



**2005 Annual Report
of the
Advisory Committee on
Homeless Veterans**

Robert Van Keuren, Chair

ADVISORY COMMITTEE ON HOMELESS VETERANS **ANNUAL REPORT**

HISTORY

On December 21, 2001, President George W. Bush signed Public Law 107-95, the Homeless Veterans Comprehensive Assistance Act of 2001. The Act's intent is to revise, improve and consolidate provisions of law providing benefits and services for homeless veterans. In response to its provisions, the Advisory Committee on Homeless Veterans (ACHV) was established on March 1, 2002, pursuant to section 2066 of Title 38, United States Code. The mission of ACHV is to provide advice and make recommendations to the Secretary on issues and problems affecting homeless veterans, assess the needs of homeless veterans and determine if the Department of Veterans Affairs (VA) and other programs and services are meeting those needs.

MEMBERS

The members of ACHV were selected by the Secretary of VA from knowledgeable candidates who are experts in the treatment of individuals with mental illness, experts in the treatment of substance abuse disorders, experts in the development of permanent housing alternatives for lower income populations, state veterans' affairs officials, community-based service providers, advocates of homeless veterans and other homeless individuals. The law also specified that the committee include a previously homeless veteran as a member. The members serve without pay, and in accordance with the committee's charter, may meet annually up to four times but not less than twice at the call of the Chair.

Below is a list of the committee members and a brief biographical summary:

Michael Blecker Executive Director of the Swords to Plowshares. Mr. Blecker operates programs for homeless veterans in the San Francisco Bay area. Swords to Plowshares is a direct service provider, and a VA grantee under VA's Homeless Grant and Per Diem Program. Mr. Blecker is a founding board member of the National Coalition for Homeless Veterans. Mr. Blecker is an Army veteran.

Raymond Boland Served as Secretary, Wisconsin Department of Veterans Affairs. Mr. Boland is a former board member of the National Coalition for Homeless Veterans. Mr. Boland is an Army veteran.

Ralph D. Cooper Executive Director, Veterans Benefits Clearinghouse, Inc. Roxbury, MA. His organization is a direct service provider operating a number of programs for homeless veterans and is also a VA grantee. Mr. Cooper is a former charter member of the National Coalition for Homeless Veterans. Mr. Cooper is an Air Force veteran.

Thomas Cray President, Veterans Outreach Center, Inc., Rochester, New York. The Veterans Outreach Center is a VA grantee that provides transitional housing and

employment services to veterans in upstate New York. Mr. Cray is a former President of the Board of National Coalition for Homeless Veterans. Mr. Cray is a Navy Vietnam Veteran.

Dominic DiFrancesco Former National Commander, The American Legion. Mr. DiFrancesco is a Navy veteran.

Paul Errera, M.D. Retired VA Physician. Dr. Errera served as VA's Director of Mental Health and Behavioral Sciences for nine years (1985-1994). Thereafter, he served as senior clinician at VA's Errera Community Care Center and at the Northeast Program Evaluation Center. Dr. Errera is an Army veteran.

Samuel C. Galbreath Jr. Principal, Sam Galbreath Associates; Housing & Community Development, Oregon. Mr. Galbreath is a developer in the Northwest whose organization develops low-income housing and community facilities. He has worked using VA's Enhanced Use Lease Program to develop 189 units of service enriched housing at VA's Vancouver and Roseburg Campuses. His company is not a direct services provider and is not a VA grantee. Mr. Galbreath served in the National Guard.

Carlos Martinez President & CEO, American GI Forum, National Veterans Outreach Program Inc., San Antonio, Texas. The American GI Forum is a direct service provider and a VA grantee that operates transitional housing program and employment services for homeless veterans. Mr. Martinez served on the Department of Labor's Veterans Employment and Training Services (VETS) Advisory Committee and is currently on the VA's Advisory Committee on Veterans Readjustment. Mr. Martinez is an Air Force veteran.

Sandra Miller Program Coordinator, LZII Transitional Residence for homeless veterans on the grounds of the Coatesville VA Medical Center. LZ II is a program of the Philadelphia Veterans Multi-Service & Education Center in Philadelphia, PA. Ms. Miller currently serves as the Chair of the Homeless Veterans Task Force for Vietnam Veterans of America (VVA) and Vice Chair of the Women Veterans Committee of VVA. Ms. Miller is a Navy veteran.

Donald W. Moreau Consultant, Hoosier Veterans Assistance Foundation (HVAF), Indianapolis, IN. Colonel Moreau is retired from the U.S. Army. His last assignment was Commander, U.S. Armor Agency, U.S. Army Combat Development Command. He was an active member of HVAF and has previously worked for three Governors of Indiana on veterans' issues, welfare to work programs and homeless projects.

Al Pavich President & CEO, Vietnam Veterans of San Diego, San Diego, CA. Vietnam Veterans of San Diego provides transitional housing and employment services to successfully help homeless veterans and their children restore their lives and become productive citizens. Mr. Pavich is a retired Commander of the United States Navy.

Richard C. Schneider National Director, Veterans and State Veterans Affairs, Non Commissioned Officers Association of the United States of America. Mr. Schneider is the current Chair of the Veterans Organization Homeless Council. This organization is

a coalition of veterans' service organizations and military organizations that meets regularly to coordinate a united effort on legislative and administrative activities in support of homeless veterans. Mr. Schneider is an Air Force veteran.

Kathryn E. Spearman President/CEO, Volunteers of America (VOA) of Florida, Inc., Tampa FL. VOA is a faith-based organization that operates a number of transitional housing programs in Florida for veterans and a one stop multi-service center as well as a full service mobile medical and benefits vehicle. VOA is a direct service provider and a VA grantee.

Roosevelt Thompson Systems Account Associate, Council for Early Childhood Professional Recognition, Washington, D.C. Mr. Thompson is a former homeless veteran. He enrolled and completed VA's Compensated Work Therapy Program. He has successfully transitioned into the workforce at the Xerox Corporation. He has previously testified before Congress on his experiences as a homeless veteran. Mr. Thompson is an Air Force veteran.

Robert Van Keuren Homeless Veterans Program Coordinator, Veterans Integrated Systems Network 2, Behavioral VA Health Care Line. Mr. Van Keuren was appointed Chairman of the Advisory Committee on Homeless Veterans. He was a founding member of the National Coalition for Homeless Veterans and previously served as Executive Director of the Vietnam Veterans of San Diego. He was one of the creators of the Stand Down concept for reaching out to homeless veterans. Mr. Van Keuren is a Navy Vietnam Veteran.

Patricia A. Carlile Ex-Officio Member, Department of Housing and Urban Development (HUD). Ms. Carlile is the Deputy Assistant Secretary for Special Needs in the Office of Community Planning and Development. She manages over \$1 billion in HUD grants that serve homeless people and persons with HIV/AIDS.

Charles S. Ciccolella Ex-Officio Member, Department of Labor (DOL). In addition to his role as Deputy Assistant Secretary for Veterans' Employment and Training Service (VETS), Mr. Ciccolella plays a vital role in the committee and is an active participant. He is an Army Vietnam veteran.

Bryant Monroe Ex-Officio Member, Department of Defense (DoD). He is the Project Manager with the DoD's Office of Economic Adjustment, working with Defense impacted communities, including those to be impacted by upcoming base closures. Mr. Monroe is the Department's designated liaison to the ACHV and the Interagency Council on Homelessness (ICH) on homeless issues.

Don Winstead Ex-Officio Member, Department of Health and Human Services (HHS). He is the Deputy Assistant Secretary for Human Services Policy in the Office of the Assistant Secretary for Planning and Evaluation. Mr. Winstead previously served as Welfare Reform Administrator and coordinated the agency's implementation of the Temporary Assistance for Needy Families program. Mr. Winstead left his position in February 2005.

Peter H. Dougherty Director of Homeless Veterans Programs Office, Department of Veterans Affairs, Washington, D.C. Mr. Dougherty was appointed to serve as the Designated Federal Official for the ACHV.

COMMITTEE REPORT IN BRIEF

During the past three years the Department of Veterans Affairs (VA) has made many improvements outlined and requested by this Committee. That progress would not have happened without the leadership of both former Secretary Principi and continued by Secretary Nicholson, and many within the leadership of the VA, including Deputy Secretary Mansfield and Under Secretaries Perlin and Cooper, as stewards of health care and benefits assistance to the 25 million veterans who honorably served our Nation.

Our Nation has a special obligation to those who have worn our Nation's military uniforms in the past and present. The mission of this Committee and the Department is to assure every veteran, no matter age, race or disability, be assured programs and services to aid their rehabilitation and reintegration into society as a fully functioning citizen. This Department holds a sacred duty to find appropriate ways to reach out to and assist them in their immediate and long-term efforts to rejoin society.

The efforts of this Committee remain focused on improving the lives of those veterans who others have forgotten or fail to see. To the tens of thousands of veterans who need the high quality health care and benefits assistance this Department offers, we continue to commit our energy to giving VA and Congress our best advice to improve their lives.

The third annual report continues our effort to be more focused and hopefully clearer in the concerns raised and the recommendations offered. Many of the positive statements in this report are an acknowledgement to the priority the Department and many of its key leaders have made to address recommendations made in previous reports.

While strides have been made, we recognize many of the recommendations are not easy and in some cases will continue to be difficult to accomplish both in terms of funding, re-prioritizing and re-emphasizing the mission. Some of what is needed is beyond the ability of this Department to singularly accomplish.

The Committee is pleased that the Secretary has made working with others, not only other Federal partners, but regional, state, territorial, tribal and local governments as well as with local community and faith-based organizations a priority. Assisting veterans who are homeless remains a priority of this Department.

The core function of this Committee can be summarized by the original charge to the Committee: review what is out there, what works and give our best advice on what needs to be done to improve services. It is extremely positive to note that the number of items enumerated in this year's report is less than last year. While there is much that needs to be done, significant progress continues to be made.

The Committee would like to make particular note of several actions by the Secretary and his Department:

1. The Secretary has appointed a Mental Health Task Force that has made sound recommendations nearly all of which have been approved by the Secretary and has, according to the Under Secretary of Health, been incorporated into the Veterans Health Administration (VHA) Mental Health Strategic Plan. The Secretary ordered the Task Force to continue for three years and to provide quarterly reports. This approach is refreshing and we commend former Secretary Principi for taking the initial actions and Secretary Nicholson for continuing this much needed oversight.
2. Coordination of homeless programs and services was a major concern in our first annual report. Two memoranda from the Secretary have helped to clarify that homeless services are a top priority within this department and that VA has taken an active role in developing federal and national initiatives. The December 14, 2004, Coordination of Homeless Efforts (attached to this report) is a positive statement of both access and direction. It clearly shows that overall coordination lies within the office of homeless veterans. We urge Secretary Nicholson to continue this coordination of homeless efforts and encourage him to continue and expand this effort to ensure all decisions, budgetary and policy, regarding homeless programs, services and partnerships be developed, reviewed and approved by the Office of Homeless Veterans Programs.
3. VA's continued efforts to work with state, counties and cities as follow through with the state-level decision-making teams that attended policy academes during the past three years.
4. We commend VA for using its authority to provide special needs grants to aid chronically mentally ill, frail elderly, terminally ill and women veterans, including those with children. While it is far too early to make any assessment about effectiveness, it is clear that this effort will greatly aid many veterans that need us the most.
5. VA's efforts to target funds have been effective and we are pleased that an effort to put funding where it is perceived to be most needed is a good management practice. While later in this report we will recommend major increases in the number of community beds, we encourage the department to continue to keep its efforts focused by using sound targeting in grant notices of funding availability.

It is worthy to note that this Committee has had strong support from DoD, HHS, HUD, and DOL. Our work has been greatly enhanced by their efforts. We have been richly rewarded by two of these ex-officio members who have made concerted efforts to be active and a positive force. We would like to offer our thanks to Patricia Carlile, Deputy Assistant Secretary, Office of Special Needs Assistance, HUD, and Charles "Chick" Ciccolella, Deputy Assistant Secretary, Veterans Employment and Training Service, DOL. Both have been regular attendees of Committee meetings and participants during

subcommittee conference calls. Both have been thoughtful and responsive to ideas and have offered valuable suggestions as this Committee has engaged in its work.

There are several issues that are identified below that are complex, sometimes costly and difficult to implement but highly important if we as a Nation are to improve the lives of homeless veterans. These issues, including many where we note real progress, continue to remain high on our priorities of recommendations and are addressed in our attached legislative proposals. Key among them is:

1. Implementation of the Mental Health Task Force's recommendations to access mental health and substance abuse services in both inpatient and community settings;
2. Increasing transitional housing beds for veterans under the grant and per diem program;
3. Increased long-term permanent beds for homeless veterans needs to be expanded. VA should offer supportive services grants and specific case-management services to veterans living in permanent housing;
4. Use of space and facilities under both Capital Asset Realignment and Enhanced Services (CARES) and Base Realignment and Closure (BRAC) must be found so that veterans can utilize those properties to provide housing and services to veterans. Specific targets must be utilized; and
5. Homeless Veteran Reintegration Program (HVRP) is a great homeless prevention tool as well as an excellent program to take homeless veterans back to gainful employment. It should be kept as a separate program and be funded at \$50 million.

If VA is to end chronic homelessness among veterans, VA must create safe and decent places for veterans to live where sustained long-term community oriented mental health services are provided. This committee believes that unless significant new sources of long-term or permanent housing with strong supportive services can be found, the opportunity to end homelessness among veterans cannot be successful.

HUD-VA Supplemental Housing (VASH) remains one such opportunity where VA's significant health care services can be applied with housing being supplied by others. However, this option is only one of many that should be explored. Given the aging of the veteran population with increasing needs for mental health services, who lack employment options or who have aged out of the competitive job market, permanent housing with robust services remains the best hope for these older veterans to live well in the community. Without this option, many will have their health condition decline and will likely end up in need of far more intensive and expensive health care services.

Homelessness among veterans can be ended if veterans are given the proper amounts of time with a variety of services and programs in transitional, permanent and intensive rehabilitative residential settings. Early intervention and prevention are needed to reduce homelessness in the future.

The core understanding of who these veterans are, what their needs are and how those needs can best be addressed is crucial to this objective prior to the development of any long-term plan to end homelessness. VA continues to move out of a “one size fits all” concept and is developing an array of services that will ensure that homelessness among veterans is attacked with a variety of programs, services, and interventions, with community partners offering assistance in a variety of settings with effective strategies.

The mission continues.

COMMITTEE FINDINGS AND RECOMMENDATIONS

1. MENTAL HEALTH SERVICES ARE STILL INADEQUATE

Finding:

In this Committee’s earlier reports we cited the actions of VA’s Seriously Mentally Ill (SMI) Committee which concluded that over the years VA failed to meet its obligation to maintain its capacity to provide specialized services to seriously mentally ill veterans under Public Law 104-262. We also noted that President Bush convened a high quality group of subject matter experts to look at the Nation’s capacity to address this issue and to make a series of recommendations to improve access to the types of treatment options for all Americans who suffer with mental illness. VA had Dr. Frances Murphy, Deputy Under Secretary for Health Policy Coordination, ably represent VA on the President’s New Freedom Commission. Much of the findings of that Commission were reviewed and turned into significant steps for this Department. In September 2003, Secretary Principi, as a direct result of the recommendation of this Committee, convened a Mental Health Task Force. His inclusion of Dr. Paul Errera, Mr. Robert Van Keuren, and Mr. Pete Dougherty spoke loudly to the need we expressed.

The recommendations of that Task Force, its ongoing review with quarterly reports to the Secretary, and its focus on mental health services for veterans has helped move VA forward. The implementation of the Task Force recommendations as required by the Secretary is imperative. Dr. Perlin has said the Mental Health Task Force recommendations are being implemented by VHA in its Mental Health Strategic Plan. This is a very positive sign, and we look forward to both updates from Dr. Perlin and his staff, as well as the Mental Health Task Force.

We note once again the critical lack of substance abuse services of all kinds, particularly detoxification treatment beds. Substance abuse services need increases both in the number of treatment slots and the locations where services can be provided.

Present and future capacity must ensure core VA services needed by veterans for their mental health problems are adequate. To address homeless and at risk veterans, as well as the veterans’ population in general, funding and service delivery for mental health services must be increased significantly. These services are inextricably tied to the problems of homelessness and the ability of VHA to collaborate effectively in providing support services to community partners to meet the need.

Committee Recommendation:

- The committee urges implementation of the Mental Health Task Force and the Secretary's June 3, 2004, decision to implement the Mental Health Task Force recommendations. Implementation is vital to ending chronic homelessness among veterans.

Response:

The Secretary's Mental Health Task Force continues to report quarterly to the Secretary, the Under Secretary for Health and other senior VA officials. Much of what the Task Force has recommended has been incorporated into action plans and will be reviewed with the Committee at its next meeting.

2. GRANT + PER DIEM PROGRAMS AND VA LIASION SUPPORT ARE NEEDED

Finding:

Funding and support of the Homeless Grants & Per Diem Programs remains VA's greatest tool to work with communities. In less than a decade, nearly 10,000 quality transitional beds are to become operational, nearly 100 service centers and more than 150 vans for transportation and outreach have been placed in service across the Nation. The long-term commitment to funding and expanding this program is vital to homeless veteran service providers.

The Committee remains concerned that current per diem only providers who are making huge investments to keep programs operational have no priority as funding cycles end. We believe this matter is serious and should be examined. The Committee believes it is unwise to compete funds with successful programs against programs that have no experience or verified service record of providing transitional housing services for homeless veterans.

We are concerned that programs for the identified "special needs" groups, including women veterans have been slow to materialize. There is extensive evidence to show that veterans are in even greater risk than other Americans and need homeless services. The Committee finds that veteran only programs including women veterans only are a highly effective treatment option.

We remain concerned that the duties of VA employees that serve as "per diem liaisons" and Veterans Integrated Service Network (VISN) homeless coordinators and the responsibility for increased monitoring, inspection and evaluation of entities receiving funding under this program, as well as their role of developing community service linkage and new service providers, are overtaxing the system. This Committee believes that high quality monitoring is needed but the current funding for this effort does not appear to give appropriate value to VA per diem liaisons and network coordination. Under VA's health care funding system the model does not fund much of the work performed by these VA employees and appropriate funding should be found.

Committee Recommendation:

- Increase the Grant and Per Diem Program to \$200 million and separate it's funding from VA's medical care appropriation making it a separate line item in the Department's appropriation each year allowing these funds to be used over more than one fiscal year.

Response:

VA does not agree with this recommendation. VA proposed legislation for FY 2006 to provide permanent authority for the Homeless Providers Grant and Per Diem (GPD) Program to \$130 million. This was in keeping with the Committee's recommendation in the FY 2004 report. The \$130 million that VA has proposed will allow for continued growth in the program. With projected increases in per diem rates, this proposed funding level will allow VA to increase the number of supported transitional housing beds to approximately 10,500 through 2011.

In addition to the community-based transitional housing beds supported by the GPD Program, VA also provides residential rehabilitation in over 8,000 beds in the Domiciliary Residential Rehabilitation and Treatment Programs (DRRTPs) and other mental health residential rehabilitation and treatment programs including the Compensated Work Therapy/Transitional Residence (CWT/TR) Program. These VA residential rehabilitation programs are available to homeless veterans who would benefit from their services. When taken together, VA is supporting the development and operation of approximately 19,000 beds that provide residential rehabilitation and support services.

VA will continue to monitor VA and community-based programs that provide residential services for homeless veterans and will continue to assess the need for additional services in order to determine the need for additional resources in future years.

As discussed in VA's response to the Advisory Committee's FY 2004 Annual Report, VHA funding is now separated into three separate appropriations, and funding for the GPD program is made available in a specific purpose account under the medical services appropriation. Therefore, GPD funding is fully protected and set aside for its intended use.

Committee Recommendation:

- The Committee recommends an increase of special needs grants to \$15 million per year.

Response:

Special Needs Grants were awarded under the Homeless Providers Grant and Per Diem Program at the end of FY 2004. VA awarded approximately \$15.6 million in grants to a total of 29 faith-based and community organizations to better serve chronically mentally ill, women, frail elderly, or terminally ill homeless veteran populations. These grants will be paid out across a three year period. In addition, \$14.3 million in funding is being made available to VA medical center partners so that together these programs can enhance services to these veterans. Initial program evaluation data indicates that these Special Needs programs are providing valuable services to the intended special needs populations. However, to initiate a funding increase and a possible change in how special needs funding is allocated, more extensive data would be needed to demonstrate program effectiveness. This data will be available at the end of the authorization period. VA believes that the three years of program data obtained will give the Department the necessary information to determine whether expansion of the Special Needs Grant Program would enhance services to special segments of the homeless veteran population in a therapeutically appropriate and cost effective manner. VHA will prepare an interim report on these Special Needs programs for submission in June of 2008.

Committee Recommendation:

- Provide at least one annual conference for each program in receipt of VA funding under the Grant and Per Diem program to improve communications, program compliance and improve treatment strategies to the existing technical assistance grant.

Response:

VA agrees with implementing opportunities that can improve communication, program compliance and improve treatment strategies and concurs with the Committee's recommendation that these activities should be considered technical assistance so that any organization awarded a technical assistance grant could assist with these efforts. Under current authority VA's technical assistance grantees are limited to providing assistance to help interested community-based organizations apply for funding to develop programs for homeless veterans. A broader definition of technical assistance would require a legislative change.

Currently VA's GPD Program Office continues to offer opportunities to improve communications and enhance program compliance. The GPD Program Office hosts monthly conference calls for staff of grant and per diem funded programs

and posts relevant program information on VA web sites for GPD awardees. Handbooks are available for grant and per diem funded programs. The GPD Program Office staff also conducts phone training for VA medical center staff who serve as liaisons to community-based programs and will be hosting a training seminar for those staff by the end of the calendar year. A revised handbook for VA liaisons and a new audit guide for VA medical centers' fiscal officers are under development. In May 2005 the GPD Program auditor offered training for staff from grant and per diem funded programs that attended the National Coalition for Homeless Veterans annual conference.

Although an annual conference for each awarded program may not be feasible, increased opportunities for training could be available at technical assistance conferences attended by staff of the GPD funded programs at each organization's expense. We also believe that smaller, regional conferences for both grant and per diem program staff and staff responsible for VA's internal residential rehabilitation programs would be beneficial.

Committee Recommendation:

- VHA Directive 2002-072, 4.b (1) be revised to include FTE allocation of time to the appointment of full time positions of VISN Homeless Veterans Coordinators establish a fair and equitable system to fund per diem liaisons.

Response:

VA does concur with the Committee's finding that high quality monitoring of grant and per diem funded programs and VA case managers for some veterans in grant and per diem funded programs is important. To this end, VA has committed \$4.5 million in specific purpose funding in FY 2005 and FY 2006 to support 45 Grant and Per Diem Liaison positions at VA medical centers responsible for the oversight of large community-based programs funded under the Grant and Per Diem Program. VA expects to target an additional \$4.5 million to offer continued support of these positions in FY 2007. VA is committing an additional \$4.5 million in FY 2006 to establish another 45 Liaison positions and intends to target a similar amount to maintain support for these positions in FY 2007. This will bring the total number of specially funded positions to 90.

VA does not support the Committee's recommendation for mandatory appointment of full-time positions of VISN Homeless Veterans Coordinators. VA believes that each VISN Director is in the best position to determine whether the VISN requires a full-time or part-time Homeless Veterans Coordinator.

3. LONG-TERM, PERMANENT HOUSING WITH SPECIAL NEEDS SERVICES VITAL IF HOMELESSNESS IS TO BE RESOLVED

Finding:

VA has no current authority to create long-term, permanent housing outside of its single-family home loan guaranty. However, long-term, permanent housing is critical for veterans who have been ravaged by mental illness and substance abuse disorders. The need for this housing, particularly for the chronically homeless, must be found in large numbers if thousands of seriously mentally ill veterans, including many who due to severe disability are not going to be able to return to competitive employment, are going to be afforded an opportunity to live lives with dignity. VA has an obligation to provide these men and women with appropriate supportive services in these long-term residences. There is ample evidence that mental disease does not end or even slow down as veterans grow older.

Homeless veterans need access to long-term or permanent housing with supportive services to aid those who are chronically homeless. We believe VA should ask the Congress to set aside a percentage of housing units for veterans under HUD's Section 8 program and seek legislative approval for VA to provide funding for supportive services to homeless veterans who are seriously disabled and in long-term housing. VA should provide appropriate medical assistance, including special case management services and benefits assistance, to these veterans.

Committee Recommendation:

- The VA create a pilot to provide supportive service grants to veterans in permanent housing (see enclosed legislative proposals).

Response:

VA agrees that there is a need to provide services to those formerly homeless mentally ill veterans who have successfully transitioned into the community from transitional housing programs and require additional assistance to maintain permanent housing. However, VHA currently has a number of initiatives that provide case management or similar types of services for those mentally ill veterans who live in permanent housing. This group of permanently housed veterans eligible for these services can include those veterans who were formerly homeless.

The need for services to veterans who are seriously mentally ill and living in the community, and who may or may not be formally homeless veterans has been recognized by VHA for many years. A number of programs were established by VHA over the years such as the Housing and Urban Development/VA Supportive Housing (HUD/VASH) Program; the Supportive Housing (SH) Program; the Mental Health Intensive Case Management (MHICM) Program; and the recently implemented Collaborative Initiative to End Chronic Homelessness (CICH), which was created in collaboration with HUD and HHS. In each of these

programs there is a significant evaluation component. And, with the exception of the CICH initiative which has not been operational long enough to gather sufficient program data, results of evaluations indicate that these programs are effective in assisting veterans in maintaining their community-living status. Therefore, VHA believes that the appropriate vehicle through which to enhance funding for these purposes is with those programs already established that show evidence of success in serving this population. Initiating a separate grant program for community-based providers for these purposes would be administratively unnecessary and could be service-duplicative.

VA cannot comment on the specific recommendation as this would require legislative action to implement and the Administration has no cleared position on such a proposal.

4. CARES AND BRAC PROCESS NEEDS TO CONSIDER HOMELESS VETERAN NEEDS

Finding:

VA has completed its most significant review of facilities by the Secretary ordering implementation of the CARES Report. This unprecedented effort to realign services into areas needed, highlighted a number of excellent issues including access to mental health and substance abuse treatment. This Committee has repeatedly sought to get VA to effectively partner with homeless service providers on VA property. The Department of Defense (DoD) is expected to announce closures or realignments of many military installations. The ability to access property under CARES and BRAC is needed.

As this Committee said in our 1st report “..there is a strong need to ensure that homeless veterans are fully afforded a benefit from this process. Homeless veterans’ programs provide little direct revenue, but provide considerable benefits in direct services to veterans, need to be adequately considered as this review process proceeds.” VA has no clear understanding across the system of the value of its mission to homeless veterans versus the money that can be raised by leasing out its underutilized buildings. The CARES Commission Report relayed its concern that homeless service providers get access to property. The challenge is unchanged from previous reports; the opportunity to give homeless service providers access remains with VA and DoD. We find neither has an adequate system in place to create meaningful opportunities for housing providers to access this property.

Committee Recommendation:

- The inclusion of homeless veterans service providers in the development of plans to use empty and underutilized property at VA Medical Centers and base closure properties where there is a need for transitional, permanent homeless housing and support services for veterans.

Response:

The Department has entered into a series of contracts to make recommendations regarding the use of property. This information has been made known and the Office of Public Affairs will prepare additional information for public dissemination. Transitional and permanent housing service providers are encouraged to be in contact with VA's contractors to explore possible property use at each site.

Committee Recommendation:

- The Committee suggests that VA or Congress establish a target that 10% of all property be targeted for homeless veteran services with each VISN and the same percentage of land or land values are used at each closed military facility.

Response:

VA has made commitments to many sites where homeless service providers are located at no or reduced costs. VA has increased the use of its enhanced-use leases provision of domiciliary, transitional, and permanent housing services to homeless veterans.

Committee Recommendation:

- As the military continues to close bases access to those facilities to assist homeless veterans remains a high priority (see legislative proposal).

Response:

The Department of Defense's (DoD) Base Realignment And Closure (BRAC) list has been released and is under review by the BRAC Commission. Final determinations will not be made until late in calendar year 2005. Representatives from DoD will review actions being taken to assist homeless veterans at the Committee's next meeting. DoD cannot comment on the specific recommendation as this would require legislative action to implement and the Administration has no cleared position on such a proposal.

5. DOMICILIARY CARE NEEDS TO FOCUS ON NEEDS OF HOMELESS VETERANS

Finding:

Domiciliary care for veterans, and specifically Domiciliary Care for Homeless Veterans (DCHV), is a valuable tool to assist many of the Nation's sickest veterans who need significant access to VA health care services. Approximately 5,500 veterans benefit from this program annually and it is a valuable tool for returning veterans to community living. Two years ago VA conducted an internal study of the domiciliary care system and concluded that domiciliary care was a highly effective system particularly for

veterans with serious mental illness and substance abuse disorder who needed intensive services prior to receiving transitional housing with supportive services in community environments.

Upon review of the entrance, admission requirements the Committee found that some domiciliary care programs have admission requirements that seem to discourage or disallow homeless veterans, particularly chronically homeless veterans from being admitted.

Committee Recommendation:

- Domiciliary Care is inconsistent in where it is offered and remains unavailable in some locations. In some locations it fails to provide high quality services to homeless veterans. VA needs to re-examine its admission criteria to ensure homeless veterans, particularly chronically homeless, can access services throughout the Nation.

Response:

VA does not concur with the Committee's contention. VHA recognized that the separation at the headquarters level of Domiciliary Residential Rehabilitation and Treatment Programs (DRRTPs) from other mental health programs did not foster ideal program coordination. In November 2004, responsibility for oversight and guidance for DRRTPs was transferred to the Mental Health Strategic Health Care Group in VA Central Office. Responsibility for all mental health residential rehabilitation and treatment programs as well as the Homeless Providers Grant and Per Diem Program is now consolidated under one organizational unit within the Mental Health Strategic Health Care Group. Together these programs offer nearly 16,000 VA and community-based beds for residential rehabilitation, and there are another 3,000 beds planned or under development.

VHA's DRRTP provides residential rehabilitation services in 6,300 specialized beds in 43 programs across the country. Within the 43 DRRTPs, thirty four programs with 1,833 beds were established specifically to address the rehabilitation needs of homeless veterans. In May 2005 seven new DRRTPs with 368 beds were selected for funding in areas of the country that were identified as requiring additional resources to more fully meet the residential rehabilitation needs of homeless veterans. All new sites that were selected have agreed to serve homeless veterans with special needs including homeless women veterans and chronically homeless veterans. In addition, 12 existing DRRTPs were provided funding to augment existing staffing in order to improve outreach and after care for homeless veterans and to initiate peer counseling services.

Officials in the Mental Health Strategic Health Care Group in VA Central Office are working with VHA's DRRTP Field Advisory Board to revise VHA's Handbook that provides policy for DRRTPs. Among other things, this revision will modify admission criteria to assure that homeless veterans can access DRRTP services

throughout the Nation. The DRRTP Handbook is expected to be published in September 2005.

6. DENTAL CARE FOR HOMELESS VETERANS

Finding:

The Committee continues to find as it has in previous years that dental care is one of the most difficult problems faced by homeless veterans. Diseased teeth are both a physical problem and a significant hindrance to social and economic reintegration. This Committee finds the requirement that eligibility of veterans to participate in this program be tied to their participation in an approved residential program is both an encouragement and a reward for veterans to complete a treatment program. However, we are all concerned that the length of stay prior to eligibility is too high.

Dental care is very important and needs to be implemented if VA's effort to provide health care to improve the health and well being of homeless veterans. The Committee anxiously awaits reports that will review utilization of dental services by veterans living in Grant and Per Diem funded programs.

Committee Recommendation:

- The Under Secretary for Health developed a plan to fully implement this program for all veterans eligible under Public Law 107-95. We further suggest that the 60-day rule be revised. VA report to the Committee by December 2005 if the level of service has increased.

Response:

Pursuant to 38 U.S.C. 2062, certain homeless veterans participating in approved VA programs are eligible for a one-time course of dental care deemed to be medically necessary. The law requires that homeless veterans must meet a sixty day in program requirement to be eligible for such treatment. Patients must still be active in the program when scheduled for dental treatment. VA Directive 2002-080, Eligibility Guidelines for a One-Time Course of Dental Care for Certain Homeless and Other Enrolled Veterans, December 9, 2002, has been sent to field Dental Services as guidance on how to implement section 2062. We note the Office of Dentistry is not aware of any veteran enrolled in a VA homeless program that has been denied emergency dental treatment.

In 2002, four new performance measures for the homeless programs were adopted to insure that veterans enrolled in programs for homeless veterans receive timely medical and mental health care including follow-up care. VA recommends that the referral process for dental care be strengthened. All patients are now required to have a primary care assessment within 60 days of admission to a homeless residential treatment program. As part of that assessment a dental assessment should be completed with referral, as appropriate, for preventive or restorative dental services consistent with the

authority in section 2062. Liaisons from the Grant and Per Diem Program will be asked to take a coordinating role with monitoring this activity.

The Office of Dentistry will continue to monitor the provision of services to homeless veterans which includes monitoring referrals for care and actual services provided.

VA cannot comment on the proposal to eliminate the statutory 60-day requirement as it would require legislation, and the Administration has no official position on such a legislative proposal.

7. MULTIFAMILY HOUSING LOAN PROGRAM

Finding:

The concept of providing formerly homeless veterans with cost effective and cost efficient housing while they return to work, through the Multifamily Transitional Housing Loan Guarantee for Homeless Veterans program, is an excellent approach to allowing veterans returning to gainful employment to live in a below market cost sober residence. The Committee finds that this program is far more difficult to implement than many saw in the beginning but commend the continuing effort of this multifaceted working group.

The Committee continues to be pleased to see the highly active stance taken in trying to establish these pilots. One area where this committee continues to be concerned is the idea that this program is funded out of the general medical care appropriation and wonder if this program's administrative costs would not more appropriately be paid out of the general operating funds and be administered by the Veterans Benefits Administration (VBA) or the Office of Homeless Veterans Programs since the loan being guaranteed seems more to be as much economic benefit as a health care benefit.

Committee Recommendation:

VA should conduct a review to see if this program's administrative functions should reside outside VHA. The Committee further suggests that legislation be enacted to lift the cap on the number of pilots (see legislative proposal).

Response:

- *The Multifamily Housing Loan Guarantee Program for Homeless Veterans has been highly successful due in large part to strong participation by representatives from a number of staff and administration offices. VA is unable to comment on the specific recommendation to suggest lifting the cap on the number of pilots, since the department cannot comment on recommendations that would require legislative action to implement and the Administration has no cleared position on such a proposal.*

8. VBA HOMELESS EFFORTS NEED ATTENTION

Finding:

VBA has made strong efforts to increase its efforts to assist homeless veterans without additional appropriations for Homeless Veteran Outreach Coordinators (HVOC) by placing full-time coordinators in the twenty largest offices and part-time coordinators in smaller offices. This effort is commendable as is VBA's early efforts to identify and expedite claims identified as being filed by homeless veterans.

However, VBA needs to fully link its coordinators with the health care system and VA sponsored community providers with transitional housing and service centers funded or supported by VA's health care system. There is a need to develop a clear plan to work with projects funded by HUD, HHS and VA under Chronic Homeless Initiatives and under HUD's Continuum of Care. There are, according to VA and HUD sources, tens of thousands of homeless veterans receiving housing services each year, yet only a small fraction appear to have been identified for expedited claims. It appears that outreach is either far too limited or the process to file "homeless" claims is lacking.

VBA should develop training on all areas required by their coordinators under Public Law 107-95. The law requires a high level of knowledge from VBA staff about both VA and other programs. It appears to this Committee that field-level staffs have not received sufficient information to be effective counselors to homeless veterans or homeless service providers across the Nation.

Committee Recommendation:

- The Under Secretary for Benefits need to expand HVOCs. VBA should develop a plan to expand outreach to expedite claims for all veterans in homeless veteran specific funded programs.

Response:

VBA will continue to expand and improve its outreach program to homeless veterans. Nationally and locally VBA staff is working closing with VHA homeless program managers and with others organizations and agencies that are part of the homeless veteran service provider's network. VBA will review its support to the HUD and HHS funded projects as well as the Chronic Homeless Initiative to ensure adequate outreach programs are in place. VBA will continue to expedite homeless veteran claims.

9. SERVICES TO INCARCERATED VETERANS

Finding:

The Committee continues to find increased involvement with veterans coming out of jails/prisons needs to be improved in order to decrease recidivism, prevent homelessness, and enhance the lives of veterans. VBA and VHA must be involved in

discharge planning efforts for veterans who are leaving incarcerated status if we are to reduce homelessness and recidivism among veterans.

VA is to be commended for its efforts to partner with the Department of Justice (DOJ) and DOL with veterans who are departing from incarcerated status. DOL and VA have done a good job in establishing pilot sites under Public Law 107-95. We will continue to monitor this pilot program and look forward to a review.

Committee Recommendation:

- VA should insure both VHA and VBA involvement occurs in the pilot sites. Seek broader involvement since this is an excellent homeless prevention activity. A report outlining this effort should be reviewed by this Committee at the Committees' fall 2005 meeting.

Response:

VA's health care and benefits assistance are very important in aiding veterans who are at risk of being homeless at discharge. DOL and VA are currently assembling data from community providers, and VHA and VBA sources. VA will review the data and provide results of its analysis to the Committee at the Committee's next meeting.

Committee Recommendation:

- Complete state-by-state directory of services that will aid both veterans and service providers.

Response:

Efforts are underway to create a resource directory. That directory will be provided to the Committee after it is completed later this year.

10. US INTERAGENCY COUNCIL ON HOMELESSNESS

Finding:

The ICH is a valuable resource and the committee is pleased that former Secretary Principi, Secretary Nicholson and VA are active participants in its national, regional, and local efforts. The Committee applauds VA for taking leadership roles. The strong development of multiple partners at the federal level provides the best hope of resolving the issue of homelessness at the local level.

Two years ago, in our first report, this Committee asked that the ICH place an emphasis on veterans since this group of Americans are both highly represented among those who are chronically homeless and represent a disproportionate share of Americans who find themselves among our Nation's homeless. We were disappointed that there was little or no mention of veterans or identification of those veterans in need, nor any

identified call to partner with veterans or veterans service providers to develop strategies to improve regional and local efforts. The Executive Director of the ICH did not develop appropriate materials for this interagency effort until March 2005.

This Committee is particularly sensitive that veterans appear to be disproportionately represented in the chronically homeless. The “veteran’s footprint” within ICH as this committee recommended two years ago was developed in March 2005 in large measure by the persistence of our chairman and designated federal official.

Committee Recommendation:

- Now that the ICH veterans’ footprint has been established, the Committee asks ICH to monitor its implementation and report back to the Committee regarding the number and percentage of plans that now identify veteran-specific needs and services.

Response:

There are on going plans between VA and the staff of ICH to engage the VA and veteran service providers in the planning and implementing of plans to end chronic homelessness. The implementation will be reviewed by representatives of ICH at a future Committee meeting.

11. VETERANS NEED FURTHER EMPHASIS UNDER HUD PROGRAMS

Finding:

The lack of veteran specific data among the homeless has been a significant barrier to local and national efforts to gain resources to assist homeless veterans. Many communities have little veteran specific information, and many veteran specific service providers complain that little attention is paid to the needs of homeless veterans. We commend HUD for including Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) information as a useful tool in having communities understand the needs of veterans as local continuums of care identify plans.

The lack of specific data about how many veterans are seen and served under HUD’s funding leaves little doubt that after more than a decade, there is no reliable national and only sporadic reliable local data that clearly identifies homeless veterans outside VA.

Committee Recommendation:

- Veteran specific data now appears to be on track to be collected through the Department of Housing and Urban Development’s Homeless Management Information System (HMIS) and be reported under HUD’s Annual Progress Reports. VA and HUD need to establish a mechanism which will identify

veterans seen in HUD funded projects. We ask that a task force be established to review how this data can be shared and reported by January 1, 2006.

Response:

Data collection is done and maintained at the local Continuum of Care level and is not available from any national sources. The Department of HUD's ex-officio member will review the procedures that may allow client data with the committee at its next meeting.

Committee Recommendation:

- Veteran specific representation needs to be included on local HUD Continuum of Care Boards.

Response:

Veteran representation on local continuum of care boards is specifically urged. The Department of HUD's ex-officio member will review this response with the committee at its next meeting.

12. NEED TO IDENTIFY RISK FACTORS OF DEPARTING SERVICEMEMBERS

Finding:

VA and DoD have an obligation to the long-term health and vitality of person who have served in the military. Both have significant health care resources and an interest in the physical and mental well-being of those who wear or have worn our Nation's military uniforms. Males who have served in the military services are nearly twice as likely and women four times as likely to become homeless if they have served in the military. An improved effort to reach active duty and departing service members successfully transition back into society continues to be critical if the elimination of homelessness among veterans is to be achieved. While we understand there have been some discussions there has been no specific actions taken to try to develop a plan or even to research the hypothesis that an effective homelessness prevention strategy can be developed by better understanding the childhood and family risk factors and the stressors evidenced by military service prior to the discharge of active duty military.

Committee Recommendation:

- VA and DoD should participate in a study to show if childhood risk factors and active duty experiences can be found to improve identification and treatment for active duty service members and to enhance service delivery access once released from military service.

Response:

VA and DoD officials have met and discussed this recommendation. A plan to address the recommendation is being developed and will be reviewed with the Committee at its next meeting.

13. LABOR ISSUES

Finding:

Under the Job Training Partnership Act, employment assistance to homeless individuals was specifically authorized. However, under the Workforce Investment Act of 1998, the references to homeless individuals were removed and replaced by assistance to “at risk” populations. Given the emphasis on performance outcomes, the states under WIA, job assistance for homeless veterans, is often overlooked. The Homeless Veterans Reintegration Program (HVRP) is a cost effective program that brings thousands of homeless veterans back to competitive employment.

Committee Recommendation:

- HVRP, a very effective program over the years, needs to keep its unique emphasis to return homeless veterans to employment. It should be maintained as a separate program with \$50 million funding. With increased funding, we further recommend it be used to effectively aid those veterans at risk of becoming homeless (see legislative proposals).

Response:

DOL agrees that HVRP is an effective program that emphasizes re-integrating homeless veterans into the workforce. DOL’s ex-officio member will discuss how legislative programs are reviewed at its next Committee meeting.

14. HHS SHOULD OFFER PILOT FUNDING TO VETERAN SPECIFIC SERVICE PROVIDERS

Finding:

VA and the HHS share a mission to assist many of our nation’s most vulnerable, including homeless veterans, with health care services. The committee sees HHS with its funding and service expertise as an excellent source to partner with veterans specific projects including partnerships that assist community-based service providers in veteran programs that are geared toward services for family members of veterans.

Committee Recommendation:

- HHS collect veteran specific data in all HHS funded programs.

Response:

HHS collects veteran specific data in well over 300 program and even more data systems. To make this recommendation effective, HHS would like to understand what specific data or research questions the Committee had in mind. Narrowing down the specific needs/interests of the Advisory Group will be reviewed at a future Committee meeting.

Committee Recommendation:

- VA and HHS should create a task force to develop some pilot projects during FY 06 designed to enhance services to homeless veterans and family members. The Committee requests that this task force, if created, report to this Committee by January 1, 2006.

Response:

HHS and VA will meet to review this recommendation and will report to the Committee at its next meeting.

Attachments:

Legislative proposals from ACHV
Memo from (00) dated 12/14/04