INTRODUCTION

On July 14, 2015, the U.S. Department of Veterans Affairs (VA) Homeless Programs Office and the National Center on Homelessness Among Veterans (NCHAV) hosted a virtual research symposium on the enumeration of homelessness. The symposium inaugurated the Homeless Evidence and Research Synthesis (HERS) Roundtable Series, a quarterly forum to present and discuss critical issues affecting Veterans experiencing homelessness.

In 2010 the VA launched an initiative to end Veteran homelessness by 2015. During the past five years, the primary measure used to gauge the progress of this effort has been the Point-in-Time (PIT) count led by the U.S. Department of Housing and Urban Development (HUD). However, as counting methodologies have been expanded and refined, it has become clear that a variety of data sources are needed to reflect more accurately where progress is being made and where additional efforts should be directed. As local communities, such as New Orleans and Houston, declare victory in ending Veteran homelessness, there has been an increased focus on creating a process to validate their Veteran homelessness counts. There has also been discussion on the possible methods that could be used to go beyond counting homeless Veterans in order to look more qualitatively at how they are being served.

In this dynamic context, NCHAV Acting Director Tom O’Toole welcomed presenters from NCHAV, Abt Associates, and UNITY of Greater New Orleans to share their research and experience with measuring homelessness. Dan Treglia, a researcher at NCHAV, provided an overview of the methodologies used in conducting PIT counts for the sheltered and unsheltered homeless population nationwide. Larry Buron, Principal Associate at Abt Associates, discussed how annual Homeless Management Information System (HMIS) national estimates are currently derived from the Annual Homeless Assessment Report (AHAR) to Congress. Steve Metraux, an investigator at NCHAV and Associate Professor at the University of the Sciences, shared his examination of incidence measures of homelessness among service members separating from the military since September 11, 2001. Finally, Martha Kegel, Executive Director of UNITY of Greater New Orleans, described the use of person-level rosters to identify and target efforts.

Following the presentations, Dennis Culhane, NCHAV Research Director and Dana and Andrew Stone Chair in Social Policy at the University of Pennsylvania, led a roundtable discussion with federal agency leaders:

- Lisa M. Pape, Executive Director, Veterans Health Administration Homeless Programs Office
- Richard Cho, Senior Policy Director, U.S. Interagency Council on Homelessness (USICH)
- William Snow, SNAPS Specialist, Office of Special Needs Assistance, Community Planning and Development, U.S. Department of Housing and Urban Development (HUD)
PRESENTATIONS


Dan Treglia provided an overview of the Point-in-Time (PIT) count. PIT counts are conducted in all Continuums-of-Care (CoCs) at least once every other year during the last 10 days of January. CoCs are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state. They are diverse in terms of geography, size, and population density; they range from New York City with 8.5 million people living in 469 square miles to the state of Montana, home to 1 million in an area spanning approximately 147,000 square miles. Regardless of size and complexity, various PIT count procedures must account for all people experiencing homelessness in the CoC, both those who are unsheltered (living in a place not designed or ordinarily used as a regular sleeping accommodation) and those who are sheltered (living in emergency shelters or transitional housing projects).

Counting methodologies

For unsheltered homeless persons, estimates are made from street-based counts, service-based counts, or a combination of the two.

Street-based counts usually take place at night when people would be bedding down or sleeping and typically work best in more condensed, urban settings. The procedure employs three basic methods, depending on the size and characteristics of the CoC, including:

1. **Canvasing the entire area** – This method is appropriate for CoCs, such as Boston (89 square miles), that are small enough for those conducting the actual count to cover the entire area.
2. **Canvasing the central downtown and known homeless hotspots** – This method can be appropriate for larger cities where homelessness is heavily concentrated in a downtown area, like Philadelphia (143 square miles).
3. **Canvasing a sample of areas** – This method, deemed scientifically rigorous by HUD in 2008, is appropriate for large metropolitan areas such as New York City. This method divides the CoC into small areas, such as census tracts or block groups, and then samples these areas in one of two ways: (a) simple random sample, which draws a certain percentage of sections to count or (b) stratified sample, which divides the area into two parts based on previous counts and other institutional knowledge: places one would expect to find homeless people and places one would not.

There are several advantages of a street count, including a decreased likelihood of double counting, the fact that CoCs typically have a good understanding of covered areas, and there are no recall problems on the part of respondents. However, disadvantages of this approach include a potential for missing the “invisible homeless” (people staying in abandoned buildings or in hidden or dangerous public spaces), overlooking people who do not appear to be homeless, the difficulty of conducting this process in large geographies, and the scheduled count being affected by the weather.
Service-based estimates gather information from individuals accessing service organizations and public facilities such as soup kitchens, bus stations, housing agencies, and Social Security offices. They are asked where they slept on count night within seven days of the count night. This method is particularly appropriate for large jurisdictions and those with a challenging terrain (i.e. rural communities). In order to avoid duplicating counts across multiple services and nights, identifiers are used for people, such as components of name, date of birth, and Social Security numbers (e.g. initials, month and year of birth, and last four digits of the SSN, or a combination of those). The advantage of service-based enumeration is that it is a useful method for large and challenging areas and as such is able to reach the “invisible homeless” and other hard-to-reach populations such as youth. However, not all people experiencing homelessness access services and may be missed in the count, while others may be double counted or incorrect information may be provided due to recall errors.

Improving PIT reliability

Regardless of the counting methodology, it is important to assure reliability of the PIT count, which can be improved in a number of ways:

- Employ quality assurance audits of the street count. For example, decoys are employed to pose as homeless persons on the night of the count and the count is adjusted upwards based on how many decoys are missed. In New York City this practice is conducted by an independent entity and requires a large sample for statistical rigor.
- Use service-based enumerations to supplement street counts. If using both, you must make sure that the service-based count is only counting people who would have been invisible to counters.

2. Estimating the Number of Homeless Veterans: An Approach from the AHAR

Larry Buron described the AHAR process and how it is used to estimate the number of Veterans experiencing homelessness. First published in 2007, the AHAR is a two-part report to Congress: the first part provides estimates of the number of people staying on the streets or in a homeless shelter on a single night; the second part provides annual estimates of people accessing a homeless shelter or transitional housing program. The AHAR includes national counts of persons who are homeless—as individuals or part of a family—as well as their characteristics, geographic location, prior living arrangement, and patterns of homeless shelter use.

Where do the data come from?

The data for the single night counts of sheltered and unsheltered persons are collected locally using the PIT count procedures discussed by Dan Treglia. CoCs report these data as part of their application for homelessness and housing services funding from HUD.

The data for the 12-month reports on sheltered homeless persons are derived from local HMIS, administrative databases used by homeless service providers to track service users for case management purposes. Throughout the country, local HMIS contain federally standardized data, which allow apple-to-apple comparisons across communities and the ability to aggregate the data.
The share of providers that use HMIS varies across communities, but typically more than 75% of the beds in a CoC are recorded in HMIS.

**How are the data collected?**

CoCs submit aggregate, de-identified data in prescribed reporting tables for six household-project type categories: families in emergency shelters; individuals in emergency shelters; families in transitional housing; individuals in transitional housing; families in permanent supportive housing; and individuals in permanent supportive housing. The first four categories reflect people who are homeless; the last two indicate individuals who are no longer homeless. CoCs complete these tables for all homeless persons and separately for Veterans.

**At what geographic level are data collected?**

Data are collected from two types of geographies: sample sites and contributing communities. Sample sites are Community Development Block Grant (CDBG) jurisdictions, which make up CoCs. The 102 sample sites include central cities, urban counties, cities of greater than 50,000, and non-entitlement or generally rural communities. Contributing communities can be either CoCs or the balance of a CoC once the sample site(s) are removed.

**How are data adjusted?**

In cases where some homeless providers in a community do not participate in HMIS, HUD extrapolates within sample sites and contributing communities to produce a full enumeration. The sample sites are also weighted up to represent non-contributing CoCs such that the weighted sample sites plus the contributing sites are nationally representative.

**What are advantages and shortcomings of the data?**

An advantage of the AHAR is that it offers one-year estimates that provide a long-term understanding of shelter use, a rich set of data to capture demographic characteristics and service use patterns, and estimates that are based on a very thorough data cleaning process. However, there are also shortcomings of the AHAR data: the estimates do not account for people who never use a shelter during a 12-month period; domestic violence providers are prohibited from participating in HMIS in accordance with the Violence Against Women Act, which leads to a potential underestimate of women and children experiencing homelessness; and it is difficult to produce estimates at smaller geographic levels due to the sampling strategy.

**How does the AHAR describe Veterans experiencing homelessness?**

During 2013, nearly 140,000 Veterans used an emergency shelter or transitional housing, a 1.3% decrease from 2012 and a 6.5% decrease from 2009. Ninety-eight percent of Veterans were unaccompanied; 91% were male; and 43% were aged 51–61 years. About half of Veterans experiencing homelessness identified as white/non-Hispanic, had a disability, and were already homeless before they began their first shelter stay in 2013.
3. The Incidence and Timing of Homelessness Among Post 9/11 Era Veterans

Steve Metraux presented an alternative to the traditional approaches of enumerating Veterans experiencing homelessness, which were discussed by Treglia and Buron, tracking patterns of homelessness by matching administrative data records. While this approach is not intended to replace the PIT count or HMIS data collection, it has the potential to provide insights and identify trends to supplement existing knowledge. Metraux identified this alternative approach by following more than 1.5 million Veterans in 11 annual successive cohorts of persons who separated from the military between 2002 and 2012. Using data from the VA Defense Information Repository (VADIR), VA’s electronic medical record, and the VA Homeless Registry, this study identified Veterans who became homeless and when during the five years post-discharge from the military.

Incidence of homelessness post-discharge

As indicated in Table 1, 58,784 Veterans (3.73%) became homeless in the first five years after returning to civilian life. For later cohorts, the rates of homelessness increased over the five-year period, from 1.66% for Veterans discharged in 2002 to 3.88% for those discharged in 2007. While the incidence rate may not be problematic when compared with other populations, the rate of increase over time raises some questions. The rate also increased significantly each year: in 2004 it was one-tenth of a percent; in 2010 it was seven times as high; and by 2012, it was 14 times as high. Not only did the incidence of homelessness increase over time, the risk for homelessness did as well. Hazard rates—the rate at which events happen (shown in Table 2)—indicated that the risk for homelessness increased steadily for Veterans who exited the military in later years, from 1.26 in 2003 to 11.35 in 2012.

Table 1: Incidence of Homelessness Post-Discharge

<table>
<thead>
<tr>
<th>Separation Year</th>
<th># Separated</th>
<th># Became Homeless</th>
<th>% Became Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>43,472</td>
<td>721</td>
<td>1.66%</td>
</tr>
<tr>
<td>2003</td>
<td>72,086</td>
<td>1,522</td>
<td>2.11%</td>
</tr>
<tr>
<td>2004</td>
<td>107,670</td>
<td>3,101</td>
<td>2.88%</td>
</tr>
<tr>
<td>2005</td>
<td>133,789</td>
<td>4,630</td>
<td>3.46%</td>
</tr>
<tr>
<td>2006</td>
<td>157,291</td>
<td>5,618</td>
<td>3.57%</td>
</tr>
<tr>
<td>2007</td>
<td>171,626</td>
<td>6,666</td>
<td>3.88%</td>
</tr>
<tr>
<td>2008</td>
<td>186,162</td>
<td>7,754</td>
<td>4.17%</td>
</tr>
<tr>
<td>2009</td>
<td>198,737</td>
<td>8,478</td>
<td>4.27%</td>
</tr>
<tr>
<td>2010</td>
<td>203,160</td>
<td>8,299</td>
<td>4.08%</td>
</tr>
<tr>
<td>2011</td>
<td>215,955</td>
<td>8,527</td>
<td>3.95%</td>
</tr>
<tr>
<td>2012</td>
<td>86,734</td>
<td>3,468</td>
<td>4.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,576,682</strong></td>
<td><strong>58,784</strong></td>
<td><strong>3.73%</strong></td>
</tr>
</tbody>
</table>
Characteristics related to homelessness post-discharge

This study identified a number of characteristics related to post-discharge homelessness:

- **Discharge status** – Veterans with a general discharge, indicating a satisfactory discharge but with some problems, had the highest incidence of homelessness (9.7%), followed by those with a dishonorable discharge (6.3%), and the three remaining discharge dispositions—honorable, other than honorable, and bad conduct—with incidence rates around 4%. This finding may appear counterintuitive, as other research has shown a clear connection between discharge type and risk for subsequent homelessness. However, “bad” discharges make a Veteran ineligible for some VA services, and thus would preclude their representation in this study.

- **Branch of service** – Veterans who served in the Army, representing about half of all Veterans in the study, had the highest homelessness incidence (4.6%), followed by the Navy (3.3%) and the Marines (3.1%).

- **Combat experience** – About 35% of the Veterans in the study experienced combat and had about twice the rate of homelessness as compared to non-combat Veterans. Moreover, combat experience doubled the hazard of becoming homeless. These findings are consistent with previous research indicating deployment in Iraq and Afghanistan as being related to higher homelessness risk.
Advantages of using administrative data to assess Veteran homelessness

Administrative data has the advantages of being practical, comprehensive, and longitudinal, with the capacity for examining subgroups and adding more data. However, challenges with obtaining access to data and data quality may complicate its use. The data are also limited as they do not identify how long Veterans remain homeless and in what manner their homelessness was resolved. With the right data, these findings can extend the incidence count and examine the ability of available services to engage homeless persons and support their housing stability. Such a shift would be more in line with evaluating the evolving parameters on what it means to “end” homelessness.

4. The Role of the Master List, PIT, HMIS and VA Data in Ending Veteran Homelessness: A Ground-Level View

From the perspective of UNITY of Greater New Orleans, the CoC Lead Agency, Martha Kegel shared what it actually takes to “get to zero” Veteran homelessness on the ground, person by person. She described the process undertaken in New Orleans as part of Mayor Landrieu’s commitment to the Mayors Challenge to End Veteran Homelessness campaign launched by First Lady Michelle Obama. This effort, in partnership with USICH, VA, and HUD, made New Orleans “the first city to effectively end Veteran homelessness,” reaching what Kegel termed “functional zero.”

Developing the master list

According to stakeholders in New Orleans functional zero is reached when, “Every newly discovered Veteran living on the streets or in emergency shelter is provided permanent housing within an average of 30 days of finding them, unless they choose to enter a longer-term treatment program instead.”

In order to reach functional zero, New Orleans first developed a plan to identify all homeless Veterans and how to quickly house them. Between June and July 2014, using HMIS, the 2014 PIT, the local Permanent Supportive Housing Registry, and extensive, systematic outreach, UNITY compiled a comprehensive master list of all Veterans known to be living in emergency shelter, on the streets, or in abandoned buildings. Each night, HMIS staff entered shelters and outreach workers combed the streets looking for Veterans. The master list is dynamic and never closed. In New Orleans, quarterly PIT nighttime street surveys ensure periodic comprehensive scans of the streets. The list is also verified to ensure that it only contains Veterans who are literally homeless: living on the streets or in emergency shelters.

Kegel argued that a master list is essential to reaching functional zero for a number of reasons:

- The list brings all partners together, focusing housing resources on those living on the streets or in shelters who should receive the highest priority for housing.
- The list adds a critical source of data to compensate for some of the shortfalls of PIT and HMIS data, as identified by Treglia and Buron.
- The list provides a check against VA homeless data, which includes Veterans who are not on the streets or in shelters but may be categorized at risk of homelessness.
The New Orleans experience found that close communication between the VA and the CoC is essential. The CoC typically has the best capacity to locate homeless Veterans, while the VA is able to verify their Veteran status, whether they are eligible for VA health care, and what VA-funded housing programs may be available to them. In New Orleans, 10–20% of those who claim to be homeless Veterans did not actually serve in the military.

**Housing Veterans**

Using these sources they identified 236 Veterans by name. SSVF agencies quickly performed assessments and placed confirmed Veterans in apartments. Those ineligible for SSVF were placed in rapid rehousing. Between July 25, 2014, and January 2, 2015, the city permanently housed 227 Veterans who had been living on the streets or in emergency shelter. The nine remaining Veterans, who had adamantly refused housing, were assigned to the city’s Rapid Response for Homeless Veterans Initiative, a program which continuously follows up with resistant Veterans to encourage them to consider permanent housing. As of July 2, 2015, an additional 72 Veterans had been permanently housed, including five of the nine who had refused housing during the Mayors Challenge Campaign. The average length of time to housing was 22 days (median 15 days).

**Maintaining functional zero**

Kegel concluded her presentation by making a strong argument that VA housing resources should not be reduced for communities that have achieved functional zero. Rather, these resources should be increased to sustain efforts to keep Veteran homelessness at bay, particularly given their disproportionate rates of poverty and disability. Communities have learned how to target these resources to the intended populations; a reduction in these resources “would undermine the goal of ending Veteran homelessness everywhere.”

**ROUNDTABLE DISCUSSION**

Acknowledging the important information shared about measuring homelessness, roundtable moderator Dennis Culhane suggested the discussion might also take into account other homeless measurement concepts such as program performance, supply and demand, and gaps analysis, since “the reason we’re counting homelessness is to determine unmet need.” He proceeded with questions, as follows.

1. **What do you think about communities that are claiming to have ended Veteran homelessness while we know there are still Veterans experiencing homelessness in those communities?**

William Snow said that New Orleans has shown that it is possible to end Veteran homelessness and that there is hope; it takes determination, tools to track progress, and resources. Richard Cho commented that it was challenging to come up with a single formula for determining whether communities have ended homelessness. The real question is: Does the community have the resources to identify and rapidly house homeless Veterans? He added that there is a need to focus more on prevention, particularly among newly returning service members.
2. **As communities get close to zero, does that mean that resources should be redirected? How should we be thinking about strategic use of resources?**

Snow said that Veterans are not the only people experiencing homelessness. HUD is always contending with the question of maximizing the use of resources across all populations in need, particularly those with the most severe needs. Lisa Pape emphasized that within the VA, decisions will be data driven and gap analysis will be applied. Kegel reiterated her plea that Congress make more resources available to sustain the progress that has been achieved.

3. **Should we be trying to promote a different approach to how we assess our progress?**

Tom O’Toole observed that we have socialized the initiative to end Veteran homelessness around the PIT count metric. As methods become further refined, we see that a composite measure is more appropriate, one which could more accurately reflect where progress is being made and where additional efforts need to be directed. Once this measure is determined, we need to communicate it as clearly and effectively as the concept of the Point-in-Time count has been communicated.

Pape echoed the importance of communicating progress through measures outside of the PIT. As we get closer to the goal, the PIT can provide a false impression because it only tells a piece of the story. In 2014, the Veteran PIT number was 49,333; yet during the same year VA housed 70,500 Veterans, over 100,000 people if you add the household members in the families served. Pape explained that we have to find a different way to tell that story to the public and ensure that they know that their tax dollars are being spent in a way that is helpful.

Snow underscored O’Toole’s argument about the limitations of a single data source. He contended that the PIT is a good but blunt instrument; when you get close to zero you need a much more refined tool, such as a master list. The master list will drive improvement in the data quality of the PIT count as well.

Cho agreed, saying that we must use multiple data sources since none of them tell us the whole picture of the extent of homelessness for any population, let alone Veterans. When communities approach the federal government to request verification that they have ended Veteran homelessness we ask them to indicate all of the data sources they are using to substantiate their claim, including PIT, HMIS, VA’s Homeless Registry, and master lists. They are also asked about the system they have in place to house Veterans.

4. **Do you think, at a federal level, through the VA or NCHAV or USICH, that we should be creating a dashboard where communities could more regularly update the data that they have, where it could be more systematically established as to what databases they are pulling from?**

Cho agreed that a dashboard could be helpful in capturing what is common to all communities, while recognizing that communities are very different and there are nuances to take into consideration.

5. **We may have a paradox when we use multiple measures where we see an increase in homelessness (Metraux’s work) while communities are getting to zero because we have more program slots. The more access and programs we create, the more people we count and serve under the homeless label. How should we be characterizing and contextualizing this?**
Cho made the point that the reason everyone is counting Veterans is so that they can be served. Metraux’s study backs up the anecdotes we have been hearing about Iraq and Afghanistan Veterans and underscores the need to continue the partnership between VA and DoD to reach out to service members who are transitioning to civilian life.

6. **The metrics of the number of people leaving homelessness and not returning demonstrate that we have served people effectively. How can we advance this cause – that these metrics are as important as the PIT count?**

Snow responded that HUD is now asking CoCs how long people have been homeless. Pape indicated that VA is shifting its thinking about how success is measured. Treglia pointed out that PIT and HMIS are in a vacuum; neither measure captures the numbers coming in or exiting or what the programs are.

7. **Are we moving into a more stock and flow way of characterizing the problem? What is the unmet need number, qualitatively or quantitatively?**

Cho maintained that we will learn about unmet need from the information we receive from communities who want their claims validated.

**SUMMARY**

Since the VA launched its initiative to end Veteran homelessness by 2015, the primary gauge of progress has been the Point-in-Time (PIT) count. However, as enumeration methodologies have been expanded and refined and as the number of homeless in some communities have declined to a level where counting processes and estimates become less reliable, it has become clear that a variety of data sources are needed to reflect more accurately where progress is being made and where additional efforts should be directed. During this symposium experts shared the pros and cons of four methods to measure homelessness:

1. **PIT count** – This count indicates how many people across the nation were staying in homeless shelters or transitional housing as well as in unsheltered situations on a given night in January. It relies on street-based counts and service enumerations to account for the “invisible homeless”. Sampling methods are used to estimate numbers of homeless individuals in large and densely populated areas and the reliability of the PIT is improved by using a decoy method to check count accuracy. It is limited by the “one night” incidence focus, the challenges of consistency in counting methods across communities, and limits associated with population estimates.

2. **Annual estimate of people accessing a homeless shelter or transitional housing program based on Homeless Management Information System (HMIS) data** – This method provides demographic characteristics and a long-term understanding of service use patterns. However, the estimates do not account for people who never use a shelter or women and children who are being served by domestic violence providers.

3. **Tracking patterns of homelessness by matching administrative data records** – This method has the potential to provide insights and identify trends to supplement more traditional methods of measuring homelessness. However, challenges with obtaining access to data and data quality may complicate its use.
4. **Master list of named homeless Veterans at the community level** – UNITY of Greater New Orleans used this method to compile a comprehensive named list of all Veterans known to be living in emergency shelter, on the streets, or in abandoned buildings using a variety of data including HMIS, the 2014 PIT, and extensive, systematic and ongoing outreach. The advantage of this approach is that it uses identified individuals to determine actual population counts. Challenges include how individuals in transitional housing are considered, how recidivism is incorporated, and its dependence on ongoing/continuous outreach which may be more difficult in some communities/geographic settings.

**SUGGESTED RECOMMENDATIONS**

1. Communities should indicate all of the data sources used to substantiate their claim of ending Veteran homelessness, including PIT, HMIS, VA's Homeless Registry, and master lists. As the New Orleans example of reaching functional zero attests, we cannot rely on a single data source such as the PIT to measure homelessness; these multiple sources should be able to validate each other in achieving this goal.

2. Develop a federal dashboard where communities can regularly update their data on Veteran homelessness and indicate clearly the databases they are using.

3. Consider other measurement concepts such as program performance, supply and demand, and gaps analysis. For example, current methodologies do not identify how long Veterans remain homeless, in what manner their homelessness was resolved, or how long they remained housed. Measures should reflect more accurately the quality and effectiveness of services to determine where progress is being made and where additional efforts need to be directed.

4. Sustain and increase VA housing resources for communities that have achieved functional zero to keep Veteran homelessness at bay. SSVF providers are on the front lines, in shelters and on the streets, preventing homelessness from occurring, while HUD-VASH is keeping vulnerable Veterans housed. Communities have learned how to target these resources to the intended populations; a reduction in these resources would undermine the goal of ending Veteran homelessness everywhere.

5. Explore the extent to which an increase in the rate of homelessness among newer Veterans of the Afghanistan and Iraq conflicts with earlier onset of homelessness is driven by increased need or the availability of new services such as SSVF and HUD-VASH.

6. Focus more on prevention, particularly among newly returning service members. Continue the partnership between VA and the Department of Defense to reach out to service members who are transitioning to civilian life.

NOTE: Opinions expressed in this paper represent only the position of the National Center on Homelessness Among Veterans, presenters and panel members and do not necessarily reflect the official policy of the U.S. Department of Veterans Affairs.
GLOSSARY OF TERMS

**Continuum of Care (CoC):** Local planning body responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state.

**Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH) Program:** HUD-VASH is a collaborative program between the Department of Housing and Urban Development (HUD) and VA. Eligible homeless Veterans receive rental support from HUD in the form of a Housing Choice or Project Based Section 8 voucher as well as case management and supportive services from VA. These efforts collectively support housing stability and the recovery from physical and mental health problems, substance use disorders, and functional concerns contributing to and/or resulting from homelessness. HUD-VASH subscribes to the “Housing First” model, a best practice that has demonstrated that housing the homeless individual helps him/her to exit from homelessness, which then improves the ability and motivation to engage in treatment strategies. The program’s goals include housing stability while promoting maximal recovery and independence in the community for the Veteran and the Veteran’s family.

**Mayors Challenge to End Veteran Homelessness:** Campaign launched in June 2014 by First Lady Michelle Obama as a collective call to mayors and other state and local public officials to leverage federal, local, and nonprofit efforts to end Veteran homelessness in their respective communities by the end of 2015.

**National Homeless Registry:** The National Homeless Registry is a comprehensive database of information about Veterans who have accessed homeless services provided by VA administered programs, external Federal agencies and other private and public entities. The registry is also used to identify and collect information about Veterans who are at risk for homelessness.

**Permanent Supportive Housing:** Decent, safe, affordable, community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing homelessness. 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.

**Rapid Rehousing:** Housing targeted to 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 (HUD Homelessness Prevention and Rapid Re-Housing (HPRP) Notice, March 19, 2009).

**Rapid Response for Homeless Veterans Initiative:** Program run by UNITY of Greater New Orleans to ensure that all newly homeless Veterans get permanent housing within an average of 30 days.
Supportive Services for Veteran Families (SSVF): The SSVF program was authorized by Public Law 110-387 and provides supportive services to very low-income Veteran families that are currently in or transitioning to permanent housing. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. Funds are granted to private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.

Transitional Housing: a project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living. The housing is short-term, typically less than 24 months. In addition to providing safe housing for those in need, other services are available to help participants become self-sufficient.
PRESENTER AND PANELIST BIOGRAPHIES

Larry Buron
Dr. Larry Buron is an applied economist specializing in housing policy and the impact of government programs on labor market and quality of life outcomes of individuals and communities. During his 20 years at Abt Associates, he has been the Project Director and lead quantitative analyst in designing and implementing studies of the Section 8/Housing Choice Voucher program, the Low-Income Housing Tax Credit program, the HOPE VI program, and homeless assistance programs. He was the project director for the development of the initial Annual Homeless Assistance Report (AHAR) and has served as quantitative analyst, data collector, or reviewer on subsequent AHARs.

Richard Cho
Richard Cho is Senior Policy Director for the United States Interagency Council on Homelessness, where he coordinates USICH's Federal policy efforts and the implementation of Opening Doors. Prior to joining USICH in 2013, Richard spent 12 years working at the Corporation for Supportive Housing, most recently as the Director of Innovations, where he advanced supportive housing innovations for vulnerable populations including homeless populations with complex health needs who were high utilizers of crisis health services and/or correctional settings, families with recurring child welfare involvement, and more. Richard has a Master's in City Planning from Massachusetts Institute of Technology and is currently pursuing a Doctorate in Public Administration at New York University.

Dennis Culhane
Dennis Culhane is Director of Research for the National Center on Homelessness Among Veterans and the Dana and Andrew Stone Chair in Social Policy at the University of Pennsylvania. His primary area of research is homelessness and related housing interventions. Dr. Culhane also directs the Actionable Intelligence for Social Policy initiative, a MacArthur Foundation-funded project to promote the development of integrated database systems by states and localities for policy analysis and systems reform.

Martha Kegel
Martha J. Kegel is an attorney and Executive Director of UNITY of Greater New Orleans, a collaborative of 60 agencies providing housing and services to prevent, reduce and end homelessness in the New Orleans area. Ms. Kegel is a graduate of Stanford Law School, a former Skadden Fellow, and served as a law clerk for the chief judge of the federal 5th Circuit Court of Appeals. She formerly directed a legal services project for the homeless, served as Executive Director of the Louisiana ACLU and Associate Director of the Northern California ACLU, and was the 2002 recipient of the Louisiana State Bar Association's Career Public Interest Award.

Stephen Metraux
Stephen Metraux is an Investigator at the VA National Center on Homelessness Among Veterans and an Associate Professor of Health Policy and Public Health at University of the Sciences. His research involves projects that assess the risk factors for homelessness among Veterans returning from Iraq and Afghanistan, looking at the correlates of homelessness and other outcomes among Veterans after release from jail, and how aging and mortality-related issues impact homeless Veterans. Along with his work at the VA, Dr. Metraux has done extensive research on homelessness and housing, mental illness and community integration, prison reentry, and other aspects of urban health.
Thomas O'Toole
Dr. Tom O'Toole is the Acting Director of the National Center on Homelessness among Veterans and National Director of the Homeless Veterans Patient Aligned Care Team (H-PACT) Program for the Department of Veterans Affairs. He is a general internist based at the Providence VA Medical Center in Rhode Island and a Professor of Medicine at Brown University. His research for the past 25 years has focused on access to care, health and social service needs and intervention studies for homeless and other vulnerable and disadvantaged populations with funding from VA HSR&D, NIH, SAMSHA, and private foundations. He has published over 70 articles and book chapters on the subject.

Lisa Pape
Lisa M. Pape, LISW, currently serves as the Executive Director, Homeless Programs for the Veterans Health Administration (VHA) within the Department of Veterans Affairs (VA). In this role she serves as the principle advisor to VA and VHA leadership on policy, management and operations of a continuum of programs for homeless or at risk for homeless Veterans, including prevention services, outreach, treatment, transitional and permanent housing solutions and supportive services. Ms. Pape has been with the Department of Veterans Affairs for over 20 years primarily serving Veterans in homeless and residential programs.

William Snow
William Snow has several years of experience with HUD's Continuum of Care programs. Since joining HUD, Mr. Snow has worked closely to analyze HUD’s homeless data sources to learn how to make data systems more efficient and to use the data to help stakeholders understand the nature of homelessness and the efforts of providers to prevent and end homelessness. Mr. Snow works closely with HUD’s policies regarding data, including the Point-in-Time Count, Housing Inventory Count, the CoC Annual Performance Report, and the system-level performance measures. Prior to coming to HUD, Mr. Snow worked at Abt Associates while earning his joint degree in law and public policy.

Dan Treglia
Dan Treglia is a Research Assistant at the National Center on Homelessness Among Veterans and a PhD student at the University of Pennsylvania’s School of Social Policy and Practice, focusing on the dynamics of shelter use among homeless Veterans. Prior to enrolling in this program he worked at the New York City Department of Homeless Services conducting program evaluation and research of trends and dynamics in homelessness, with a focus on quantitative methods. He has a Master’s degree in Public Policy from Harvard's Kennedy School of Government and a Bachelor’s degree in Political Science from Penn.