



**2007 Annual Report
of the
Advisory Committee on
Homeless Veterans**

George Basher, 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 revised, improved and consolidated 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 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 Secretary of VA selected the members of ACHV 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 suggested that the Committee include previously homeless veterans as members. 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-standing 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 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.

Ray Boland Past Secretary of Veterans Affairs for Wisconsin. Mr. Boland has been an active and national figure on the issue of homeless veterans. He has been a member of the Board of Directors of the National Coalition for Homeless Veterans. Mr. Boland is a retired 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 currently works without compensation, as physician at VA's Errera Community Care Center. 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. Sam also consults on real estate, property development and financing with non-profits and public agencies actively involved in serving the homeless and special needs groups. 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, LZII Transitional Residence for homeless veterans, on the grounds of the Coatesville VA Medical Center. LZII 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 Executive Secretary, Texas Veterans 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.

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 a member of the Veterans Organization Homeless Council. This organization is a coalition of veterans' service organizations and military organizations that coordinates 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 of Florida (VOAF), Tampa, Florida. VOAF is a faith-based service organization that operates transitional and permanent housing programs throughout Florida for veterans, as well as, multiservice centers, of which one is a mobile outreach 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 a 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.

Ex-Officio Members

Mark Johnston Ex-Officio Member, Department of Housing and Urban Development (HUD). Mr. Johnston is the Deputy Assistant Secretary for Special Needs in the Office of Community Planning and Development. He manages over \$1.7 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 Regier Ex-Officio Member, Department of Health and Human Services (HHS). He is the Principal Deputy Assistant Secretary for Planning and Evaluation. Mr. Regier previously served as Secretary of Children and Family Programs for the state of Florida, and as Secretary of Health and Human Services in the State of Oklahoma.

New Ex-officio Members

As a result of a change in law approved in December 2006 three new ex-officio members have been appointed.

Mr. Jack McCoy Ex-Officio Veterans Benefits Administration. Mr. McCoy is the Associate Deputy Under Secretary for Policy Program Management.

Mr. Paul Smits Ex-Officio Veterans Health Administration. Mr. Smits is the Associate Chief Consultant Homeless and Residential Treatment Programs.

John O'Brien Ex-Officio US Interagency Council on Homelessness (USICH). Mr. O'Brien is the Region 1 Coordinator, responsible for coordinating the activities of the USICH within the six New England States. Mr. O'Brien works with USICH Regional Coordinators to develop and deliver to the field any needed information that will advance veterans issues in city and state partnerships. He is a Vietnam veteran.

Peter H. Dougherty Director of Homeless Veterans Programs, Office of Public and Intergovernmental Affairs, Department of Veterans Affairs, Washington, D.C. Mr. Dougherty oversees all of VA's homeless efforts. He was appointed to serve as the Designated Federal Official for the ACHV in 2001 and remains in that position.

COMMITTEE REPORT IN BRIEF

This is the fifth report filed by the Advisory Committee on Homeless Veterans. The Department of Veterans Affairs (VA) has made many improvements recommended by this Committee and we believe we have added value to both the internal decision within this Department and added much to the larger discourse within the Nation regarding our obligation to aid these veterans on their journey home.

We constantly remind ourselves that this 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 provided the 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 annual report focused recommendations based on both our personal knowledge and experience and information provided in person and in writing from a host of sources. We have organized this report differently than in the past. We will identify three major issues; a limited number of concerns and suggestions for VA's Federal partners.

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.

Preamble:

War causes wounds that go beyond the battlefield, rippling outward beyond individual veterans to their spouses and children, co-workers and neighbors.

The Department of Veterans Affairs estimates that approximately 200,000 veterans are homeless and 400,000 experience homelessness at some point throughout the year. The majority of these veterans served during the Vietnam War. The Committee recognizes the lessons learned from the Vietnam War, the tremendous cost of veteran homelessness to our nation and our communities. We also recognize that early intervention and proactive service delivery prevents chronic homelessness and mitigates the damage wrought by even temporary homelessness. We must not allow the next generation of veterans to languish on our nation's streets.

Each of the past four Annual Reports have restated the mission of the Advisory Committee on Homeless Veterans: "to provide advice and make

recommendations to the Secretary on issues and problems affecting homeless veterans, assess the needs of homeless veterans and determining if the Department of Veterans Affairs and other programs and services are meeting those needs". The Committee knows that early intervention reduces homelessness and has recommended that DoD and VA develop proactive prevention strategies. The partnerships forged between VA and community based homeless veteran service providers are tremendously successful, providing the continuum of care to end chronic homelessness one veteran at a time. We have identified areas for improvement in the administration of VA homeless programs, which will maximize resources and improve service delivery.

As we welcome a new generation of combat veterans home, we call on Congress to fully fund veteran homeless programs and for VA to increase capacity for homeless services. We must redouble our efforts to transition every homeless veteran, from every era, to stable housing. In addition, VA seeks to increase access to programs that will prevent homelessness among veterans of the Global War on Terror, including employment and training, mental health services and disability benefits.

COMMITTEE FINDINGS AND RECOMMENDATIONS

The Committee has determined that there are three highly desired changes that would radically improve the effort to eradicate the issue of chronic homelessness among veterans. Just as importantly, they significantly reduce homelessness among all veterans. This Committee is deliberately keeping our recommendations brief since, in our view, the objectives are results. We do not want to be so prescriptive that the steps taken to achieve the objective may frustrate the process to achieve the intended result. We have many suggestions; however our purpose is to provide a tangible goal and not the specifics of how to achieve that goal.

1. PERMANENT HOUSING

Finding:

For more than a dozen years, VA has been asking local community partners "What are the met and unmet needs of homeless veterans?" During all of the reporting years, the top unmet need has been permanent housing. VA has partnered with many communities to create new permanent housing (where VA provides specific case management services for veterans in community sponsored permanent housing). Today VA continues to provide case management to more than 1,000 veterans under an administrative initiative begun with Housing and Urban Development (HUD) 15 years ago under a program commonly referred to as HUD-VASH.

In every review by VA, HUD, Government Accountability Office (GAO), and other interested parties, the conclusion is the same: veterans in permanent housing where appropriate case management, VA medical care and benefits, and other community services are provided, not only escape homelessness, but many remain appropriately housed and in some cases are able to return to employment and able to achieve a high degree of independence and self-sufficiency.

This Committee has previously recommended that the HUD-VASH program should continue and be expanded; that HUD should offer additional Section 8 vouchers for veterans; and that a pilot project should be offered where VA would offer supportive service funding for veterans to organizations providing direct services to veterans in permanent housing created by sources other than VA. All of these efforts, while worthwhile, have resulted in no new beds being created.

There is a vast amount of knowledge and expertise across the country within several national organizations, HUD, and VA on this subject. Accordingly, while not advocating a specific approach to address this need, we do recommend:

Committee Recommendation:

- ***The Committee recommends that VA independently or in partnership with HUD or others creates a viable solution to the need for permanent housing for homeless veterans.***

VA Response:

The need for long-term housing for homeless veterans is well known and has been both identified and documented by VA in our Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for Veterans reports and it was in testimony from a variety of VA officials.

The HUD-VASH initiative that began 15 years ago has been very successful. It has provided stable housing for thousands of veterans while ensuring that they have access to VA health care and benefits. Action has been taken to authorize up to 2,500 Section 8 vouchers for veterans; however, no specific appropriation has passed and without this action no new HUD-VASH vouchers can be issued. VA strongly supports increased levels of long-term housing and hopes to have some new strategies to increase housing to present to the Committee in the near future.

2. SURPLUS LAND

Finding:

VA has taken many steps over the last decade to improve services to all veterans, expanding health care into the community and aiding many veterans who previously were without health care due to location. The enhancement of both primary and specialty care, particularly mental health and substance abuse treatment delivered in community settings has helped many veterans. The Department has frequently made underutilized facilities available under short term leases to community service providers to provide transitional housing for homeless veterans. These efforts have allowed more than 1,000 homeless veterans to have safe and appropriate housing with services on VA Medical Center grounds.

In past years, VA has occasionally determined that some land and buildings on existing campuses were not mission critical and were made available under its Enhanced Use Lease program. However, frequently this availability under Enhanced Use Lease failed to provide a reasonable opportunity that the land and buildings could effectively be used to provide transitional and permanent housing for veterans in need of these services.

By allowing local housing service providers to be assured that some modest amount of the available land and/or buildings will be available to them, it is highly unlikely that any meaningful numbers of housing units will be created for veterans.

Committee Recommendation:

- ***The Committee recommends that Secretary or the Congress require a modest portion of property by designation and in facility and/or VISN plans either be developed to be used for meeting needs for homeless veterans or to provide justification as to why such designation is not feasible.***

VA Response:

VA recognizes that long-term housing remains a top need for homeless veterans but disagrees with the recommendation of the Committee. VA strongly disagrees with the assertion that the Enhanced Use Lease program frequently fails to provide a reasonable opportunity for underutilized land and buildings to be effectively used to provide transitional and permanent housing for veterans.

Under the Enhanced Use Lease program, property is made available to homeless veteran service providers upon their request for transitional and permanent housing. VA offers this property to homeless veterans service providers without requiring the normal competitive process. VA has executed a total, to date, of 46 enhanced-use leases. Of that number, 12 are either transitional or permanent housing for homeless veterans, providing approximately 550 beds. VA is also working on 5 new potential enhanced-use projects for homeless veterans' transitional or permanent housing that would increase the number of beds available by approximately 330. These are excellent examples of providing housing for homeless veterans where they are located and where service providers in the industry are interested in pursuing such projects.

VA will provide a comprehensive review of this program for the Committee at a future meeting as requested by its Federal Designated Officer.

3. CHANGE THE PAYMENT SYSTEM UNDER VA'S GRANT AND PER DIEM PROGRAM

Finding:

In the late 1980's and early 90's the House and Senate Committees on Veterans' Affairs took notice and held a number of hearings on what was perceived as an increasing number of veterans showing up among the homeless and a lack of veterans getting into the systems of care for homeless. Many complained that veterans were perceived to have access to care and assistance that simply did not exist. Perhaps the most significant legislation was the passage of Public Law 102-590 that among other provisions authorized the Homeless Service Providers Grant and Per Diem Program. This authority has been used by VA to aid tens of thousands of veterans who were homeless to move on with their lives; returning to gainful employment, living independently and achieving a degree of personal responsibility unavailable without this community operated housing.

The system of payment utilized to reimburse Grant Per Diem (GPD) Program providers was similar to the per diem system that VA used to reimburse state governments for the VA State Home Program, until GPD program made significant modifications as a result of VHA Fiscal and VA OIG reviews. The per diem payment system in the State Home Program had a solid track record of working well for reimbursement of state governments administering the State Home Program.

The Committee feels that the system has not worked as well for the GPD program. First it has been difficult to attract GPD providers in high cost localities, and these are often areas of high concentrations of homeless veterans.

Secondly, the Committee believes that the per diem reimbursement system should be modified. The Committee believes that the current system may result in a future reduction in the level of services and a decline in the number of providers and beds available. The Committee has received reports that several providers are under examination for alleged over billings due to what VA believes is an improper use of grant and/or per diem funds. Other providers have reported that they are concerned that their organizations will be accused of over billing with no resources to repay. The Committee believes that the current method of determining per diem rates (either an initial rate or an increase in an existing rate) requires a high level of accounting expertise and is burdensome for providers. The Accounting method currently used requires providers to carefully document the costs of veterans care, document other sources of revenue the organization receives for those services and maintain segregation of costs on various grants that the provider may have.

The Committee also has been made aware that providers would like to utilize GPD per diem funds to match other federal funding sources. This would allow providers to use per diem funds in conjunction with other federal funding sources, essentially establishing matching of other federal funds as an allowable cost of care. Providers have indicated that they are struggling to provide quality services under the current constraints and that their ability to provide services would be enhanced by VA allowing their funds to be used as matching funds.

The Committee also believes that service centers are under funded and a new funding formula would allow service center providers to improve or expand needed services to homeless veterans.

Committee Recommendation:

- ***The per diem payment program be revised to allow payments to be related to service costs rather than a capped rate thereby allowing high cost service areas to participate. All payment modifications need to include allowing VA funds to be used as a match or leverage for other Federal funds and to allow other Federal funds to be used without offset by VA.***

VA Response:

VA agrees that the current per diem payment system is administratively burdensome for providers and we have taken several steps to alleviate the burden on providers when requesting initial or increased per diem rate. These changes took place in April 2007. The procedures used by providers are posted on the VA Web site. This process uses standard Office of Management and Budget forms and allows the provider to input information independent of medical center fiscal officers. Requests for rate increases are submitted electronically to the Grant and Per Diem (GPD) office. Submissions are reviewed for accuracy and rate increases and are approved within 30 days if no inaccuracies are found. Similar procedures are used for the initial per diem rate determination. The initial rates are tied to the close out of the grant; therefore, these determinations usually take longer than 30 days. We have urged providers to inform the GPD office 90 days prior to project completion so that per diem rates can be determined before the facility is set to operate.

At the same time, VA realizes that fiscal administration of the GPD program has become a task that requires additional resources. Currently, there are over 300 providers and 8,000 transitional housing beds. This year, VA will award more than \$20 million to establish additional beds and services under the GPD program. VHA is soliciting a contract to review the GPD program fiscal administrative duties.

VA agrees that the burden of providing services under the GPD program in those areas that are high cost may be preventing some providers from applying for grants. These high cost areas require that providers have a strong resource-base to operate under a GPD program. The law, however, limits per diem rates to the per diem amount that VA pays States for domiciliary care in State Homes. Currently, the rate is \$31.30.

In addition, the Committee recommends that providers should be able to use per diem payments for other Federal grant matching requirements and use other Federal funding without a per diem offset. VA agrees that many providers seek to leverage or match other federal funds with VA's per diem payments. Also, providers seek to use other Federal funds without an offset on VA's per diem rate. The match limits are determined by OMB Circulars. Under OMB Circular A-122, the GPD program statute would have to specifically authorize the use of VA funds as a match and it does not. Regarding offset of VA's per diem payments, if an organization receives funding for veterans in this program from any other source (including local, State, or federal agency) VA will consider that funding as revenue, and it will be included in the calculation of the per diem rate.

Other Significant Issues:

The following are a series of recommendations that this Committee believes would help VA to improve services to homeless veterans:

Committee Recommendation:

A) Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans among the Homeless. There have been a slow but steady number of veterans who have served in Iraq and Afghanistan who are being identified as being at risk of homelessness. During the past two years, 1049 (OEF/OIF) veterans were seen in homeless outreach programs. Three hundred of these veterans have been in need of and accepted into transitional residential programs. It is unclear if the enhanced current outreach is effectively reaching those in need. The Committee is concerned that without additional efforts homelessness among those recently returning (OEF/OIF) veterans will increase. The Committee understands the mandate established by law to end chronic homelessness and urges pilot projects be established to enhance outreach and enhance service opportunities including contract care.

VA Response:

While chronically homeless veterans are a challenge, VA continues to aggressively work to reach all veterans who have recently been at war. We are carefully monitoring those seen in outreach programs and those who have been seen in VA and community programs. The Committee's suggestions will be considered.

Committee Recommendation:

B) The need and complexity of issues involving women veterans who become homeless are increasing. We recommend future notices of funding availability to target women veteran programs including special needs grant offerings.

VA Response:

Prevention of homelessness for women veterans remains a high priority for VA. Our per diem only and capital grant notice of funding availability targets funding programs specializing in women veterans. To address the special needs of women veterans, in FY 2007 VA doubled funding for women's programs.

Committee Recommendation:

C) Dental care for homeless veterans is a significant problem and barrier to obtaining employment and an impediment to achieving good health. We recommend that the dental care initiative, VHA Directive 2002-080, be continued and expanded to veterans living in housing beyond those living in domiciliary care and grant and per diem programs.

VA Response:

During the past 2 years, there have been more than 3,087 veterans treated using the \$9 million designated for the dental care for homeless veterans receiving residential services at a VA operated domiciliary or at a VA GPD provider in the community. VA will continue to monitor its homeless dental care programs.

Committee Recommendation:

D) A number of years ago VA established an initiative under the Multifamily Transitional Housing Loan Guarantee for homeless veterans. The Committee believes this program has not performed as well as other VA programs in providing transitional housing beds for homeless veterans. We would suggest that VA review this program, seek major modification, or discontinue this effort and seek new authority to create additional housing for those attempting to return to employment.

VA Response:

VA plans to review the Multifamily Housing Transitional Loan Guarantee Program this year, and make a determination if the program should be modified, discontinued or replaced by another program that would better serve homeless veterans and their families.

Committee Recommendation:

E) The Committee is disappointed that the Mental Health Task Force will not be continued. It was formed as a direct result of this Committee's recommendations and was widely reported to have played a major role in the formation of VHA's Mental Health Strategic Plan. The Committee urges the Secretary to closely monitor the implementation of that plan and ask that this Committee be briefed particularly on the aspects that affect homeless veterans.

VA Response:

VA's Office of Mental Health Services agrees that the Mental Health Strategic Plan was a landmark accomplishment and VHA is carefully monitoring

the implementation of this plan. Significant funding has been provided to assure that the plan is fully implemented. The Office of Mental Health Services is available to brief the Committee regularly.

Committee Recommendation:

F) An annual conference of grant and per diem providers should be held to ensure changes in policies and reviews of best practices are shared. A face to face meeting will help ensure a consistency of information.

VA Response:

VA recognizes that the rules, regulations and clinical requirements to operate an effective homeless program are complex and agrees that this effort can be enhanced with improved communications. VA offers a variety of conference calls to providers and we have received some positive feedback. Nonetheless, national or regional conferences could be helpful. We are evaluating the Committee's recommendation and will report to the Committee later this year.

Committee Recommendation:

G) Funding under the Grant and Per Diem Program (GPD) needs to be placed in an account that will allow any unused funds to get rolled forward into the next fiscal year. The current authorized level is too low to meet future needs and needs to be increased.

VA Response:

VA has allocated funding to the GPD program as needed, and has increased the funding each year. VA carefully reviews the funding available to ensure funds are appropriately expended. The GPD program currently has no authority to use funding across fiscal years.

Committee Recommendation:

H) Benefits for homeless veterans are often a life line that both helps lift them out of homelessness and keeps them from returning to homelessness. VBA in partnership with others including state and county officials, veteran service organizations, and service offices develop a comprehensive method to ensure that all veterans in homeless programs be assessed and screened and if appropriate file claims for benefits.

VA Response:

VBA is involved in providing outreach to homeless veterans. Benefits information is disseminated and claims submitted through various channels and venues. VA regional offices work in partnership with local, county and State officials, Veterans Service organizations, and VA medical centers to provide assistance in obtaining benefits to homeless veterans.

Committee Recommendation:

1) Incarceration, like homelessness shows, a failure to appropriately readjust back into civilian life; those incarcerated often become homeless after departing correctional systems. Enhanced information about services for incarcerated veterans and the hiring of VISN Incarcerated Veterans Outreach Specialists to improve transition or discharge planning are among the positive efforts that have been taken we look forward to continue to hear about these efforts. However the pilot with the Department of Labor (The Incarcerated Veteran Transitional Program) seems to be an impressive collaboration. We urge the continuation of that project or creation of similar efforts.

VA Response:

VA has continued to develop appropriate support for incarcerated veterans, including discharge planning for veterans leaving prisons and an incarcerated veterans' resource guide. We are identifying a coordinator in each VA health care network to work closely with incarcerated veterans. Additionally, the Deputy Secretary has established an Incarcerated Veterans Working Group to review current policies and practices.

The Incarcerated Veterans Transition program (IVTP) reports many positive results that we are carefully evaluating. VBA is committed to working with the newly hired VISN Incarcerated Veterans Outreach Specialists and supports the Department of Labor's Incarcerated Veterans Transitional Program (IVTP). Currently, VBA has several regional offices that actively participate in the IVTP program. Plans are underway to add a Web page to VBA's Compensation and Pension Service Intranet Web site, and to issue a VBA Fast Letter that will provide guidance to regional offices in their outreach efforts to assist incarcerated veterans.

VA's Federal Partners

While VA has a number of Federal partners we offer the following observations and suggestions for their consideration.

US Interagency Council on Homelessness (ICH)

ICH, in coordination with the Department of Veterans Affairs, should develop a plan to insure that all current plans and future plans to end homelessness include veterans. The ICH overall effort to end chronic homelessness will only be enhanced if appropriate linkage in city, county and state plans to end homelessness includes linkage to veteran specific services.

Housing and Urban Development (HUD)

HUD has done much to become more sensitive to the needs of homeless veterans and homeless veteran service providers. HUD asked its continuums of care to provide information on the people it serves to be consistent with the identifications VA uses. That has been helpful. We urge VA and HUD to continue to collaborate to insure veterans are able to access HUD programs and to insure veterans in HUD funded programs get full access to VA health care and benefits.

Department of Defense (DoD)

The Defense Department is a critical link between those who enter the ranks of veteran. While much has been done to better inform departing service members regarding their eligibility of services, this Committee remains concerned that many don't get the needed information and many others fail to see the relevance as they re-enter civilian life. We continue to urge DoD and VA to see if more effective efforts, including a risk identification process would not be more effective at reducing the numbers and intensity of those who become homeless.

Department of Labor (DOL)

We are pleased that authorized level of funding for Labor's Homeless Veterans Reintegration Program has been authorized at \$50 million. We are disappointed that this cost effective program receives less than half that amount in it appropriation. We are concerned that veterans may not have adequate access to Labor programs. We believe that programs ensuring veteran access are needed in order to return to competitive employment

Health and Human Services (HHS)

We would ask HHS to identify a list of HHS programs that veterans participate where HHS can provide specific information on the types of services veterans received. Based upon that list we would urge VA and HHS to try to collaborate so that programs that serve veterans identify veterans served.

VA Response:

VA has no response to the Committee recommendations above that are directed to the US Interagency Council on Homelessness, the Department of Housing and Urban Development, the Department of Defense, the Department of Labor, and the Department of Health and Human Services.