THE AMERICAN LEGION
HOMELESS VETERANS
TASK FORCE

A STEP BY STEP GUIDE
How to coordinate your efforts

Guide created with assistance from the United States Interagency Council on Homelessness
The American Legion coordinates a Homeless Veterans Task Force (HVTF) amongst its 55 departments. Our goal is to augment existing homeless veteran providers, the VA Network Homeless Coordinators, and the Department of Labor’s Homeless Veterans Reintegration Program (HVRP), Veterans Workforce Investment Program (VWIP), Disabled Veterans Outreach Personnel (DVOPs) and Local Veterans Employment Representative (LVERs). In addition to augmentation, we then attempt to fill in the gaps where there is no coverage. Each of The American Legion’s Departments contains an HVTF chairman and an employment chairman. These two individuals coordinate activities with The American Legion’s local posts within their state. The three-tiered coordination of these two chairmen and numerous local posts attempt to symbiotically assist homeless veterans and prevent future homelessness.
The American Legion has conducted training with the assistance of the National Coalition for Homeless Veterans (NCHV), DOL-VETS, Project Homeless Connect, and VA on how to apply for Federal grants in various assistance programs, most notably the “Stand Down” and Grant and Per Diem programs. It is our goal to assist the Grant and Per Diem program by enabling individual posts and homeless providers to use The American Legion as a force multiplier. We may not have the job-specific expertise in the fields of social work and mental health, but we do have 2.7 million volunteers with an impressive network of resources within their communities.
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The American Legion augments homeless veteran providers with transportation, food, clothing, cash and in-kind donations, technical assistance, employment placement, employment referral, claims assistance, veterans’ benefits assistance, and in some cases housing for homeless veterans. The American Legion department service officers are accredited representatives that assist homeless veterans with their VA compensation and pension claims, and are fierce advocates for assuring that all VA benefits are afforded to the unfortunate homeless veterans that they may encounter.
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HOW MANY CHRONIC HOMELESS VETERANS ARE THERE?

• The most visible form of homelessness; often people on the streets of our neighborhoods and communities
• Experienced by 195,827 Homeless Veterans on the street each night
• A subgroup that constitutes 26% of the homeless population
• A condition found in counties, cities, suburbs, and rural areas
WHAT ARE CHARACTERISTICS OF INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS?

- Unaccompanied individuals
- Homeless for a year or more or multiple times over a several year period
- Disabled by addiction, mental illness, chronic physical illness or disability, or developmental disability
- Frequent histories of hospitalization, unstable employment, and incarceration
- Average age in the early 40s
WHY FOCUS ON CHRONIC HOMELESSNESS?

This group consumes a disproportionate amount of costly resources.*

Chronic homelessness has a visible impact on your community’s safety and attractiveness.

Effective new technologies exist to engage and house this population.

Addressing the needs of this group will free up resources for other homeless groups, including youth / families.

It is a finite problem that can be solved.

This group is in great need of assistance and special services.

* Described in more detail on following page
Individuallys experiencing chronic homelessness consume a disproportionate amount of resources.

10% of the homeless population consumes over 50% of the resources.

Individuals experiencing chronic homelessness are heavy users of costly public resources, including:

- Emergency medical services
- Psychiatric treatment
- Detox facilities
- Shelters
- Law Enforcement / Corrections

HOW CAN YOU END CHRONIC HOMELESSNESS IN YOUR COMMUNITY?

- Step 1: Commit the Jurisdiction to Developing a 10-Year Plan
- Step 2: Identify Stakeholders
- Step 3: Convene a Working Group
- Step 4: Gather Research and Data on Homelessness
- Step 5: Define Your Community’s Homeless Problem
- Step 6: Develop Strategies to Address these Problems
- Step 7: Solicit Stakeholder Feedback and Finalize Strategic Plan
- Step 8: Create an Action Plan to Implement Strategies
- Step 9: Announce and Publicize the Plan
- Step 10: Implement the Plan
STEP 1: COMMIT TO DEVELOPING A 10-YEAR PLAN

A strong commitment from the Mayor or County Executive is critical, although many parties can initiate the process.

The 10-Year Planning Process Requires:

- Long-term commitment from the first planning steps to full implementation
- Staff time and energy
- Willingness to engage diverse stakeholders and forge new partnerships
- Ability to think creatively about old problems and existing resources
STEP 2: IDENTIFY STAKEHOLDERS

The most successful efforts have broad support and participation from the public, private, and non-profit sectors.

- Mayor/County Executive
- Agency/Department Heads
- Business & Civic Leaders
- Law Enforcement Officials
- United Way/Chambers of Commerce
- General Public
- Housing Developers & Service Providers
- Hospital Administrators
- Academia
- Libraries
- Individuals experiencing Chronic Homelessness
- Non-profits / foundations
- Faith-based Organizations
STEP 3: CONVENE A WORKING GROUP

The working group coordinates the planning process and should include representation from different stakeholders.

- The working group should create forums to facilitate broader community input and participation throughout the process.
- Individuals chosen for the working group should:
  - Have authority to make funding and resource decisions.
  - Have relevant expertise or experience.
  - Be committed to the planning process.
  - Be well respected by stakeholders and the larger community.
- Chair and co-chair should report directly and regularly to Mayor or County Executive.
STEP 4: GATHER RESEARCH AND DATA ON HOMELESSNESS

Accurate, timely data and research will create a solid foundation for your community’s plan

- Existing research on homelessness (local/national)
- Local homeless counts
- Service and housing capacity
- 10-Year Plans from other communities
- Availability of funding resources
STEP 5: DEFINE YOUR COMMUNITY’S HOMELESS PROBLEM

Identify and assess the root causes of chronic homelessness in your community

Problems identified by other communities include:

- Difficulties in engaging this population
- Inadequate service capacity
- Lack of appropriate supported, permanent housing
- Poor discharge planning from public systems
- Inaccessibility of mainstream resources
- Fragmented systems of care
- Historical leadership vacuum on issue
- Investment in stop-gap measures rather than permanent solutions
STEP 6: DEVELOP STRATEGIES TO ADDRESS THESE PROBLEMS

Strategies to end chronic homelessness fall into two major categories: Prevention and Intervention

PREVENTION
“Close the Front Door”
Reduce the number of people who become chronically homeless

INTERVENTION
“Open the Back Door”
Increase placement into supported housing of people who are currently experiencing homelessness
STEP 6: DEVELOP STRATEGIES TO ADDRESS THESE PROBLEMS (continued)

Effective strategies used by other communities can help guide and inform your community’s approach

**PREVENTION**

“Close the Front Door”

- Centralization of funding and service delivery to increase coordination
  [Community Shelter Board, Columbus and Franklin County, Ohio]

- Dedicated resources to house individuals discharged from psychiatric care institutions
  [Special Initiative to House the Homeless Mentally Ill, State of Massachusetts]

- Discharge planning protocols that prevent homelessness

**INTERVENTION**

“Open the Back Door”

- Assertive Community Treatment (ACT): multi-disciplinary, clinically-based teams that engage people experiencing chronic homelessness on the streets and in shelters

- Permanent supported housing with low threshold access for homeless mentally ill people
  [Pathways to Housing, New York City]

- Direct access to permanent supported housing for frequent users of acute health systems
  [Direct Access to Housing, San Francisco]
STEP 7: SOLICIT STAKEHOLDER FEEDBACK AND FINALIZE STRATEGIC PLAN

Input from stakeholders is particularly critical at this point to ensure support for and consensus on the final plan.
STEP 8: CREATE AN ACTION PLAN TO IMPLEMENT STRATEGIES

Translate high-level strategies and goals into concrete, actionable steps to achieve them.

The Action Plan Should Include:

- Specific activities and the parties responsible for executing them
- Costs and funding sources
- Timelines/Benchmarks
- Performance metrics
STEP 9: ANNOUNCE AND PUBLICIZE THE PLAN

Plans should be publicly endorsed and announced by the Mayor / County Executive to ensure maximum visibility

- Host a special press conference where Mayor/County Executive announces 10-year plan
- Leverage print, TV, and radio media to maximize press coverage
- Encourage participating stakeholders and organizations to actively promote plan
- Enlist the support of community leaders and local celebrities to spread the word
STEP 10: IMPLEMENT THE PLAN

The final step is to execute the identified strategies and action steps to begin ending chronic homelessness in your community.

- Use the plan to guide your activities, but recognize that it is a living document and should be updated as situations change.
- Regularly track your community’s progress using the identified metrics.
- Continue to innovate and stay informed of activities in other communities.
- Encourage ongoing stakeholder and community input.
- Continue to build new partnerships.
WHAT ARE THE ELEMENTS OF A SUCCESSFUL 10-YEAR PLAN?

1. Collaborative Planning Process
2. Research and Data-Driven Approach
3. Performance and Outcome Orientation
4. Innovation and Creativity
5. Endorsement by Top City / County Officials
6. Involvement of Stakeholders In Resource Enhancement
7. Planful Implementation Strategy
WHAT RESULTS CAN YOUR COMMUNITY EXPECT?

- Significant savings in public systems from reduced use of services including hospital emergency rooms, ambulances, and EMT services (San Diego, Seattle, Boston, and other studies)
  - Savings in other service systems, including homeless shelters, acute psychiatric services, and corrections can result from placement of individuals into supportive housing (Culhane et al.)
- Enhancement of quality of life for both those who are housed and homeless
- Supported housing retention rates of 80% or greater
- More resources to address other homeless subpopulations, including youth and families
- Inspiration and energy from working together to help your neediest neighbors
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HOMELESS VETERANS TASK FORCE ENVISIONED STRUCTURE

HVTF CHAIRMAN

HOMELESS PROVIDERS

VA NETWORK HOMELESS COORDINATORS
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HOMELESS VETERANS TASK FORCE ENVISIONED STRUCTURE

- VA NETWORK HOMELESS COORDINATORS
- HOMELESS PROVIDERS
- HVTF CHAIRMAN
- DEPARTMENT ADJUTANT & DEPARTMENT COMMANDER
- POST
- EMPLOYMENT CHAIRMAN
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