

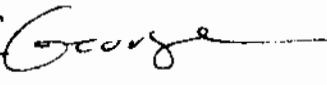


THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON

June 13, 2008

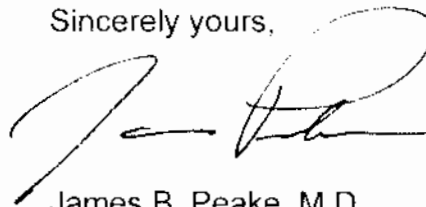
Mr. George P. Basher  
Chairman  
Advisory Committee on Homeless Veterans  
VA Healthcare Network Upstate NY  
113 Holland Avenue, Bldg. 7  
Albany, NY 12208-3410

Dear Mr. Basher

 Thank you for submitting the 2008 report on the work of the Department of Veterans Affairs (VA) Advisory Committee on Homeless Veterans. Your reports keep me apprised of the important issues that affect homeless veterans. VA's responses to the Committee's recommendations are enclosed.

The Committee's recommendations continue to enhance VA's outreach, training programs, and help achieve our common goal—better services to all veterans, especially those who are homeless.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James B. Peake", is written over the typed name.

James B. Peake, M.D.

Enclosure



**2008 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** Former 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.

**Ronald F. Chamrin** Assistant Director Economics Division of the American Legion. Mr. Chamrin was a National Appeals Representative for The American Legion representing veteran's claims appeals to the Board of Veteran's Appeals of the Department of Veterans Affairs. He coordinates programs with directors

and chief operators of the Department of Veterans Affairs, Department of Labor, Department of Education, Department of Defense and Office of Personnel Management. Mr. Charmin served in Operation Iraqi Freedom.

**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.

**Joseph H. Autry III, M.D.** Dr. Autry is a psychiatrist, a member of the federal Senior Executive Service, and the Senior Medical Consultant and Interagency Coordinator for the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. For more than 25 years, Dr. Autry has held key leadership positions in mental health and substance abuse research, policy, and administration and has also maintained a private psychiatric practice. Dr. Autry is a Navy veteran.

**Carlos Martinez** President and CEO, American GI Forum National Veterans Outreach Program, Inc. Mr. Martinez has been associated with the organization since its founding in 1972, and has been its Chief Executive Officer since 1974. Under his leadership the organization has uniquely blended social service needs with sound business practices, and the organization has prospered from a single service office to a multi-corporate structure encompassing seven separate sub-corporations. The organization currently operates several programs serving homeless veterans including the Homeless Veterans Reintegration Program (HVRP), the Social Security Administration's Homeless Outreach Program and Evaluation (HOPE), and the HUD funded Veterans Integration Program. Mr. Martinez is an Air Force 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 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.

**Craig Burnette, PhD** Advisor, Habitat for Humanity, Spartanburg County, South Carolina, Adjunct Professor Spartanburg Community College, Dr. Burnette was a Project Coordinator, Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for Veterans, Atlanta VAMC, and Decatur, Georgia. He was responsible for the overall planning, development and implementation of a national VA/community homeless initiative addressing the special needs of homeless veterans. Dr. Burnette is an Army veteran.

**Paul Moore** Executive Secretary, Texas Veterans Land Board. Mr. Moore is a senior member of the Texas Veterans Land Board and has been instrumental in the 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. Mr. Smith is a retired US Marine Corps Colonel 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. VOAF is a direct service provider and a VA grantee.

**Charles Battaglia** Since July 2006, Mr. Battaglia resumed his position as President of C.B. Grace and Co., a business-to-government consulting firm. Among the companies he represents is Century Housing, a major financial provider of transitional housing for homeless veterans in Southern California. Mr. Battaglia served as a Commissioned Officer in Vietnam and was awarded the Bronze Star with Valor for his combat service.

**Roosevelt Thompson** Systems Account Associate, Council for Early Childhood Professional Recognition, Washington, DC. 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 administers the Homeless Veteran Reintegration Program.

**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.

**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.

**Keith Pedigo** Ex-Officio Veterans Benefits Administration Associate Deputy Under Secretary Policy and Program Management.

**Melissa G. Pardue** Ex-Officio Health and Human Services, Deputy Assistant Secretary for Human Services Policy Office of the Assistant Secretary for Planning and Evaluation (HHS).

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

## **COMMITTEE REPORT IN BRIEF**

This is the sixth report filed by the Advisory Committee on Homeless Veterans. The Department of Veterans Affairs (VA) and this Committee note that many improvements have been made. We positively note that many issues brought to the attention of the Secretary and the Congress have been addressed and significant progress is being achieved.

The mission of this Committee and the Department is to ensure 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. We affirm that the Committee and the Department hold a sacred duty to find appropriate ways to reach out to and assist these veterans in their immediate and long-term efforts to rejoin society.

Our annual report recommendations are based on personal knowledge, experience, and information provided in person and in writing from a host of sources. We will identify issues that we believe should be addressed 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:**

The Department of Veterans Affairs estimates that approximately 154,000 veterans are homeless on any given night. This figure is a decrease of 21 percent from the previous year CHALENG estimate of 195,000. While this number is still too high it is down nearly 40 percent since 2003; a result of the Department's contribution towards meeting President Bush's goal to end chronic homelessness. The majority of these veterans served during the Vietnam War and immediately thereafter.

The Committee recognizes that early intervention reduces homelessness and encourages DOD and VA to develop proactive prevention strategies. The partnerships forged between VA and community based homeless veteran service providers are very successful, and the long-term housing will provide 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 ensure funding for programs that will aid homeless veterans, particularly continuing to enhance access and availability of mental health and substance abuse 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 four highly desired changes that would 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 reach 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 fourteen years, VA has asked local community partners “What are the met and unmet needs of homeless veterans?” During each of those reporting years, permanent housing has appeared at the top every year. VA has partnered with many organizations to create new permanent housing in communities where VA provides case management services for veterans. VA provides case management to more than 1,000 veterans under an initiative begun with Housing and Urban Development (HUD) 16 years ago, commonly referred to as Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH). 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 created where VA would offer supportive service funding to organizations providing direct services to veterans in permanent housing created by sources other than VA. The committee is pleased that VA and HUD have a positive story unfolding with a new joint initiative between the Department of Housing and Urban Development and the Department of Veterans Affairs. This \$75 million initiative in the Housing Choice Voucher Program will combine an estimated 10,000 HUD Section 8 rental assistance vouchers for homeless veterans with VA medical center case management and clinical services to provide long term permanent housing for homeless veterans.

In every review by VA, HUD, the 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



overwhelming remain appropriately housed and in some cases are able to return to employment and are able to achieve a high degree of independence and self-sufficiency.

The Committee is very pleased to hear of this progress to address the permanent housing needs of homeless veterans and wishes to be kept informed of the progress on this initiative. 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 ensure that appropriate numbers of case managers be hired in a timely manner.***

**VA Response:**

VA is pleased to be part of the collaborative initiative with HUD to provide permanent housing with case management services to homeless veterans and their families. Veteran Health Administration (VHA) has already provided funding and sent guidance to the medical centers regarding the timely recruitment and filling of case management positions that will support this program. When the program is fully operational, 290 case managers will provide case management services to approximately 10,000 homeless veterans.

**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 thus aiding many veterans who previously were without health care due to location. The enhancement of 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 1,200 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. Without allowing local housing service providers assurances that some modest amount of 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 the Secretary or the Congress require that VISN and/or facility plans designate a modest portion of surplus or underutilized land and or property be developed or used for meeting needs of homeless veterans or provide a rationale as to why such designation is not feasible.***

**VA Response:**

VA recognizes that long-term housing remains a top unmet need for homeless veterans, but disagrees with the recommendation of the Committee. VA disagrees with the assertion that the Enhanced-Use Lease (EUL) program fails to provide a reasonable opportunity for under utilized land and buildings to be effectively used to provide transitional and permanent housing for veterans services. Under the EUL program, property is made available to homeless veteran service providers upon their request for homeless transitional and permanent housing. VA offers this property to homeless veteran service providers without 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 veteran's transitional or permanent housing that would increase the number of beds available by approximately 330. To VA, 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.

However, VA is determined to accelerate the rate of development of housing for the homeless using the EUL program. VA has just completed a system wide assessment of its facilities to determine land and buildings that may be available for reuse. This comprehensive review has identified opportunities for the possible reuse of some of these assets for housing homeless veterans. VA intends to develop an initiative in FY 2008 to maximize the use of these potential sites for housing the homeless. The ACHV will be asked for input into the development of this initiative as soon as possible.

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

#### **Finding:**

In the late 1980's and early 1990'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 VA OIG reviews. While 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, significant difficulties arose with community-based providers of homeless services.

The Committee has written in every report that the current system is may not provide competitive funding in high cost localities and should be amended.

The Committee believes that the current per diem rate is no longer an appropriate method of system of payment to providers.

The Committee is also concerned that the enhanced accountability that occurred several years ago with the implementation of the OMB circulars seems to have had a negative effect on service providers. Most homeless programs funded by the Federal Government are under the McKinney Vento Homeless Assistance Act. There is a specific waiver under that Act that allows all of Federal funds except those under the specific subtitle of Chapter 42 Code of Federal Regulations to be used without offset. This waiver does not apply to VA GPD which requires offset of any other funds received.

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 grant and per diem payment program be revised through legislative change to allow the Secretary to create a system of payments that pays for appropriate care and services for homeless veterans and homeless veterans with families by approved providers of services in transitional housing and service centers. 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:**

Under the GPD program, VA can offer capital and operating funds (through per diem payments) to eligible entities that assist homeless veterans. The statute authorizing the GPD program does not allow capital funds to be used by a grant recipient toward any portion of the match for other Federal program funds. Per Diem funding is based on cost of care. Therefore, per diem can not cover those services or those portions of services that a recipient offers to veterans but are paid for by another funder.

VA will consider the Committee's request for modification of statutory language to suggest that GPD capital funds be used as match for other federal grants. VA does not believe that per diem funding should be used by recipients to cover those costs paid by another funding source.

### **4. OPERATION ENDURING FREEDOM/OPERATION IRAQI FREEDOM (OEF/OIF) VETERANS POST DEPLOYMENT HEALTH SERVICES**

#### **Finding:**

There continues to be a modest but steady increase in the number of veterans who have served in Iraq and Afghanistan who are being identified as being at risk for homelessness, or actually being homeless. Over the past three fiscal years homeless veteran outreach programs have identified about 1800 OEF/OIF veterans of which 456 have been in need of and accepted into VA operated and community transitional housing programs. 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, prevention, and enhance service opportunities including contract care.

The Committee recommends that increased and better use be made of data from the Post Deployment Health Assessment (PDHA) and the Post Deployment Health Reassessment (PDHRA). Furthermore, the Committee believes

that studies to improve the reliability of responses by service members and an extension of the PDHRA up to 24 months post deployment could dramatically improve homeless prevention.

The Committee believes that wider use of MyHealtheVet by all veterans and inclusion of briefing material on MyHealtheVet in the Transition Assistance Program (TAP) are ways of improving linkages between new veterans and the VA.

Furthermore, the Committee finds that soon to be separated or recently separated service members many times have difficulty transitioning from skilled positions in the military to similar skilled positions in the civilian workforce. The Committee believes that prior to separation enhanced collaboration among VA, Labor and DOD on the issuance of any licensure or certification for skilled positions in the civilian workforce would aid the efforts to get veterans back into appropriate civilian work.

**Committee Recommendations:**

***The Committee recommends the development of a housing voucher program for recently discharged service members that will provide 180 days of housing for those veterans in danger of homelessness. Veterans in danger of homelessness are defined as: Veterans with current eviction notices; veterans who have been unemployed for 3 months or longer and not receiving government subsidies such as unemployment (VA disability excluded). Veterans who are transitioning from incarceration or other institutions into the workforce should also be considered for such homelessness prevention.***

**VA Response:**

VA has no position regarding this proposal. We appreciate the Committee's suggestion and will review.

**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) The need and complexity of issues involving women veterans to include women with children who become homeless are increasing. We recommend the grant and per diem program be revised through legislative change to allow all qualifying entities to participate in the special needs***

**grant process targeting homeless women veterans and homeless women veterans with families, and/or all homeless veterans with families.**

**VA Response:**

In 2004 and 2007 the Grant and Per Diem program offered Special Need Grants to assist those providers that offer services to “special needs” populations. A “special needs” population was identified as homeless women veterans, including homeless women veterans with children. As a result of these grants, eight programs were funded, offering 90 transitional housing beds for women veterans who were homeless or at-risk for homelessness. Additionally, the Grant and Per Diem program has given a funding priority to programs specifically designed to serve homeless women veterans including the FY 2007 and FY 2008 Capital Grant Notice of Funding Availability (NOFA).

Under the Consolidated Appropriations Act of 2008, Public Law 110-161, VA will be coordinating with HUD to offer permanent housing with case management. It is expected that 10,000 permanent housing beds will be provided nationwide under this new HUD/VASH initiative by the end of 2008. A priority group for the program will be women veterans, including women veterans with children.

VHA believes that the HUD/VASH program will be a significant alternative resource for homeless women veteran services as well as an important component to VA’s continuum of homeless care. Prior to revising the GPD Program through legislative proposals, VHA will assess the impact of the HUD/VASH initiative on homeless women veteran populations.

**Committee Recommendation:**

***B) 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 supported housing beyond those living in domiciliary care and grant and per diem programs. The committee also recommends that dental services be a separate medical care line in the budget making the funds currently supporting this effort available for their intended use for case management services.***

**VA Response:**

Title 38 of the United States Code section 2062 establishes authority for the VA to provide limited outpatient dental benefits as described in VHA Directive 2007-039 (which replaces VHA Directive 2002-080). Veterans enrolled in VA health care system who are receiving care in any of the following programs (directly or indirectly) for a period of 60 consecutive days may receive this one-time course of dental treatment:

1. Domiciliary Residential Rehabilitation Program (DRRP)
2. Compensated Work Therapy-Transitional Residence Program
3. Community Residential Care Program
4. Health Care for Homeless Veteran Program
5. Grant and Per Diem Program

Currently, special VA Central Office funding is available through a pilot initiative for the dental treatment of veterans in either the Grant and Per Diem program or the Domiciliary Care for Homeless Veteran program, a subset of the DRRP. However, Directive 2007-039 requires medical facility directors to provide dental treatment to veterans in other programs. They would thus need to pay for this treatment from their general operating funds.

**Committee Recommendation:**

***C) 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 and urges it to be terminated. We believe if tens of thousands of permanent housing units for homeless veterans may be created this pilot program no longer meets the needs as they existed a decade ago and we urge this effort be curtailed in favor of increasing access to permanent housing for those attempting to return to employment.***

**VA Response:**

The Multifamily Transitional Housing Loan Guarantee program was authorized as a pilot program to determine if such a housing model could effectively create new housing. We have reviewed the effectiveness of this approach and will report to the Committee at its next meeting regarding what if any changes may be made.

**Committee Recommendation:**

***D) The Committee applauds the progress VA has made in implementing the Mental Health Task Force recommendations and their development and implementation of the Mental Health Strategic Plan. The Committee encourages VA to continue the implementation and to continue their efforts to expand mental health service availability during evenings and weekends. The Committee remains concerned about the uneven availability and quality of mental health services, especially services for substance use disorders. The Committee also encourages VA to continue and expand collaborative efforts with DOD and the Department of Health and Human Services (HHS) to better serve the needs of veterans and their families. The importance of these collaborative efforts is underscored by the link between even mild traumatic brain injury (TBI) and post traumatic stress***

***disorder (PTSD) and the tremendous burden these illnesses place on veterans and their families. The Committee encourages the use of tele-mental health to assist in case management under the expanded HUD-VASH program.***

**VA Response:**

VA is committed to increasing access to mental health care and substance abuse treatment services. Since the inception of the Mental Health Strategic Plan, VA funded 4236 new mental health positions to improve access and quality of mental health care and substance abuse services. Furthermore, VA continues to build collaborative relationships and community-based access to services through a variety of initiatives including:

- Expansion of mental health services to all Community Based Outpatient Clinics (CBOCs) serving 1000 or more veterans
- OEF/OIF education and outreach programs, including programs for active military soon to be discharged (run collaboratively with DoD)
- The Grant and Per Diem Transitional Housing program
- The Supported Employment Initiative
- The expansion of the HUD/VASH housing program
- Community Homeless Assessment, Local Education and Networking Groups for Veterans (CHALENG)

VA, DoD and HHS are collaborating on a number of mental health priorities including Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD) and veterans returning from Iraq. VA has worked closely with DoD and HHS to improve the delivery and coordination of services through the President's Task Force on Returning Global War on Terror Heroes, the VA continues to fund a number of research programs to explore the best ways to diagnose and treat TBI and PTSD. VA remains acutely aware of the issues related to our newest veterans and remain committed to providing the highest quality of care.

The Office of Mental Health Services will explore the use of tele-mental health case management service delivery with project based Section 8 placements and where veterans live in rural or remote areas. This mode of service delivery may be particularly helpful in working with veterans, public housing authorities, and landlords in remote or rural areas. Additionally, the use of tele-mental health may be used to supplement face to face home visits by case management staff.

**Committee Recommendation:**

***E) 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 the need to provide additional training to providers. However, VA believes that strategic and specific training is a more effective and efficient method to provide information on policy changes and share best practices. The GPD program initiated its first face-to-face provider training in February 2008. Training was developed in a post-award conference format, presenting discussion on the providers' responsibilities and the process associated with the activation of a new grant. The GPD program plans to continue to offer these types of trainings. Additionally, VA will be implementing on-site training for GPD provider staff nationwide regarding various key aspects and issues associated with the provision quality supportive services to homeless veterans in transitional living sites. Finally, the GPD program is hiring two project development specialists that will regionally coordinate the development of new GPD-funded community programs and provide oversight of all projects through the development stage of funding.

**Committee Recommendation:**

***F) Funding under the Grant and Per Diem Program (GPD) needs have increased and need to be placed in an account that will allow any unused funds to get rolled forward into the next fiscal year. The committee recommends that the authorized level of \$200 million be fully funded in order to meet future needs of the grant and per diem program.***

**VA Response:**

VA believes that increases in funding for the GPD program should be deliberate and systematic to provide for the support systems and administration infrastructure that are necessary to manage the program with appropriate levels of oversight and assurances of quality of care. Now that the program has permanent authorization, VA will consider whether the funding ceiling of \$130 million should be eliminated. VA plans to continue to develop the GPD program with a growth plan that will support a reasonable rate of service-increase to maintain high quality programs and enhance the continuum of care for homeless veterans.

On February 15, 2008, the Secretary announced a \$25 million Notice Of Funds Availability (NOFA), the largest NOFA in the history of the program. It is expected that this NOFA will create approximately 1250 additional community-based supported housing beds for homeless veterans. Additionally, the Program announced a 1,000 bed "Per Diem Only" NOFA which is expected to provide operational beds within 90 days after award. Obligations under the GPD program are expected to exceed \$130 million in FY 2008.

**Committee Recommendation:**

***G) 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 should 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:**

Veterans Benefits Administration (VBA) fully supports the ideology that all veterans in homeless programs be assessed and screened for potential entitlement to VA benefits.

VBA homeless veterans outreach coordinators (HVOCs) currently liaison with State, County and Federal officials, service officers and veterans organizations to conduct training, take claims, and to coordinate services to ensure that homeless veterans receive benefits they are due. In an effort to meet the needs of homeless veterans, VBA will refocus and reemphasize its outreach efforts to expand VBA's partnerships with various veterans organizations and other service agencies.

**Committee Recommendation:**

***H) Incarcerated veterans often become homeless after departing correctional institutions. While the committee applauds VA in the hiring of 39 Incarcerated Veterans Outreach Specialists to assist these veterans integration back into society the Committee is concerned about the capacity of the existing program to adequately meet the needs of the approximately 40-50,000 veterans who are expected to leave correctional institutions on a yearly basis. The Committee recommends that an evaluation of the program capacity and effectiveness be conducted and a report submitted to the Secretary with the findings. The Committee also recommends that VA work with DOL to reinstate and expand the Incarcerated Veterans Transition Program (IVTP) demonstration project. Moreover, the Committee recommends that DOL incorporate transitioning incarcerated veterans in all employment and training programs and other DOL programs consistent with legislation that directs their priority in the Employment Training Administration. The Committee recommends that VA work with DOL to emphasize job development as well as job skill training for this population.***

### **VA Response:**

Bureau of Justice Statistics approved estimates of the numbers of veterans being released annually from State and Federal prisons ranges from 29,000 to 56,000. VHA is currently recruiting 18 additional Health Care for Re-entry Veterans (HCRV) staff to expand its capacity to serve reentry veterans. VA is continuously evaluating staff resources in relation to the needs of reentry veterans. VA is committed to evaluating the effectiveness of HCRV outreach in linking veterans to services upon release.

Reinstating and expanding important reentry services provided through IVTP is a matter for DOL response. The recommendation that "DOL incorporate transitioning incarcerated veterans in all employment and training programs..." is a matter for response by DOL. VA's Therapeutic and Supported Employment Services will work with DOL to address the recommendation that "VA work with DOL to emphasize job development...skill training."

### **VA's Federal Partners**

VA has a number of Federal partners and the Committee offers 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 ensure 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 City, County and State plans to end homelessness include appropriate 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 ensure veterans are able to access HUD programs and to ensure 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 for those who enter the ranks of veteran. While much has been done to better inform departing service members regarding their eligibility for 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 additional 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 funding for DOL Homeless Veterans Reintegration Program (HVRP) has been authorized at \$50 million. We recommend that the authorized level be fully funded. Additionally, we recommend that the current 3 year funding cycle for HVRP grantees be extended to a 5 year funding cycle. We are also concerned that veterans may not have adequate access to Labor programs. We recommend that the veteran specific programs be moved to VA for oversight and operation.

***The Committee recommends that VA working with the Department of Defense (DoD) and the Department of Labor (DOL) enhance collaborative efforts to ensure that service members be trained, tested, evaluated and licensed or certified for similar skilled civilian workforce positions.***

### **Health and Human Services (HHS)**

The Committee appreciates the collaborative efforts of HHS to share program material relevant to veterans and their recent survey of HHS programs that serve veterans. However, we significantly note the ongoing need for data on veterans being served in HHS programs. As part of homelessness prevention, the Committee urges HHS to help educate VA providers and veterans about the eligibility of veterans and their families for Medicaid and Medicare funding. The Social Security Administration HOPE demonstration project is an example to expedite benefits for homeless populations. The Committee urges HHS to identify veterans and their families as priority populations in the Community Services Block Grants and Social Services Block Grants which HHS awards to States. Similarly, the Committee urges VA to partner with HHS to develop collaborative funding for veterans and their families to prevent homelessness and to provide early intervention to end homelessness in this population.

### **VA Response:**

The concerns regarding the other Federal departments have been forwarded to the respective ex-officio members. VA will arrange for those departments to respond to the concerns raised at the next full meeting of the Committee.