PLANNING NETWORKS WORK FOR THEM	25
BOSTON, MASSACHUSETTS: A CONTINUUM OF CARE AT WORK.....	25
DULUTH, MINNESOTA: GETTING TO THE TABLE AND STAYING THERE.....	27
ALAMEDA COUNTY, CALIFORNIA: BUILDING LOCAL PARTNERSHIPS TO BRING HOUSING AND SERVICES TO HOMELESS VETERANS.....	29
SAN DIEGO, CALIFORNIA: MAKING THE MOST OF THE CONTINUUM OF CARE PROCESS.....	30
APPENDIX I	
LOCAL HUD FIELD OFFICE CONTACTS	33
APPENDIX II	
ORGANIZATIONS AND PROJECTS CONTACTED	39
ENDNOTE REFERENCES	45

Introduction

This guidebook is designed to help organizations serving homeless veterans to participate in homeless assistance program planning networks in their communities and access the resources that are available through these networks. Veterans make up a significant portion of the country's homeless population. Recent studies estimate that veterans comprise approximately 23 percent of all homeless adults in the United States, and 33 percent of homeless men.¹



While communities across the country have developed projects that are specifically designed for veterans, many veterans' advocates contend that the needs of homeless veterans do not receive sufficient recognition as communities establish priorities for their homeless assistance funds.

Over the past decade, local communities have placed increased emphasis on establishing ongoing coordinated planning efforts to identify the needs of homeless persons, inventory the resources available, and identify additional resources to fill gaps in local service networks. In part, these efforts have been driven by the US Department of Housing and Urban Development's (HUD's) requirement that groups interested in obtaining competitive homeless assistance grants from HUD must participate in a coordinated homeless assistance program planning process known as the *Continuum of Care (CoC)*. More broadly, local providers find that coordinated planning results in more efficient use of resources and better services for their clients.

Despite encouragement from HUD that the Continuum of Care process be inclusive, homeless veterans' organizations have not always been successful in gaining access to the planning process in their communities and competing effectively for funding. The complexities of HUD's programs and the local planning process can be barriers, as can the capacity of the organization to develop effective funding proposals.

This guide describes how local planning for homeless assistance activities works and highlights ways that organizations that serve homeless veterans can become involved in homeless assistance program planning. The information presented comes primarily from discussions with representatives of organizations serving homeless veterans and the lead agencies of the Continuums of Care in their communities. The homeless veterans' organizations that were contacted include those that only serve veterans as well as agencies that serve veterans along with other subgroups of the homeless population. A total of 28 organizations were



consulted, identified primarily by HUD staff and other experts on homelessness and veterans' issues.

The guide is organized as follows:

- **Chapter 1** provides an overview of how coordinated homeless assistance planning occurs in many communities. The steps that an organization can take to get involved in the planning process are also discussed.
- **Chapter 2** highlights successful strategies that organizations serving homeless veterans have developed to participate in homeless assistance planning networks, raise awareness of the needs of homeless veterans, and secure resources for projects serving veterans.
- Finally, **Chapter 3** presents profiles of promising partnerships that several veterans' organizations have developed in their communities through participation in coordinated homeless assistance planning initiatives. The profiles emphasize the fact that getting involved in local homeless assistance planning network takes time, but offers substantial long-term benefits to homeless veterans and the organizations that serve them.



Chapter 1

Overview of Coordinated Homeless Assistance Program Planning

Planning for the needs of homeless persons and obtaining resources to address those needs is driven by two overlapping planning efforts that HUD requires communities to undertake in order to receive federal housing and community development funds. These planning processes are known as the *Consolidated Plan* and the *Continuum of Care*.



Through the *Consolidated Plan*, eligible local and state jurisdictions develop housing and community development priorities, including priorities for addressing homelessness. The Consolidated Plan, which must be

A **Consolidated Plan** provides the framework for states and localities to identify housing, homeless, community and economic development needs and resources, and to develop a strategic plan to meet those needs.

approved by HUD, includes a three to five year strategy for implementing the following formula-funded grant programs: the Community Development Block Grant Program (CDBG), the HOME Program, Housing for People With AIDS (HOPWA), and the Emergency Shelter Grants Program (ESG).

Of these four programs, only the *Emergency Shelter Grants Program (ESG)* exclusively funds projects for homeless persons. ESG program funds are distributed to eligible local and state jurisdictions according to a formula that takes into account the population of the jurisdiction and the level of community need, among other factors. To receive ESG funds, jurisdictions must have an approved Consolidated Plan that includes an assessment of the needs of homeless persons and plans for using ESG funds.

Each year, a set proportion (historically 15 percent) of the total HUD McKinney-Vento homeless appropriation is allocated for the ESG program. In fiscal year 2001, this was approximately \$150 million out of the \$1 billion appropriated. The majority of HUD's homeless assistance funds (\$850 million in fiscal year 2001) are allocated competitively through the *Continuum of Care (CoC)* planning process. Since 1994, HUD has required that communities seeking competitive HUD grants under three programs – *Supportive Housing*, *Shelter Plus Care*, and *Section 8 Moderate*



Exhibit 1

HUD's Major Homeless Assistance Programs

The Supportive Housing Program (SHP)

Supportive Housing Program grants may be used to fund one or more of the following activities: acquisition or rehabilitation of a building to be used as supportive housing or to provide supportive services; new construction of a supportive housing facility; leasing a building to be used for supportive housing or services; the provision of new or increased supportive services; costs associated with the day-to-day operation of a new supportive housing project or the expanded portion of an existing project; and administrative costs.

Shelter Plus Care Program (S+C)

Shelter Plus Care Program grants may be used for the provision of rental assistance payments that, when combined with social services, provides supportive housing for homeless people with disabilities and their families. Shelter Plus Care provides funds for four types of rental assistance: (1) Tenant-Based Rental Assistance (contracted directly with the low-income tenant); (2) Project-Based Rental Assistance (contracted with a building owner); (3) Sponsor-Based Rental Assistance (contracted with a nonprofit organization); and (4) SRO-based Rental Assistance (Single-room occupancy contracted with a public housing authority.)

Single Room Occupancy Program (SRO)

The Single Room Occupancy Program provides tenant-based rental assistance for moderate rehabilitation of buildings with single-room dwellings, designed for the use of an individual, that often do not contain food preparation or sanitary facilities. A public housing authority makes Section 8 rental assistance payments to the landlords on behalf of homeless individuals who rent the rehabilitated units. Rental assistance for SRO units is provided for a period of 10 years, and includes some of the rehabilitation as well as the other costs of owning and maintaining the property.

Emergency Shelter Grants Program (ESG)

The Emergency Shelter Grants Program may be used to fund one or more of the following activities: the renovation/rehabilitation/conversion of buildings for use as emergency shelters; shelter operating expenses such as rent, repairs, security, fuel, equipment, insurance, utilities, food and furnishings; essential services such as those concerned with employment, health, and education of program participants; activities designed to prevent the incidence of homelessness; and administrative costs. ESG provides funds to states, territories, and qualified cities and counties.



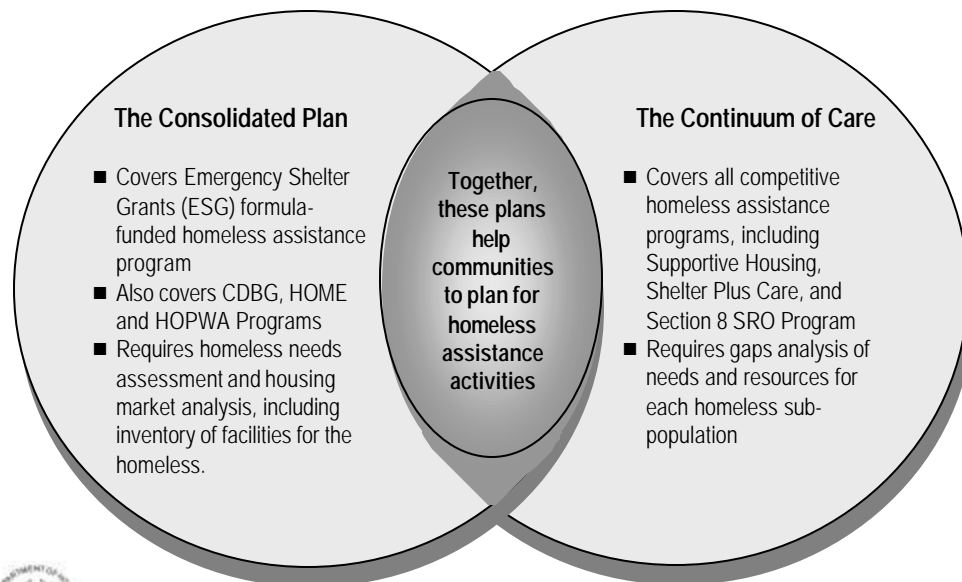
Rehabilitation for Single Room Occupancy – use the Continuum of Care planning process to develop a strategic, coordinated approach to planning for projects that assist individuals and families who are homeless. (Exhibit 1 provides brief descriptions of each of these programs.)

The Continuum of Care process was designed to promote the development of comprehensive systems to address the range of needs of different homeless populations in a community. In order to receive HUD funds, state and local governments annually submit a Continuum of Care Plan that demonstrates broad community participation and identifies resources and gaps in the community’s approach to providing outreach, emergency shelter, and transitional and permanent housing, as well as related services for homeless people. The plan also establishes local funding priorities.

A **Continuum of Care Plan** is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

As illustrated in Exhibit 2, the Consolidated Plan and the Continuum of Care planning process together help communities plan for homeless assistance activities, apply for federal funds, and involve a range of local agencies and stakeholders in local priority setting. There are several areas in which these two processes overlap. First, every project proposed in the Continuum of Care Plan must obtain a certificate of consistency with the Consolidated Plan from the participating jurisdiction. Second, both the Continuum of Care Plan and the Consolidated Plan use the same gaps analysis chart to assess the needs of local

Exhibit 2 HUD’s Community Planning Framework: The Consolidated Plan and the Continuum of Care Planning Process



homeless sub-populations, including veterans, and evaluate the jurisdiction's capacity to meet those needs (the gaps analysis is discussed further below). Since the Continuum of Care process focuses exclusively on the needs of homeless persons, the next section of this guide describes in greater detail how it is implemented.

An Overview of Continuum of Care Planning

The Continuum of Care process is not solely a mechanism by which homeless assistance providers apply for funding. The Continuum of Care process also serves as a year-round planning and networking tool for providers. The regularly scheduled meetings present an opportunity to meet staff from other agencies and organizations serving homeless persons. Many homeless assistance providers use these sessions to obtain formal and informal referrals for clients and as a vehicle for identifying potential partners for new homeless assistance projects.

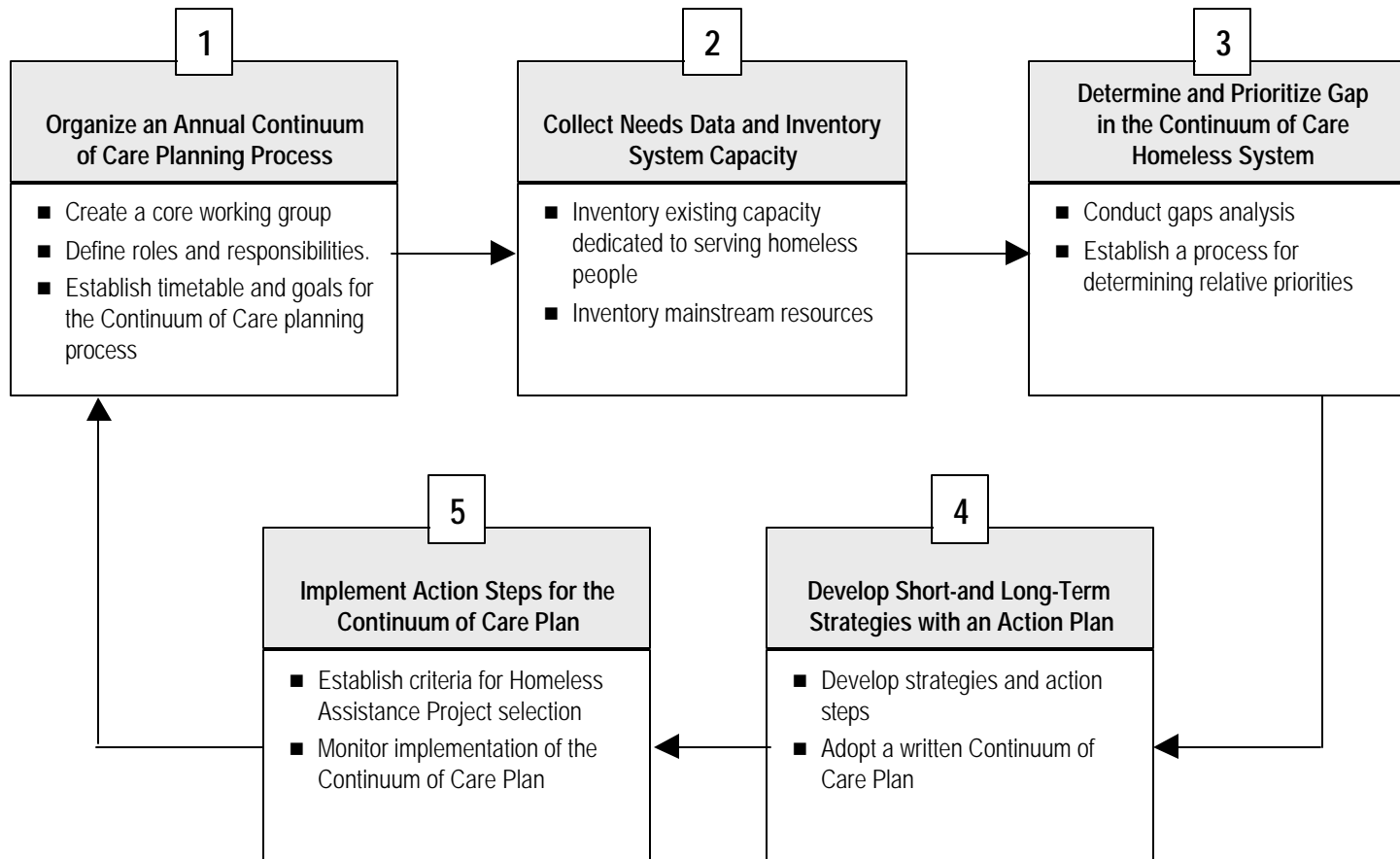
Shown in Exhibit 3, the Continuum of Care planning cycle involves five key steps:

- **Organizing the annual planning process**, which includes establishing a “core working group” that has overall responsibility for developing and implementing the plan;
- **Collecting data** on the needs of homeless persons in the community and assessing local capacity to address those needs;
- **Determining and prioritizing gaps** in the jurisdiction's homeless assistance system;
- **Developing short- and long-term strategies** and preparing the plan; and
- **Implementing the plan**, including identifying projects for funding and monitoring progress.

The annual Continuum of Care planning process is intended to include all major players in the homeless assistance community and to tie in with existing planning efforts, including the Consolidated Plan. At the start of the process, the community identifies a “core working group” to lead the process, then sets goals for the coming year and establishes committees to undertake specific activities in developing the Continuum of Care plan. As part of the planning process, communities must identify organizations to represent the needs of each sub-population and must describe those organizations' level of participation in the process. Veterans are one of the sub-populations specifically identified in the application. Applicants are informed that high scores may be established by a



Exhibit 3 Continuum of Care Planning Cycle



broad-based planning process that includes veterans as one of the key homeless groups.

As a next step, the Continuum of Care members must begin to assess the needs of the local homeless population and weigh the community's existing capacity to address those needs. This can be a time-consuming task, often involving surveys of providers and of homeless persons. The result of this exercise is known as the *gaps analysis*. Communities must complete a gaps analysis chart for both the Continuum of Care Plan and the Consolidated Plan. The chart serves to document the need of each homeless sub-population, the current inventory to address the need, the remaining gaps, and finally the relative priority of each homeless sub-population. As shown in Exhibit 4, homeless veterans (both individuals and persons in families) are specifically identified as a sub-population in the chart that must be addressed.

The gaps analysis is used to set priorities for funding – including the criteria that will be used to rank and select proposed projects – and develop short- and long-term implementation strategies. This forms the basis for the final Continuum of Care Plan. The projects that are locally selected and submitted to HUD for review must address the priority gaps that were previously identified. The cycle is conducted annually to reflect the changing composition and needs of the local homeless population.

The inclusion of veterans in the Consolidated Plan and Continuum of Care and gaps analysis reflects HUD's aim to reach out to veterans and veterans' organizations in its funding applications. An assessment of a random sample of 25 Continuum of Care plans suggests that most communities do assess the needs of veterans. Specifically, the analysis found that:

- All but two of the 25 Continuum of Care plans sampled had veterans' representation in the development of the plan, and 21 discussed how veterans would be specifically reached or planned to be reached in the Continuum of Care plan.
- All but one of the 25 Continuum of Care plans provided estimates of the met and unmet needs of veterans. The one Continuum not providing estimates indicated that it felt veterans' needs were contained in the other estimates of sub-populations and did give a priority ranking of medium for veterans' needs.
- Sixty-eight (68) percent of Continuums ranked serving single veterans as a high or medium priority. In a number of the Continuums not giving veterans a medium or high ranking, there were very few veterans relative to the number of persons represented by other sub-populations, especially in rural



or suburban areas. In other cases, lower priority ratings were justified by the level of existing special programs addressing veterans' needs.

How to Get Involved

Every local homeless assistance program planning network or Continuum of Care is organized differently and offers a variety of opportunities for participating organizations. Organizations serving homeless veterans need to learn how the network is organized in their community and assess their opportunities for getting involved. Following are some key steps to getting involved, identified by veterans' organizations currently participating in their local Continuum of Care.

Exhibit 4
The Gaps Analysis Chart

Continuum of Care: Gaps Analysis					
		Estimated Need	Current Inventory	Unmet need/ Gap	Relative Priority
Individuals					
Example	Emergency Shelter	115	89	26	M
Beds/Units	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				
Supportive Services Slots	Job Training				
	Case Management				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other				
	Other				
Sub-populations	Chronic Substance Abuse				
	Seriously Mentally Ill				
	Dually-Diagnosed				
	Veterans				
	Persons with HIV/AIDS				
	Victims of Domestic Violence				
	Youth				
	Other				
Persons in Families With Children					
Beds/Units	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				
Supportive Services Slots	Job Training				
	Case Management				
	Child Care				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other				
Sub-populations	Chronic Substance Abuse				
	Seriously Mentally Ill				
	Dually-Diagnosed				
	Veterans				
	Persons with HIV/AIDS				
	Victims of Domestic Violence				
	Other				

Sub-populations

- Chronic Substance Abuse
- Seriously Mentally Ill
- Dually-Diagnosed
- Veterans**
- Persons with HIV/AIDS
- Victims of Domestic Violence
- Other





Become an Active Participant in the Continuum of Care and Other Networks

Join a Continuum of Care committee, work on data collection for the needs assessment, or become a member of the core working group. These activities allow for greater input in the process and offer additional opportunities to make sure that the needs of homeless veterans are included in the community's homeless assistance strategy.

There are other local networks worth exploring as well. For example, many communities have a ***Community Homelessness Assessment Local Education Networking Group (CHALENG)***. CHALENG networks are affiliated with local Department of Veterans Affairs (VA) offices and provide the VA with data on homelessness and analyses of gaps in services for homeless veterans in their area. All local homeless assistance providers and others who have an interest in homeless services are invited to the CHALENG meetings. Due to this broad participation, the CHALENG meetings can provide an important opportunity for providers and concerned community members to network, identify needs, and pool resources to serve those needs. In several communities contacted for this guide, the lead agency for Continuum of Care planning noted that local Continuum of Care members depend on CHALENG participants to be the experts on veterans' concerns.





Chapter 2

Strategies for Ensuring Veterans' Interests are Represented in Local Homeless Assistance Program Planning

Organizations serving homeless veterans agree that involvement in local provider networks and planning efforts is critical to ensure that the needs of homeless veterans are addressed. They also acknowledge that veterans' organizations sometimes find it difficult to get involved in local networks and to obtain sufficient support for projects serving veterans in the priority-setting process. For example, veterans' organizations may encounter a lack of public awareness of the size of the homeless veteran population or of the special services that homeless veterans may require. Some organizations entering established planning networks have encountered the misperception that the Department of Veterans Affairs can fully address the needs of all homeless veterans. Finally, some homeless veterans' organizations have found that their own lack of expertise in developing funding proposals or lack of experience with the local planning process has limited their ability to compete with other service providers for homeless assistance funds.



The organizations interviewed for this guidebook identified several strategies that they found successful in addressing and overcoming these common challenges. The strategies focus on networking, developing partnerships, and becoming a leader in the homeless assistance community. Specifically, the organizations highlighted the following strategies:

- Make local networking a priority;
- Don't go it alone;
- Think strategically about how the project addresses local service gaps; and
- Be a leader in the homeless assistance community.

The remainder of the chapter describes each of these strategies and provides examples of how they have been used by organizations serving homeless



veterans. A complete listing of the organizations contacted for this guide can be found in Appendix II.

Strategy 1: Make Local Networking a Priority

Since the mid-1990s, HUD has encouraged homeless assistance providers to work together to document homelessness in their communities, analyze gaps in homeless assistance services and resources, and develop projects to meet identified needs. In particular, HUD has made coordinated local planning a requirement to obtain program funds, whether through the Consolidated Plan or the Continuum of Care process. More broadly, however, communities are encouraged to use the networks that result from the consolidated planning process, as well as other venues such as the VA's CHALENG groups, as a year-round forum for enhancing communication, improving service delivery, and assessing outcomes.

As discussed in Chapter 1, the first step to getting involved in local planning networks is to find out where the networks are and start attending meetings. Exhibit 5 provides some examples of the kinds of roles that homeless veterans' organizations have played in local planning networks, drawn from these organizations' experiences with the Continuum of Care process. The examples below illustrate some of the lessons learned from these experiences, as well as the benefits to veterans' organizations of networking with homeless assistance providers and the broader community.



Ensure a Strong Veterans' Presence at Local Meetings

Catholic Social Services (CSS) of Lackawanna County, Pennsylvania, has been quite successful in getting attention focused on the needs of veterans in their region. One strategy that CSS of Lackawanna County has promoted is bringing veterans and current clients to Continuum of Care and other networking meetings. In addition, the local VA hospital and nearby Veterans Health Administration each send a representative to every meeting. The presence of the veterans and their advocates at Continuum of Care and other networking meetings has been vital to the promotion of the needs of homeless veterans.

Veterans' Outreach North (VON), in Duluth, Minnesota, has also tried to make networking an organizational priority. It was important to the success of VON to participate in the Continuum of Care and other provider networks year-round, and not just at funding time. Regular presence at these meetings allowed VON's staff to gain credibility within the provider community and to make an impact on the available resources for veterans. Part of the reason for their success was that VON staff approached these meetings with a strategy that anticipated initial resistance. Being prepared to advocate for their client population at every meeting enhanced VON's credibility with other Continuum of Care members.



Exhibit 5

Participating in Local Homeless Assistance Program Planning

Participating regularly in homeless assistance program planning networks is a good way to advocate for veterans' needs, share information on services and resources available through homeless veterans' organizations, and learn about other available resources. In fact, many organizations serving veterans believe that the Continuum of Care process is as important as a networking tool as it is a vehicle for funding requests.

Following are some examples of how veteran-focused organizations have become involved in local homeless assistance planning networks:

The Executive Director of *Operation Dignity* has participated in the Alameda County, California Continuum of Care since it began. The Executive Director sits on the Executive Committee and is a member of the core working group, helping to establish standards of reasonableness of care and conducting outreach efforts to homeless veterans.

Vietnam Veterans of San Diego (VVSD) has been a part of the San Diego City and County Continuum of Care since 1995. VVSD staff members sit on the application committee, help to edit the Continuum's application, and generally speak on behalf of homeless veterans in the community.

VETSPACE of Alachua County, Florida is part of the core working group in that area, and staff participate in sub-committees of the Continuum of Care to prepare the gaps analysis, set priorities, and write the application. The agency's grants manager also sits on the Board of Directors for the Continuum of Care and attends the monthly meetings. Attendance at these meetings offers an opportunity to report on veterans' issues and keep veterans a focus for the group.



Recognize the Value of Information Exchange

Boston's *New England Shelter* has built a strong and comprehensive spectrum of programs that provide a self-contained continuum of services for homeless veterans. Additionally, the Shelter has exhibited an impressive capacity for fundraising over the years. However, the Shelter's transition towards a more collaborative approach has reinforced the notion that it does not have all the answers. Through participating in the local Continuum of Care, shelter staff have learned that the organization has much to gain from exchanging programming



and resource coordination expertise with other local providers. As a result, Shelter staff promote the dissemination of their own expertise by hosting visitors, conducting outreach to other providers, and sharing information about funding or other resource opportunities, while also inviting opportunities to learn from other organizations. By recognizing the value of exchanging information and exemplifying this attitude through their own practices, the New England Shelter has helped to strengthen the Boston Continuum of Care and facilitate the creation of additional collaborative endeavors.



Make Networking Part of the Organization's Mission, Supported by Organizational Resources

Since 1996, networking and collaboration with other local providers has been a key organizational objective for the *New England Shelter*. One major component of this networking effort was to become an active participant in Boston's Continuum of Care. In fact, solidifying the Shelter's position and role within the Continuum of Care was formalized as an organization goal when a new executive director came on board.

The Executive Director of the *Commission on Economic Opportunity* in Luzerne County, Pennsylvania noted the importance of providing staff members with adequate time for networking and attending meetings. Although each individual must take the initiative to attend community networking and monthly Continuum of Care meetings, it is just as important for management staff to support and allow for the time necessary to pursue these networking opportunities.

Strategy 2: Don't Go it Alone

One of the most important benefits of getting involved in local homeless assistance program planning networks is the opportunity to collaborate with other agencies providing similar or complementary services. Partnering with local agencies benefits organizations serving homeless veterans in a number of ways. For example, an organization serving a general homeless population may partner with a homeless veterans' organization to develop a collaborative project targeted to veterans or to institute set-asides for veterans within larger homeless assistance projects.

Organizations also frequently use partnerships to expand the range of services offered to their clients, or to enhance their own organizational capacity. This last function may be particularly important for homeless veterans' organizations that have limited prior experience with housing or supportive services, or that do not have the in-house technical expertise to produce a competitive grant application. Finally, partnering with a local agency – particularly one already involved in the local planning network or with a well-established reputation – can help to



broaden support in the local provider community for specific projects, such as those targeted to homeless veterans.

The following examples highlight the two types of partnerships that organizations serving homeless veterans have found particularly beneficial, as well as some of the ways in which these partnerships have been used. Further examples of how organizations serving homeless veterans have built successful partnerships and inter-agency collaborations are presented in Exhibit 6.



Take Advantage of Partnership Opportunities with the VA and Local Veterans' Organizations

Despite some initial difficulties, the *New England Shelter* has made a strong effort to build a productive relationship with the VA. This partnership has yielded several rewards. For example, the Shelter has recently been working with the VA to transform unused buildings on VA medical campuses into single room occupancy (SRO) residences for homeless veterans. Two such projects are currently under construction in the Boston area: a 60-unit SRO project in Bedford and a 32-unit SRO project in Brockton.

In addition to collaborating with the VA on specific projects, organizations serving homeless veterans can benefit by serving as a link between the VA and the local homeless assistance program planning network. *Vietnam Veterans of San Diego* (VVSD) has effectively taken on this role, offering to connect veterans in other homeless assistance programs within the Continuum of Care to the VA for additional services and funding. The VVSD staff believes that its ability to bring additional resources and funding sources to the Continuum helps it to gain the respect and support of other homeless assistance providers.

CSS of Lackawanna County, Pennsylvania, has used its relationship with the VA and participation in the local CHALENG group to strengthen its funding applications. For example, CSS submits letters of support from the CHALENG group and the VA with its applications.



Forge Partnerships with Other Homeless Assistance Providers and Community-Based Organizations

Vietnam Veterans of San Diego (VVSD) has collaborated with two other housing and service providers in the San Diego area to provide supportive housing that includes veterans. In partnership with Interfaith Community Services, VVSD developed a 44-unit transitional housing project with 33 units set aside for veterans. In a second project, VVSD provides case management services to 30 veterans living in transitional housing run by St. Vincent de Paul. VVSD believes that without involvement in the local homeless assistance



Exhibit 6

Further Examples of Successful Partnerships and Collaboration

- **Joseph House** in Cincinnati was able to partner with **Goodwill Industries** to provide employment training to its supportive housing residents. Joseph House was also able to partner with other housing providers to locate permanent housing options for veterans graduating from its transitional housing programs.
- **VCAP** of Grand Rapids, Michigan has been successful at getting units or beds set aside for homeless veterans in the Grand Rapids area. VCAP has agreements with various community organizations to provide housing for veterans – a total of about 150 slots through a nonprofit housing development/management firm and the local housing authority. VCAP has been working with a nonprofit housing developer to develop a project proposal for HUD funding.
- The **Butler County VA** in Pennsylvania partnered with the local Housing Authority to apply for HUD grants to establish the first transitional housing project in that county. Three of the ten units in the transitional housing project will be set aside for veterans who will also have access to case management services provided by the VA.
- The **American GI Forum National Veterans Outreach Program (NVOP)**, a veterans' organization with a 30-year history of serving the needs of homeless veterans in San Antonio, has found that partnering with other homeless providers in the San Antonio area to apply for HUD funds has formalized and strengthened existing relationships among providers. NVOP's partners include **Goodwill Industries, the Salvation Army, the United Way**, and the VA hospital. In addition, the Forum is working with a local Air Force base as it downsizes to identify ways to reserve space for housing and services for homeless veterans.

network, these projects would have never been created. In addition, both of these projects receive additional funding from the Department of Veterans Affairs, which makes a veteran-inclusive project more appealing to housing providers who might not otherwise target their programs to veterans.

The RISE Project, located in Alameda County, California, is a six agency collaborative providing supportive services to disabled homeless people, including veterans. The project began as an effort to address a gap in services for homeless individuals with disabilities in the southern part of the county, a



suburban area that is historically underserved. The project was initiated by the Alameda County Housing and Community Development Office, which provides clients with rental assistance through the county's Shelter Plus Care grants. The other partner agencies, which include mental health providers, substance abuse treatment centers, and life skills training programs, offer a full range of coordinated services. Although none of the participating agencies serve veterans exclusively, staff report that many of the clients served are veterans. With the needs of veterans in mind, RISE developed an agreement with the Department of Veterans Affairs to provide services to eligible veteran clients.

In Seattle, the *Vietnam Veterans Leadership Program*, a veterans' service organization, and the *Compass Center*, a well-established supportive housing provider, have partnered to run two veteran-specific transitional housing projects, serving approximately 30-35 veterans a year. The two groups recognized that there was a need for projects targeted to veterans and collaborated to address this gap. Outreach workers from the *Healthcare for Homeless Veterans* program have been an asset in identifying and referring veterans to these projects.

Strategy 3: Think Strategically About How The Project Addresses Local Housing and Supportive Service Gaps

In order to improve their chances of obtaining limited Federal funds, organizations serving homeless veterans have found that they have had to think strategically about how their projects address the housing and supportive service gaps identified by the local homeless assistance program planning process. Organizations need to develop a firm sense of where the needs of homeless veterans fit into the local gaps analysis, as well as what kinds of housing and services are likely to receive funding priority. Armed with this information, organizations can tailor their projects to meet the broader goals of the homeless assistance community, while also furthering their own goals of serving homeless veterans. Organizations that never thought strategically about how their projects meet commonly identified needs and service gaps have found that they are more successful in gaining access to the local planning process and, ultimately, in obtaining federal homeless assistance funds.

The following examples highlight the specific strategies that organizations serving homeless veterans have found useful in marketing specific projects, and the needs of homeless veterans in general, to their local homeless assistance program planning networks.





Tailor Project Proposals to Respond to Identified Needs and Funding Priorities

Over the past few years, permanent housing has emerged as the biggest priority for funding new projects in Boston's Continuum of Care process. Recognizing this funding priority, the *New England Shelter* pursued a partnership with the VA to develop permanent SRO housing for its clients. By targeting its project proposals to the identified funding priority – permanent housing – the Shelter improved its chances of receiving funding while still meeting its goal of providing housing for homeless veterans in Boston.

To address identified needs within Alameda County, the *RISE Project* operates in the southern part of the county, an area with fewer homeless assistance providers. RISE's focus on providing permanent housing and supportive services for disabled homeless individuals is consistent with Federal priorities *and* fills a substantial local service gap, as suggested by the project's higher than expected enrollment numbers.

Emphasis on Permanent Housing... Congressional restrictions on the use of homeless assistance funds make it increasingly difficult for new projects that are not permanent housing projects to obtain HUD funds. In fiscal year 2001, Congress required that a minimum of 30 percent of HUD's homeless grant funds be used for permanent housing for homeless persons.



Frame the Needs of Homeless Veterans within the Context of Addressing the Needs of the Homeless Population as a Whole

Some homeless veterans' organizations find it difficult to gain acceptance in local homeless assistance planning networks because they are overly assertive in advocating on behalf of veterans. Their well-intentioned advocacy can convey a sense of veterans' entitlement that may not be well received by other homeless assistance providers, in particular given the widely held misperception that all veterans have access to a full range of services through the VA. Staff of *Vietnam Veterans of San Diego* have found that working successfully with other homeless assistance providers requires striking a balance between assertive advocacy and collaboration. In homeless assistance program planning, this often means framing the needs of homeless veterans within the context of addressing the needs of the homeless population as a whole.

The *American GI Forum National Veterans Outreach Program (NVOP)*, located in San Antonio, Texas, has used this strategy to generate broad support for its projects serving homeless veterans. In competing for HUD funds through the Continuum of Care process, NVOP tailors its project proposals to directly address the service gaps identified in the needs assessment for the total population of homeless individuals. NVOP staff report that focusing on service delivery is more effective than focusing on the target population. As a result, NVOP's proposals focus primarily on the organization's ability to provide the needed services and



secondarily on the project’s target population of homeless veterans. By responding to the needs assessment conducted as a part of the comprehensive homeless planning process and developing projects that address those needs directly, the agency has gained respect within the community as a capable homeless assistance provider.



Know Your Numbers

Although organizations serving homeless veterans may choose to tailor their projects to the broad service needs and funding priorities of the local homeless assistance program planning network, it is essential that they come to the table with a sound knowledge of and credible statistics on the number of veterans who are homeless and their service needs.

Local homeless assistance providers use a variety of methods to develop accurate estimates of the prevalence of veterans in the local homeless population. Some of these activities are tied to preparing funding applications while others are part of ongoing efforts to monitor homelessness in the community.

Documenting the Numbers and Needs of Homeless Veterans...

- Conduct point-in-time censuses
- Survey local homeless assistance providers
- Conduct focus groups with current and former clients
- Create a category for “veteran status” on client intake forms

Telephone or written surveys of service providers, focus groups with homeless individuals, and point-in-time censuses of people on the street or in emergency shelters are common methods of “knowing your numbers” and identifying needs. One representative of a veterans’ multi-service center noted that simply making sure that all homeless assistance providers collect information on veteran status on their intake forms can provide important ongoing documentation to support estimates of the number of homeless veterans in the community. The following examples illustrate some of these methods.

- ***The Housing and Community Development Department of Alameda County (CA)***, the lead agency for homeless assistance program planning in Alameda County, surveys clients in HUD-funded projects to identify the size of various sub-populations, including the number of homeless veterans.
- As part of estimating the population of homeless veterans in the county, staff from veterans’ service provider ***Operation Dignity*** have worked to change the wording of the local Continuum’s definition of veterans to include female veterans and veterans who have not seen active duty – two groups that are often not counted as part of the veteran population.
- ***Joseph House*** in Cincinnati, Ohio, has capitalized on the opportunity presented by their Continuum’s annual consumer focus group meeting by



regularly bringing several of their homeless veteran clients to participate in the discussion. The needs of homeless veterans are addressed in the gaps analysis produced from the results of these meetings.

Strategy 4: Be a Leader in the Homeless Assistance Community

Beyond making local networking a priority, developing community partnerships, and thinking strategically about addressing local service gaps, some organizations serving homeless veterans have benefited from taking the further step to become a local leader on veterans' issues. Taking on a leadership role in the homeless assistance program planning network and the wider community requires an additional investment of time and resources, but it is likely to broaden support for projects serving homeless veterans and may significantly influence the allocation of resources.



Become a Local Activist on Homeless Veterans' Issues

In the case of *Operation Dignity*, an activist Executive Director helps to ensure that homeless veterans' needs are adequately acknowledged and addressed. The organization initially became involved in the Continuum of Care because there was no other group representing veterans on the committee. Operation Dignity's Executive Director believes that his personal experience as a formerly homeless veteran – rather than merely a representative of homeless veterans – gives him more influence within the Continuum of Care. As a result, Operation Dignity is recognized as the leading veterans' housing group in Alameda County and is “on the inside” of the Continuum of Care planning process.

Operation Dignity's Executive Director attributes his success in obtaining more funding for veterans' projects to his persistent advocacy for veterans. He recommends to other veterans' groups not to be passive, but to “make sure that their voice is heard.” For example, he encourages other veterans' groups to make sure that the term “veteran services” is included in every comprehensive homeless planning document. However, he also cautions veterans' groups to be careful to support their advocacy efforts with statistics demonstrating the actual number of homeless veterans in need.

Although a relatively small organization in terms of staffing, client population, and services provided, *Veterans Outreach North* has developed a strong voice within two Continuum of Care in the Duluth area due to the consistent advocacy of its Program Manager. To gain access to funding streams and networking opportunities, it has proven important to have this strong voice and presence of one key individual. The Program Manager has thirty years of experience within



the local provider community and is a veteran himself, which lends him additional credibility.



Reach out to the Broader Community to Share Knowledge and Expertise on Serving the Needs of Homeless Veterans

Organizations serving veterans can play an important role in encouraging communication about the needs of homeless veterans outside formal network meetings. For example, *Joseph House* in Cincinnati has conducted a workshop for its counterpart in the city of Dayton on strategies for serving homeless veterans. The Homeless Programs Coordinator from the *Battle Creek VA* in Michigan has been actively involved in planning statewide conferences on homelessness. Through her involvement, she has made sure that experts on veterans' issues are included in panel discussions and that workshops on veterans appear on the agenda.

To encourage the inclusion of a variety of service organizations in the local competitive funding process, the *Commission on Economic Opportunity (CEO)* in Luzerne County, Pennsylvania, offers technical assistance to any organization that wants to submit a project as part of the county's Continuum of Care application. CEO hires a consultant to facilitate this technical assistance. In addition, CEO sponsors an annual public meeting to which "everyone" (service organizations, consumers, and other interested parties) is invited for the purpose of gathering information about local needs and priorities.

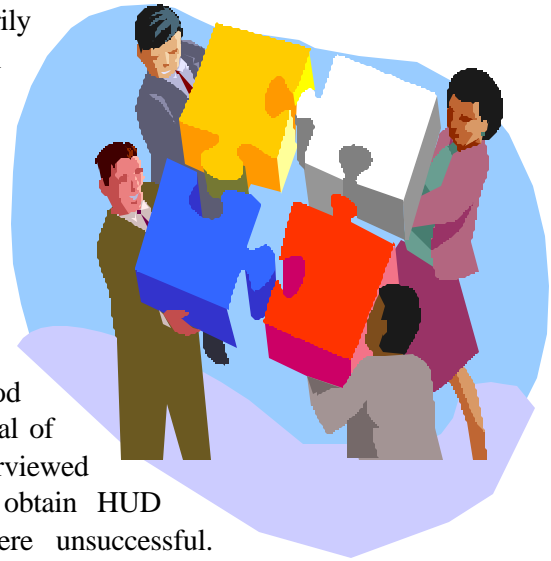




Chapter 3

Getting to the Table: How Four Organizations Made Local Planning Networks Work for Them

Organizations whose clients are primarily veterans have found that getting involved in local homeless assistance networks and securing funding for projects benefiting veterans can be difficult, especially the first time around. All of the strategies discussed in this guidebook – understanding the local planning process; participating in local planning networks; developing partnerships with other agencies; becoming a leader in the community; and establishing a good reputation – take time and resources. Several of the veterans’ organizations interviewed acknowledged that their early efforts to obtain HUD funding for projects serving veterans were unsuccessful. However, consistent advocacy efforts, combined with demonstrated understanding of homeless veterans and a proven track record in serving veterans, have led to the successful funding of projects targeted to veterans.



This chapter presents profiles of four organizations serving homeless veterans that have participated in local homeless assistance program planning networks. Each of the profiles highlights one or more of the key challenges of participating in local planning networks; together, they illustrate the rich rewards that come from finding “a place at the table.”



Boston, Massachusetts: A Continuum of Care at Work

In 1999, the number of homeless individuals in Boston reached a record 5,820 individuals. Approximately 49 percent of these homeless individuals were veterans.² The economic boom of the late 1990s, coupled with population growth and the elimination of rent control in Boston, has led to an exceedingly tight and expensive rental market. Simultaneously, federal homeless assistance funding has not kept pace with local need in Boston.³ These trends have contributed to a rise in homelessness in recent years.



The *Supportive Housing Unit (SHU)* of the *City of Boston's Department of Neighborhood Development* is the coordinator for Boston's Continuum of Care and distributes HUD homeless assistance funds, between \$12 and \$15 million annually. The SHU works closely with the Strategic Homeless Planning Group, an entity created to inventory services for homeless individuals and identify service gaps. In addition, Boston's mayor has created a Continuum of Care advisory group known as the Homeless Planning Committee that is comprised of local homeless assistance providers and consumers. The Executive Director of the *Veterans Benefits Clearinghouse* in Roxbury, MA directs this committee, providing a strong voice for the veterans' community in the Continuum of Care process.

As in other communities, the distribution of homeless assistance funds in Boston depends on the prioritization of needs and the resources available for each given year. In order to determine annual funding priorities, the SHU undertakes a "community process" through which homeless assistance providers, consumers (currently or previously homeless individuals), and other stakeholders meet to discuss how to set priorities to address current needs.

According to SHU staff, in the early years of Boston's Continuum of Care, identifying funding priorities hinged on determining the largest population with the most significant needs not being met by other resources. A number of successful programs were funded and continue to receive renewal grant funds. Today, the SHU struggles to provide resources for new projects, because an increasing percentage of funds is targeted to renewals. Due to the area's tight rental market, the limited funds are typically targeted to permanent housing projects.

With assistance from the *New England Shelter for Homeless Veterans*, the Boston Continuum has worked to address the needs of homeless veterans since 1996. The Vietnam Veterans Workshop, a non-profit social service organization, founded the New England Shelter for Homeless Veterans in 1990. Initially operating a 100-bed emergency shelter for homeless veterans, the New England Shelter has since expanded its residential services to include a 125-bed Transitional Housing Program, a 59-unit Single Room Occupancy program, and a 10-bed Shelter for Homeless Women Veterans. The New England Shelter also provides a wide range of support services, including an employment training program, an on-site medical center, as well as general case management and counseling services.

The New England Shelter began its involvement with the Boston Continuum of Care in 1996 as part of an effort to expand the Shelter's ties to other organizations. This effort to build bridges to other agencies and, specifically, to become involved in the Continuum of Care was initiated by a new executive director. The Shelter transitioned from having a somewhat isolationist, "moat mentality" to an attitude favoring cooperation and information exchange with other agencies.



The Executive Director reported having a relatively easy time becoming involved in the Boston Continuum of Care and other local networking activities. By seeking out opportunities to network and emphasizing internally the theme that one organization “does not have all the answers,” the Shelter was able to collaborate with a variety of service providers. The Executive Director noted that Boston has traditionally had a strong affiliation with the military service community, which facilitated the Shelter’s involvement in the Continuum of Care and broader collaborations.

The Shelter has received substantial funding through its participation in the Continuum of Care process including Section 8 SRO, Supportive Housing, and Shelter Plus Care grants. Major non-financial benefits from participating in the Continuum of Care have been the ability to share knowledge about the needs of homeless veterans as well as learn about funding options, partnership opportunities, and other programs.

Shelter staff currently take an active role in working with the SHU to identify service gaps, and the Shelter works to be “part of the solution” by filling some of those gaps. Currently, a major Continuum of Care concern is increasing the supply of permanent housing. The New England Shelter is collaborating with the VA to create additional options for permanent housing for homeless veterans and working to fill a gap in homeless services in the Boston area.



Duluth, Minnesota: Getting to the Table and Staying There

Duluth is located in northeastern Minnesota and had an estimated population of 85,192 in the year 2000.⁴ It is the largest city in St. Louis County, which has a total population of about 200,000 and an estimated homeless population of 350 to 500 persons.⁵ The remaining six counties making up the Northeast region of Minnesota are very rural. Recent counts suggest that at any one time there are about 100 homeless individuals in overnight shelters and about 120 individuals in transitional housing living in the six-county area.⁶ Reliable numbers are not currently available on the number of homeless individuals who are veterans.

Two Continuum of Care groups operate in the region. The *St. Louis County Planning Department* is the lead agency for the St. Louis County Continuum of Care, and the *Arrowhead Regional Development Commission* is a regional planning organization that acts as the Continuum of Care lead agency for an adjacent six-county Northeast region. These agencies direct the process by which the Continuums identify service needs and priorities for funding for the homeless population in their respective areas.



Based in Duluth, *Veterans Outreach North (VON)* is a multi-service program for homeless veterans. Started in 1998, the program serves urban, suburban, and rural clients through its outreach services and tends to operate as a “clearinghouse,” matching veterans with appropriate services and residential programs. In addition, VON operates a ten-unit scattered-site residential project and offers the following direct services: an AA group for veterans, life skills training, case management, and food assistance. The program has received funding from a variety of sources including a HUD Supportive Housing Program grant through the St. Louis County Continuum of Care. This grant, coupled with an Emergency Shelter Grant, funds VON’s scattered-site residential program.

VON staff report that local homeless assistance providers did not initially welcome VON’s involvement in the local Continuum of Care networks. Around 1995, several years prior to VON’s creation, the current Program Manager began working to bring attention to veterans’ needs through participation in a precursor organization to the Continuum of Care called the Low-Income Housing Consortium. He recalled that he worked hard to counter reluctance on the part of other service providers to allow participation from veterans’ representatives, because they did not want the veteran population to (in the Program Manager’s words) “cut into their funding pie.” They expected the Department of Veterans Affairs to take care of the veterans in the community.

As VON staff persisted in their efforts to increase attention to veterans’ needs in the area, the Program Manager recalled receiving some invaluable advice from an employee of the nearby VA to “get at the table, and not leave the table” until his message was heard. Today, VON is a valued member of the region’s homeless assistance network. The Continuum of Care coordinator for St. Louis County noted that VON’s Program Manager is a credible and effective representative of veterans’ concerns. He attends monthly meetings for each of these two Continuums of Care and currently chairs the finance subcommittee for the St. Louis County Continuum of Care. Veterans Outreach North and its staff also actively pursue cooperative partnerships with member organizations of the Continuum of Care. VON staff members are currently collaborating with the Salvation Army to create a permanent housing project.

VON’s Program Manager emphasizes the importance of attending *every* Continuum of Care meeting as well as other meetings that offer networking and funding potential. Consistent networking with resource providers has meant that funding decisions can no longer ignore veterans’ needs in the allocation of resources.





Alameda County, California: Building Local Partnerships to Bring Housing and Services to Homeless Veterans

Alameda County is located on the eastern side of San Francisco Bay, encompassing the cities of Oakland and Berkeley and their surrounding suburbs. Of the county's total population of 1.4 million, an estimated 9,000 to 12,000 people are homeless on any given night. An estimated 31 percent of homeless persons are veterans.

The Housing and Community Development Department (HCD) of Alameda County serves as the lead agency for the countywide Homeless Continuum of Care Council. Members of the Continuum of Care Council meet every two months and include 18 jurisdictional representatives (15 of whom are elected officials), two consumers, and representatives of advocacy organizations, faith-based groups, and housing developers.

Operation Dignity is a leading homeless veterans' advocacy group and the primary provider of supportive housing for homeless veterans in Alameda County. Operation Dignity's first project targeted to veterans began in 1994, and today the agency manages 120 units of transitional housing for single homeless adults and 95 units for families. While the agency provides services to all homeless persons, priority is given to veterans. Veterans with all types of disabilities are served, as are those discharged from prisons, treatment facilities, and hospitals for whom no subsequent residence has been identified.

The Executive Director of Operation Dignity is a member of the Executive Committee of the countywide Homeless Continuum of Care Council. The Executive Director's personal connection with – and strong commitment to – homeless veterans has given him credibility with other homeless assistance providers and has helped the organization build partnerships to expand housing and services for this population. For example, his involvement in the Continuum of Care planning process was an important factor in the decision to provide housing for veterans when the Alameda Point Naval Station closed. The Continuum of Care formed a partnership of homeless assistance providers to develop 200 units of supportive housing. Operation Dignity staff were active participants in this process, successfully advocating that 20 percent of the redeveloped units be reserved for homeless veterans.

The *RISE project* is another excellent example of a partnership that has led to increased services for veterans. While Operation Dignity's service area covers northern Alameda County, there was a gap in services and permanent housing for



homeless people in the southern part of the county. In particular, homeless adults with disabilities, including a substantial number of homeless veterans, were underserved in this area. Established in 1998, the RISE project is a product of the Continuum of Care's recognition of this service gap. There are six partner agencies in the RISE collaborative. Although the project is not explicitly targeted to veterans, the collaborative includes the Department of Veterans Affairs to ensure that veterans' services are available to eligible clients. As one of the member agencies, HCD provides rental assistance through the Shelter Plus Care program, while the other agencies offer a range of integrated services to enable homeless people with disabilities to access and maintain permanent housing. These services include emergency shelter, mental health counseling, life skills training, and employment services. An outreach worker visits several drop-in centers for veterans as well as encampments of homeless people. These outreach approaches are believed to be quite successful at connecting veterans to housing and services.



San Diego, California: Making the Most of the Continuum of Care Process

According to local estimates, there are currently about 15,000 homeless people in San Diego. Of that number, some 2,000 are veterans, about 40 percent of the county's urban single homeless men. Over 80 percent reportedly have drug and alcohol problems. Many also suffer from post-traumatic stress disorder.⁷

The *Regional Task Force on the Homeless* is the San Diego area's coordinating body for homeless assistance planning and programs. The Task Force oversees all aspects of the Continuum of Care process, from collecting annual data on homelessness to coordinating the development of the Continuum of Care application.

Since the first organized Continuum meeting was held in 1995, one local veterans' organization has participated in the process. This group, the *Vietnam Veterans of San Diego (VVSD)* is a non-profit organization serving homeless veterans and their families. The organization's mission is to "extend assistance to all unemployed and homeless veterans of all wars and eras and their families by providing housing, food, clothing, substance abuse recovery and mental health counseling, job training, and job placement services."

To fulfill its mission, VVSD provides both residential and non-residential services through a number of HUD-funded projects in San Diego County. The agency operates four transitional housing projects in the city and county. In addition, VVSD also provides case management services to veterans living in a transitional housing



project operated by St. Vincent de Paul. All of these programs also receive matching funds from the Department of Veterans Affairs.

VVSD attributes much of its success in obtaining HUD funding to its active participation in the Continuum of Care planning process. VVSD began participating in the Continuum of Care in 1995. Initially, staff reported that becoming a part of the Continuum was difficult because the agency had no experience as a housing provider and no reputation within the supportive housing community. It took almost two years of constant effort to become an active player. Today, a VVSD representative sits on the Continuum of Care committee that collects needs data and has served as chair of that committee. In addition, staff attend the Continuums of Care year-round meetings and help edit the Continuum of Care application.

VVSD staff believe that their involvement in the Continuum of Care has had important benefits. By being an advocate for homeless veterans' needs and developing successful projects, VVSD has gained the respect of other housing and service providers. As a result, VVSD has been able to partner with these providers to develop projects targeted to veterans or to obtain set-asides for veterans in other homeless assistance projects.

Involvement in the Continuum of Care process has also contributed to the growth of VVSD as an organization. The agency's size has tripled since it began participating in the Continuum of Care, in part because of the additional projects for which the agency has received HUD funding. VVSD is recognized as the leading advocate and service provider for homeless veterans within the comprehensive homeless planning process in San Diego.





Appendix I

Local HUD Field Office Contacts

This appendix provides a listing of local contacts for HUD's Office of Community Planning and Development (CPD), which administers HUD's McKinney-Vento homeless assistance funds. The contacts are listed by region, then by HUD local office.

New England

Connecticut State Office

One Corporate Center, Hartford, CT 06103-3220
CPD Director: Mary Ellen Morgan, 860-240-4800

New Hampshire State Office

275 Chestnut Street, Manchester, NH 03101-2487
CPD Director: Richard Hatin (Acting), 603-666-7640

Massachusetts State Office

10 Causeway Street, Room 375, Boston, MA 02222-1092
CPD Director: James Barnes, 617-994-8355

New York/New Jersey

Buffalo Area Office

465 Main Street, 5th Floor, Buffalo, NY 14203-1780
CPD Director: Michael F. Merrill, 716-551-5755

New York State Office

26 Federal Plaza, Suite 3541, New York, NY 10278-0068
CPD Director: Kathy Mullins (Deputy Director), 212-264-0771

New Jersey State Office

One Newark Center, 13th Floor, Newark, NJ 07102-5260
CPD Director: Kathleen Naymola, 973-622-7900



Mid-Atlantic

Maryland State Office

10 South Howard Street, 5th Floor, Baltimore, MD 21201-2505

CPD Director: Joseph O'Connor, 410-962-2520

Pennsylvania State Office

Wanamaker Bldg., 100 Penn Square East, Philadelphia, PA 19107-3380

CPD Director: Joyce Gaskins, 215-656-0624

Pittsburgh State Office

339 Sixth Avenue, 6th Floor, Pittsburgh, PA 15222-2515

CPD Director: Lynn Daniels, 412-644-2999

Virginia State Office

3600 West Broad Street, Richmond, VA 23230-4920

CPD Director: Carlos Renteria, 804-278-4503

District of Columbia Office

820 First Street, N.E., Suite 300, Washington, D.C. 20002-4205

CPD Director: Ronald Herbert, 202-275-0994

Southeast/Caribbean

Alabama State Office

600 Beacon Parkway West, Suite 300, Birmingham, AL 35203-5301

CPD Director: Harold Cole, 205-731-2630

Caribbean State Office

159 Carlos E. Chardon Avenue, San Juan, PR 00918-0903

CPD Director: Carmen R. Cabrera, 787-766-5576

Florida State Office

909 Southeast 1st Avenue, Miami, FLA 33131

CPD Director: Jack Johnson, 305-536-4431

Georgia State Office

40 Marietta Street, Five Points Plaza, Atlanta, GA 30303-2806

CPD Director: John Perry, 404-331-5001

Jacksonville Area Office

301 West Bay Street, Suite 2200, Jacksonville, FLA 32202-5121

CPD Director: James N. Nichol, 904-232-1777



Kentucky State Office

601 West Broadway, P.O. Box 1044, Louisville, KY 40201-1044
CPD Director: Ben Cook, 502-582-6163

Mississippi State Office

100 West Capitol Street, Room 910, Jackson, MS 39269-1096
CPD Director: Emily Eberhardt, 601-965-4700

North Carolina State Office

Koger Bldg., 2306 West Meadowview Road, Greensboro, NC 27407-3707
CPD Director: Tom Ferebee, 336-547-4005

South Carolina State Office

S. Thurmond Federal Bldg., 1835 Assembly Street, Columbia, SC 29201-2480
CPD Director: Louis E. Bradley, 803-765-5564

Tennessee State Office

John J. Duncan Federal Bldg., 710 Locust Street, Knoxville, TN 37902-2526
CPD Director: Virginia E. Peck, 865-545-4391

Midwest

Illinois State Office

77 West Jackson Boulevard, Chicago, IL 60604-3507
CPD Director: Victor Thornton, 312-353-1696

Indiana State Office

151 North Delaware Street, Suite 1200, Indianapolis, IN 46204-2526
CPD Director: Robert Poffenberger, 317-226-6303

Michigan State Office

Patrick V. McNamara Bldg., 477 Michigan Ave., Detroit, MI 48226-2592
CPD Director: Emerson Sherrod (Acting), 313-226-7908

Minnesota State Office

220 Second Street South, Minneapolis, MN 55401-2195
CPD Director: Alan Joles, 612-370-3019

Ohio State Office

200 North High Street, Columbus, OH 43215-2499
CPD Director: Lana Vacha, 614-469-5737



Wisconsin State Office

310 West Wisconsin Avenue, Suite 1380, Milwaukee, WI 53203-2289
CPD Director: Robert Berlan, 414-297-3214

Southwest

Arkansas State Office

425 West Capitol Avenue, Suite 900, Little Rock, AR 72201-3488
CPD Director: Anne Golnik, 501-324-6375

Louisiana State Office

501 Magazine Street, 9th Floor, New Orleans, LA 70130-3099
CPD Director: Greg Hamilton, 504-589-7212

New Mexico State Office

625 Silver Avenue, S, Suite 100, Albuquerque, NM 87110-6472
CPD Director: Frank Padilla, 505-346-7271

Oklahoma State Office

500 West Main Street, Suite 400, Oklahoma City, OK, 73102-2233
CPD Director: David H. Long, 405-553-7569

San Antonio State Office

800 Delorosa Street, San Antonio, TX 78207-4563
CPD Director: John T. Maldonado, 210-475-6820

Texas State Office

801 Cherry Street, P.O. Box 2905, Ft. Worth, TX 76113-2905
CPD Director: Katie Worsham, 817-978-5934

Great Plains

Kansas State Office

400 State Avenue, Room 200, Kansas City, KS 66101-2406
CPD Director: William Rotert, 913-551-5485

Nebraska State Office

10909 Mill Valley Road, Suite 100, Omaha, NE 68154-3955
CPD Director: Gregory A. Bevirt, 402-492-3181

St. Louis Area Office

1222 Spruce Street, 3rd Floor, Suite 1200, St. Louis, MO 63103-2836
CPD Director: Ann Wiedl, 314-539-6524



Rocky Mountain

Colorado State Office

633-17th Street, 14th Floor, Denver, CO 80202-3607

CPD Director: Guadalupe M. Herrera, 303-672-5414

Pacific/Hawaii

California State Office

450 Golden Gate Avenue, San Francisco, CA 94102-6532

CPD Director: Steve Sachs, 415-436-6597

Hawaii State Office

500 Ala Moana Boulevard, Suite 500, Honolulu, HI 96813-4918

CPD Director: Mark Chandler (Acting), 808-522-8180

Los Angeles Area Office

611 West Sixth Street, Suite 800, Los Angeles, CA 90015-3801

CPD Director: William Barth, 213-894-8000

Phoenix Area Office

400 North 5th Street, Suite 1600, Phoenix, AZ 85004-2361

CPD Director: Martin H. Mitchell (Program Manager), 602-379-4754

Northwest/Alaska

Alaska State Office

949 East 36th Avenue, Suite 401, Anchorage, AK 99508-4399

CPD Director: Andrew "Gus" Smith, 907-271-3669

Oregon State Office

400 Southwest Sixth Avenue, Suite 700, Portland, OR 97204-1632

CPD Director: Douglas Carlson, 503-326-7018

Washington State Office

909 1st Avenue, Suite 200, Seattle, WA 98104-1000

CPD Director: Don Phillips, 206-220-5150





Appendix II

Organizations and Projects Contacted

Alameda County, CA

Alameda County Housing and Community Development Department

Oakland, CA

Contact: Kristen Lee, Alameda County Continuum of Care Coordinator

510-670-5944

Operation Dignity

Oakland, CA

Contact: Alex McElree, Executive Director

510-287-8465

The RISE Project

Contact: Marleen Cheetham, RISE Coordinator

510-670-6474

Boston, MA

New England Shelter for Homeless Veterans

Boston, Massachusetts

Contact: Tom Lions, Executive Director

617-248-9400

http://www.geocities.com/Pentagon/Quarters/6186/index_nn.htm

Department of Neighborhood Development

Boston, Massachusetts

Supportive Housing Program

Contact: Eliza Greenberg, McKinney funds coordinator

617-635-0253

<http://www.ci.boston.ma.us/dnd/>



Butler and Luzerne County, PA

Butler County Veterans Administration

Transitional Housing Project

Butler County, Pennsylvania

Contact: Sandy Beahm, Coordinator of Homeless and Outreach Services

724-285-2514

Commission on Economic Opportunity

VA Transitional Housing Project

Luzerne County, Pennsylvania

Contact: Noel Duffy, Executive Director

570-829-1665

Diana T. Meyers & Associates

Consultant for Butler County and Luzerne County, PA CoC

Contact: Diana T. Meyers

215-576-7970

Cincinnati, OH

Joseph House, Inc.

Cincinnati, OH

Contact: Bill Malone, Executive Director

513-241-2965

Partnership Center

Cincinnati, OH

Contact: Michelle Budzek, Facilitator of the Cincinnati Continuum of Care

513-891-4016

mbudzek@fuse.net

Duluth, MN

Minnesota Assistance Council for Veterans

Veterans Outreach North

Duluth, Minnesota

Contact: Durban Keeney, Program Manager

218-722-8763

<http://www.citilink.com>



Arrowhead Regional Development Commission

Duluth, Minnesota

Contact: Patty Beech, Northeast Region CoC contact person

218-722-5545

<http://www.ardc.org/>

St. Louis County Planning Department

St. Louis County, Minnesota

Contact: Lisa Potswald, St. Louis County CoC contact person

218-726-5009

Gainesville, FL

VETSPACE

Gainesville, FL

Contact: Robert Murphy, Grants Manager

352-955-2245

Alachua County Coalition for Homeless and Hungry

Gainesville, FL

Contact: Jim Hencin, Block Grant Administrator for the City of Gainesville

352-334-5031

Grand Rapids, MI

Veterans Comprehensive Assistance Program

Grand Rapids, MI

Contact: Dick MacDonald, Director

616-234-0220

Battle Creek VA

Battle Creek, MI

Contact: Mariam Bearsdley-Gibbs

616-966-5600 ext. 5636

The Salvation Army

Grand Rapids, MI

Contact: Maurie Weitekamp, Housing Continuum of Care Coordinator

616-459-0042

mweitekamp@usc.salvationarmy.org



Lackawanna County, PA

Catholic Social Services of Lackawanna County

St. James Manor, Veterans SRO, VA Alcohol Drug Treatment Program, Chronic Mentally Ill
Scranton, Pennsylvania
Contact: Steve Nocilla, Executive Director
570-207-2287

University of Scranton, Nonprofit Resource Center (NRC)

Consultant for Lackawanna County, PA CoC
Scranton, PA
Contact: Barbara Parkman, Coordinator of NRC
570-941-4050

San Antonio, Texas

American GI Forum National Veterans Outreach Program

San Antonio, Texas
Contact: Mac Rattan, Vice President
210-223-4088
<http://www.va.gov/vso/agif.htm>

San Diego, California

Vietnam Veterans of San Diego

San Diego, CA
Contact: David Siegler, CFO and Vice President
619-497-6123 ext. 277

Department of Community and Economic Development, Community Services Division

San Diego, CA
Contact: Ron Thurlo, Administrator for Homeless Services Program for the City of San Diego
619-533-6525

San Diego County Housing and Community Development Department

San Diego, CA
Contact: Peggy Goldstein,
858-694-8740



Seattle, WA

Compass Center

Seattle, WA

Contact: Janice Hougen, Program Manager

206-461-7835

jhougen@compasscenter.org

**King County Department of Community and Human Services, Housing and
Development Department, Community Services Division**

Seattle, WA

Contact: Cynthia Ricks-MacOtaan, Homeless Planner

206-296-8644

City of Seattle, Department of Health and Human Services

Seattle, WA

Contact: Eileen Denham,

206-684-0915

Vancouver, Washington

Sam Galbreath and Associates, Inc.

Portland, OR

Contact: Sam Galbreath

503-244-3435





Endnote References

- ¹ “Homelessness: Programs and the People They Serve, Findings of the National Survey of Homeless Assistance Providers and Clients, Technical Report,” Martha R. Burt, et. al., September 1999, Chapter 11. This study, prepared for the Interagency Council on the Homeless, is based on the 1996 National Survey of Homeless Assistance Providers and Clients.
- ² Massachusetts Council of Human Service Providers, Inc. <http://www.providers.org/junecooper.html>
- ³ Boston Strategic Homeless Planning Group and Mayor Thomas M. Menino. “Summary Report,” November 2000.
- ⁴ <http://www.hud.gov/local/min/duluth.html>
- ⁵ Estimate provided by the local Continuum of Care coordinator for St. Louis County.
- ⁶ Estimate provided by the local Continuum of Care coordinator for the Northeast Regional Continuum of Care.
- ⁷ <http://www.co.san-diego.ca.us/rtfh/profile.html>

