

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:

George Basher Director, New York Division of Veterans' Affairs, Albany, New York. Mr. Basher is a long-time State Director of Veteran Affairs. He has a long-term interest in working with homeless veterans and is a current member of the board of directors of the National Coalition for Homeless Veterans. Mr. Basher is an Army veteran.

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.

Ralph D. Cooper Executive Director, Veterans Benefits Clearinghouse, Inc. Roxbury, Massachusetts. 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.

Bob Cote Executive Director Step 13, Inc. a non-profit organization in Denver, Colorado that provides housing and services to the homeless. The organization is not a grantee of the VA and received no government funding.

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.

Leslie Lightfoot Executive Director, Veterans Hospice Homestead, Inc. an organization that provides transitional housing and health care services to veterans in the Northeastern part of the United States. Her organization is a VA grantee. Ms. Lightfoot is an Army veteran.

Sandra Miller Program Coordinator, LZ II 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.

Paul Moore Director, Texas Veteran Land Board. Mr. Moore is a senior member of the state of Texas' effort to assist veterans. His organization receives funds under VA's State Home program but is not a grantee of the Grant and Per Diem Program.

Donald W. Moreau Consultant, Hoosier Veterans Assistance Foundation (HVAF), Indianapolis, Indiana. 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. Colonel Moreau is retired from the U.S. Army.

Joseph Smith Director, Department of Military and Veterans Affairs, County of Los Angeles, California. Mr. Smith is a long-time veterans' advocate and directs one of the Nation's largest programs of benefits assistance. His organization is not a VA grantee. He is a Marine Corps veteran.

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, Florida. 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.

Gil Rodriguez Executive Director, Texas Hispanic Education on Law/Politics. Mr. Rodriguez has been active in veteran issues and services as director of the American GI Forum. His organization is not a VA grantee. Mr. Rodriguez is a Navy veteran.

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 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.

Mark Johnston Ex-Officio Member, Department of Housing and Urban Development (HUD). Mr. Johnston is the acting Deputy Assistant Secretary for Special Needs in the Office of Community Planning and Development. He 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 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.

Jerry Rieger 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. Rieger previously served as an administrator of health care programs for the state of Florida. He replaced Mr. Don Winstead who 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 four years, the Department of Veterans Affairs (VA) has made many improvements recommended by this Committee. This Committee wishes to express its profound gratitude to Secretary Nicholson and former-Secretary Principi and many within the leadership of the VA, including Deputy Secretary Mansfield and Under Secretaries Perlin and Cooper for their constant attention to making the lives of veterans better.

We remind all that 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 gender, 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.

Our fourth annual report continues our effort to offer focused recommendations based on both our personal knowledge and experience and information provided in person and in writing from a host of sources. 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. There are many positive statements in this report. We acknowledge many VA leaders have made to address recommendations made in previous reports.

As we noted in previous reports, 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. And 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 other Federal partners, regional, state, territorial, tribal and local governments as well as with local community and faith-based organizations a priority.

Again this year, we positively 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 will establish four working groups this year: 1) Benefits, 2) Long-term housing with supportive services, 3) OIF/OEF returning veterans and 4) women veterans to better inform ourselves about the specific needs of our veterans.

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

1. 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 too early to make any assessment about effectiveness, it is clear that this effort will greatly aid many veterans that need us the most.
2. VA's efforts to target funds have been effective and we are pleased that an effort to put funding where it appears 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 sound targeting grant notices of funding availability.

3. Last fall VA allowed per diem only transitional housing providers to respond to a Notice of Funding Availability that allowed current quality providers to continue to provide services. This led to more than 150 providers in 39 states and the District of Columbia to continue operations. This was an issue this Committee urged last year and we are very pleased that our recommendation was promptly acted upon.
4. In our last report, we raised concerns about the inconsistency of domiciliary care admission requirements and slow movement to add new services. We are very happy to see those issues have been addressed. There are improvements needed to increase community linkages and we will review these issues with residential rehabilitation staff prior to our next report. We will continue to monitor this topic but we will take these concerns off our recommendations for this year.
5. Dental care for homeless veterans is a very important health care issue and very important in helping veterans return to employment. This was an issue we report and made specific recommendations about last year. We are happy to see Dr. Perlin's approval January 26, 2006 of the Homeless Veteran Dental Care Services memorandum which directs increased services for homeless veterans. We believe this substantially addresses the issues we recommended last year. We will continue to monitor this effort however we will delete this as a recommendation this year.
6. We are delighted to see that the 15 pilots designed to create transitional housing for homeless veterans is moving forward. We understand that this program is difficult to administer given the complex and multifaceted features of finance, construction, coordination with local jurisdictions and with the ability to provide on-going supportive services required. We commend this multidisciplinary approach to the effort and wish to acknowledge the excellent work being conducted by Claude Hutchinson who serves as departmental lead. While we continue to remain concerned about the long-term administration we will continue to monitor this program and will be happy to see the results of the renewed efforts to get additional sites to avail themselves of this program.

It is worthy to note that this Committee has had exceptional support from DOD, HHS, HUD, and DOL. Our work has been greatly enhanced by the participation and knowledge of our ex-officio members. We have been richly rewarded by the extraordinary efforts of and Charles "Chick" Ciccolella, Deputy Assistant Secretary, Veterans Employment and Training Service. We also wanted to note how much we will miss ex-officio member Patricia Carlile, Deputy Assistant Secretary, Office of Special Needs Assistance, HUD. Pat was always helpful,

courteous and we shall miss her participation. We continue to get exceptional assistance from DOD's representative, Mr. Bryant Monroe and we welcome Mr. Jerry Rieger our new ex-officio from HHS.

Priority Issues:

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 are:

1. **Access to Quality Mental Health and Substance Abuse Critical.** In previous years, we strongly stated that access to quality mental health and substance abuse treatment was critical. We urge the Secretary to determine if access to mental health and substance abuse services in both inpatient and community settings is declining and to make sure this reduction, if it exists, not only ends but is reversed.
2. **Per Diem Payments need to Leverage other Federal Program Funds.** We cannot express strongly enough the concern we have that VA's Homeless Providers Grant and Per Diem program seems increasingly focused on fiscal issues and has lost its zeal for the improvement in the lives of veterans. We strongly support a change that will allow a level per diem payment for all providers and allow those payments to leverage other federal sources.
3. **Supportive Service Grants are Needed for Veterans in Long-Term Housing.** VA needs to offer supportive services grants to non-profit organizations for veterans living in long-term housing. These will increase long-term permanent beds for homeless veterans a need that has been identified for more than a decade. Nothing short of VA doing this itself will make it happen.
4. **All Veterans in Homeless Programs Need to be Assessed for Benefits.** Veterans who have been homeless have a high level of entitlement to benefits. Those benefits are a lifeline to many and helps many of them get out and stay out of homelessness. VBA needs to work with states, counties, tribal governments and non-profit service providers to insure that these veterans many of whom are the neediest are assessed for benefit eligibility.
5. **Department of Labor's HVRP Program Needs to be Funded at \$50 Million.** Homeless Veteran Reintegration Program (HVRP) is a great homeless prevention tool as well as an excellent program to return

homeless veterans back to gainful employment. It should be kept as a separate program and be funded at \$50 million.

6. **VA Needs to Create a Center for Homeless Services.** VA's Homeless Programs are the most comprehensive in the Nation. We urge the Secretary to create a Center for Homeless Services headed by a career employee to ensure the good efforts achieved by the Office of Homeless Programs will remain effective. While the office does not need to be part of the Secretary's office, it does need to have by directive, direct access to the Secretary and other senior managers.

If the six priority items above are addressed, we are certain that the effectiveness will be improved and the lives of tens of thousands of veterans will be enriched. 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 addressed with a variety of programs, services, and interventions, with community partners offering assistance in a variety of settings with effective strategies.

Our mission continues.

COMMITTEE FINDINGS AND RECOMMENDATIONS

1. ACCESS TO MENTAL HEALTH SERVICES REMAINS A SERIOUS CONCERN

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 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.

Secretary Nicholson directed Dr. Perlin to re-charter the Task Force to ensure its members be Federal employees. This will ensure its work and recommended actions will be used appropriately as an internal working report and not used as "political fodder" for advocacy. We commend Under Secretary Perlin for naming Mr. Dougherty as chair and re-appointing Mr. Van Keuren. This six member task force reports annually. We are confident that these annual reports to the Secretary will greatly aid VA's efforts to ensure access and availability of mental health and substance abuse services are improved and as we have said for years these issues must be addressed for all veterans if we are to aid those among the homeless.

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. We believe that the number of veterans receiving these services continue to decline.

Present and future capacity must ensure core VA services needed by veterans for their mental health problems are adequate. We are hopeful that the re-chartering of the Mental Health Task Force will help keep this effort focused and be a more effective tool to fully review if the availability and quality of care needed by veterans is being met. These services remain inextricable tied to ending homelessness particularly those chronically homeless. VA's ability to collaborate effectively with community partners requires this issue to be appropriately addressed.

Committee Recommendation:

- The committee urges implementation of VHA's Mental Health Strategic Plan as presented and approved. Specifically this Committee urges the Secretary to determine why the number of veterans treated in substance abuse programs appears to continue to decline and take specific action to ensure this trend is reversed. Implementation is vital to ending chronic homelessness among veterans.

Response:

Veterans Health Administration (VHA) is on track to implement all recommendations of the Mental Health Strategic Plan. VHA has developed a significant initiative to expand the availability of substance use disorder treatment capability. Such expansion occupies an important

position in the Mental Health Strategic Plan with implementation initiated by the allocation of expansion resources in both FY 2005 and 2006. Thus far, a total of \$25 million has been allocated to such expansion. These resources have been allocated to the improvement of specialized substance use disorder treatment in networks demonstrating the most need, the promotion of the availability of a new medication, buprenorphine, for the treatment of opiate dependence, the expansion of residential treatment capability, and general enhancement of existing treatment settings with additional staff and material support.

Concern about erosion in the number of veterans treated in these programs is being addressed by these improvements in access and availability. While slight decreases occurred between FY 2004 and 2005, (slightly over 1 percent) this trend should be reversed with the provision of the additional resources noted. Also, each VISN submitted a strategic plan in FY 2005 that specifically included strategies to address any gaps in substance abuse services.

VHA also developed a significant initiative to improve access to mental health care in the community-based outpatient clinics (CBOCs). In FY 2005, this initiative allocated \$5 million to provide mental health staff in 72 CBOCs. In FY 2006, an additional \$17 million was allocated to provide mental health staff for an additional 179 CBOCs. This reflects a clear commitment on the part of VHA and the Office of Mental Health Services to improve access to and improve the quality of mental health services for veterans. These resources and organizational attention have resulted in an increase from 73 percent to 90 percent as of the third quarter of FY 2006 in the number of CBOC's serving 1,500 or more unique veterans with mental health specialist staff on location.

The Secretary's Mental Health Task Force continues to monitor VHA's action plan to fully implement the Mental Health Strategic Plan and regularly report on this issue to the Secretary, the Under Secretary for Health and senior VA officials.

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

Finding:

Funding and support of the Homeless Grants & Per Diem Program remains VA's most effective tool to work with communities. In less than a decade, nearly 10,000 high quality transitional housing beds are becoming operational along with more than 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. While progress has been made in both service improvements and reductions in the numbers of homeless veterans at current capacity only 10-15% of all veteran homeless on any given night could access a quality program funded by VA.

This Committee is very concerned that collaboration is and always has been shown to be the most effective way to effectively treat veterans. This is a critical issue, many Grant and Per Diem providers also receive funding from the Department of Housing and Urban Development; Department of Labor and to a far lesser extent Department of Health and Human Services. While this has allowed many providers to create very effective service networks, confusing and often contradictory federal requirements about how these funds can and cannot be used is threatening this effective system. There needs to be a clear policy from the Office of Management and Budget or a specific legislative exemption that says that VA funds can be used to leverage or match other Federal funding programs as long as it is used specifically to improve housing, health care employment and benefits assistance for homeless veterans.

We continue to find that VA needs to have at least one national or a series of regional conferences for Grant and Per Diem providers at least annually to improve provider understanding of rules, requirements and as an opportunity to share new ideas for treatment of veterans.

We are concerned that programs for the identified "special needs" groups, including women veterans have been slow to materialize. There is extensive evidence 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. The special needs grants upon evaluation if found effective should be renewed and expanded.

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 its 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:

The President's proposed budget for 2007 will increase Grant and Per Diem program funding from \$15 million to \$92.2 million. Depending on the level of per diem rate increases each year, the program may still be able to announce additional capital grant funding in the out years.

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

Committee Recommendation:

- Create a legislative or administrative provision to ensure that funds provided by VA under the Grant and Per Diem Program are paid as a level payment for all providers and make it clear those funds can be used to match or leverage other Federal funding sources that will aid veterans served in the VA funded program.

Response:

VA does not have legal authority to implement this recommendation.

Committee Recommendation:

- Increase the number of VA staff assigned to per diem service providers. 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:

In FY 2005, VHA provided funding for 47 FTE liaisons to provide oversight of programs funded under the Grant and Per Diem program and to provide case management for veteran participants. In FY 2006, VHA provided another \$4.6 million for 45 more liaisons for these purposes. Positions were allocated based on bed numbers and length-of-stay rates.

Currently, the VISN Homeless Coordinators make up the Council of Network Homeless Coordinators. This is a diverse group comprised of individuals with backgrounds in hospital administration and clinical work and includes those currently in positions of medical center directorship, mental health service line coordination, as well as supervision of VA domiciliary and homeless programs. VHA believes it is a network director's decision whether a particular VISN should make a commitment to fund and hire a full-time Network Homeless 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. Separate but consistent with this effort 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 pilots to provide supportive service grants to veterans in permanent housing. These pilots could and should be developed specifically on property closed or where major mission changes are occurring under DOD's Base Closure and Realignment Commission (BRAC) or VA's Capital Asset Realignment to Enhance Services (CARES) efforts

Response:

VA does not have legal authority to implement this recommendation.

4. VBA HOMELESS EFFORTS NEED ATTENTION

Finding:

VBA initially made strong efforts to increase its efforts to assist homeless veterans by designating Homeless Veteran Outreach Coordinators (HVOC) by placing full-time coordinators in the twenty largest offices and part-time coordinators in smaller offices. This early effort was commendable as was VBA's early efforts to identify and expedite claims identified as being filed by homeless veterans.

However, VBA needs to fully link its HVOCs 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. VBA should work with state and local departments of veterans' affairs, the National Coalition for Homeless Veterans, Veteran Service Organizations and others who work on development of claims to make them aware of this and systemize the process to assure all veterans seen in homeless specific programs are screened for benefits.

This Committee continues to find that there are far too many veterans who may be eligible for their earned benefits but have never been properly screened and assessed. We are pleased to see that there is a dialogue underway to see how the existing system can be better utilized to insure that those veterans who are homeless and in treatment programs are assessed to determine eligibility for veterans. We find that that this is something that must be done comprehensively. 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 too limited and does not involve VA's historical partners in filing claims or the process once a claim is received for a "homeless or at-risk" claim is deficient.

VA should develop a comprehensive 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 needs to work with a variety of partners to coordinate a comprehensive plan with the objective that all veterans who are homeless are seen and a determination as to eligibility for benefits is made. This plan at a minimum must expedite claims for all veterans in homeless veteran specific funded programs.

Response:

Veterans Benefits Administration agrees that we should work with a variety of partners to coordinate a comprehensive plan to assist homeless veterans.

Regional Office Homeless Veterans Outreach Coordinators (HVOCs) serve on committees with local service providers and mayors' committees. We encourage HVOC liaison and networking with VA medical center homeless program coordinators and community providers, including those sponsored or supported by the VA health care system. VBA is involved in outreach to veterans who are seen in both the chronic homeless initiative program and in VA's Grant and Per Diem Program.

In assisting homeless veterans, HVOCs and other regional office staff made 4,247 contacts with shelters for the homeless in FY 2005. During the same period, their referrals to VHA and to the Department of Labor's (DOL) Jobs for the Homeless Program totaled 7,416. They made 4,803 referrals to other community support or social service agencies, and they were contacted by homeless veterans for assistance 34,631 times.

We continue to provide information and training to HVOCs to assist them in their homeless outreach duties, for example: 1) VBA sponsors attendance of HVOCs at the Annual National Coalition for Homeless Veterans (NCHV) conference; 2) HVOCs are invited to participate in NCHV periodic telephone conference calls; and 3) the Compensation and Pension Program manager for homeless veterans conducts quarterly conference calls with VBA HVOCs. During the conference calls, the Director of VA Homeless Veterans Programs Office provides updates on various homeless initiatives. Representatives from the Department of Housing and Urban Development and DOL have also provided training to the HVOCs on their respective homeless programs and initiatives. In addition, we routinely forward newsletters and other pertinent information and notices from VA's Homeless Veterans Programs Office, DOL, and NCHV to HVOCs.

5. 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. If these national efforts are to be effective VBA and VHA must be involved in discharge planning efforts for veterans who are leaving incarcerated status. Those interventions are critical if homelessness and recidivism among veterans are to be reduced.

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 are very pleased that Labor has continued to fund the initial seven pilots. 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. VA should comprehensively provide services to these veterans and we request a report outlining this effort be prepared for the full Committee meeting in the fall of 2006.

VHA and VBA concur that coordinated involvement is important to effective interventions to prevent homelessness among incarcerated veterans upon their release or parole. Activities in this area will be reviewed with the Committee at it's next regular meeting.

6. US INTERAGENCY COUNCIL ON HOMELESSNESS

Finding:

The ICH remains a valuable resource and the committee is pleased that VA continues to remain active in Council activities. The Committee applauds VA for taking leadership within the council. The strong development of multiple partners at the federal level is the best hope of resolving the issue of homelessness especially among the chronically homeless at the local level.

For three years, in each 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. While ICH has put some information on its website that encourages the development of state and local planning efforts that call for including veteran services in those plans however there is not sufficient follow up and this committee is concerned that hundreds of plans may be developed and seemingly receive tacit approval or at least public recognition of and fail to recognize and appropriately plan for the needs of veterans.

This Committee remains sensitive that veterans because veterans remain disproportionately represented in the chronically homeless. The "veteran's footprint" much discussed needs to appear in every plan developed and no plan should be publicly lauded by ICH if it fails to include the needs and services available for veterans in those plans.

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 with specific information regarding the number and percentage of plans that now identify veteran-specific needs and services which could be used as "a best practice" to encourage others.

Response:

ICH prepared some significant responses which will be reviewed with the Committee at its next regular meeting by our ex-officio representative.

7. VETERANS NEED FURTHER EMPHASIS UNDER HUD PROGRAMS

Finding:

The lack of veteran specific data among the homeless continues to be 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 believe that little attention is paid to the needs of homeless veterans. HUD has included 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. This is a small but helpful start.

We find that having veteran specific homeless service providers along with VA homeless and mental health staff and state and local veteran staff all add value to efforts of local continuum and we hope this increased involvement will continue.

We continue to find that this Committee, this Department and this Congress want specific data about how many veterans are seen and served under HUD's funding. After more than a decade, there is no reliable national and only sporadic reliable local data that clearly identifies how many homeless veterans are seen and served outside VA specific programs. HUD has moved in the right direction asking their continuums of care to avoid duplication of persons served however we need those continuums to better identify veterans seen and served in those continuums. We recognize this is not easy however VA and HUD must focus on finding a way to make this happen if we are to truly discover the extent of homelessness among veterans. This data would also be helpful to VBA's outreach effort.

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:

This recommendation will be reviewed with the Committee at its next regular meeting by our ex-officio representative.

8. NEED TO IDENTIFY RISK FACTORS OF DEPARTING SERVICEMEMBERS

Finding:

As we reported previously VA and DOD have an obligation to the long-term health and vitality of persons 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 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.

The committee will establish a working group of committee members to work closely with VA, DOD and others that work with those returning from Iraq and Afghanistan to try to better understand the current efforts and to improve effort to prevent these veterans from becoming homeless.

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:

This recommendation will be reviewed with the Committee at its next regular meeting by our ex-officio representative.

9. 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.

The Committee is concerned that veterans are underserved in Labor programs designed to assist all persons in need of assistance. We need to get better information regarding the number of veterans receiving assistance from Labor’s efforts.

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

Response:

This recommendation will be reviewed with the Committee at its next regular meeting by our ex-officio representative.

Committee Recommendation:

- Since Work Force Investment Boards are a vital part of Labor’s efforts to involve communities in efforts to improve job opportunities we recommend that veterans serve on all Work Force Investment Boards.

Response:

This recommendation will be reviewed with the Committee at its next regular meeting by our ex-officio representative.

10. 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. We are increasingly concerned that there is no means available to determine how many chronically homeless veterans are served with the billions of dollars spent by HHS.

Committee Recommendation:

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

Response:

This recommendation will be reviewed with the Committee at its next regular meeting by our ex-officio representative.

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, 2007.

Response:

This recommendation will be reviewed with the Committee at its next regular meeting by our ex-officio representative.

11. VA'S HOMELESS PROGRAMS NEED INCREASED EMPHASIS

Finding:

VA has the Nation's best coordinated services for homeless and particularly for those who are among the chronically homeless. This effort has in large part been driven by the keen insights and support of a number of past and the current Secretary of Veterans Affairs. Those efforts have been immeasurably aided by several highly dedicated VA employees with the Health Care and Benefits Administrations and within the staff offices of the department. Nearly eight years

ago VA wisely determined that the overall coordination of this effort should rest within the Office of Homeless Veteran Programs (HVPO). HVPO is a staff office within the Office of Public and Intergovernmental Affairs. In many ways this is a very good location for such an office since as we know many of the activities needed require that office to work effectively with dozens of offices within the VA and hundreds of offices within other federal departments as well as national non-government organizations. Relationships with Veteran Service Organizations, State Directors of Veterans Affairs and hundreds of other regional and local veteran specific service providers are also needed if VA's good efforts are to be even more effective.

Committee Recommendation:

- The Secretary is requested to either create a "Center for Homeless Services" which will report directly to him or to establish a position of Principal Deputy Assistant (PDAS) of Intergovernmental Affairs for Homeless Services that will clearly enhance the service coordination both within and outside of this department. The lead position in that office should be filled with a career employee. While personnel policy may require the lead position report to others it must clearly be determined that this position is far too important to be constricted to not allow the PDAS or Center director to contact the Secretary, Deputy Secretary and other key leaders within the department directly.

Response:

We are constantly looking at opportunities to improve the complex delivery of services to veterans who are homeless. The suggestion to make some organizational administrative changes to enhance service delivery is appreciated. The Director of Homeless Veterans Programs has significant access to all key leaders within our Department. He represents VA and is our lead in all national efforts. If an administrative change is made, VA will notify the Committee.



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

December 13, 2006

Robert Van Keuren
Chairman
Advisory Committee on Homeless Veterans
400 Fort Hill
Room 133
Canadaigua, NY 14424

Dear Mr. Van Keuren:

Thank you for submitting the 2006 report on the work of the Department of Veterans Affairs (VA) Advisory Committee on Homeless Veterans. Your reports have kept me apprised of the important issues that affect homeless veterans. VA's response to the Committee's recommendations is enclosed.

The Committee's recommendations continue to enhance VA's outreach and training programs. The Committee's assistance is invaluable to VA in achieving our common goal—better services to all veterans, especially homeless veterans. Again, thank you for your contributions.

Sincerely yours,

A handwritten signature in black ink, appearing to read "R. James Nicholson", is written over a horizontal line. The signature is stylized and cursive.

R. James Nicholson

Enclosure