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ENDING VETERAN HOMELESSNESS

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

ONE HUNDRED FOURTEENTH CONGRESS

FIRST SESSION

JULY 29, 2015

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ENDING VETERAN HOMELESSNESS

WEDNESDAY, JULY 29, 2015

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 2:31 p.m., in room 418, Russell Senate Office Building, Hon. Johnny Isakson, Chairman of the Committee, presiding.

Present: Senators Isakson, Boozman, Heller, Cassidy, Rounds, Tillis, Sullivan, Blumenthal, Murray, Brown, Hirono, and Manchin.

OPENING STATEMENT OF HON. JOHNNY ISAKSON, CHAIRMAN, U.S. SENATOR FROM GEORGIA

Chairman ISAKSON. The Senate Veterans' Affairs Committee will come to order, and we welcome everybody that has come here today.

Ranking Member Blumenthal and I will make opening statements. Any member that wishes to issue a statement may do so at the end of the hearing or may submit one for the record so we can get right to our witnesses, whom we appreciate being here today.

But first, I want to take a moment to make note of Joseph A. Violante, who is here today. Joseph, come on up and stand up here. You are standing, but, I mean, come forward so everybody can see you. Joe is retiring from National Legislative Director of the Disabled American Veterans. He has done an unbelievably great job for a long period of time.

I reminded him in the anteroom a minute ago, my very first hearing when Senator Blumenthal and I took over the leadership of this Committee, you were one of the first people to testify, and we appreciate your work on behalf of veterans. We appreciate the fact that you served our country in combat in Vietnam. We really appreciate the fact that you married a very beautiful woman who is with you today. Where is she? Stand up, dear. [Applause.]

Joe, we thank you for your service and appreciate all you have done for the Marine Corps, all you have done for the United States of America, and all you have done for this Committee. Thank you very much.

Mr. VIOLANTE. Thank you, Mr. Chairman. I appreciate it very much. [Applause.]

Chairman ISAKSON. When I spoke to The American Legion at the beginning of this year, in January, I made five points about the five things I wanted our committee to try to accomplish and work on in terms of the beginning of the new leadership in this Committee. First and foremost was veterans' homelessness and second,

women's issues in the VA. Today, we are here to talk about veterans' homelessness in our country. While it is improving in terms of lessening, it is still a great problem for many, many veterans coming home. We have two distinguished panels who will talk about the issue and I am looking forward to their testimony.

From 2010 to 2014, the number of homeless veterans has decreased by a third. But when that ends up being 49,933 homeless veterans, that is way too many. There are ways in our communities that we can meet the needs of these veterans who are unique in their problems that cause the homelessness in the first place, as we have learned from the Veterans Courts which we have established, which are becoming so successful in helping veterans who have that first-time brush with the law after they come home, to get them back on the straight and narrow.

One of the problems with those who are not on the straight and narrow is the homeless issue, so we are going to talk about that today, and I know Ms. Ho is going to talk today about the city of Houston—I read your testimony—and the city of New Orleans, both of which have substantially and effectively eliminated veteran homelessness.

We will also hear from the Swords to Plowshares organization of San Francisco, CA, that has been one of the Nation's leaders for almost 40 years in providing services to veterans who are on the streets of our cities, and in that case, the city of San Francisco. These stories will help us in setting the priorities we need to set in this Committee to see to it that veterans' homelessness is a footnote in history, not a chapter in everyday's history book.

With that said, I will turn it over to Ranking Member Blumenthal.

STATEMENT OF HON. RICHARD BLUMENTHAL,
RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT

Senator BLUMENTHAL. Thanks, Mr. Chairman, and thank you for having this hearing today.

In the midst of all the focus on health care and delays in delivering health services, we should not lose sight of the importance of homelessness as well as joblessness. The two go together and, in fact, are related to health care. This hearing reflects a recognition of the interconnectedness of the services that we have an obligation to provide to our veterans.

I am very, very pleased and honored that we are joined by Lisa Tepper Bates, who is Executive Director of the Connecticut Coalition to End Homelessness. She will be testifying on the second panel. She has been an extraordinarily steadfast and effective advocate to end veterans' homelessness. In fact, Connecticut has been at the forefront of this effort nationally and I am hopeful that we will have some very exciting and extraordinary results to announce in the near future.

Under her leadership, the Connecticut Coalition has played an integral role in a Statewide collaborative effort uniting different towns, regions, service providers to coordinate the kinds of help and support that we provide to homeless veterans and to maximize the potential of the housing and supportive services Statewide.

With the Connecticut program as a model, I have introduced a measure called the Veterans Housing Stability Act of 2015 with my colleagues, Senators Brown, Sanders, and Hirono. This legislation would require VA to take concrete steps to expand veterans' access to permanent housing. I stress and underscore permanent housing. It is based on evidence-based solutions that have resulted in savings in community health care organizations. They have proven effective in health care interventions and in providing not just temporary roofs over veterans' heads, but permanent housing.

The numbers that Chairman Isakson recited before are a searing indictment of our Nation, the greatest, strongest nation in the history of the world. Veterans comprise an estimated 12 percent of the national adult homeless population overall. One out of ten men and women on the streets today without a roof over their head is a veteran, having served and sacrificed for our Nation. The reason that person is homeless has to do with our failure as a nation to keep faith with those veterans in other areas, like jobs and health care.

So, the effort today is to seek to address that interconnected web of issues that are responsible for those staggering statistics—49,000 veterans who have served in conflicts ranging from Vietnam to Iraq and Afghanistan and find themselves on the streets without the help and support they need.

I want to join the Chairman in recognizing Joe Violante for his extraordinary service, advancing from Staff Counsel at the Court of Veterans Appeals all the way to National Legislative Director at Disabled American Veterans. He has really dedicated his life to public service and to ensuring that all men and women who wear the uniform receive the benefits and services they need and deserve. I want to wish him well, hope that he will stay in touch, and say to his lovely wife, Debbie, thank you for your service to our Nation——

Mrs. VIOLANTE. Thank you.

Senator BLUMENTHAL [continuing]. And you are going to be seeing more of Joe, I think. I do not want to say whether that is a good thing or a bad thing——

[Laughter.]

Senator BLUMENTHAL [continuing]. But I know it is—very seriously, it is a good thing.

Joe, thank you for your friendship as well as your service to so many of us who have worked with you. It has been a real privilege and honor to work with you. Semper Fi and thank you.

Chairman ISAKSON. It is now my privilege to introduce our first panel. First, Ms. Lisa Pape, Executive Director, Homeless Programs, Veterans Health Administration, U.S. Department of Veterans Affairs; accompanied by Dr. Thomas O'Toole, the Acting Director of VA National Center on Homelessness Among Veterans; and Ms. Jennifer Ho, the Senior Advisor to the Secretary of the U.S. Department of Housing and Urban Development.

I would ask both of you to keep your testimony to 5 minutes or less if you can. Then we will take questions from all the members of the panel. We thank you for being here today.

Ms. Pape.

STATEMENT OF LISA PAPE, EXECUTIVE DIRECTOR, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY THOMAS O'TOOLE, M.D., ACTING DIRECTOR, NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Ms. PAPE. Good afternoon, Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee. I appreciate the opportunity to discuss the Department of Veterans Affairs commitment to ending homelessness among veterans.

Today, I am accompanied by Dr. Thomas O'Toole, the Acting Director of VA's National Center on Homelessness Among Veterans.

In 2010, VA made a clear organizational priority to prevent and end veteran homelessness, which is a key objective of the current administration and leaders throughout our Nation. With Congress's continuing support and unprecedented Federal and local partnerships, VA greatly increased access for homeless and at-risk veterans and their families to permanent supported housing, to employment, to benefits, and to a full range of health care, including primary care, specialty care, mental health care, and substance use disorder care.

VA embarked on this priority using a strategy that emphasizes housing first and prioritizes access to permanent supported housing. Housing first means providing access to permanent supported housing with as few barriers and restrictions as possible while also providing wrap-around services to help the most vulnerable veterans sustain housing and achieve stability.

VA's approach emphasizes rescue for veterans who are homeless today, sustainment, support, and treatment for formerly homeless veterans who enter permanent supported housing to ensure that they are able to maintain it, and prevention for veterans at risk for homelessness or rapid connection to permanent housing for those who have fallen into homelessness. Using this approach, VA identified key elements essential for success, which include access to high-quality health care, permanent and sustainable housing, economic opportunities, and other supportive services.

VA recognizes that no effort to end veteran homelessness will be effective without comprehensive services for those with chronic health, mental health, and substance use disorders. Approximately 71 percent of homeless veterans have a mental health diagnosis or an addiction disorder, which, if untreated, can keep them from returning to or sustaining independent living and gainful employment. Many veterans, but particularly those who have battled chronic homelessness, need skillful and repeated attempts to engage them in the care they need.

VA recognizes that no single Federal or State agency or local organization can end homelessness among veterans. We must join hands. Together with our partners, VA has helped over 200,000 veterans move from homelessness to permanent housing since 2009.

My written testimony outlines specific examples of programs and identifies many of VA's Federal, State, and local partners, notably the U.S. Interagency Council on Homelessness and the Department of Housing and Urban Development, who share our vision of ending veteran homelessness.

VA has maintained close working partnerships with Federal partners and with State, local, and tribal governments. Veterans Service Organizations also fill a critical role, as do community and faith-based organizations, nonprofit providers, and the business and philanthropic communities. These partnerships are the linchpin that binds a complex network of multi-level government programs and community-based services together. This creates a foundation of direct support, community by community, tailored to fit the unique needs of each individual community.

VA has made significant progress and we are now closer to our goal of ending veteran homelessness than at any point in our history. Before the priority to end veterans' homelessness began, the percent of homeless veterans was 63 percent higher than the percentage of homeless non-veterans. Today, the percentage of homeless veterans has decreased and is now only 30 percent higher than those of non-veterans.

As VA prepares to mark 5 years of this priority to end veteran homelessness, we look forward to sustaining the essential partnerships that have enabled VA and our partners to significantly reduce veteran homelessness. When veterans become homeless or even at risk, VA and our partners must have the capacity to quickly connect them to the help they need to achieve housing stability.

Sustaining the gains made so far requires continued investments of financial resources. Failure to provide these resources will severely jeopardize our ability to sustain our progress and will put at risk thousands of veterans and their families in the future. We must ensure that we do not allow veteran homelessness to return to previous levels.

Mr. Chairman, this concludes my testimony. Dr. O'Toole and I are prepared to answer any questions the Committee may have. Thank you.

[The prepared statement of Ms. Pape follows:]

PREPARED STATEMENT OF MS. LISA PAPE, EXECUTIVE DIRECTOR, HOMELESS PROGRAMS, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Good afternoon Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee. I appreciate the opportunity to discuss the Department of Veterans Affairs' (VA) commitment to ending homelessness among Veterans. I am accompanied today by Dr. Thomas O'Toole, Acting Director of VA's National Center on Homelessness among Veterans (NCHAV).

In 2010, VA made it a clear organizational priority to prevent and end Veteran homelessness which is a key objective of the current Administration and leaders throughout our Nation. With Congress' continuing support and unprecedented partnerships with Federal and local partners, VA has greatly increased access to permanent housing; a full range of health care including primary care, specialty care and mental health care; employment; and benefits for homeless and at-risk Veterans and their families. We are now focusing on sustaining and continuing the progress VA has made in its efforts to end Veteran homelessness by ensuring that programs and resources essential to ending Veteran homelessness are clearly identified and will continue to be available.

VA embarked on this priority using a comprehensive, evidence-based, and outcome-driven strategy consistent with the first-ever Federal strategic plan to prevent and end homelessness, Opening Doors. This strategy emphasized "Housing First" and prioritized access to permanent housing. Housing First means providing access to permanent housing with as few barriers and restrictions as possible, while simultaneously providing wrap around services to assist individuals in sustaining housing and achieving stability.

VA's approach to ending Veteran homelessness is to emphasize rescue for Veterans who are homeless today; sustainment, support and treatment for formerly homeless Veterans who enter permanent housing to ensure that they are able to maintain it; and prevention for Veterans at risk of homelessness or rapid connection to permanent housing for those who have fallen into homelessness.

Using this approach, VA identified key elements of clinical care and social services that are essential for success. All Veterans must have access to high-quality health care, permanent and sustainable housing, and other supportive services.

Since 2010, VA has broadly expanded the array of services and supports aimed at identifying, interceding with, and rapidly engaging homeless or at-risk Veterans in housing, clinical care, and social services, as well as resources aimed at preventing homelessness. VA has also worked with the U.S. Interagency Council on Homelessness (USICH) and the Department of Housing and Urban Development (HUD) to develop and implement criteria for determining whether communities have ended Veteran homelessness.

HOUSING

Direct connection to permanent housing with appropriate supportive services "wrapped around" the Veteran is the most clinically effective and cost-efficient way to end homelessness. Strong interagency collaboration has resulted in housing programs and policies that have been critical to the advances made so far. They include:

- Housing First in the Community (Housing First)
- Rapid Re-Housing
- Homelessness programs that help Veteran and their families secure permanent housing such as:
  - Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH); providing permanent supportive housing opportunities; and
  - Supportive Services for Veteran Families (SSVF)—providing rapid rehousing interventions and homelessness prevention services.
- The Grant Per Diem (GPD) program that uses a community-based transitional housing model, which includes time-limited comprehensive support services with the goal of rapidly transitioning Veterans to stable permanent housing.
  - 25 GPD programs are beginning to use the "transition in place" (TIP model), which allows Veterans to remain in their units after completing GPD participation. The results so far are promising with 517 operational TIP housing units between them.
- VA's Health Care for Homeless Veterans (HCHV) programs provide access to healthcare, along with same-day access to safe and stable temporary housing for:
  - Homeless Veterans transitioning from street homelessness;
  - Veterans who recently became homeless; and
  - Veterans being discharged from institutions.
- VBA's Home Loan Guaranty program helps to prevent homelessness by assisting Veterans who fall behind on mortgage payments to avoid foreclosure.

SUSTAINABILITY

In addition to stable and affordable housing, economic opportunities are also essential to maintain housing stability. This includes access to employment opportunities to support Veterans' housing needs, improving the quality of their lives, and assisting in their community reintegration efforts. One resource available to Veterans is VA's Homeless Veterans Community Employment Services program. Through this program, each VAMC has been funded to hire a Community Employment Coordinator (CEC) for homeless Veterans. Each CEC serves as a liaison to local community providers of employment and support services, including Department of Labor (DOL) Homeless Veterans' Reintegration Program grantees and private sector employers.

For Veterans who are eligible, access to VA disability compensation and pension benefits, and other benefits, are a key component of financial stability and remaining stably housed over time. Every VA regional office has either a Homeless Veterans Outreach Coordinator or Homeless Veterans Claims Coordinator responsible for case management and expediting the processing of homeless Veterans' claims.

Many Veterans served through SSVF have a disabling condition. Supplemental Security Income/Social Security Disability Insurance's (SSI/SSDI) Outreach, Access, and Recovery (SOAR), is a national project funded by the Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration to increase access to SSI/SSDI benefits. Using the SOAR model, SSVF grantees

can help prevent evictions for disabled Veterans, and connect eligible Veterans to Social Security benefits, which can be a crucial support for housing sustainability. Additionally, VA and its partners USICH, HHS, and the Social Security Administration recently released joint guidance which includes specific strategies for assisting Veterans experiencing homelessness to obtain SSI/SSDI benefits.

SUPPORTIVE SERVICES

The majority of HUD-VASH participants are experiencing chronic homelessness and suffer from serious mental illness, substance use disorders, or chronic medical conditions. VA case managers provide clinical visits to these Veterans to ensure they remain in housing and do not become homeless again. VA recently published regulations that make HCHV services, including Contract Residential Services, available to all homeless Veterans who are enrolled in or eligible for VA health care, regardless of whether they have a serious mental illness, ensuring that VA can immediately engage homeless Veterans and get them off the street.

OUTREACH

Many Veterans, but particularly those who have battled chronic homelessness, need skillful and repeated attempts to engage them in the care they need. A history of incarceration is a powerful predictor and risk factor for homelessness. Therefore, homelessness and criminal justice involvement have a reciprocal relationship. As a result, outreach to justice-involved Veterans is a key part of VA's prevention strategy. VA conducts homeless outreach at shelters and community events, and in courts, local jails, and state and Federal prisons. VA has implemented a clinical reminder to help identify Veterans who are homeless or at risk of homelessness when they present for care at a VA outpatient clinic. VA and USICH have also produced an identification and referral guide to help community-based providers identify Veterans who are homeless or at risk of homelessness.

ACCESS TO HEALTH CARE

VA recognizes that no effort to end Veteran homelessness will be effective without comprehensive services for those with chronic health, mental health, and substance abuse disorders. Approximately 71 percent of homeless Veterans have a mental health diagnosis or an addiction disorder, which, if untreated, can create significant challenges for returning to or sustaining independent living and gainful employment. Therefore, VA provides a continuum of outpatient, residential, and inpatient mental health services across the country.

Since every homeless Veteran is unique, and so are his or her needs, VA offers services that are responsive to the needs of a diverse population. Approximately 10 percent of homeless Veterans served in FY 2014 were women. In addition to linking women Veterans to the wide array of services (some of which are gender-specific), every VA healthcare system has a designated Women's Healthcare Provider * * * Homeless and at-risk Veterans in rural areas often face barriers to services, including a lack of transportation options and limited housing stock. VA is making significant investments in rural communities' ability to combat Veteran homelessness, through the SSVF, HUD-VASH and other homeless programs. VA is also working with HUD's Office of Native American Programs to allocate HUD-VASH vouchers to tribal communities.

PARTNERSHIPS

VA recognizes that no single Federal or state agency or local organization can end homelessness among Veterans. We have maintained close working partnerships with Federal partners, such as HUD, DOL, the Department of Defense, HHS, the Small Business Administration (SBA), the U.S. Interagency Council on Homelessness (USICH), and others, as well as partnerships with state, local, and tribal governments. Veterans Service Organizations also fill a critical role, as do community- and faith-based organizations, non-profit organizations, and the business community. These partnerships are the lynchpin that binds an intricate network of multi-level government programs and services together to create a foundation of direct support community by community tailored to fit the unique needs of each individual community.

VA has made significant progress, and we are now closer to our goal of ending Veteran homelessness than at any point in our history. Since 2010, nearly 230,000 Veterans and their family members have been permanently housed, rapidly re-housed, or prevented from falling into homelessness by HUD's targeted housing vouchers and VA's homelessness programs. As a result of our targeted efforts, we

are closing the gap between homeless Veterans and non-Veterans. Before the priority to end Veteran homelessness began, the percentage of homeless Veterans was 63% higher than the percentage of homeless non-Veterans. The percentage of Veteran homelessness has decreased to be only 30 % higher than for non-Veterans. So, we are beginning to see that ending Veteran homelessness is achievable, as cities including Houston and New Orleans, have announced their achievement of an end to Veteran homelessness. As VA approaches the five year mark of its priority to end Veteran homelessness, we look forward to sustaining the essential partnerships that have enabled VA and our partners to significantly reduce Veteran homelessness. It will be critical to ensure that once communities meet the goal of ending Veteran homelessness, they will be able to sustain it with appropriate systems and resources in place to respond efficiently and effectively.

CONCLUSION

When Veterans become homeless or even at-risk, VA and its community partners must have the capacity to quickly connect them to the help they need to achieve housing stability. Sustaining the gains made so far requires continued investments of financial resources. Failure to provide such resources will severely jeopardize our ability to sustain our progress and will put at risk thousands of Veterans and their families in the future. We must ensure that we do not allow the levels of homelessness among Veterans to return to previous levels.

Mr. Chairman, this concludes my testimony. My colleague and I are prepared to answer any questions you or other Members of the Committee may have.

Chairman ISAKSON. Thank you very much for your testimony.
Ms. Ho.

STATEMENT OF JENNIFER HO, SENIOR ADVISOR TO THE SECRETARY, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Ms. HO. Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee, I am Jennifer Ho, Senior Advisor to HUD Secretary Julian Castro. Thank you for this opportunity to discuss our collaborative work to eliminate veterans' homelessness in America.

When we wrote the first *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, we knew that the timelines we laid out were aggressive. Ending veterans' homelessness across the country by the end of 2015 would be a challenge. We knew that. But, we also knew that in order to achieve real sustainable success, we needed an ambitious and measurable goal.

This goal has been crucial to the success achieved thus far, success that has been achieved in New Orleans and Houston, both of which have announced that every homeless veteran in their city who needs help with housing can get it. New Orleans and Houston prove that although the goal is aggressive, it is reachable.

We are measuring success by the overall reduction in homeless veterans over the last 5 years and the system improvements that have been put into place at the Federal and local level. HUD, the VA, and the U.S. Interagency Council on Homelessness are working more collaboratively than ever before. We meet regularly, share data, use it to drive policy, and we make decisions together.

The most collaborative of these efforts is HUD-VASH, a program that combines housing vouchers from HUD with case management and clinical services provided by the VA to assist vulnerable veterans and those who are experiencing chronic homelessness. Since 2008, over 79,000 HUD-VASH vouchers have been awarded to Public Housing Authorities in each of the 50 States, the District of Co-

lumbia, Puerto Rico, and Guam. About 10,000 of those vouchers were awarded since April.

We are also funding joint technical assistance in communities across the country to eliminate barriers that stand in the way of meeting the goal. Some of those barriers are Federal ones. Sometimes our rules and regulations prove difficult to navigate for communities looking to enact real systems change, and so when a barrier is at the Federal level, we are organized to deal with it much more swiftly.

Some of the barriers to ending homelessness among veterans have not yet been overcome. These barriers stand in the way of communities meeting the goal, and so we must all work together to develop solutions.

Perhaps the biggest of those barriers is access to affordable housing. Once a veteran has a voucher in hand, there is no guarantee that there will be an affordable unit available to him or her, particularly in high-cost housing markets. We need local officials to make it clear that this is a priority. We need more landlords to step up and become partners in the work. We need developers to designate some of their units for homeless veterans. In short, we need more affordable housing.

Another barrier is our inability to serve all veterans experiencing homelessness, regardless of how or whether they receive services from the VA. Some veterans do not qualify for VA benefits. Others choose not to receive treatment from the VA or are too far away from a VA medical center. They all served their country.

We must find a way to house every veteran, regardless, which is why in the President's 2016 budget request we included vouchers for veterans experiencing homelessness, but who are not reached by HUD-VASH. While the Senate mark does not include that specific request, we appreciate how Congress continues to share our strong commitment to this goal. We recognize Congress has provided critical funding in prior years for HUD-VASH. But, if we are truly to end homelessness among veterans, we need to be able to serve every veteran experiencing homelessness, including those who are not reached by VA services and those living in Indian Country. We look forward to working together with this community to better serve all homeless.

Now is the time to end veterans' homelessness once and for all. There is momentum building. Over 700 mayors, governors, and county executives have joined the Mayors' Challenge to End Veterans Homelessness. In January, New Orleans announced that it had ended veterans' homelessness. Last month, Houston, the fourth-largest city in America, announced that it has put a system in place that can house every homeless veteran who needs it.

This does not mean that New Orleans or Houston will never have another veteran that experiences homelessness in their communities. Instead, it means that they have created a systematic response to ensure that homelessness among veterans is rare, brief, and non-recurring. They are serving as models for other communities who are striving to do the same.

We are taking those models, collaborations, and that success ending veteran homelessness and applying it to our broader work end-

ing homelessness for families with children, for young adults, for everyone.

Mr. Chairman, Members of the Committee, I want to thank you again for this opportunity to testify on our work ending veterans' homelessness and I look forward to your questions.

[The prepared statement of Ms. Ho follows:]

PREPARED STATEMENT OF JENNIFER HO, SENIOR ADVISOR ON HOUSING AND SERVICES TO JULIAN CASTRO, SECRETARY, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Good afternoon Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee. Thank you for this opportunity to discuss the progress made by the Department of Housing and Urban Development (HUD), the Department of Veterans Affairs (VA), the U.S. Interagency Council on Homelessness (USICH), and our community partners toward eliminating Veteran homelessness in the United States, along with the challenges that remain.

Ending Veteran homelessness has been a high priority goal for HUD, and the entire Administration, since *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* was launched in June 2010. Thanks to funding from Congress and close collaboration among Federal and local partners, the Nation has made substantial progress in reducing Veteran homelessness and creating sustainable Federal and local systems that quickly respond to homelessness. Our aggressive goal to end Veteran homelessness by the end of 2015 has been the driving force for real, measurable, sustainable progress. From 2010 to 2014, there was an estimated 33 percent drop in the number of Veterans experiencing homelessness on a single night according to HUD's 2014 Point in Time count (from just under 75,000 in 2010 to just under 50,000 in 2014). New Orleans and Houston proved the goal of ending Veteran homelessness is achievable when they announced this year that they effectively eliminated Veteran homelessness.

Such great progress would not have been possible without the investments made by Congress and the authority given to HUD and VA to collaboratively serve many Veterans with Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH). In order to fulfill our commitment to end Veteran homelessness, we must serve all Veterans experiencing homelessness. Thus, we need support from Congress to fill in the gaps in current services and to overcome barriers to serving all Veterans experiencing homelessness.

Specifically, we need the ability to more effectively serve Veterans not currently reached by HUD-VASH. First, we will need the special purpose vouchers requested in the 2016 Budget to serve individuals who served in the Armed Forces but are not currently eligible for VA Medical Services due to time in service or discharge status requirements. There are also Veterans in rural areas that are not close to a VA Medical Center or who are reluctant to use the VA for services for whom special purpose vouchers would be needed. Finally, HUD currently has the authority to pilot HUD-VASH funding on Tribal Lands, but would need the requested special purpose vouchers to expand voucher assistance in these areas. With more than 700 mayors, Governors, and local officials signed on to the First Lady's Mayor's Challenge to End Veteran Homelessness, the level of local commitment to end Veteran homelessness has never been greater. Now is the time to capitalize on this momentum by expanding our reach to include all homeless Veterans, helping communities problem-solve around challenging housing markets that have very few affordable housing units, and applying lessons learned from the progress on Veteran homelessness to all populations experiencing homelessness.

HUD-VASH

Both VA and HUD administer programs that serve Veterans experiencing a range of housing issues, from the risk of losing housing to chronic homelessness over years—or even decades. HUD, VA, and USICH created an interagency committee called *Solving Veteran Homelessness as One* (SVHO) to combat a problem that cannot be solved by one agency alone. SVHO has dedicated staff members who meet frequently to align our programs, assess progress, and identify and resolve potential barriers to success. The greatest source of collaboration between HUD and VA is HUD-VASH, an essential resource for ending Veteran homelessness.

The collaboration between HUD, VA, and USICH on the HUD-VASH program is unprecedented and reaches from the senior leadership at each Agency to national program staff to local offices on the ground. However, HUD-VASH is only as suc-

cessful as the local partnerships between the VA medical centers (VAMC), Public Housing Authorities (PHA), and Continuums of Care (CoC). While these local partnerships often require a new and challenging way of doing business, many communities have fostered thriving relationships between their VAMCs and PHAs and closely collaborate with local CoCs. HUD and/or VA staff is available when communities request or need help to resolve policy issues or identify solutions regarding procedures or practices that could be improved.

HUD-VASH provides long-term assistance to the most vulnerable Veterans experiencing homelessness by combining HUD's Housing Choice Voucher (HCV) rental assistance with VA's intensive case management and clinical services. To date, funding for over 79,000 vouchers have been awarded, and over 90,000 lease-ups have occurred through turnover. We are currently housing over 57,300 Veteran families through HUD-VASH and about 4,700 vouchers have been issued but are not yet under lease, which means a Veteran is searching for a unit. In some areas where the rental market has a low vacancy rate and rents are high, Veterans are having difficulty identifying housing options. We are working together with the VA and USICH to identify and implement strategies to assist with landlord engagement and to encourage development of more affordable housing in these areas.

To maximize the impact HUD-VASH resources have on reducing Veteran homelessness, HUD and VA target HUD-VASH vouchers to the most vulnerable Veterans. Thus, HUD and VA established a performance target to use 65 percent of HUD-VASH vouchers for Veterans experiencing chronic homelessness.[1] HUD and VA use data on the number of Veterans experiencing homelessness in communities and data on the performance of PHAs and VAMCs to distribute vouchers to areas that have the greatest need and the ability to effectively administer new vouchers. While this 65 percent performance target remains intact, HUD and VA recognize that there are communities that have successfully housed 100 percent of those Veterans experiencing chronic homelessness. For those communities, HUD and VA will consider providing an exception to this performance target on a case-by-base basis to allow them greater flexibility to serve other vulnerable Veterans in their community.

HUD-VASH is critically important for Veterans experiencing chronic homelessness who typically require long-term housing assistance paired with supportive services, particularly since they tend to have high rates of mental health and substance abuse problems that may be exacerbated by physical illness, injury or trauma. Since HUD-VASH's combination of HUD housing assistance and VA supportive services can support Veterans for as long as needed, this type of supportive housing enables Veterans to live as independently as possible in a place of their own. Research has repeatedly demonstrated that this permanent supportive housing not only ends homelessness for people who would otherwise live for years on our streets and in shelters, but also saves taxpayer money by interrupting the costly cycle through shelters, emergency rooms, hospitals, detox centers, and jails.

We appreciate how Congress continues to share our strong commitment to HUD-VASH. We recognize how Congress has continually provided critical funding in prior years for HUD-VASH vouchers that has enabled us to have sufficient resources to achieve our goal. But we need to make sure that assistance is available for all Veterans who need it—including those not currently reached by the HUD-VASH program, Veterans living in tribal communities, and Veterans, regardless of discharge status.

IMPLEMENTING STRATEGIES THAT WORK

This year, New Orleans and Houston announced that they effectively eliminated Veteran homelessness, demonstrating that this goal is achievable when communities have adequate resources, strong local leadership, and implement the strategies that we know work. These strategies include using coordinated entry systems that ensure there is no wrong door for Veterans seeking help; proactive and coordinated outreach efforts to locate all Veterans in need of assistance; sharing data across systems to ensure no Veteran falls through the cracks; implementing community-wide *Housing First* practices; and collaborating with the Department of Labor's American Job Centers and their Homeless Veterans' Reintegration Program grantees, local Workforce Development Boards, and other stakeholders so Veterans can be quickly connected to jobs.

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[1] Veterans experiencing chronic homelessness live with a disabling condition and have been continuously homeless for at least one year or experienced at least four occasions of homelessness in the last three years.

The significant announcements in New Orleans and Houston that they effectively ended Veteran homelessness means that those communities have created responsive systems that will ensure that when a Veteran does become homeless, it will be rare, brief, and non-recurring. A *Housing First* approach is a key component to ensuring homelessness is brief and non-recurring. This evidenced-based model provides *immediate* access to permanent supportive housing from the streets or shelters without requirements on service participation. The *Housing First* model has been identified as the most successful approach for people who have been experiencing homelessness for years and have complex disabilities.

While *Housing First* makes intensive services available, it does not require residents to undergo psychiatric treatment or have maintained a period of sobriety to obtain housing, which makes housing more accessible for Veterans experiencing chronic homelessness. Vulnerable Veterans can more easily engage in services and address chronic health conditions, including substance use disorders, once they are housed and no longer burdened with the chaos and uncertainty of homelessness. HUD and VA are both committed to following a *Housing First* approach in HUD-VASH. In support of the *Housing First* model, VA issued guidance to VAMC case managers to not require Veterans to demonstrate sobriety or receive treatment for underlying addiction or mental health issues as a precondition for receiving housing assistance. To help target the most vulnerable Veterans, HUD eliminated all criminal history screening requirements for HUD-VASH vouchers except for the lifetime ban on sex offenders.

HELPING COMMUNITIES MEET THE GOAL OF ENDING VETERAN HOMELESSNESS

Since the ability of any community to meet the goal of ending Veteran homelessness depends on the strength of each community's leadership and successful implementation of proven strategies, HUD and its Federal partners are committed to working with communities to help them get there. Because of the critical role that HUD-VASH plays in the efforts to end Veteran homelessness, a significant amount of technical assistance and training has been committed to improving the performance of HUD-VASH.

In addition to the many national and local-level trainings delivered by HUD and VA staff, both HUD and VA support local partners on the ground. These initiatives, led by Community Solutions, have included Boot Camps, the 25 Cities Initiative, and *Zero: 2016*. Through these efforts, many communities have achieved large gains in short periods of time by: getting all key partners to the table and strengthening local coordination; accelerating HUD-VASH housing placements; improving targeting of HUD-VASH vouchers to the most vulnerable Veterans experiencing homelessness; implementing transparent data and performance management strategies; and developing specific targets for the number of Veterans to house each month.

These efforts dovetail nicely with other large-scale initiatives that are helping communities end homelessness, including the *Mayor's Challenge to End Homelessness* championed by First Lady Michelle Obama. This summer, HUD launched Vets@Home, a technical assistance initiative aimed at helping communities cross the finish line. Vets@Home is intended to both provide support to communities that have not received technical assistance through other initiatives and to supplement existing efforts. Vets@Home will target assistance to where additional support is needed, and tailor the assistance to each community's needs.

CHALLENGES WE FACE IN ENDING VETERAN HOMELESSNESS

Despite the unprecedented progress achieved in reducing Veteran homelessness, communities still face significant barriers. While HUD-VASH makes housing affordable for Veterans experiencing homelessness, many HUD-VASH recipients still face a limited supply of affordable housing, particularly in high-cost markets. Once a Veteran has a housing voucher in hand, there is no guarantee that there will be enough affordable housing available in his or her community. While we can help communities better engage private landlords and incentivize landlords to prioritize housing Veterans experiencing homelessness, addressing the shortage of affordable housing requires commitment from local governments and housing developers to prioritize affordable housing for this population. The Administration is working with local actors in areas where this problem is most acute to help incentivize the availability of affordable housing for Veterans experiencing homelessness.

We also must continue providing communities with guidance about the role of transitional housing in efforts to address Veteran homelessness. While transitional housing may be needed to address the specific service needs of a Veteran before moving to permanent housing, some models of transitional housing can lead to longer periods of homelessness for a Veteran. Much of the country's transitional

housing imposes high barriers to entry, which makes it harder for high-need Veterans to access transitional housing because it prioritizes therapeutic goals such as achieving sobriety over permanent housing. For this reason, HUD, VA, and USICH must continue efforts to transform existing transitional housing models so that Veterans can access permanent housing as quickly as possible.

Another barrier is our inability to serve all Veterans experiencing homelessness regardless of whether they receive other benefits from VA or whether they live on Tribal lands.

We are excited that Congress authorized a Tribal HUD-VASH demonstration project for Fiscal Year 2015. This demonstration, for the first time, gives veterans living on Tribal lands access to targeted housing assistance and case management. In Fiscal Year 2016 and beyond, we hope to continue to be able serve Veterans experiencing homelessness who live on Tribal lands, because our obligation is to all Veterans, including those who live on Tribal lands.

Similarly, some Veterans do not qualify for VA benefits, while others choose not to receive treatment from VA, and we must serve them all. While HUD encourages CoCs to prioritize serving Veterans who do not access VA services, CoCs lack the resources to meet the needs of all those Veterans. That is why the President's Fiscal Year 2016 budget request included $177.5 million for 22,500 vouchers for homeless families, as well as Veterans who are not currently reached by HUD-VASH—as well as an increase of $265 million for new permanent supportive housing for people experiencing chronic homelessness that could prioritize Veterans who do not receive VA assistance. Many individuals cannot access VA services because they received a less than honorable discharge. Therefore, we urge Congress to support the President's Fiscal Year 2016 budget request for these resources.

CONCLUSION

Mr. Chairman and Members of the Committee, I hope this discussion has helped inform your understanding of the progress we have made toward ending Veteran homelessness, and what is needed to achieve our goal of ending Veteran homelessness and all homelessness in the United States. Thank you for this opportunity and I look forward to answering any questions you may have.

Chairman ISAKSON. Well, thanks to all of you, and I will begin the questioning by asking you this question, Ms. Ho. Would you describe for the Committee and the people in the Committee room what a HUD-VASH voucher is worth.

Ms. HO. The average cost of the voucher?

Chairman ISAKSON. Right.

Ms. HO. Let me just check with Molly for a second. It is about $8,000 a year of housing assistance. So, it works like a regular housing choice voucher——

Chairman ISAKSON. OK.

Ms. HO [continuing]. Where you get—you pay 30 percent of your income, and then it pays the difference up to the rent limit.

Chairman ISAKSON. So, $8,000 a year would be roughly $650 a month, is that right? Am I counting right?

Ms. HO. Your math is much quicker than mine, sir.

Chairman ISAKSON. It is close. It is probably not right, but it is close. [Laughter.]

Thank you for being respectful of my old age. [Laughter.]

But, $650 a month will not provide much housing in most of America's major cities.

Ms. HO. Sir, this is the average subsidy value of a HUD-VASH voucher, but the amount of assistance that is paid from community to community varies——

Chairman ISAKSON. Right.

Ms. HO [continuing]. Based on something that we call the fair market rent, which is a locally determined figure. A fair market rent in Montana would be different than a fair market rent in Washington, D.C.

Chairman ISAKSON. Is that voucher sent to the property owner, who then offers it to veterans who might be a potential tenant in the house, or is it sent to veterans, or is it redeemable by a veteran when they find a house they want to rent?

Ms. HO. Thank you for that question, sir, on how it works. The Public Housing Authority actually has the HUD-VASH voucher——

Chairman ISAKSON. Got you.

Ms. HO [continuing]. So, when the contract is executed between the veteran and the landlord, the payment of the rent subsidy is made from the Public Housing Agency to the landlord directly. Then the veteran would pay 30 percent of their income. That is all calculated by the Housing Authority.

Chairman ISAKSON. Did not some cities offer some abandoned housing from the housing crisis of 2008–2012 and convert it into housing for the homeless?

Ms. HO. Sir, that is an excellent question, but I do not have details on that to report. I could check back with others at HUD and get back to you.

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. JOHNNY ISAKSON TO JENNIFER HO, SENIOR ADVISOR TO THE SECRETARY, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Response. The Neighborhood Stabilization Program (NSP) was established for the purpose of providing emergency assistance to stabilize communities with high rates of abandoned and foreclosed homes, and to assist households whose annual incomes are up to 120 percent of the area median income (AMI). NSP funds may be used for activities which include, but are not limited to:

- Establish financing mechanisms for purchase and redevelopment of foreclosed homes and residential properties;
- Purchase and rehabilitate homes and residential properties abandoned or foreclosed;
- Establish land banks for foreclosed homes;
- Demolish blighted structures;
- Redevelop demolished or vacant properties

If any properties were used to house homeless individuals it most likely occurred as purchase and rehabilitate homes and residential properties abandoned or foreclosed. This may well have happened but I am not aware of specific examples.

Chairman ISAKSON. Thank you very much.

Ms. Pape, I really appreciate your focus on that 71 percent that are either drug-related or mental health-related. In your written testimony, you say, "Therefore, VA provides a continuum of outpatient residential and inpatient mental health services across the country to address that problem." What is that continuum, and what are those services? Are the services available at the VA hospitals and through the community contract providers, or what?

Ms. PAPE. You know the answer, sir. That is exactly right. We are able to provide both inpatient residential care, called domiciliary care, which many of you probably know, rehabilitation, where a veteran can live up to usually 6 months, usually less, about 4 months, and get the rehab they need that focuses on substance abuse, PTSD treatment, any mental health treatment, as well as for communities that do not have domiciliaries, there is residential contract care that we also contract for care so that veterans can get what they need.

I will mention there is a huge continuum of mental health care, inpatient and outpatient, Vet Centers that our veterans can get

connected to, and, of course, any community agency that joins hands with VA to do mental health or substance abuse services.

Chairman ISAKSON. I have been told by advocates for the homeless that homeless veterans are far different than the typical homeless person. In fact, they told me if you are going to find a veteran in need of a house, you do not look to a wandering street. You go to a public library or other public facility during the day and they will be there until it closes at night because they do not want to let anybody know they are homeless or look that way. Do we do a good job in our mental health centers of identifying people who might be homeless and getting them services and getting them help?

Ms. PAPE. That is an excellent question. Thank you. Our veterans are proud, as you know, and not every veteran wants to step up and say they are homeless because it is so shame-based. We have instituted a screener both—that is inpatient for us so that if veterans come to the hospital, there is no wrong door. We do not ask them, are you homeless. We ask them, are you having difficulty paying your rent, are you sleeping on someone else's couch, so that we can start to identify if they are at risk; are you in jeopardy of losing your job, so we can identify that. It is really about a no wrong door approach. We also work with our community partners to ask those same kind of questions so that we can start looking at the preventative nature of homeless veterans.

Chairman ISAKSON. Thank you very much to all of you.

Ranking Member Blumenthal.

Senator BLUMENTHAL. Thank you.

Let me ask you, Ms. Pape, would it be helpful for you to have a program that increases housing stability and retention by providing grants to community organizations for after-care of formerly homeless veterans?

Ms. PAPE. We know in order for us to really end homelessness and sustain homelessness, we need to have the capacity across the country, community by community, to end veterans' homelessness. We are always pleased to hear when folks want to step up and provide permanent supported housing or additional services that can address the issues of our homeless veterans.

Senator BLUMENTHAL. Folks in the community. So, that would be a welcome program for you. That is one of the provisions of the——

Ms. PAPE. Absolutely.

Senator BLUMENTHAL.[continuing]. Veterans Housing Stability Act of 2015 that I introduced today. Modifying the VA program so that you could use homes from VBA's foreclosure inventory, that is to say the homes that are foreclosed, so that nonprofit agencies could better use them to end homelessness and provide roofs over heads and even permanent housing. That would be welcome, would it not?

Ms. PAPE. I would need to take the details back and have our offices work together. That would be under the Veterans Benefits. But, again, permanent housing for any homeless veteran is a welcomed addition to our entire continuum.

Senator BLUMENTHAL. So, in theory, you would welcome it, and you want to see the details——

Ms. PAPE. Yes, sir.

Senator BLUMENTHAL [continuing]. And I welcome your support.

Ms. PAPE. Yes, sir.

Senator BLUMENTHAL. In terms of the super-utilizers—let us use that word to refer to health care clients who need more intensive case management intervention—would it be helpful to you to have a program that targeted them among the homeless?

Dr. O'TOOLE. Senator, if I can answer that. This is a huge issue and it speaks to the larger process of once we get them housed, obviously, their care needs to continue, and if we want to keep them housed, we have to be providing the up-front care. Homeless veterans, on average, are at least twice, if not more, complex in their care needs than the general veteran population.

We have actually instituted a program within the VA using the homeless registry to actually proactively identify who those veterans are that are at highest risk for being a super-utilizer, or most expensive and utilizing the most—highest levels of care, with reports that go out to the field on a monthly basis of who those veterans are to field assistance to support them while they help. We have been able to demonstrate about a $6.3 million reduction in acute care use with that group as a part of this initiative.

Much more needs to be done. We would be very, I think, happy to see any additional support in further developing this hot spot, or not only for acute care use, but also for risk for losing their housing and other predictive analytics and algorithms that we can apply to providing more efficient and effective care.

Senator BLUMENTHAL. Well, I welcome your support and look forward to working with you on that provision, as well.

One more among the provisions in this bill, not by any means exhaustive, the definition of a homeless veteran—why not conform the definition of homelessness for veterans to the definition of homelessness for the Department of Housing and Urban Development so as to include a veteran or veteran's family who are fleeing domestic or dating violence, sexual assault, stalking, or other dangerous and even life-threatening conditions in their current housing situation? Would you favor that kind of change in the statute?

Ms. PAPE. Again, we would want to take those details back, have discussions with our partners. We would be happy to work with your office on drilling down on the details of what that would mean. But, absolutely.

Senator BLUMENTHAL. Well, I hope that you can commit to work with us on this matter, because I think not only decrying and describing the problem, but doing something about it is really what is necessary. Thank you very much, and thank you, Ms. Ho, as well.

Thank you, Mr. Chairman.

Chairman ISAKSON. Senator Tillis, followed by Senator Manchin.

HON. THOM TILLIS, U.S. SENATOR FROM NORTH CAROLINA

Senator TILLIS. Thank you, Mr. Chair, and thank you all for what you do.

The one question I have, and it may be one that each of you may have a comment on, in North Carolina, I was Speaker down there before I came up here in January, and we did a lot of work at the State level on homelessness. We got a CDBG, or community devel-

opment block grant, to actually start taking a facility, a health facility, and converting it to a 150-bed homeless vets transitional facility. It was a bit of a pain to get through, though. It was one of these obvious great uses for the resources. We had a willing State agency. It took us about a year and a half, almost 2 years to get to the point to where we are finally at implementing it and should go online fairly quickly.

What more do we need to do for communities that are forward thinking, they want to help, VSOs, what more do we need to do to remove the barriers that would have caused that process to take so long?

Ms. HO. I would be happy to take that. Senator Tillis, thank you for that insightful question. We were at a conference with 1,800 homeless advocates and service providers and one of the things that is just so clear to me, this work is not for the faint of heart, and the bureaucracy of doing the right thing is incredibly hard. Oftentimes, when you are creating more supportive housing options, you are trying to figure out how to weave together 13 different funding streams and tax credits, and they all work on their own cycles.

It is one of the reasons that we think that the HOME Program is so important for the creation of more affordable housing and supportive housing. As you know, in the Senate markup right now, there is a 93 percent cut to the HOME Program, and it is the best engine that we have to create more affordable housing, and it is an incredibly flexible funding tool that local communities control so that they can use it to gap fill when they are trying to put together the financing for supportive housing or for affordable housing.

What we hear from communities all the time is that the local control and the flexibility associated with the HOME Program, as well as the fact that it is specifically dedicated to the creation of more affordable housing opportunities, that that is a really important tool to have.

Senator TILLIS. Something I would like to see from you, which I was going to ask the other panelists, too, is if you could go back and identify things that we should rethink that could be constraints that we placed on you or that you may have placed on yourself or the interaction with other agencies that we need to look at modernizing and streamlining so that we can get a faster rate of solutions to the homelessness problem; and, I, for one, would like to help.

I would also like to spend some time talking more about the best practices that are out there. You know, I, for one—Senator Sullivan is from a very large State with a very large dispersed rural population. I am in a State that is 50 percent urban, 50 percent rural. We need different solutions to those challenges, and I am very interested in hearing about a kind of national plan and prioritization, if any of you would like to speak on that.

Dr. O'TOOLE. Thank you, Senator. I think this is an issue, as well, that we have been struggling with. I would say that if we were to look forward 5 years from now in terms of what are the population groups and what are the dynamics that we need to be prepared for, there are four population—sub-populations of vet-

erans at risk for becoming homeless or who are homeless that we really need to be concentrating our efforts to.

Homeless women, because of the increasing ranks of active duty who are going to be separated from service. Those men and women who served in Iraq and Afghanistan, part of the OEF/OIF era and their return and separation from service and the risks that they have. We have an increasingly aging and frail population of homeless and formerly homeless who have had an accelerated aging process and accelerated needs and complexity of needs. We also have those veterans that cycle through.

When we start laying into that dynamic, urban homelessness is very different than rural homelessness and we have to have that consideration and understanding and appreciation, as well. We also need to be looking at our programs, really not as stand-alone, but representing a continuum that can be flexible and responsive to where the veteran is and what those needs are.

This is a process that we have been engaging in and, I think, would welcome a very active role and engagement with you and others in really trying to map out that strategic thinking over the next 5 years.

Senator TILLIS. Thank you.

Thank you, Mr. Chair.

Chairman ISAKSON. Thank you, Senator Tillis.

Senator Manchin.

HON. JOE MANCHIN, U.S. SENATOR FROM WEST VIRGINIA

Senator MANCHIN. Thank you, Mr. Chairman, and thank all of you for your service and doing the Lord's work, really, trying to help our veterans.

But, let me just say that in my State of West Virginia, drug abuse is the number 1 killer. It is prescription drug abuse. When I first came to the Senate—I happened to be privileged enough to be Governor of my State, and I did not realize the amount of unemployment in our veterans' ranks, drug abuse, and homelessness. I do not know which one follows which. Do you all have a percentage breakdown of addiction versus mental impairment? Which is the most?

Dr. O'TOOLE. A lot depends, of course, on how you want to define it, but most statistics in this area are putting the rate of addiction among homeless veterans at a 64 to 65 percent range. The percentage of homeless veterans who have a mental illness typically runs about a 45 percent range. Those with two or more conditions, or those who would have what is considered a serious persistent mental illness of a higher degree of severity. It runs about 35 percent; and, chronic disease is about 65 percent.

Senator MANCHIN. How often do you all communicate with the Department of Defense? Basically seeing what you are seeing after they have given their service to our country and you are seeing the effects of that service that was commitment. Are they asking you all, what are you getting on this end and what we are putting out on this end?

Ms. PAPE. We do work with the Department of Defense and especially during the transition from servicemember to veteran. Folks know these statistics to make that transition better so that we can

intervene sooner and help prevent some of the deep-seated issues that may often result as from being a servicemember. But, some of this addiction and mental illness is just how people are hard-wired, too. It is not always because they served in the military.

Senator MANCHIN. Well, I agree. The thing that we are fighting is drug addiction here on the private sector, and there is not a single person sitting in this room who does not know somebody in their immediate family or extended family that has not been affected by legal or illegal drugs. It is of epidemic proportion. None of us here have escaped it.

With that being said, we in the Department of Defense or in the military are trying to hound it on this side, because we are looking at, first of all, how it is being dispensed, the abuses that go on, how they are getting it. In the military, it seems to be like candy. I mean, we are just giving it for every reason in the world. I mean, they have problems here, problems there. We have anxiety. Before you know it, we have got them hooked before we get them out of the service. Then, we wonder why the high unemployment rate. They cannot pass a drug test.

Ms. PAPE. Right.

Senator MANCHIN. They cannot pass a drug test. I mean, you look down into it—the homelessness among addicts, like you said is 65 percent probably. So, the military is supporting it. I am saying, if they are speaking to you all and talking to you all, you have got to tell them what I am getting. When they have given the service to our country and you are finished with their service, or they are finished, let me tell you the product I have got to work with. I think all of us have to be extremely concerned about this. It is just unbelievable.

I talk to some of these veterans. They cannot transition back in because of their addiction. They cannot hold a job. They cannot get retrained. You can spend all the money you want and if you give them a home, they cannot keep the home unless you can keep them clean. You have seen that.

Ms. PAPE. And employment. It is important to have a way to sustain——

Senator MANCHIN. Well, they need a job. We kept saying that we are trying to reconnect the dots before they leave.

Ms. PAPE. Yes.

Senator MANCHIN. I appreciate the work you are doing. It is such a mammoth problem that we have. But, if we cannot control it in the military—and, if the VA, Medicaid, and Medicare would not be dispensing opiates like M&Ms and we would go, basically, opiates should not be dispensed unless other alternative pain relievers have been tried—have you all talked about that at all. Doctor?

Ms. PAPE. I will let Dr. O'Toole answer that.

Senator MANCHIN. I am sorry.

Dr. O'TOOLE. No, as a primary care provider who will be seeing patients in a couple of days in my clinic, this is a huge issue, and, Senator, I have to just echo everything you are saying and that it also speaks to a larger issue of how we manage pain and how we address pain issues in a way that, obviously, does not keep people suffering, but is effective in this.

Just to echo and to reinforce your point, the number 1 reason for losing a HUD-VASH voucher from an event-based process is having a substance abuse-related hospital admission.

Senator MANCHIN. But, Doctor, dispensing—and I will finish because my time is up—but dispensing, I cannot believe the culture that we have today. When I was growing up, you got an aspirin or something and that was it. We all had pain, I guess, to a certain extent. We just did not get this kind of relief.

I had a person—my communications director had gone and had a wisdom tooth pulled. Ninety oxycontin for a wisdom tooth. Now, you tell me somebody should not be put in jail for that. This is where we have got to crack down, Doctor. So, I just hope that you all would push back, and we could do it in the military.

Dr. O'TOOLE. I could not agree more.

Senator MANCHIN. Thank you, sir.

Chairman ISAKSON. Let me amplify on that for 1 second. You know, a lot of these homeless veterans with mental health problems that are coming to you for services are also getting VA services for their health. Senator Manchin is probably right on target that they have got some prescriptions being provided by the VA that are contributing to their homelessness. There ought to be some vertical reporting back and forth to try and get that pharmacist or that VA physician or that VA CBOC that serves that veteran the information that he is now homeless and on the streets and the biggest contributor is drugs, which they are the biggest provider of those drugs.

Dr. O'TOOLE. Absolutely, sir. One of the things we have developed within the VA is actually a homeless-specific primary care model that does integrate and coordinate care between the housing and the veteran's ongoing care needs. I think that the Senator's point and your point about how essential it is to manage medication use effectively and judiciously so that we are not making the problem worse is absolutely spot on and it is an issue. It is an issue that is not limited to the VA, as we all know, but it is one that, obviously, this population is incredibly vulnerable to. And, we do try to work on it. We do actively address this issue within the clinical context that we have. VA has launched several initiatives to really try to curb and redirect away from opiate use to more prudent pain management approaches, and it is an ongoing battle for all of us.

Chairman ISAKSON. Thank you.

Senator Boozman.

HON. JOHN BOOZMAN, U.S. SENATOR FROM ARKANSAS

Senator BOOZMAN. Thank you, Mr. Chairman, and thank you so much for having this very, very important hearing, and I do appreciate all of your efforts.

Ms. PAPE AND MS. Ho, as the law currently stands, veterans who receive a housing voucher through the Housing and Urban Development-Veterans Affairs Supportive Housing, HUD-VASH, Program are not considered to be homeless because, technically, they have housing and, thus, they are ineligible to participate in the Homeless Veterans Reintegration Program, HVRP, which I under-

stand is a Department of Labor program, but it falls within Title 38 and is, therefore, within the jurisdiction of this Committee.

Senator Tester and I have introduced legislation, S. 425, which reauthorizes HVRP for an additional 5 years and also clarifies that veterans who participate in the HUD-VASH Program can still participate in HVRP. It is my firm belief that the two programs are very complementary. It is difficult for a veteran to focus on learning the skills needed to find and maintain employment if they are homeless, and providing housing without teaching job skills only perpetuates the cycle of homelessness.

I guess my question is, do VA and HUD support changing the law to allow veterans participating in HUD-VASH to also participate in HVRP?

Ms. HO. Thank you, Senator, for that question. It is a great question. The way that the different eligibility criteria between programs works is oftentimes counterproductive to what we are trying to accomplish in the long run. I would defer to my colleagues at the Department of Labor on the nuances of the eligibility, but absolutely, the ability to get employment assistance to veterans who become housed is critical, both in terms of their long-term self-sufficiency, but also just their recovery and well-being. So, anything that we can do to enhance employment services for veterans once they are housed would be terrific and HUD would be more than happy to work with you and our colleagues at the VA and the Department of Labor on the details of that.

Senator BOOZMAN. Ms. Pape.

Ms. PAPE. I would absolutely concur with what Ms. Ho is saying, and know that targeted programs for homeless veterans in employment is very necessary, because, remember, our veterans' average age is about 53 years and they have spent several years on the streets. They are not used to getting up and going to a job. Anything that can target homeless for employment is a good thing for all of us.

Senator BOOZMAN. Yes, it is really kind of crazy. I mean, it is a catch–22 situation. I mean, you provide them a benefit where they are in housing for a period of time, and yet they do not have any benefits to get the skills that they need so that they can actually maintain their own housing. We really would appreciate working with you guys.

Ms. Pape, there was a VA OIG report issued in December 2014 about the National Call Center for Homeless Veterans. Let me give you some of the highlights. In fiscal year 2013, 79,500 homeless veterans contacted the call center. Twenty-seven percent of callers left messages because counselors were unable to take the calls. The IG identified 40,500 missed opportunities, which is a majority, where the call center did not refer veterans to medical facilities or closed referrals without verifying that the veterans had received the VA services that they needed. There was also $267,000 in funding that was inappropriately spent.

Oftentimes, one of the biggest hurdles to helping a homeless veteran is getting them to make contact. As you mentioned and as we have discussed, many of these individuals are mentally ill or have a variety of problems. How do you call back somebody who is homeless?

I guess the question is, since the VA OIG report was issued, can you comment about what is being done to fix the problem, and can you tell us now what the percentage of incoming calls are being answered at this point in time.

Ms. PAPE. Absolutely, and thank you for the question. Since the IG report came out, the call center was originally organized under the Veterans Crisis Line, so the Suicide Hotline and the Homeless Call Center were organized together. That call center has been moved out from under the Crisis Line and moved to our Health Resource Section, where they already run four other crisis or hotlines, phone lines. They run a benefits line, a pharmacy line—it is escaping me, another line—a pharmacy line, and then the Homeless Call Center. That has improved our ability to respond to calls already.

Senator BOOZMAN. Do we have a percentage of calls that are actually being answered for homeless people calling in?

Ms. PAPE. We do. 95 percent of the calls are being answered. Instead of an answering machine—they got rid of the answering machine—they now have a queuing system, so that if somebody is waiting for a call, it goes to the next available caller, like all the call lines we have had before. 95 percent are getting responded to at this point.

Senator BOOZMAN. Good. Thank you very much.

Ms. PAPE. Yes.

Senator BOOZMAN. Mr. Chairman, we really need to follow up on that in the future and kind of hawk that as to what is going on. Again, I know that you all are working hard in this regard, and the good thing about that is, you have got all these people calling in. I mean, we are doing something right along that. But, it is kind of like the other situation that we have got with the benefit of some housing and then you lose benefits on the other. We have simply got to—you know, we have got to solve the problems that we create by doing some good things, and sometimes it creates other problems. Thank you very much.

Chairman ISAKSON. Thank you, Senator Boozman, and I commend you on your effort on veterans' homelessness, not just at this hearing, but what you have done the last couple years. I appreciate it very much.

Senator Sullivan.

HON. DAN SULLIVAN, U.S. SENATOR FROM ALASKA

Senator SULLIVAN. Thank you, Mr. Chairman, and I want to thank the panelists for your commitment to a really important issue that I think all of us want to get behind, and I applaud the VA for its focus on this.

I think that just the term "homeless veteran" is something that kind of chokes up a lot of us. I think it would be great if 10–20 years from now to be able to just banish that term completely because it no longer exists. We will all work together on that.

I wanted to follow up on the discussion of homeless veteran women. You know in my State we proudly boast the top number of veterans per capita of any State in the country, but sadly, we also have very high levels of domestic violence and sexual assault in Alaska, some of the highest in the country, as well. I am wondering, kind of following on a little bit of Senator Blumenthal's

question, to what degree have you seen that our women veterans homelessness is a result of domestic violence, and do we need to do something to make sure the definition is broad enough so these women can avail themselves of these kind of services if they fall into that definition.

Dr. O'TOOLE. I am happy to jump in on that. Thank you, Senator, and I absolutely agree with you. I do not have the statistics off the top of my head, but domestic violence risk and fear of domestic violence is a significant factor for women veterans becoming homeless. The other issue is, obviously, many of these women, upwards of 30 or 40 percent, have children, dependent children that they are responsible for. So, it is not only making sure that the definitions are expanded to make sure that women can avail of services in the immediacy of needing them, but also that we have the capacity for caring for their children, as well, during these crises.

Senator SULLIVAN. You will take a look at this definition and make sure that women who fall into that category can avail themselves of the services?

Ms. PAPE. Absolutely. We will, again, work with your office and our Congressional affairs to provide technical assistance. Absolutely.

Senator SULLIVAN. Great. Senator Tillis raised a good point about kind of the difference between some of the urban challenges that we have with homelessness and then rural. You know, for a big State like Alaska, we have a lot of veterans who live in very remote rural areas. What are you doing in terms of those kind of challenges with regard to homelessness in rural communities?

Ms. HO. Do you want to take that——

Ms. PAPE. I will start, but I know my colleagues will have additional information. As you know, rural homeless is a challenge, absolutely no doubt. They are often called the hidden homeless. They are living in campgrounds in the woods, right, couch-surfing, and you do not find them the same way that we can find them in urban areas. We have to be really creative about how we find those homeless rural veterans. We have the call center, of course, which we try to ensure that that number is out to all medical centers and our partners in those areas so that those folks can call into us and we can get connected.

We also have our SSVF grant, Supportive Services for Veteran Families, and we are able to target that grant into rural areas, and I am glad to say that when we started it, it was in about 48 percent rural areas, and over the last 2 years, we have grown that so that grant now is available in 68 percent of rural areas out there, which is very positive. That grant provides us the opportunity to serve families and then pay light subsidies, which we cannot do in any other program. If there is not a resource in the rural area, we can help them pay for whatever need they may have.

Senator SULLIVAN. Great. Ms. Ho, do you have a——

Ms. HO. Yes, Senator, and thank you for that question. I am a Minnesotan and did this work in rural Minnesota and urban Minnesota, and while homelessness manifests itself differently in rural communities than it does in big cities, the causes are oftentimes

the same and the solutions are the same. You know, the solution is a home.

I think one of the things that—one of the reasons why the President included in the 2016 budget special purpose vouchers for veterans that are not tied to HUD-VASH or the VA is that we want to make sure that no matter where a veteran lives, that we have the opportunity to have vouchers that are going to meet those needs.

The other thing that we have done with the HUD-VASH Program is that we have used the authority that you have given us to have the HUD-VASH vouchers be immediately portable. Even if somebody living in a rural community, their closest Public Housing Authority (PHA) does not have an allocation of HUD-VASH, as long as they can work with the VA through the eligibility, they can get a VASH voucher from another PHA that does and use it in their home community.

It is one of the tools that we have with existing HUD-VASH. Of course, we also think that getting the special purpose vouchers for veterans that would not necessarily be tied to the VA would help us fill in some of the gaps, especially in remote and rural communities.

Senator SULLIVAN. Great. Thank you.

Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Sullivan.

Senator Heller.

HON. DEAN HELLER, U.S. SENATOR FROM NEVADA

Senator HELLER. Mr. Chairman, thank you for holding this hearing to examine the issues we have with homeless veterans, and I want to thank the panel, also, for being here, for your insight and wisdom on this particular topic.

You know, in this community, we talk a lot about the failures with the VA health care, VA claims backlog, and, obviously, improving the management at the VA, but when we look at how well our Nation is caring for veterans, I think we need to start by looking at our homeless veterans. Men and women who have served our country obviously should never be in this particular position.

I think the VA has been focused on this issue, and frankly, I think improvements have been made, and I am glad to see that. But, as long as we have homeless veterans, I think we ought to be doing everything we possibly can to get them back on their feet. Frankly, I also do not think it is solely a VA effort. We have several organizations in our communities back in Nevada that provide services to help veterans put a roof over their head and some stability back into their lives. I think Nevada is lucky in that case to have organizations in both Southern and Northern Nevada, and for that, they should be commended.

I like the program of VA 25 Cities Initiative. They help better coordinate with community leaders to address these veterans' homelessness, and especially in Las Vegas, and in combination with the effort that you are doing and what these organizations in the State are doing, we have seen now where homeless veteran numbers declined by 44 percent in the last year, and that is very, very commendable. I think that is great.

My hope is that the VA initiative can be expanded in other cities, like in Northern Nevada and Reno, where we have about 150 homeless veterans at this point.

But, I also urge this Committee, Mr. Chairman, to consider legislation I have introduced with Senator Murray for several Congresses to allow VA-funded shelters to be reimbursed for care of veterans' dependents.

Ms. Pape, can you define for me functional zero.

Ms. PAPE. Absolutely. Jennifer alluded to some of this in her testimony. Functional zero, or we call it an effective end to homelessness, means that communities have the capacity to serve homeless veterans who are on the streets. It does not mean, by any means, that a veteran will not become homeless. People go through hard times. They have housing crisis, health issues that will cause them to become homeless, but that the community has a rapid response to that homelessness and can get them either a house or a safe place to stay and the services they need.

Senator HELLER. Can you give me examples? Can you give me examples of cities that were formerly not functional zero but are today?

Ms. PAPE. Absolutely. There are two that have stepped forward, which gives us great inspiration. First, New Orleans, and what they did was name list everybody. They know every veteran that is on their streets by name so that they can continue to work directly with them; and Houston did the same.

Though they may still have veterans kind of out there, they are connected, know the veteran by name, and are striving toward getting that veteran as quickly as possible, usually under 30 days—I think New Orleans is at, like, 25 days at this point—in a house or a safe place of living very quickly. If communities can do that, they will well be on their way.

Senator HELLER. Have you determined or rated cities? Is that what you do? I mean, could I find a list of functional zero cities, and how close, perhaps, cities and communities in Nevada are?

Ms. PAPE. Senator, what we are asking is that communities come forward to the U.S. Interagency Council on Homelessness, along with their mayors who have joined into that Mayor's Challenge. We have several that have stepped up and are nicely on their way. Phoenix has hit some great milestones. Cleveland tells me they are on their way. Binghamton, NY, is on their way. So, we have those who raise their hand and come to us. We are not out there rating the cities. We are hoping the communities own it.

Senator HELLER. Do you keep a list specifically for women homelessness, veteran women's homelessness? Is there a statistic?

Dr. O'TOOLE. We know and we do track the number of homeless women who are there. It is roughly 10 to 12 percent. We know the programs and we have designated programs that are set aside and specifically dedicated to care for them.

Senator HELLER. Is there a hard number?

Dr. O'TOOLE. I would have to get back to you on that for the record. There is a figure, but it escapes me right now.

[The information requested during the hearing follows:]

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. DEAN HELLER TO DR. THOMAS O'TOOLE, ACTING DIRECTOR, VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS, U.S. DEPARTMENT OF VETERANS AFFAIRS

Response. The number of homeless and at-risk for homelessness female veterans served by VA last year was 36,763.

Senator HELLER. I was just curious. So, you are saying, what, 10–12 percent of something is——

Ms. HO. Sir, if I may. The other piece to add to that is that 14 percent of the HUD-VASH vouchers are going to women head of households. We have had a real targeted effort——

Senator HELLER. There is a targeted outreach effort.

Ms. HO. That is right, sir.

Senator HELLER. What is the uniqueness, the difference between homeless women versus homeless men?

Ms. HO. Do you want to speak to that?

Dr. O'TOOLE. I think one of the primary ones is the issue of dependent children and, obviously, the needs that extend beyond the individual to also cover that of the family. The pathways in, which Senator Sullivan referenced in regard to domestic violence and instability there, are clearly significant, as well. Military sexual trauma as a driver for homelessness is something that our research at the National Center has identified, as well, as a significant driver.

Senator HELLER. Mr. Chairman, my time has run out, but thank you very much, and again, thanks to the panel for being here today.

Chairman ISAKSON. Thank you, Senator Heller.

Senator Rounds.

HON. MIKE ROUNDS, U.S. SENATOR FROM SOUTH DAKOTA

Senator ROUNDS. Thank you, Mr. Chairman.

I appreciate the VA's mission to end homelessness among veterans. Recently in South Dakota, I have seen programs like the Veterans Outreach Center in Sioux Falls get cut, and I am hoping in the future that may be reconsidered. That particular decision to cut was with a program in which you had, I believe, a 1-year contract that in 4 years optioned. You have notified them that you were taking the option for the fourth year, and then in the middle of what were some very challenging budget times, made the decision after notifying them that you were going to not continue with that last lease.

Of concern to me is not so much that there were hard decisions made, but, rather, the priority that was placed upon which programs were being reduced. I am curious, because what we looked at was about a $3.2 billion shortfall in terms of the agency, and we are moving money right now under a House bill coming over with the Chairman and the Ranking Member's assistance that will help fill that gap or allow the agency to transfer funds and so forth to take care of those needs.

But, somewhere along the line, the decision was made that the outreach for the homeless was one of the areas that would be eliminated. We have got construction projects that are in some cases a billion dollars over budget. We have got more demand for services and so forth. I am not so much looking to criticize the process, but I would like to understand the process that was used in deter-

mining which programs were more at risk than others and why it was that a VA outreach facility for the homeless was identified as being one of those areas which was cut, and what is the possibility of getting it reinstated for those veterans that were using it on a daily basis.

Ms. PAPE. That is an excellent question; and the details, I do not have in front of me, although we are happy to take that back and look into how that process unfolded in your area. I do know that, and have been told that the level of services was to remain the same, that they may not be using that space for outreach, but that there were alternative spaces found in which veterans could still access their outreach worker. It just was not at that particular space. But, again, we will take that back for the record and get you a process——

Senator ROUNDS. Well, let me ask this. Was the decision, when the time came to make the cuts in order to get by in case the transition was not successful with the resources being moved around, was it decided to divide it up based upon program by program, with each program bringing or responsible for sending in cuts? Was it based upon the number of veterans being served by program? What was the decisionmaking process that identified that, in this particular case, programs here that we are talking about today were part of that targeted need for reductions?

Ms. PAPE. That decision was made either at the VISN or local level. It was not at my program office level, which is why I do not have those details. We will go back and get that information for you and make sure that we send it in.

[Responses were not received within the Committee's timeframe for publication.]

Senator ROUNDS. The details of this particular decision were discussed with VISN 23 leadership prior to the decision being made. No previous discussions occurred with any outside entity, including my office. But, it would appear, based on the comments that I received back on my inquiry, that VISN 23 was advised of them, but was not apparently consulted with them. Apparently, it is above that local level where these decisions were being made. Would that be a fair assessment?

Ms. PAPE. I just do not know the details enough. I am so sorry.

Senator ROUNDS. OK. Let me just finish with this. I have got one other item, and I am going to run out of time. With regard to tribal lands, have you had any discussion about tribal lands were we have got an estimated 2,000 Native Americans—veterans, warriors—who are homeless today. Do you have specific programs at all with regard to homeless veterans who are living on tribal lands in Indian Country?

Ms. PAPE. We do. Right now, HUD-VASH does serve about 2 percent of American Indian Native Americans in the HUD-VASH Program, but HUD was just recently given authority for vouchers on tribal lands, which we did not have before, and VA is supporting that effort by providing staff or contracting for staff. That is good news for all of us.

Jennifer, you may want to add to that.

Ms. HO. If I may, sir, yes——

Senator ROUNDS. My time is up, but with the Chairman's permission.

Chairman ISAKSON. Permission granted.

Senator ROUNDS. Thank you.

Ms. HO. Thank you, sirs. We are very excited about the authority that was given to us in 2015 to take some of the HUD-VASH vouchers and use them in tribal designated housing entities in partnership with the VA. It is going to make that resource available to veterans who live on reservation land, tribal land, in a way that it might have been harder for them to connect to the ones that are out in a Public Housing Authority.

The other piece that I would just raise is in the President's 2016 budget, in the special purpose voucher request, we have both the request for homeless vouchers for veterans that are not connected directly to the VA. We also have a second request for tribal vouchers for homelessness broadly, not only for veterans, who live in Indian Country. Both would be helpful in terms of reaching this group.

Senator ROUNDS. Thank you, and we will visit with you later about that. Thank you very much.

Ms. HO. Thank you, sir.

Senator ROUNDS. Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Rounds.

Senator Cassidy.

HON. BILL CASSIDY, U.S. SENATOR FROM LOUISIANA

Senator CASSIDY. Thank you, folks. Ms. Pape, I think you mentioned in your testimony that incarceration is a significant risk factor for homelessness. There are two ways to read that: either that most of—the significant number of the veterans who are homeless have been recently incarcerated; or one who is incarcerated and about to be released, is at significant risk for being homeless. Just for clarity, may I ask which it is?

Ms. PAPE. It is kind of both. It is if a veteran has a history of incarceration, they are more likely to become homeless, and as a veteran is leaving incarceration, particularly long prison incarcerations, there is also a large chance that they could become homeless as they have to transition back into society.

Senator CASSIDY. If that is the case and it is long prison incarceration, not jail incarceration where you are in, you are out. Now, let me ask, I have done a lot of work in prisons and there is a high prevalence of mental illness and people with a history of drug addiction who are incarcerated, probably more jails than prisons, but still. Can you separate out the influence of both? Let us face it, if you are mentally ill and you get out, wherever you are, you are going to have a hard problem with homelessness.

Ms. PAPE. That is right.

Senator CASSIDY. But, is incarceration a risk factor separate from mental illness and addiction?

Ms. PAPE. I am looking to the researcher.

Dr. O'TOOLE. Senator, there is, I think, an independent effect, and partly, it relates to how well that person is able to reengage with their community, reengage in the workforce, that obviously

has significant impact on their ability to move out of poverty and be able to sustain a household or work independently.

But, I think your observation, though, about the mental illness and addiction dynamics that are clearly very, very prevalent with this population also speak to the parallel need to make sure that in their transition from a prison experience or jail experience, that they are getting treatment, and that is really one of the most significant drivers in trying to eliminate or minimize the risk for homelessness, is getting that treatment in place in that transition.

Senator CASSIDY. For those leaving jails who may have mental illness or even addiction, do you have any program such as the Assisted Outpatient Treatment Program that some communities use, where someone is adjudicated to supervised treatment? If so, have you seen an effect upon whether the person becomes homeless once more, whether they are able to adjust to society?

Ms. PAPE. We have a Veterans Justice Outreach Program that works very closely with Veterans Treatment Courts across the Nation. Instead of veterans getting incarcerated or even going to jail, these Veterans Justice Outreach workers work with the courts——

Senator CASSIDY. But, if you have——

Ms. PAPE [continuing]. To get veterans into treatment.

Senator CASSIDY. Into treatment.

Ms. PAPE. Into treatment.

Senator CASSIDY. It is an adjudicated—you shall go to treatment in lieu of going to jail. Do you have data on those communities that have such programs versus those that do not? Is it a successful program?

Ms. PAPE. It is a successful program, and I want to say it is around 80 percent of the veterans who participate do not fall back into homelessness.

Senator CASSIDY. Now, do you have a cohort group that you are looking at that you can compare to and say, listen, in this group, we do not have it, in this group, we do, and otherwise, variables are adjusted, and, my gosh, it is 80 percent better?

Dr. O'TOOLE. We are in the midst of developing some specific research protocols along that specific line, and so I do not have any data to cite for you specifically to these veteran programs, but hope to have that within the next, probably, six to 9 months, sir.

Senator CASSIDY. Now, knowing that you will not have necessarily a control group, but nonetheless, you are comparing it to a pretty large population, but you are telling me comparing it to that large population, do you see beneficial effect?

Ms. PAPE. Absolutely.

Senator CASSIDY. On a separate issue, in another committee, we are working on something related to AOT. If you could, please, share that data with us—my assistant will give you her card—we would appreciate that, knowing that it does not have complete control, but is probably still insightful.

Now, way back when, long before I entered politics, I had a friend—I will not tell you the whole sordid story, the brother of an old girlfriend——

[Laughter.]

Senator CASSIDY [continuing]. Who had gone to Vietnam, tragically had become addicted, and he applied for veterans disability

benefits and they said, well, we will only give you the disability after you go through rehab. He went through rehab, and it was the best thing that ever happened to him. He did not need his disability. He became an X-ray tech and et cetera, et cetera, et cetera, a really a great story.

This was long before I entered politics. I guess my question is, is there still a program where someone is screened, and before they can go on to the next step of whatever there is some dangling carrot. Listen, if you go into this rehab or you go into this treatment program, you can then go to this next step, but only until you do so will you go to the next step. Again, I am just recalling from distantly, but does that program still exist?

Dr. O'TOOLE. Sir, one of the things we have done within homeless programming is adopted a process of housing first, which tries to remove some of the contingencies to actually be able to place somebody in housing. Historically, we have worked within a model where as somebody achieves their sobriety, achieves their employment, they are able to get the housing benefits, kind of within an intention-to-treat model. It works really well for those people who can pass through those different steps and processes who do well. But, there is a significant drop-off for those people who do not do well.

We found in the data, both within the VA and outside the VA, very, very powerful indicators that within a housing first model, more people are going into drug and alcohol treatment, more people are succeeding in treatment, and more people are staying in housing as a result of that, which is a very positive. It is not to say that it always works all the time, and it is not to say that there are not individuals who need a stronger enticement, where drug courts and other inducers can be very effective in pushing that person to a higher level of motivation. But, this has been kind of a trend both within the VA and outside the VA in really trying to create more effective housing programming.

Senator CASSIDY. If you could share that data or at least point us in the right direction, because, again, you are right, that has broader relevance outside the VA as well as in.

You have been generous with the time, Mr. Chairman. I apologize and I yield back.

Chairman ISAKSON. Thank you, Senator Cassidy.

Senator Murray.

HON. PATTY MURRAY, U.S. SENATOR FROM WASHINGTON

Senator MURRAY. Mr. Chairman, thank you very much for having this hearing.

Ms. Pape, last year, the VA put out a new policy that would exclude veterans who do not meet certain discharge and length of service requirements from being eligible for homeless services. The practice that had been followed for decades was if a veteran's discharge did not say "dishonorable," we could help them. This was a major reversal, and you will remember it, that would have put thousands of veterans out on the street. VA did the right thing in delaying that policy change, but we have got to fix the problem in the law. That is why I actually introduced the Homeless Veterans

Service Protection Act, to make sure homeless providers can continue to help those veterans.

I wanted to ask you, what is the current status of the General Counsel opinion that will reinstate the limits on eligibility for homeless services?

Ms. PAPE. It is still under review.

Senator MURRAY. Any timeline?

Ms. PAPE. In the recent IG report, they said they would like to have some kind of response by November.

Senator MURRAY. OK. Well, without my legislation, if that policy change is enacted, how many people will the VA no longer be able to serve, and which agencies actually are going to be able to absorb the increase in the homeless population?

Ms. PAPE. There is an estimate that there is between 15 to 30 percent homeless veterans on the street that are not eligible for VHA services——

Senator MURRAY. Under the definition that——

Ms. PAPE. Under the definition——

Senator MURRAY. That is changed?

Ms. PAPE. Yes, there is. It will be 15 to 30 percent of veterans who will not be able to access the programs that they are accessing right now.

Senator MURRAY. What will happen to those veterans if——

Ms. PAPE. We would rely on our community partners to pick up and help us serve those veterans.

Senator MURRAY. They are just supposed to do it because they are nice, or what? I am very worried about that, Mr. Chairman, and I will talk with you more about that, but we need to get this legislation passed or we are going to have a huge increase in a population that really will not have any services.

Ms. PAPE. We hear from community by community what a tool they have in the SSVF and the GPD grants to serve this particular population, because you are right, Senator, there are not a lot of resources to pick up 15 to 30 percent of the veterans who may access these kind of services. We are even hearing from communities how necessary this——

Senator MURRAY. Well, I am hearing from a lot of communities out in my State.

VA's budget request for fiscal year 2016 would cut funding for homeless services by $51 million, almost all of that from the Grant and Per Diem Program. I still hear frequently from providers in my State of Washington that there are not enough HUD-VASH vouchers to meet the demand that they have. VA has made a lot of good progress on ending veteran homelessness, according to the 2014 Point in Time Count. There are still 50,000 veterans homeless on a given night. So, there is a tremendous amount of work to be done before each and every homeless veteran is actually housed.

With so many of our veterans still in need, does that cut make any sense to you?

Ms. PAPE. With the numbers decreasing, it is important that we right-size all of our programs and ensure that the right care is getting to the right people for the right duration of time. As we move forward and look at the progress we have made, I just think it is

important to strategically decide where the resources go and where the biggest needs are.

Senator MURRAY. Well, we know that it often takes several years for a veteran to become homeless once they leave the service, so I am really concerned that we are not looking at the projections coming to us and we are going to see an increasing number of homeless veterans in the coming years. Actually, part of that is going to be a growing number of women, because we are seeing that increase anyway.

As you well know, homeless female veterans and homeless veterans with children, such as—they need specific things, like private rooms. You cannot just put them in a dorm. There is not a lot of capacity out there for homeless women veterans today. So, tell me, what are your projections for the growth of homeless veterans and homeless women veterans with children.

Dr. O'TOOLE. Senator, we actually project four populations over the next 5 years that raise significant concerns for us and the need to have a capacity to serve them. Homeless women, absolutely, and we are seeing an increase, in part reflecting the larger numbers of active duty women in service.

Senator MURRAY. Do we have the capacity to serve them?

Dr. O'TOOLE. We will need to grow that capacity, ma'am.

Senator MURRAY. But, with budget cuts, how do we grow that capacity?

Dr. O'TOOLE. OEF/OIF veterans, I think, is another group that, again, we see increases to. Our focus for all of these is, again, on how do we make sure that we are preventing homeless, rapidly rehousing those individuals who do become homeless. HUD-VASH serves as a very good vehicle, particularly for women and women with their children in that capacity there, and that is an area that we need to make sure continues to grow and is sustained.

Ms. PAPE. We could not agree with you more. In order to sustain the gains we have made, we—and I said this in my testimony—we need the continued financial resources to ensure that we continue to drive those numbers down.

Senator MURRAY. Thank you, and I am out of time. Thank you, Mr. Chairman.

Chairman ISAKSON. Senator Hirono.

HON. MAZIE K. HIRONO, U.S. SENATOR FROM HAWAII

Senator HIRONO. Thank you, Mr. Chairman.

First, I would like to recognize the progress that has been made, and I thank all of you for testifying today.

According to the Point in Time Count, from 2010 to 2014, we have seen a 33 percent decrease in the number of veterans, veterans experiencing homelessness nationally, and, of course, our Secretary has said that he intends to eliminate homelessness in veterans by the end of this year, and the clock is ticking. But, I really commend you all for the focus.

While this is encouraging, there are some areas that have experienced more challenges in addressing this issue. My homestate in Hawaii has faced some obstacles. From 2010 to 2014, the number of homeless veterans has steadily increased, from 411 to 593 homeless veterans. I am really concerned about these trends. In fact,

Hawaii has per capita the largest number of homelessness in the country. The Governor has recently convened a Homelessness Task Force that includes representatives from the State, the county, the Federal Government, the private sector, because this is a growing concern for the State of Hawaii.

My question to both Ms. Pape and Ms. Ho is: are you familiar with Hawaii's situation and its increase in homeless veterans, and could you describe the most prevalent difficulties in addressing the issue, what coordination efforts are happening between VA and HUD, State, county, local officials, and if you are not familiar with Hawaii's situation, could you provide some best practices that could be applicable in Hawaii?

Ms. HO. Senator Hirono, mahalo for that question. I had an opportunity to be in Hawaii at the end of the year——

Senator HIRONO. Anyone who says "mahalo," I know has familiarity with Hawaii. [Laughter.]

Ms. HO. My father was born and raised there. When I was in Hawaii in January, I had a chance to meet Governor Ige and some of his new team. He also has been to HUD twice. I had a chance to meet with Mayor Caldwell in Honolulu. I am very excited about the new task force, very excited about the mayor and the Governor working together. This is an issue where that type of local leadership, where you have cities and Governors—I mean, the control of the Medicaid resource, but also the VA. I think that would be a perfect partnership if the Hawaii Housing Authority were also arm-in-arm in all of this.

It seems to me that there are two challenges that are unique there. One is that, as Dr. O'Toole was saying, a lot of the progress that we have made has been around housing first, yet, there are some policymakers and providers there locally who have been slow to embrace housing first.

The second is just the challenge of adequate supply of affordable housing. Where we have invested considerably in HUD-VASH, thanks to the support of this Committee, there are 563 HUD-VASH vouchers in Hawaii, but they are underutilized, in large part because there are a lot of veterans who have a HUD-VASH voucher in hand, but they cannot find a landlord to rent. Secretary McDonald from the VA was recently in Hawaii and actually did an event——

Senator HIRONO. I met with him.

Ms. HO [continuing]. An event that you were at——

Senator HIRONO. Yes.

Ms. HO [continuing]. To talk about landlord engagement. That is an area where we have made the investment in the HUD-VASH vouchers, but we cannot find an affordable place for the veteran to live.

There is a lot of Hawaii in HUD right now and we are very interested in supporting you, the rest of the delegation, the Governor, and the mayor in making sure that everybody is at the table working in the same direction on the strategies that have proven to be impactful in other parts of the country.

Ms. PAPE. One of the things that we think is helpful is to engage veteran landlords. They are more likely to rent to a fellow veteran,

and that is some of the focus of Secretary McDonald as he does these landlord engagements.

Senator HIRONO. Have you developed any kind of an outreach program that we can use to engage the veteran landlords in Hawaii, because this truly is a growing exigency in Hawaii.

Ms. HO. Senator, thank you for that question. Working with the First Lady's office and the Joining Forces effort, we actually have some one-pager, two-pager landlord engagement tools. We are also using our platforms at HUD whenever we are talking to property managers to really encourage this. We could use everything that you and your colleagues can do to help in that local engagement. I think that when landlords feel that same call to duty, that this is a problem that is unacceptable, it is likely that they will help.

Senator HIRONO. Ms. Ho, you have obviously engaged with the leaders in Hawaii, and I really want to thank you for that. Our continuing collaboration will be really critical to our addressing the homelessness in Hawaii in a way that will make a difference.

Ms. HO. I look forward to working with you on this, ma'am.

Senator HIRONO. Thank you. Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Hirono, and thanks to each of our panelists. As you can tell from the interest of the Committee—I think every Member of the Committee but one was present today and asked questions, which is a testimony to how much we believe in veterans' homelessness being solved. We want to reach the goal that Secretary McDonald has set, to end veterans' homelessness. We appreciate your work very much.

I welcome the second panel to come forward.

Ms. HO. Thank you very much.

[Pause.]

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. JOHNNY ISAKSON TO U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. Should VA not meet its goal of ending veteran homelessness by the end of 2015, how will the goal be adjusted to ensure the current momentum behind efforts to reduce and prevent homelessness continues?

Response. The Department of Veterans Affairs (VA) and our Federal partners remain focused on driving toward the achievement of the goal, but know that success ultimately rests upon the ability of communities to achieve the goal at the local level. As a result of the vision inspired by this goal, and the focused resources and drive applied toward achieving it, tremendous progress is being made community by community, with localities across the country on the path to achieving this important national priority.

Since the launch of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, we have significantly reduced the number of Veterans and their families experiencing homelessness by connecting them to permanent housing and supportive services. At the same time, communities are building enduring systems to ensure that homelessness among Veterans is prevented whenever possible, and if it cannot be prevented, it is a rare, brief, and one-time experience.

There is still a lot of work left to do. Ending Veteran homelessness is not only a Federal goal, it is a national goal. Federal, state and local Governments, businesses, nonprofits, and citizens need to push hard in order to meet the goal. We have seen increased momentum in local communities. Many communities are reporting dramatic progress, achieving important milestones, and plan to meet the goal of ending Veteran homelessness before the end of this year. We now know that the goal is achievable with the right resources and level of commitment, and if communities implement the most effective strategies. Federal partners will continue to focus on interagency strategies to sustain this momentum even if the goal is not fully achieved by the end of the year.

Question 2. Will VA establish a new timeline for ending veteran homelessness? If so, what is the new timeline, and how is it determined?

Response. We know that ending Veteran homelessness is not a one-time achievement. There is no question it is an ambitious goal—we are clear-eyed about that—but we believe that with continued Federal, state, local partnership, we can achieve it in community after community across the country. Achieving the goal will depend on local action by communities leveraging all available resources—including Federal, state, local, and philanthropic—in support of the goal as well. It will depend on local leadership, particularly through the Mayor's Challenge. To date, more than 700 local elected leaders have signed on to take action, including working with local VA leadership to identify gaps in resources and drive the efforts to fill those gaps. To ensure we have the most accurate assessment whether we reached the goal, we need every community to conduct unsheltered counts as part of their 2016 Point-in-Time (PIT) counts.

We remain committed to fully achieving the goal. However, if at a later time, it is determined by USICH, VA, and HUD that the goal cannot be fully achieved, we would consider whether to extend the timeline through a collaborative interagency process, grounded in analysis of data.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. RICHARD BLUMENTHAL TO U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. Many communities are working collaboratively to address housing instability among veterans and are finding that their housing and service delivery models need restructuring in order to better address the needs of veterans in their area, especially as they get closer to zero. What additional legislative or regulatory changes would be required in order to provide communities the flexibility to create an outcome-oriented system that meets their needs and incentivizes housing stability through permanent housing placements and income supports to sustain those placements?

Response. The goal of ending Veteran homelessness is not just about Veterans eligible for VA services, but is inclusive of all who served. In its Fiscal Year (FY) 2016 Budget submission, VA published numerous proposals to advance its mission to address the needs of homeless Veterans. These included proposals to extend numerous expiring authorities, as well as ideas for new strategies to end and prevent Veteran homelessness. Additionally, the proposals included broadening and simplifying eligibility for the Supportive Services for Veteran Families program; improving the VA Grant and Per Diem (GPD) program to encompass a transition to permanent housing; and providing VA assistance for temporary hotel stays in emergency situations.

The GPD program is a major component of VA's continuum of homeless services. The proposed legislative change would fundamentally transform the GPD Program by authorizing VA to specifically provide supportive service grant awards to eligible entities and to convert current transitional housing stock to permanent housing. VA must poise and transform the GPD program in order to maintain the progress of the Ending Veteran Homelessness Initiative and effectively utilize close to 20 years of GPD program capital investment. VA is available to discuss these proposals with the Committee.

Question 2. As VA continues to decrease homelessness among veterans, we will be left with a group of veterans who are the hardest to reach. This group has been on the streets for the longest, has more complex issues, and frankly may be the hardest to engage. Given the challenges in engaging this population, how is VA working to find creative ways to get these veterans the services that they need?

Response. VA agrees with, and appreciates the challenges to the efforts to end homelessness of all Veterans, some of which are those Veterans who are chronically homeless, and most difficult to reach and to engage in care. VA's efforts to date have reflected significant successes with this subpopulation as reflected in the PIT count-measured reduction of 43 percent among unsheltered homeless Veterans since 2010, which is actually higher than the overall reductions noted among all homeless Veterans. This reduction is largely due to the implementation of coordinated entry in communities across the country which has ensured that Veterans that have long histories of homelessness—including those that are ineligible for VA health services—are prioritized for assistance. First, in the Department of Housing and Urban Development- VA Supportive Housing (HUD-VASH), the adoption of Housing First and targeted priority has resulted in 65–70 percent of vouchers going to chronically homeless Veterans. Similarly, the "no wrong door" strategy for identifying and engaging homeless Veterans has expanded our "in reach" within VA to those Veterans seeking care through our Clinical Screener and our outreach at Stand Downs, Health Care for Homeless Veterans (HCHV) Outreach Teams, the development of Community Resource and Referral Centers (CRRCs), and with our community part-

ners. This has enhanced VA's capacity and ability to reach out to and engage these most vulnerable Veterans in our care and programming. Paralleling this, VA has developed several initiatives that tailor and enhance care delivery to make sure it is getting to those Veterans who might not otherwise receive the care and services needed through traditional channels. Two examples of this are the Homeless Patient Aligned Care Teams (H-PACT) that provide outreach and clinical care to homeless Veterans both within VA facilities and in the community, and Assertive Care Teams (ACT) that reach out to those Veterans with serious mental illnesses who are resistant to care. VA is also developing additional housing options for these Veterans that provide lower threshold, noncontingent housing options, including Safe Havens and low demand GPD beds. Together, these reflect a comprehensive strategy that VA hopes and expects will be effective in reaching and serving this hard-to-reach population. It is something that VA closely monitors and is continually looking at how it can expand upon and improve these efforts.

In addition, although not under VA's purview, the Department of Health and Human Services provides outreach and engages Veterans, including individuals who are not eligible for VA services. Examples include 1) serving Veterans in HRSA Health Centers and Health Care for the Homeless programs; 2) providing outreach, engagement, and referral to Veterans through the Projects for Assistance in Transition from Homelessness (PATH) and the Cooperative Agreements to Benefit Homeless Individuals (CABHI) programs; and 3) increasing access to Medicaid, including encouraging states to cover supportive services for Veterans experiencing homelessness.

Question 3. Housing a homeless veteran is important but helping them earn an income is critical to help maintain housing. Employment needs to play a more prominent role within VA's existing housing programs, which includes improving grantee coordination with employment programs like DOL's Homeless Veterans Reintegration Program, and others. What guidelines does VA currently enforce to evaluate how well any of its grantees is connecting homeless veterans with employment and other sources of income to maintain housing placements?

Response. VA understands the important role employment plays in Veterans' efforts to maintain permanent housing. There is approximately one Community Employment Coordinator (CEC) at each VA medical center and these staff are tasked with:

- Working with VA employment services (Compensated Work Therapy; Vocational Rehabilitation & Employment) and homeless program staff to identify what employment resources are available and where there are gaps in order to serve the continuum of homeless and at-risk Veterans, including chronically homeless Veterans.
- Working collaboratively with community partners (outside of VA) to bring in training and support services not available within the VA structure to the Veterans.
- Engaging employers to develop new job opportunities for Veterans who have experienced homelessness.
- Ensuring ongoing support services are available to Veterans after they return to work. The CECs are also available to provide support for the employer in case there are challenges or adjustment difficulties.

CECs are expected to help align and coordinate existing services within the community including, but not limited to, Department of Labor programs, including the Jobs for Veterans State Grants program, which funds Veterans employment counseling and outreach positions at American Job Centers.

VA utilizes performance metrics to track the percentage of Veterans discharged with competitive employment for each of its residential treatment programs. Currently, 45 percent of Veterans who exit VA residential treatment programs report employment.

The SSVF program, through its grantees, provides a mix of direct services and referrals to support efforts to build family income. Where needed, SSVF grantees can provide up to $1,500 per household for "expenses associated with gaining or keeping employment, such as obtaining uniforms, tools, certifications, and licenses" per 38 CFR 62.34. These efforts have had demonstrable effect. In FY 2014, Veterans with no income (5,266) and those earning $500 or less monthly (3,631) at entry still achieved a relatively high rate of success in obtaining or remaining in permanent housing at exit: 72 percent and 77 percent for each group, respectively. The median monthly income of Veterans participating in SSVF increased from entry to exit by 15 percent ($823–$945). SSVF grantees were highly successful in raising the income of Veterans who had no income when they entered the program; 1,728 of these 6,945 Veterans (25 percent) were able to exit the program with an income source.

Question 4. In March 2014, the National Center on Homelessness Among Veterans published a white paper detailing a return on investment analysis of homeless

program funding using various modeling assumptions. The study mentioned that in a previous review of health care costs for homeless veterans in Baltimore alone, 44 veterans utilized over $250,000 in care each and two had costs of care that were above $1.4 million each. Dr. O'Toole mentioned that VA was utilizing its HOMES registry to identify superutilizers monthly and had realized $6.3 Million in savings as a result. Please provide additional information around this initiative, to include:

- the duration it has been in operation;
- the locations in which it operates;
- the number of veterans that have been included on superutilizer lists;
- the number of those veterans who have been engaged; and
- the type of additional engagement offered to these veterans.

Response. The Veterans Health Administration (VHA) Homeless Program Office "Hot Spotter" project was launched in fall 2014. The goal of the project is to 1) predict which homeless Veterans will utilize extensive amounts of acute health care services; 2) create a field-based dashboard that allows teams to identify and target their efforts toward those individuals; and 3) develop training and intervention tools that VHA homeless teams can use to effect outcomes. The program has been implemented nationally and operates out of the 57 H-PACTs located around the country.

The predictive analytics algorithm for identifying 'super utilizers' uses the Homeless Registry as its platform and has been able to identify the 10 percent of Veterans who utilize 65–70 percent of all acute care service use received by the population.

Once a Veteran is identified, the team develops a care plan with the Veteran which addresses root causes that may be driving their high usage. This includes expediting housing placement/moving into a safer environment; facilitating access and engagement in needed clinical services (substance abuse treatment, mental health care, chronic disease management); educating the Veteran to more appropriately access care/navigate the system without going to an emergency room for non-urgent needs; and/or enhancing their follow-up/case management. Several trainings and clinical aids have been developed for clinical teams to use for this.

Over the past 12 months, 6,503 Veterans have been identified through this process for intervention (approximately 1,500–1,700 per quarter). Among those Veterans, 70 percent have stabilized their health care use in the subsequent 3 months and were no longer 'super utilizers'.

Over the past FY, an estimated $25.3 million in hospitalization-related cost savings were realized, averaging $6.3 million per quarter. Cost savings estimates were generated comparing the admission and length of stay rates among homeless Veterans not enrolled in care to actual rates among the H-PACT 'Hot Spotter' cohort with 2013 Medicare cost/day rates applied to the net difference to reflect systems savings.

Question 5. Access to complete client data has the power to accelerate and target efforts around ending veteran homelessness. The CCEH written testimony for this hearing mentions that data management systems could be improved upon if VA agencies could participate in the continuum of care's Homeless Management Information Systems (HMIS) data tracking systems. Housing providers in other continuums of care have noted that tracking program eligibility can be a challenge when dealing with transitory clients who move from continuum to continuum.

- Please describe any barriers to VA use of local HMIS systems and to data exchange between VA's HOMES system and local HMIS systems.
- Please provide copies of any guidance issued to VAMCs and VA grantees regarding the use of HMIS and HOMES.

Response. Through close collaboration with HUD, the VHA Homeless Program Office continues to pursue and support the integration of VA and community data. To assist and support VA's collaborative efforts with our community partners, the Homeless Program Office, in consultation with VHA's Office of Privacy and the Office of Healthcare Security Requirements, issued national guidance to VA medical centers (VAMCs) seeking read-only and direct entry access to the Homeless Management Information Systems. This guidance was provided by VHA to give VAMCs clear direction for addressing local access requests.

Dear Mental Health Leads and Network Homeless Coordinators,

Since the implementation of the homeless initiative, local communities and VAMCs have been asking for clear guidance on obtaining read only and direct entry access to The Homeless Management Information System (HMIS). VAMCs and communities participating in coordinated assessment and entry systems, as well as those looking to improve collaboration with community partners have expressed a need for better integration of data systems. Improved integration will benefit homeless service continuums, and most of all, Veterans.

In consultation with VHA's Office of Privacy and the Office of Healthcare Security Requirements, the following national guidance is being issued regarding read-only and direct entry access to HMIS for VA staff.

"Read-Only Access" for VA staff:

VA staff can obtain read-only access to HMIS, as long as the data is used as part of the job responsibilities of the individual obtaining the access; specifically the data accessed is being used to provide needed services and coordinated care to Veterans. Read-only access to HMIS is at the discretion of the data system owner (HMIS approving official) and local VA leadership; access approvals are not at the discretion of local VA Privacy Officers and ISOs.

"Direct Entry Access" for VA staff:

VA staff can directly enter data into HMIS if a ROI is in place and the entry contributes to the job responsibilities of the VA staff entering the data; specifically the data entered is being used to provide needed services and coordinated care to Veterans. The VA is not responsible for how data is used by non-VA entities once entered, regardless of who enters the data or the minimum security requirements of HMIS. The responsibility for the data lies with the owner of the data system. Direct-entry access to HMIS is at the discretion of the data system owner and local VA leadership; access approvals are not at the discretion of local VA Privacy Officers and ISOs.

Security and System Access:

HMIS is a non-VA web based resource. Software uploads to VA desktops are not required; therefore the inherent security controls for the VA browser configurations provide adequate security for the sessions invoked by the VA user's browser session. There are no IT related security issues preventing VA staff from obtaining read-only and direct entry access to HMIS. All necessary access agreements need to be developed by the data system owner (HMIS approving official) and coordinated with VA leadership; not local VA Privacy Officers and ISOs.

Our office is working on several long term solutions to assist with data sharing; specifically a HMIS universal data elements report which will support VA data transfers to community partners with proper releases. Additionally, we are in the process of developing a national platform to support data sharing between community and VA data systems. The Homeless Program Office supports and promotes efficient means of data sharing that minimize the burden of data entry on VA staff. For your reference, a white paper detailing successful collaboration between a VAMC and their Community HMIS to establish a data sharing processes to enhance operational planning and increase access to care for homeless Veterans can be found here .

Please feel free to contact me if you have any questions. The approving officials from VHA's Office of Privacy and the Office of Healthcare Security Requirements are cc'ed on this email.

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Additionally, VA has developed a report in the Homeless Operations Management and Evaluation System (HOMES) containing elements consistent with HMIS data standards to allow for expedited transfer of data between VA and local Continuum of Care HMIS administrators. Currently, VAMCs are sharing this data via paper transfer for hand entry into HMIS. This report will streamline that process and allow the data to be exported from HOMES, transferred electronically and directly uploaded to HMIS. VA is currently working with the Office of Healthcare Security

Requirements to identify a mechanism for secure, electronic transfer. Anticipated deadline for obtaining this guidance is September 20, 2015.

In collaboration with a national a team of Information Technology Specialists, Information Security Officers and Privacy Officers, VA has shifted focus from integrating VA and community systems to integrating data. One significant barrier to integrating our systems is that HMIS has many different platforms. These various platforms make it challenging to apply one standard approach for systems integration. VA is in the early stages of developing a national, bi-directional data sharing platform incorporating Veteran-level data from both HOMES and the various HMIS systems. The vision for this shared platform is to import data from both HOMES and HMIS into a single repository, allowing direct access to real-time Veteran-level data for both VA and community partners. This platform is in the early stages of development.

VA is also building the Status Query and Response Exchange System (SQUARES). SQUARES is a Web-based look up system which will allow HMIS to check a client's Veteran status in real-time. This system is currently under development and is expected to be released in September 2015. The initial version of SQUARES will allow HMIS users to input an individual and get back one of three responses to the question whether the individual is a Veteran: yes, no, or unknown. SQUARES will continue to be improved over the course of FY 2016, resulting in fewer "unknown" responses, and will also allow HMIS users to submit batches of names, rather than only individuals. Online training will be made available with the release of SQUARES.

Question 6. What actions has VA taken to partner with the Substance Abuse and Mental Health Services Administration's SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance Center (TAC) to make SOAR training more accessible to its casework staff and to its grantees, or to publicize the availability of the SOAR TAC's free online training sessions?

Response. VA has established a collaborative partnership with the Social Security Administration (SSA); the Health and Human Services-Substance Abuse and Mental Health Services Administration (HHS-SAMHSA); the SAMHSA Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery Technical Assistance (SOAR TA) Center; and the U.S. Interagency Council on Homelessness (USICH) to increase access to mainstream benefits for homeless Veterans and their families. In July 2015, the four Federal agencies released a tool for communities, organizations, and practitioners in the field on Key Strategies for Connecting Persons Experiencing Homelessness to SSI and SSDI Benefits.

VA has taken a proactive approach to removing system barriers related to VA staff supporting SOAR. VHA Acting Deputy Under Secretary for Health for Operations Management sent a memorandum to all VHA leadership and Network Homeless Coordinators encouraging homeless programs' personnel be trained in and utilize the SOAR program. The memorandum clarifies the role VHA personnel could play in gathering medical records and appropriate documentation for the completion of SSI/SSDI applications.

In February 2015, SSVF included language regarding SOAR in its Notice of Funding Availability. Accessing VA and mainstream benefits has always been core SSVF services, but this encourages grantees to make linkages to existing SOAR programs within their communities and/or train staff through the online curriculum so that they can directly practice SOAR. Currently, SSVF grantees in 43 states and the District of Columbia are involved in SOAR, and 146 grantees have been trained in SOAR to help Veterans access SSA benefits.

Additionally, SSVF and HUD-VASH serve on the national SOAR TA Center Expert Panel which meets quarterly to review national SOAR strategy in the United States for all populations.

Question 7. Domestic violence can negatively impact a veteran's housing status. In addition to any statutory changes, what changes would be required for VA's homeless programs to make veterans fleeing domestic violence eligible for housing assistance? How do VHA homeless programs collaborate with VHA's Domestic and Intimate Partner Violence Program?

Response. VHA's Homeless Programs actively collaborate with VHA's Domestic and Interpersonal Violence Program. A Homeless Programs staff member served on the VHA Domestic Violence Task Force that was chartered in 2012, and currently serves as a member of the Domestic Violence Steering Committee that is charged with overseeing the Plan for Implementation of the Domestic Violence/Intimate Partner Violence Assistance Program. In addition to serving on the overall Steering

Committee, the VHA Homeless Programs representative chairs one of the work groups and participates as an active member of a second work group.

Recently modified regulations allow SSVF grantees to provide greater support to those fleeing domestic violence. These changes allow grantees to provide financial assistance (such as moving costs and rental assistance) even when the Veteran's household has otherwise reached the limits of such assistance so that those fleeing domestic violence are not forced to choose between homelessness and abuse. A family may qualify for assistance even if the Veteran is the aggressor or perpetrator of the domestic violence.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. SHERROD BROWN TO U.S. DEPARTMENT OF VETERANS AFFAIRS

Questions for Ms. Pape

Question 1. Homeless Challenges: As the VA continues to make progress on helping homeless veterans generally; problems in certain specific subpopulations remain. The rise in numbers of female servicemembers has corresponded to an increase in the number of homeless female veterans. This requires that the VA adapt existing programs traditionally used to serve a largely single, male homeless veteran population. What is the VA doing to meet the needs specifically of homeless female veterans? What policies are in place to help both male and female homeless veterans who seek shelter and have children with them and thus require special accommodations including unique access, security measures, and assistance regarding concerns about the effects of military sexual trauma?

Response. In FY 2014, VA served 36,763 female homeless Veterans, approximately 10 percent of all homeless Veterans served. The needs of women Veterans are compounded by the fact that many of them are caring for dependent children, as well as disproportionately face domestic violence and military sexual trauma issues. Several of VA's programs and services are specifically well suited to address these needs, including SSVF which, in FY 2014, provided assistance to 11,900 women and over 27,000 children.

More than 200 GPD programs serve homeless female Veterans in some capacity including 40 that provide women-specific transitional housing and 38 that can provide housing for women and their dependent children. The HCHV Program provides funding to support 68 contracted residential services programs. Of these, 38 programs are dedicated to women, women with children, or families. These sites work in collaboration with community partners to provide services to the Veteran's family members. Currently 12 percent of all HUD-VASH vouchers are allocated to female Veterans, 49 percent of whom have dependent children.

VA's programs work very closely with clinical staff at the medical facilities to ensure that female homeless Veterans are getting the care they need. Female Veterans in the VA health care system are screened for military sexual trauma, depression, anxiety, Post Traumatic Stress Disorder and suicide risk. Case managers work closely with the women's health program coordinators to ensure these Veterans are getting primary and preventative care and are able to navigate the care system smoothly and seamlessly.

VA acknowledges that the number of women Veterans at risk, or who become homeless, is likely to grow over the next several years as more women leave military service. VA is currently engaged in a strategic planning process to ensure that it has the capacity and resources in place to address this need over the next 5 years.

Question 2. Information Sharing: Information sharing between the VA and its partners in the Federal Government like HUD and our communities is key. Different criteria and different systems can lead to inaccuracies. What guidance is provided to local VA facilities and grantees on participation in HUD's Homeless Management Information Systems? If there are any barriers to participation, what are they and how can the Committee work with you to overcome them?

Response. In consultation with VHA's Office of Privacy and the Office of Healthcare Security Requirements, the VHA Homeless Program Office issued national guidance on August 7, 2015, for VAMCs seeking read-only and direct entry access to HMIS. This guidance is intended to assist and support VA's collaborative efforts with our community partners, specifically for those participating in coordinated assessment and entry systems. VA and its partners are coordinating a synchronized awareness campaign to ensure that this guidance is widely distributed.

The guidance states that VA staff may obtain read-only and direct entry access to HMIS as long as the data accessed is being used to provide needed services and coordinated care to Veterans. VA staff may enter Veteran data directly into HMIS if the Veteran consents and the appropriate releases are signed. Additionally, this

guidance is intended to clarify that there are no VA-related security issues preventing VA staff from accessing HMIS from their workstations.

Question 3. Working with Cities: Because of the VA's targeted Federal investments and aggressive actions by the VA, HUD, non-profit partners, and our local communities, it appears that the numbers of our homeless veterans is declining. Many Ohio cities specifically are participating in the Mayors Challenge. Is there a feedback mechanism for participating mayors to register unmet needs for their communities on this issue? Is there an ongoing engagement to leverage resources, or is each community left to their own plan?

Response. Federal agencies, along with the White House, have been convening regular conference calls open to all communities who have joined the Mayors Challenge to share information on key strategies and best practices to end Veteran homelessness. These calls have covered such topics as mayors' role in fostering cross-sector collaboration, strategies for identifying Veterans experiencing homelessness, and engaging private landlords. Mayors can also ask questions and request information and assistance by emailing mayorschallenge@hud.gov. Regional staff from VA, HUD, and USICH are also available to support the efforts of Mayors and their partners.

The Web site: http://portal.hud.gov/hudportal/HUD?src=/program_offices/commplanning/veteran_information/mayors_challenge provides resources to help communities work strategically to achieve the goal. Pairing with another city, and using the Mayors Challenge as an opportunity to learn from one another and spur each other on toward achieving the goals, has been very successful in the case of Phoenix and Salt Lake City. HUD, USICH, and VA staff will identify and connect Mayors with relevant peers for those cities that do not wish to be paired with another city, but do wish to be connected to other mayors and communities so that they can share ideas and learn.

Question 4. The 25 Cities initiative includes most of the major cities on both coasts, as well as throughout the southern half of the U.S. Given how the homeless veterans population is highly mobile and Ohio's role as transportation hub for the country, is there any possibility of adding one of Ohio's major cities to the program in the near future?

Response. The 25 Cities Initiative was established to help communities with high concentrations of homeless Veterans to intensify and integrate their local efforts to end Veteran homelessness. This was a joint effort by VA, HUD, the USICH and local community partners (city government, housing authorities, community providers) to identify by name all of the remaining homeless Veterans in these communities and to work together to find permanent housing solutions for these Veterans and chronically homeless individuals.

Unfortunately, the 25 Cities Initiative identified the participating cities early in its development so it is not possible to add additional cities at this time. However, every community in the country was given the opportunity to apply to participate in the Zero: 2016 initiative, a national effort which focuses on similar strategies as the 25 Cities initiative and which includes technical assistance funding through HUD to support communities efforts to end veteran homelessness and chronic homelessness. The Ohio Balance of State (BOS) Continuum of Care is participating in Zero: 2016. Organizations in Ohio cities can request other technical assistance from VA, HUD, or other Federal partners.

Question for Dr. O'Toole

Question 1. At the hearing, you mentioned that there were four specific subgroups in the homeless veterans population that the VA predicts will increase over time. Two of them are women veterans and Operation Iraqi Freedom/ Operation Enduring Freedom veterans. What are the other two groups?

Response. The National Center for Homelessness Among Veterans is closely looking at the unique needs of the sub-populations of Veterans utilizing homeless services. The four homeless/at risk for homelessness subpopulations that are likely to increase over the next 5 years are:

(1) Female homeless Veterans
(2) Operations Enduring Freedom, Iraqi Freedom and New Dawn Veterans
(3) Aging/chronically ill Veterans
(4) Veterans at-risk for returning to homelessness

VA is currently engaged in a strategic planning process to ensure that it has the capacity and resources in place to address these needs.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. RICHARD BLUMENTHAL TO JENNIFER HO, SENIOR ADVISOR TO THE SECRETARY, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Question 1. Many communities are working collaboratively to address housing instability among veterans and are finding that their housing and service delivery models need restructuring in order to better address the needs of veterans in their area, especially as they get closer to zero. What additional legislative or regulatory changes would be required in order to provide communities the flexibility to create an outcome-oriented system that meets their needs and incentivizes housing stability through permanent housing placements and income supports to sustain those placements?

Response. From HUD's perspective, the HUD-VASH program provides a great deal of flexibility in terms of the vouchers in comparison to the regular Housing Choice Voucher Program.

Question 2. HUD and the mainstream housing systems have been transforming transitional housing models in order to improve housing outcomes for homeless individuals. HUD's written testimony highlights the need to provide guidance to communities about the role of transitional housing and the need to examine barriers to entry. Are there any lessons learned from the transformation of mainstream housing systems that can be applied within the continuum of veteran housing providers and services?

Response. HUD has taken many steps in the last few years to push communities to closely look at their homelessness assistance portfolios and make changes, as needed. Transitional housing funded under the CoC Program has dramatically been scaled down in response, in favor of new permanent housing options (rapid re-housing and permanent supportive housing).

Question 3. How is HUD determining which communities will receive additional technical assistance through its Vets@Home initiative?

Response. In July 2015, HUD sent a national listserv message announcing Vets@Home TA. Any CoC in the Nation could sign up for the TA by submitting a request through the HUD Exchange at www.hudexchange.info. CoCs were also targeted for this TA opportunity based on rates of Veteran homelessness in the 2015 Point-In-Time count. Following either the request or the acceptance of the Vets@Home TA, HUD determined whether or not the CoC would receive remote or on-site TA based upon the 2015 data, with those having higher rates of Veteran homelessness receiving the more intensive on-site TA.

Question 4. Finding appropriate housing placements for low income individuals has been a challenge in high cost, low vacancy markets, as well as housing formerly homeless veterans in these competitive markets can be even more challenging. What can VA and community partners do to be more successful at finding veterans permanent housing in these areas?

Response. HUD recognizes that a great challenge faced by communities as they work to end Veteran homelessness is lack of affordable housing. In high cost areas where the market is particularly tight, even those Veterans with a voucher have a hard time locating an affordable unit. HUD has taken steps throughout its programs to create flexibilities wherever possible such as granting waivers to PHAs to allow for increased subsidies in high cost areas and publishing a proposed rule on Small Area FMRs that would provide voucher payment standards that can be higher in high-cost areas and lower in areas with lower rental costs. HUD's Continuum of Care Program has also published new guidance allowing CoCs to use rental assistance funds in geographic areas outside of their respective CoC. Last, the HOME program and the National Housing Trust Fund both provide opportunities for communities to develop new affordable housing and we encourage participating jurisdictions to use funding to develop affordable housing specifically for persons experiencing homelessness.

With respect to recruitment of landlords, HUD, the VA, USICH and private nonprofit partners have all participated in trainings and technical assistance on how to recruit landlords. Key techniques include creation of a 24/7 hotline where landlords can get assistance if a tenant runs into trouble (the line may or may not get used a lot, but the reassurance is key), and creation of "mitigation funds" to reassure landlords that they will be paid if there are any damages or unpaid rent. An example of such a fund is the Portland, Gresham, Multnomah County's Veteran risk mitigation pool which, in addition to providing an incentive to landlords, also helps to offset other direct costs that housing providers often face in tight rental housing markets.

Question 5. Access to complete client data has the power to accelerate and target efforts around ending veteran homelessness. The CCEH written testimony for this hearing mentions that data management systems could be improved upon if VA agencies could participate in the continuum of care's Homeless Management Information Systems (HMIS) data tracking systems. Housing providers in other continuums of care have noted that tracking program eligibility can be a challenge when dealing with transitory clients who move from continuum to continuum. How have HUD grantees addressed eligibility determinations for homeless individuals who transit between continuums of care?

Response. This continues to be a challenge for CoCs that have a high volume of homeless individuals who transit between CoCs, particularly where there is not statewide HMIS implementation, which is generally the case. That said, this is an issue that HUD and CoCs are starting to think more about this as they implement coordinated entry and prioritization, develop by-name-lists, and work to increase overall data quality. CoCs can explore existing data sharing policies and develop processes to work across communities to inquire about specific individuals seeking assistance.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. SHERROD BROWN TO JENNIFER HO, SENIOR ADVISOR TO THE SECRETARY, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Question 1. Availability of Affordable Housing: In your testimony, you mentioned that our Nation's affordable housing shortage is presenting challenges to addressing homelessness among veterans. Could you elaborate on the effect that a lack of affordable housing in our communities is having on efforts to prevent and end homelessness among veterans and other Americans?

Response. The lack of affordable housing has a two-pronged impact on efforts to prevent and end homelessness among veterans and other Americans. First, the lack of affordable housing is a cause of homelessness for many. When all other options have been exhausted, veterans and others enter the homelessness response system for assistance because there are no other options. The second significant impact is that the lack of affordable housing means that it is more and more difficult for people to exit homelessness. Even for veterans that have a HUD-VASH voucher, the opportunity can be lost when a suitable and affordable unit cannot be found. This results in vouchers being unused, despite significant need.

Question 2. Federal Investments for FY 2016: You have mentioned that Federal investments in housing have been a critical component of the progress we've made on homelessness. Could you talk about the impact that maintaining sequestration funding levels for appropriated programs in FY 2016 might have on the Federal Government's investments in housing?

Response. Fortunately, sequestration funding levels did not continue in FY 2016. HUD received $60 million in new HUD-VASH vouchers as well as renewal funds to support vouchers previously allocated and leased.

Question 3. Barriers to HUD-VASH Voucher Use: You mentioned in your written testimony how important Federal investments in HUD-VASH vouchers have been to achieving the goal of ending veterans' homelessness. But you note that veterans with VASH vouchers sometimes face difficulty in finding housing to rent with their vouchers. Can you give us some more background on some of the barriers veterans are experiencing in using their vouchers?

Response. Challenges include:

(1) Balancing utilization with targeting
  – In 2014, 71% of new HUD-VASH voucher holders experience chronic homelessness
  – It can take significantly more time to locate, engage, and offer housing to Veterans who experience chronic homelessness
  – We believe this is a contributing factor to the decrease in referrals to PHAs and the increase in the amount of time it takes a PHA to lease-up

(2) Staffing challenges for PHAs
  – As a result of the deep cuts to HCV administrative fees over the last few years, PHAs have reported staffing challenges

(3) Challenges with the housing search process
  – Veterans who have spent years living in shelters and on the streets face unique challenges when searching for a unit to lease
  – Large cities tend to have tight housing markets with very low vacancy rates and/or a lack of one-bedroom apartments

– Veterans with criminal histories or poor credit scores often struggle to find landlords willing to rent to them
– Some solutions: PHAs conducting landlord outreach, VAMCs offering housing search support, and communities hosting housing fairs

Chairman ISAKSON. I would like to welcome our second panel to this hearing on veterans' homelessness, and I am pleased to introduce our five witnesses.

Lisa Tepper Bates—what a great name—from Connecticut, the Ranking Member's home State. He has been bragging about you for a week, so we are glad to have you. [Laughter.]

Michael Blecker, Executive Director of Swords to Plowshares, which I am anxious to hear the report from him.

Baylee Crone, Executive Director, National Coalition for Homeless Veterans.

Edward Powers, the Executive Director of HOPE Atlanta, my home town; we are glad to have you here today, Mr. Powers.

And, Jeff Steele, Assistant Legislative Director of The American Legion. Welcome. We are glad to have you.

We will start with you, Ms. Bates. Please try to keep your testimony to 5 minutes.

STATEMENT OF LISA TEPPER BATES, EXECUTIVE DIRECTOR, CONNECTICUT COALITION TO END HOMELESSNESS

Ms. BATES. Thank you. Good afternoon, Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee. Thank you for inviting me here today to testify on Connecticut's efforts to end veteran homelessness.

Together with President Obama and Governor of Connecticut Dannel Malloy, homeless service providers and our colleagues who serve veterans have proudly embraced the goal of ending veteran homelessness by the end of 2015. We know this ambitious goal is achievable in Connecticut and we hope it is achievable across the Nation.

Our confidence that we can end veteran homelessness in Connecticut is rooted in the productive cross-sector collaboration that powers our efforts. Our State team includes the VA Connecticut health care system, Connecticut's VA-funded Supportive Services for Veteran Families Programs, the Hartford office of the Department of Housing and Urban Development, and our State agency partners, including the Departments of Housing, Mental Health, and Addiction Services, and Veterans Affairs. These partners are working in close cooperation with mainstream homeless providers represented by my organization, the Connecticut Coalition to End Homelessness.

At the time of our 2015 Point in Time Count, only 80 veterans were found in homeless shelters in Connecticut, and only nine veterans identified as unsheltered and homeless. A hundred-and-sixty-one additional veterans were in VA-funded transitional housing or Grant and Per Diem, GPD, Programs.

I would like to highlight for you some of the most important aspects of our collaboration that are moving these numbers of homeless veterans down toward zero.

First, we are knitting together the mainstream homeless and veteran-specific resources. Veterans experiencing homelessness may

seek assistance at a VA facility and then appear later at a non-veteran-specific homeless shelter, or vice-versa. It should not matter where a veteran in need seeks help first. He or she should have access without delay to the full range of resources available for veterans to end their homelessness.

We have worked diligently to eliminate gaps between mainstream providers and VA-funded sources. One good example of this, a homeless shelter in New London, Connecticut, has an SSVF Program on-site. As soon as a veteran is identified at the shelter, the veteran is walked directly to the SSVF offices on-site to begin the housing process.

At the same time, mainstream providers are working closely with our state-funded housing resources to ensure that we can end the homelessness of every veteran, regardless of an individual's discharge status.

Second, we are bringing together the data. Our approach to ending veteran homelessness is person-centered, but fueled by the power of data to accelerate and track our efforts. We have created a single shared list of veterans in our State experiencing homelessness by combining information from the Homeless Management Information System used by mainstream providers with information collected by the VA. This information is shared between systems only with full consent of clients. By pulling together this one shared list, we can advance efforts to ensure that no veteran in need of housing assistance disappears between systems. By reporting housing outcomes against the numbers of veterans indicated as homeless on the shared list, we are tracking and sharing widely our progress on a monthly basis.

Third, we are addressing our challenges to reach the goal and hold our ground. Our VA and HUD partners have worked hard to push down and reduce the time it takes to lease a housing unit for a veteran who is then approved for a HUD-VA supportive housing unit. Due to their good work, lease up time in Connecticut has dropped from 90 to under 60 days. However, we have an ongoing challenge with regard to the availability of rental properties, as you have heard from others today.

To build a system in Connecticut and across the Nation that allows us to end current veteran homelessness and is poised to quickly assist future veterans who fall into homelessness, it is critical that VA resources are allocated as effectively as possible. You may be aware of the recent research into the transitional housing model, which suggests that many clients are best served in a housing first rapid re-housing approach to resolving homelessness, which may be most effective for clients and uses scarce resources to best effect. VA Connecticut is working to help the GPD Programs in our State focus their efforts on permanent housing planning and shorter lengths of stay with a target of 60 days or less in our GPD Programs.

No veteran should be without a place to call home. We can and must end veteran homelessness in our country. With your support, Connecticut is poised to achieve this goal.

Thank you for the opportunity to testify. I would be glad to have any questions that you may offer.

[The prepared statement of Ms. Bates follows:]

PREPARED STATEMENT OF LISA TEPPER BATES, EXECUTIVE DIRECTOR, CONNECTICUT COALITION TO END HOMELESSNESS

Good morning Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee. Thank you for inviting me here today to testify on Connecticut's efforts to end veteran homelessness.

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Our confidence that we can end veteran homelessness in Connecticut is rooted in the productive, cross-sector collaboration that powers our efforts. Our state team includes the VA Connecticut Healthcare System, Connecticut's VA-funded Supportive Services for Veteran Families (SSVF) programs, the Hartford office of the Department of Housing and Urban Development, and our state agency partners—including the Departments of Housing, Mental Health and Addiction Services, and Veterans Affairs. These partners are working in close cooperation with mainstream homeless providers, represented by my organization, the Connecticut Coalition to End Homelessness.

At the policy level, this group of partners works closely with our state coordinator of our Opening Doors process to end homelessness (which mirrors the Federal process of the same name), the Partnership for Strong Communities, and with colleagues from the CT Heroes' Project, a campaign to end veteran homelessness efforts in our state.

At the time of our 2015 Point-in-Time count, only 80 veterans were found in homeless shelters in Connecticut, and only nine veterans identified as unsheltered and homeless; 161 additional veterans were in VA-funded transitional housing, or Grant Per Diem (GPD) programs. I would like to highlight for you some of our most important aspects of our collaboration that is moving these numbers of homeless veterans down toward zero.

Knitting together the mainstream homeless and veteran-specific resources: Veterans experiencing homelessness may seek assistance at a VA facility and then appear later at a non-veteran specific homeless shelter, or vice versa. It should not matter where a veteran in need seeks help first: he or she should have access without delay to the full range of resources available for veterans to end their homelessness. We have worked diligently to eliminate gaps between mainstream homeless providers and VA-funded resources. One good example of this: a homeless shelter in New London, Connecticut sublets space to the local SSVF program. As soon as a veteran is identified at the shelter, that veteran is walked directly to the SSVF office on site to begin the housing process. At the same time, mainstream providers are working closely with our state-funded housing resources to ensure that we can end the homelessness of every veteran—regardless of an individual's discharge status.

Bringing together the data: Our approach to ending veteran homelessness is person-centered, but fueled by the power of data to accelerate and track our efforts. Consistent with national best practices, we have created a single, shared list of veterans in our state experiencing homelessness by combining information from the Homeless Management Information System (HMIS) used by mainstream providers with information collected by the VA. This information is shared between systems only with full consent of veteran clients. By pulling together this one, shared list, we can advance efforts to ensure that no veteran in need of housing assistance disappears between systems. By reporting housing outcomes against the numbers of veterans indicated as homeless on the shared list, we are tracking and sharing widely our progress on a monthly basis. This system could be improved still further if it was possible for VA agencies to participate on HMIS.

Challenges to Reach the Goal, and Hold the Ground: Our VA and HUD partners have worked hard to push down and reduce the time it takes to lease a housing unit for a veteran who has been approved for a HUD-VA Supportive Housing (HUD-VASH) unit. Due to their good work, lease-up time in Connecticut has dropped from 90 to under 60 days. However, we have an ongoing challenge with regard to the availability of rental properties. New Haven, Connecticut—just next door to VA Connecticut—has held one of the lowest national vacancy rates for rental properties for some time.

To build a system in Connecticut and across the Nation that allows us to end current veteran homelessness, and is poised to quickly assist future veterans who may fall into homelessness, it is critical that VA resources are allocated as effectively as possible. In the sphere of non-veteran specific homeless services, there has been con-

siderable research into the model of housing assistance known as "transitional housing," similar to the VA's Grant Per Diem (GPD) model. This research suggests that many clients are best served in a housing-first, rapid re-housing approach to resolving homelessness, which may be most effective for clients and in terms of using scarce resources to best effect.

In Connecticut, our VA Connecticut is working to help GPD programs focus their efforts on permanent housing planning and shorter lengths of stay (with a target of 60 days or less) in GPD programs—an important start in serving veterans as best we can with the resources we have.

In order to better use the resources currently dedicated to GPD, Congress needs to make a legislative change to move this program away from the per diem payment structure to a competitive grant program or performance-based contract. This would encourage providers to embrace a more holistic approach to addressing veterans' housing needs while ensuring the programs are outcome-oriented—that is, focused on permanent housing placements with shorter lengths of stay, rather than on bed occupancy. The current per diem payment structure may serve as a disincentive for providers to move veterans quickly out of the beds, as a crisis model demands. There are providers who are willing to move to a short-stay GPD model (so-called "bridge housing"), but the majority of GPD programs are not operating in this way. The statutorily defined, allowable two-year lengths of stay and per diem payment structure creates a disincentive for this type of program re-orientation, and instead encourages the continued operation of traditional long-term transitional housing programs.

In this same vein, it is critical that VA provide overarching guidance regarding Housing First and on GPD's role in facilitating rapid exits to permanent housing. VA, non-VA, and veteran services organizations need to have shared definitions: VA needs to make it clear that veterans in GPD programs are still considered homeless by both HUD and the VA, and that those veterans in GPD must have a permanent housing plan and be in GPD for a very short period, when possible (60 days or less).

No Veteran should be without a place to call home. We can—we must—end the homelessness of veterans who have served our country. With your support, Connecticut is poised to achieve this goal.

CLOSING

Mr. Chairman, thank you for the opportunity to testify before you today and I welcome any questions you or other Members of the Committee may have.

Chairman ISAKSON. Thank you very much.

Mr. Blecker.

STATEMENT OF MICHAEL BLECKER, EXECUTIVE DIRECTOR, SWORDS TO PLOWSHARES

Mr. BLECKER. My name is Michael Blecker. I am the Director of Swords to Plowshares, and I will resist the temptation to spend all my time on talking about how great we are and our history. It is not easy.

So, the first couple pages talked about that. But, I wanted just to say that we have been around for 40 years. I have been the Director there since—I have been involved since 1976, Director since 1982. When we started as a community-based organization, we provided the crucial things—outreach, jobs, school. We had a drop-in program. We also had a very unique VA legal program. We were helping vets get comp and pen, and also helping veterans with, quote, "bad paper." You have heard reference to that, about vets who are not eligible because of administrative separations where they are declared "other than honorable." So, that was an important issue for us from the very beginning days.

Let me get right to the VA's program. We presently house about 476 veterans in various ways, from transition stabilization beds to permanent supportive housing, and the VA programs have been crucial for us to allow us to do that. Initially, the VA's 5-year plan, we were lucky. We were in one of the 25 Cities Campaign, the

Mayor's Challenge, et cetera. They have talked about that very aggressive approach to actually create a veterans registry and to try to prioritize veterans' needs, that is, who is the most vulnerable. Which chronically homeless vets do we have to address first?

What we have discovered, that in warm weather climates, like San Francisco, even as we house veterans, there is an inflow of veterans, right. That is just the reality of what we are seeing. Maybe the total numbers drop down, but for the warm weather climates like San Francisco, the number has dropped down much slower. So, even if we reduce the number, there has been an inflow of veterans that we have to take account for. So, whether the functional zero—whatever that is—I am not sure if it takes in consideration veterans who are moving into those areas. There is an inflow; do not forget about that. That is really crucial.

The Grant and Per Diem Program is a really important program that provides your beds, et cetera, and care for veterans. The thing to keep in mind is veterans, especially who are homeless, have greater levels of acuity. They are sicker. They are older. They are frailer. They have issues with their primary health care. They have things like diabetes, neuropathy. They have primary health care issues, respiratory problems. The years have not been kind to veterans on the street.

In addition, we have already mentioned about other issues like PTSD, for the newer veterans, Traumatic Brain Injury, but also let us not forget depression, anxiety, let us not forget drug use and substance abuse. You are dealing with very chronically impaired veterans, especially those who remain unhoused at the moment, and that is really our population. That is our mission, to serve those who remain homeless, and the Grant and Per Diem Program can be very important for that.

However, we need a much more "do it" attitude, you know, an attitude from the VA that can actually get these things done. For instance, the case management in the Grant and Per Diem Program is limited to 90 days. There is no reason it should be limited. You have to have a Grant and Per Diem, and when people leave that program, there has to be a warm handoff. You cannot just cut-off case management. That is really crucial.

The other thing is Grant and Per Diem would not even survive in high-cost areas but for the Special Needs Contract. The Special Needs Contract is crucial because it augments your staffing. It also gives you access to VA staffing, especially nursing care. As I mentioned, there are a lot of primary health care issues, and if you do not have access to primary health care professionals, you are not going to be successful serving that population. So, Special Needs are really crucial.

The Grant and Per Diem rate must be higher. It must be aligned with what their true costs are. When the program started, it was $19 a day—$19. That is why there are few operators in high-cost areas. Now, it has gone up to $43 a day, but that is still—does that really—does that align with the true cost? That is what we have to look at. The program—the rate should be aligned to what your true cost is.

I want to talk a little bit about the VASH Program. If there is a magic bullet, believe me, it is the VASH permanent subsidy. That

is the magic bullet to relieving homelessness among veterans. Even in high-cost area, if you have a VASH, if you have rental subsidy that is permanent, boy, that is so important. So, we have to keep that VASH Program, those permanent rental subsidies, we have to keep a way to—if we want to end homelessness for the 50,000 veterans that remain, that is going to be crucial. That is the magic bullet.

But, I also say the case management piece of the VA is where the problem is. The VA case managers, they are not geared to serving areas where you have—you need 24/7 coverage. You cannot have banker hours if you are a social worker. Problems erupt on weekends; they erupt in evenings. You have to have access to care, crisis care. That is really, really important.

Also, you cannot graduate folks who are in your caseload because they are doing better. I think a lot of this is attributed to the VA's difficulty in hiring and keeping social workers. For every social worker they are hiring, they are losing certain social workers. There is a real problem with this shortage of professional social workers within the VA. We need to address that.

In my final 17 seconds, I will talk about the SSVF Program, which is another rental subsidy program, but it is a temporary subsidy, and the key there is to be able to work with your landlord. You have to have incentives for the landlord. You have to have staff who is trained to negotiate with landlords. It is a landlord market, folks, and if you want to use that program and get vets off the street, you have to create incentives, because these vets are not ideal tenants. You have to be able to, you know, just incentivize the landlord.

The final part is the issue with OTH, other than honorable. I urge you to read my written testimony. It is very nuanced and it is a very important issue. During the Vietnam War, there are over 500,000 veterans who ended up with other than honorable discharges—500,000 that were declared other than honorable. They had no G.I. Bill, no access to care, and it is no surprise that they became a big part of the homeless population.

That is all I will say for now. Thank you.

[The prepared statement of Mr. Blecker follows:]

PREPARED STATEMENT OF MICHAEL BLECKER, EXECUTIVE DIRECTOR, SWORDS TO PLOWSHARES

INTRODUCTION

Good afternoon Chairman Isakson and all of the Committee members. Thank you for holding this hearing and for the concern it demonstrates regarding homelessness among our Nation's veterans.

My name is Michael Blecker and I am Executive Director of Swords to Plowshares, a veterans service organization based in San Francisco. I have been with Swords to Plowshares since 1976 and I am a veteran myself having served as a combat infantryman in Vietnam. Swords to Plowshares is in its 40th year of service providing wrap-around care to veterans in the San Francisco Bay Area. In our dual role as a community-based service provider and advocacy organization, we are acknowledged by many, including yourselves, as a national model of care. I am here before this commission today to discuss the successes and challenges we have experienced carrying out the mission of VA's homeless programs throughout the years and today. I am here to recommend improvements to VA's homeless programs that will better equip communities like San Francisco and experienced providers like Swords to Plowshares with the tools they need to prevent and significantly reduce veteran homelessness.

Swords to Plowshares has been at the forefront of providing residential services and an array of ancillary support services to homeless and extremely low-income veterans for 40 years. Our organization has extensive experience with supportive housing programs for veterans—including chronically homeless veterans and those with severe mental illness. We engage in homelessness prevention, permanent housing placement and other programs that support at-risk and homeless veterans and their families. Our model of care is based on the philosophy that the obstacles veterans face—including homelessness, unemployment and disability—are interrelated and require an integrated network of support within the community and continuum of care.

- Since our inception in 1974, Swords to Plowshares has helped veterans, including homeless veterans, overcome barriers to employment and help them translate their skills learned in the military to civilian careers. Additionally, we have been an operator of the Department of Labor's Homeless Veterans Reintegration Program since the 1990s.
- In 1976, Swords to Plowshares became the first organization in 32 years to become certified to represent veterans with disabilities with VA disability claims and military discharge upgrades. We have successfully helped thousands of veterans—primarily homeless and low-income veterans—access the VA benefits and medical care they have rightfully earned, but also turn their lives around. It is a result of our model in which our benefits advocacy services are nested within a continuum of care to stabilize at-risk and homeless veterans, address their basic needs and keep them involved while we help them through the legal process.
- Since 1986, we have operated a Drop-in Center that provides critical care to help homeless and low-income veterans improve their health, wellness and long-term stability. The Drop-in Center is the main point of entry to our continuum of care for many of the homeless veterans we serve.
- Swords to Plowshares has continuously provided needed services in a housing setting since 1987. Our transitional and permanent residential programs, combined with a continuum of care, have provided thousands of homeless veterans with the stability and support they need to rebuild their lives. We continually expand supportive housing to meet the needs of veteran families, aging veterans and those with disabilities. We currently operate four Permanent Supportive Housing programs and three Transitional/Stabilization Housing Programs for 476 veterans at any given time.

  Transitional & Stabilization Housing: Swords to Plowshares began its first transitional housing program in San Francisco in 1987. Initially serving homeless veterans exiting the VA Medical Center and funded by an HCMI contract, Swords to Plowshares has been operating an array of successful transitional housing modalities for homeless veterans since that time. Currently we provide transitional housing to 130 veterans at a time with nearly 80% achieving successful outcomes (i.e. moving obtaining permanent housing). This outcome is 15 percent greater than the national average.

  – Since 2004, we have operated a 6-month stabilization program for veterans with serious mental illness being discharged from impatient psychiatric settings, providing residential support for 22 veterans at a time
  – Since 2008, we have operated a Special Needs—Chronically Mentally Ill program at our Treasure Island facility for 20 Chronically Mentally Ill veterans at a time.
  – In 2014, we opened a 19-bed Safe Haven program in San Francisco, serving 'treatment resistant' homeless veterans.

  Permanent Supportive Housing: As an early adopter of the Housing First strategies, Swords to Plowshares opened the first site-based Permanent Supportive Housing program for veterans in the Nation in 2000. Currently we operate 346 Permanent Supportive Housing units at four sites. Through these years of experience as a community-based organization, Swords to Plowshares fully understands the challenges that veterans with significant barriers face in obtaining and maintaining housing.

  – Since 2012, we have operated 12 units of Permanent Supportive Housing for veteran families on Treasure Island.
  – In 2012, we collaborated with City partners to opens 75 units of Permanent Supportive Housing for homeless veterans with disabilities at Veterans Commons, a historical site located at 150 Otis Street in San Francisco.
  – In 2014, the San Francisco Mayor's Office of Housing contracted with us to operate a new Permanent Supportive Housing site for 130 chronically homeless veterans.

PROGRESS ACHIEVING THE VA'S 5-YEAR PLAN:

We know that helping homeless veterans is not a one-size fits all approach. For more than two decades the only program to meet the needs of homeless veterans was Grant & Per Diem. But we know that residential treatment is not the right fit for every veteran. In 2009, when the VA pledged to end veteran homelessness by 2015 we wondered if it would ever be possible. Signature programs that were greatly expanded or newly created for this effort, the HUD-VASH and Support Services for Veteran Families (SSVF) programs, have helped to make significant strides and need to continue. HUD-VASH addresses the long-standing need to house and support chronically homeless veterans while SSVF is preemptively addressing homelessness instances—that we know from the experiences of Vietnam veterans—can snowball into long-term struggles including chronic homelessness.

We have made great progress toward ending veteran homelessness since the beginning of the five-year plan to end veteran homelessness. Some cities, particularly those with sufficient affordable housing stock, are reaching what has been termed as a 'functional zero' or 'operational zero' in homeless veterans. Yet many more communities are not there yet, and many will likely be unable to meet this goal by the end of this year. Based on our experience, warm weather climates like San Francisco will never truly get to zero. This is not for a lack of effort. In San Francisco, unprecedented cooperation between the nonprofit sector, the City & County, and Federal partners has been ongoing since 2011. We are seeing significant progress, even with the highest housing costs and lowest housing stock in the Nation. Following best practices, we have created a Homeless Veteran Registry, which prioritizes those with the greatest vulnerability and those at risk of dying on our streets, for the permanent supportive housing resources that the City has allocated or created. It is notable that the in-flow of homeless veterans into San Francisco, indicated by new names being added to the list, results in two new names of homeless veterans being added for every three to four veterans that we are able to get housed. We assume that this is the case in other areas with warmer climates, scant housing availability, and high ongoing homeless census. To further illustrate this, San Francisco's January 2015 Point in Time count indicated a net reduction in homeless veterans to 118 individuals from the January 2013 count. Our agency alone has permanently housed many times that number over the 24-month period. However, this process is two steps forward, one step back.

Each VA homeless program plays an important part of our Nation's strategy to prevent and end homelessness, but there are challenges that remain.

GRANT & PER DIEM

Successes: For more than 20 years, GPD has helped many homeless veterans gain the stability they need to overcome addiction, homelessness and gain self-sufficiency. The program allows providers like Swords to Plowshares to help veterans from further de-compensating and it gives us the time needed to help them stabilize and to identify permanent housing options for their future. Before SSVF and HUD VASH the challenge was how to address permanent housing for those veterans approaching the maximum length of stay in the program. Thankfully, those programs have not only significantly reduced the average length of stay and provided an avenue for program participants to exit to permanent housing versus continue to be marginally housed or worse.

Additionally, the Special Needs program not only provides a life line for many severely compromised veterans and those who are the hardest-to-house, but has also provides a lifeline for nonprofits. The Special Needs grant provides significantly more funding to cover staffing needs which is currently inadequate under GPD. The Special Needs program has provided VA staff on-site to help provide support for those veterans with the highest level of need.

Challenges: In our experience we have seen a higher level of acuity and veteran program participants with more severe physical and psychological conditions. There are more Vietnam-era veterans suffering from age-related illness and compounded health conditions from years of homelessness and poverty. Additionally, current-era veterans are often struggling with multiple disabilities such as Traumatic Brain Injury, PTSD and other service-connected physical and psychological injuries. For these reasons, we need adequate services staff on-site to ensure transitional housing program participants are provided with an appropriate level of care.

Yet, despite the acuity of GPD and Special Needs program participants increasing, VA staff coverage on-site has been increasingly unreliable and inadequate. It is critical to have access VA staff on-site who can access VA medical records and coordinate care for the severely compromised veteran residents we serve.

If not for the Special Needs contract, GPD would not provide adequate funding to cover the costs of service delivery. We would not be able to serve our veteran clients and have 24-hour staff coverage which is currently funded under the Special Needs contract. Additionally, Swords to Plowshares acquired free property to operate our Transitional Housing Program, which is a major factor that allows us to operate the program.

Recommendations: The VA should continue funding the GPD and Special Needs programs and negotiate GPD rates based on actual operating costs for providers to ensure programs have adequate services staff and funding to pay for rental or other property and operational costs, particularly in communities with high rental costs. Additionally, VA needs to ensure that adequate VA staff are on-site and ensure they fill vacant positions.

Many veterans exiting GPD programs into permanent housing are doing so with assistance from the HUD VASH and/or SSVF program. Many of these veterans need on-going case management services following their exit from GPD. Rule changes within the SSVF program to allow for a 'warm hand-off' and for ongoing case management to continue as long as they are needed for the individual veteran would significantly help in preventing recidivism. However, for those veterans exiting GPD programs without the support of VA Homeless Programs, flexibility to continue case management after the veteran has exited would significantly help in keeping high-need veterans housed. The length of case management after veterans exit GPD programs should be determined on a case-by-case basis.

HUD VASH

Successes: Over recent years, the VASH program has housed tens of thousands of homeless veterans and the program should continue its expansion until we have sufficient slots for all chronically homeless veterans still residing on our streets.

Challenges: While HUD VASH has been successful in housing thousands of veterans, many of those remaining are the harder to house, chronically homeless with entrenched mental health, substance abuse, and physical health challenges. This is the crux of the job left before us.

In San Francisco and elsewhere where there is a limited stock of affordable housing and heated rental markets, the only way that we can house many of those veterans with the highest needs is to do so in larger, congregate settings, which we need to create. Swords to Plowshares has been operating this type of congregate permanent supportive housing program for over 15 years, prior to VASH availability.

VA medical centers across the country are having difficulty on-boarding and retaining sufficient numbers of social workers to provide services to veterans with VASH vouchers. In addition to general VA staff retention, in these settings that rely on HUD VASH subsidies and staffing, we have seen that VASH staff have a very difficult time in providing the needed coverage. These facilities require for the safe operation of that housing, which include the need to schedule shifts into the evening and on weekends. Many emergency situations happen after normal business hours, so staffing patterns need to reflect this reality. With the VA unable to provide this broad clinical coverage, it leaves the operators like Swords to Plowshares struggling to meet the need, and often without any funding to do so. In addition to clinical staff being available during non-business hours, the VA practice of 'graduating' VASH clients from case management, thereby reducing staffing levels, is very problematic in these settings. Given the acuity of veterans living in these communities, as a whole, ongoing on-site clinical staffing is needed throughout the life of the project. We have heard identical stories from permanent supportive housing providers in Los Angeles, Houston, and New York City.

Recommendations: We recommend that VA mandate case management to be contracted out with the community-based system of care. Community-based providers delivering the case management portion would save in costs, improve flexibility with scheduling and other service delivery components, be better integrated with community-based housing operators wrap-around services, and leverage the expertise of community providers.

Future allocations of HUD VASH is critical. We recommend increasing HUD VASH subsidies in order to sustain our progress housing veterans.

SUPPORTIVE SERVICES FOR VETERAN FAMILIES

Successes: The Supportive Services for Veteran Families program is doing tremendous work helping to shut the front door of veteran homelessness through Rapid Re-Housing for those recently homeless and Eviction Prevention for those most at risk of becoming homeless.

Swords to Plowshares has developed the necessary infrastructure that quickly and efficiently houses veterans. Organizationally, we have learned from the challenges we faced in the early days of the program and have established roles, responsibilities and processes that have been tested and now operate efficiently and effectively. Our community partnerships are robust and productive.

Challenges: While the SSVF Program has been very successful in housing veterans, guidelines have changed multiple times since the inception of the program including mid-year changes which dramatically impact community providers. Additionally, SSVF limitations regarding pre-paying rent, providing limited case management and slim allocations for delivery continue to pose challenges.

In heated rental markets like San Francisco, rent is too expensive for most veterans to afford. In fact, 45% of homeless veteran households in San Francisco needed to move out of the county in order to secure permanent housing that was somewhat affordable. Many of those veterans who were able to remain in San Francisco, moved into one of Swords to Plowshares' Permanent Supportive Housing sites, had a housing subsidy or moved into Single Room Occupancy units within their budget.

The stock of affordable housing is dismally low in the San Francisco Bay Area. Therefore, it is incumbent upon us to forge lasting and meaningful relationships with property owners and managers. A considerable amount of staff time is allocated to finding suitable and affordable rental units. However, case managers and social workers are not skilled in real estate and negotiating with landlords. However, we are typically asking landlords to accept Below Market Rates for a population that is difficult to house and present certain predictable risks. In markets such as ours, we need the ability to reduce the financial risk to property owners. We need continue the current eviction prevention allowances and enhance rental assistance guidelines at move-in to incentivize landlords to take on this risk. We also need to provide some level of financial support when evictions cannot be prevented.

Recommendations: Funding for the SSVF program must continue beyond 2015 in adequate proportion if we are to maintain the progress that this Nation has made in reducing veteran homelessness. Otherwise, we will certainly see the numbers change trajectory and increases in veteran homelessness will surely re-occur. With the force reduction currently underway, and the tens of thousands of veterans separating from the military every year under normal circumstances, the SSVF program can be the preventative lynch pin needed to assure their successful transitions to civilian life.

- *Program flexibility to improve outreach and engagement with landlords:* Many landlords are hesitant to rent to veteran clients, particularly when many veterans utilizing SSVF have poor credit, extremely low-income, histories of homelessness, drug and alcohol abuse, mental illness, incarceration and often evictions. They are not ideal tenants in many cases and it is incumbent upon service providers to cultivate relationships with landlords and provide incentives for them to rent to veterans. For example, paying for up to three months rent in advance would help to attract more landlords. SSVF staff need adequate training on engaging with landlords or outside expertise from a realtor. Community partners operating SSVF need more flexibility to incentivize landlords to rent to veterans and need funding to hire or contract with realtors who can broker relationships and negotiate lease agreements.
- *Increase funding for Rep Payee services.* SSVF provides funding for staff to provide money management services to clients for up to 12 months. In addition to extending the 12-month period for those veterans who need the ongoing service in order to remain housed, many providers like Swords to Plowshares also provide Representative Payee services to SSVF clients, despite a lack of dedicated funds to provide these services which these veterans are mandated to utilize. In fact, we currently have more veterans enrolled in Representative Payee services than those enrolled in temporary money management under SSVF.
- *Increase allocation of Eviction Prevention funds and/or allow for more flexibility.* We have experienced an increase in the number of requests for Eviction Prevention support. Certainly and rightly, the focus up to this point has been on Rapid Re-housing more so than Eviction Prevention. However, the longer-term goal is to ensure that episodes of homelessness among veterans are infrequent and short-lived. That means that Eviction Prevention will play a larger role in sustaining the gains we have made and preventing recidivism. Moving forward, VA needs to allocate a larger percentage of Eviction Prevention dollars/enrollments to address homeless prevention among those who were assisted with Rapid Re-Housing services.
- *Flexibility for length of case management period:* SSVF currently requires that operators discharge veterans after 90 days. Support and case management for 90 days is not sufficient for many veterans—particularly those who have mini-

mal income, long histories of homelessness, drug and alcohol abuse and mental illness. Limiting the length of time community-based operators can provide case management increases the risk for recidivism. The length of case management should be extended to up to 12 months or as needed for veterans with high acuity.

- *Flexibility for use of service dollars:* Many homeless veterans need on-site supportive services in order to remain in permanent housing, but there are limited Permanent Supportive Housing sites and units. The California Association of Veteran Service Agencies championed Prop 41, the California Veterans Housing and Homeless Prevention Bond Act, to authorize $600 million in bonds to fund supportive housing for homeless veterans. Prop 41 funds will go a long way in the physical development of housing units, however, community-based service providers like Swords to Plowshares need to identify funding to cover the cost of on-site services staff, as well as identify housing subsidies for veteran residents. If the VA changed regulations under the SSVF program to extend the case management period for those veterans who are at higher risk for recidivism—those veterans who need to live a supportive housing community—it would go a long way in covering the operational cost to have services staff on-site.

In addition to these recommendations, an effective response to the problem of veteran homelessness will require that we make all VA homeless programs available to the veterans who need it most. On both counts, the VA has made great progress but has not yet done all it can do.

REACHING THE MOST VULNERABLE VETERANS

The VA has placed some of the most vulnerable veterans beyond its reach. It has done this by creating eligibility rules that exclude a large number of former servicemembers, including some who are most at risk of homelessness. We will not solve the problem of veteran homelessness until all veterans benefit from the care and support that they deserve and require.

How servicemembers are excluded from VA services: Not all servicemembers are eligible for VA care and services. Some are excluded by rules Congress enacted in 1977 that prohibit the VA from assisting servicemembers discharged for certain kinds of conduct.[1] This includes veterans discharged by General Court-Martial, essentially a felony-level conviction, and some veterans discharged because of prolonged periods of unauthorized absence.

Others are excluded because of additional rules that the VA created itself.[2] The VA's rules presumptively exclude all veterans with a punitive discharge—those that were discharged by a court-martial—as well as all veterans who receive non-punitive administrative discharges for misconduct.[3] If these veterans correctly apply for an eligibility review, the VA will evaluate their service according to a series of criteria that the VA itself created.[4] If the VA decides that the veteran failed on of its eligibility tests, then the VA may withhold housing services, in addition to health care, compensation for disabilities that arose during service, and low-income pension. In fact, the VA will not even address that person as a "veteran."

All of these veterans signed up or were drafted and served at a time in our history when most people don't do so, and the VA should withhold care and services only in the most severe cases of truly dishonorable service. The Congressional rules honor this by disqualifying eligibility in limited, specific circumstances. Unlike the rules make by Congress, however, the VA's rules are vague and end up excluding large numbers of veterans.[5]

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[1] 38 U.S.C. 5303(a); 38 CFR 3.12(c).

[2] Most VA benefits are provided only to "veterans" and their spouses or dependents. Congress defined "veteran" to include only those servicemembers who were discharged "under conditions other than dishonorable." 38 U.S.C. 101(2). Congress did not define what conditions would count as "dishonorable." Therefore the VA has been free to make its own standards, 38 CFR 3.12(a, c).

[3] There are two kinds of punitive discharges, which can only be issued by courts martial: Dishonorable and Bad Conduct. There are three kinds of Administrative discharges, which are not issued by courts martial: Honorable, General Under Honorable Conditions, and Other Than Honorable (formerly called Undesirable). The VA has decided that it will treat Honorable and General discharges as presumptively eligible for "veteran" status. However servicemembers with any of the other characterizations, including the Other Than Honorable characterization that does not require any court martial, are ineligible unless the VA includes them based on its individual review. 38 C.F.R 3.12(a).

[4] 38 CFR 3.12(b, c).

[5] For servicemembers discharged in FY 2011, about 1,400 are excluded based on Congressional standards, based on DOD discharge data and court martial records. However, the VA's presumptive exclusion criteria exclude 8,686 people discharged that fiscal year. Although about 4.5% of

The VA's standards fail to consider several common-sense issues:

- *Mental health.* We know that PTSD, TBI, and other mental health conditions can lead to behavior problems that look like misconduct to military commanders: for example, lack of impulse control, suicidality, or self-medication through drugs or alcohol.[6] But if this behavior results in misconduct discharge, the VA will only grant eligibility if the person was fully "insane"[7] or if they were so impaired that they did not comprehend their own actions.[8] In practice, this does not typically address PTSD and TBI, the most common mental health injuries from service.
- *The length and quality of prior service.* The VA's rules consider the quality of service only if the discipline issue leading to discharge was a single "minor" event.[9] In that case, the VA has a very high standard for how good the prior service must be: the VA has said that even a combat deployment is not inherently "meritorious" because that was the basic duty expected of the servicemember.[10] Its rules do not consider the duration of prior service.
- *Mitigating factors.* The rules do not consider whether there are family, financial, of other personal circumstances that might explain the behavior that led to discharge.[11]

We routinely see veterans who have served in combat, sometimes on multiple tours, who have severe mental health problems form service, and who are turned away from care by the VA because of its discretionary exclusion rules. The VA has denied eligibility to 78% of the servicememebrs who it treats as presumptively ineligible and who applied for benefits. We believe that this is too high. Every one of them served, and every one of them went to the VA for help. Turning them away should be done rarely and deliberately.

Who is affected: These rules exclude a large number of veterans. Since 2001, over 135,000 servicemembers were discharged in a way that made them presumptively ineligible for VA benefits upon discharge, according to the VA's eligibility rules.[12] For those that discharged recently, approximately 50% had deployed to a contingency operation, but were ineligible for VA services upon discharge.[13]

The large majority of them—about 85%—were discharged for conduct that was less severe than the Congressional eligibility rules.[14] This means that they may or may not be eligible, depending on how the VA applies its own criteria. However, the

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those people have since been found eligible based on a VA review, the VA's rules still exclude significantly more people than required by statute.

[6] Milliken CS, Auchterlonie JL, Hoge CW. Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War. *JAMA*. 2007;298(18):2141–2148. doi:10.1001/jama.298.18.2141; Highfill-McRoy RM, Larson GE, Booth-Kewley S, Garland CF. Psychiatric diagnoses and punishment for misconduct: the effects of PTSD in combat-deployed Marines. BMC Psychiatry. 2010 Oct 25;10:88. doi: 10.1186/1471–244X–10–88. PubMed PMID: 20974004; PubMed Central PMCID: PMC3020681.

[7] 38 CFR 3.12(b).

[8] One of the VA's bases for exclusion is when misconduct was "willful and persistent." 38 CFR 3.12(d)(4). And misconduct was "willful" unless the person lacked the mental capacity to make an intentional act. 38 CFR 3.1(n)(1).

[9] One of the bases for inclusion is when misconduct was "willfull and persistent," however the VA will overlook that misconduct if the misconduct was "a minor offense" and service was "otherwise honest, faithful and meritorious." 38 CFR 3.12(d)(4).

[10] See e.g., Title Redacted by Agency, 03–09 368, Bd. Vet. App. (June 19, 2009).

[11] The Court of Appeals for Veterans Claims has held that the VA is prohibited from taking these factors into account, because there is no provision in the regulation permitting it. *Winter* v. *Principi*, 4 Vet. App. 29 (1993). Individual adjudicators do sometimes take these factors into account anyway, on their own initiative.

[12] Servicemembers with Other Than Honorable, Bad Conduct, and Dishonorable discharges are presumptively ineligible for VA benefits. 38 CFR 3.12(a). Discharge data from Department of Defense FOIA release.

[13] Deployment and discharge data from Department of Defense FOIA release.

[14] Based on FY 2011 data. There were 8,686 misconduct discharges in FY 2011. In that period, there were 726 discharges by General Court-Martial. This corresponds to the statutory bar at 38 CFR 3.12(c)(1) (discharge by General Court-Martial). There were 548 discharges for Interservice Separation Code 1075, "AWOL or Desertion." This corresponds to the statutory bars at 38 CFR 3.12(c)(4) (discharge for desertion) and 38 CFR 3.12(c)(6) (discharge for AWOL more than 180 days). It is overinclusive because the statutory bar includes an exception for "compelling circumstances," as discussed infra. The remaining statutory prohibitions are relatively uncommon. Because the second figure is overinclusive, and because the remaining categories of prohibition are rare, it is safe to conclude that the total number of people encompassed by the statutory bars in FY 2011 is approximately 1,274, or 15% of all misconduct discharges. This data was obtained from the Annual Report of the Code Committee on Military Justice FY 2011 and from a DOD FOIA response.

VA has conducted its eligibility review for only 10% of these servicemembers.[15] The remaining 90% will be turned away if they ask the VA for help today, simply because the VA has not yet completed its eligibility review.

These are some of the most vulnerable of all veterans. The same mental health trauma that may have led to discipline issues in service will stay with them after service. And because they are turned away from VA care, those conditions are untreated. This is not speculation: Marines who deployed to combat and who received a PTSD diagnosis were seven times more likely to get a misconduct discharge than Marines who did not have a PTSD diagnosis;[16] and the suicide rate for veterans excluded by the VA is twice as high as the suicide rate for other veterans.[17] If we needed a red flag, this is it.

We know where this leads, because we saw the same thing happen to veterans of prior eras. Vietnam-era veterans who were excluded from VA care have spent their entire lives dealing with mental health trauma without VA medical treatment. If they have been too disabled to work, they got by without income support from the VA. This is unfair and unwise.

The impact on veteran homelessness: These exclusion rules hit homeless veterans the hardest. In our housing programs, about 15% of homeless veterans are excluded from VA services. Informally, other housing providers and VA personnel report similar numbers. This tells us two things.

First, it means that veterans excluded from VA services are at elevated risk of homelessness. Only nine percent of servicememebrs are presumptively ineligible for VA services,[18] yet 15% of homeless veterans are ineligible. This means that veterans excluded from the VA are about 50% more likely to be homeless. We know some of the reasons why this happens: their disabilities are not adequately treated, and they can't receive VA income support if they are too disabled to work. We shouldn't be surprised that when we turn away veterans in need that they end up on the street.

Second, it means that we will not solve the homeless veteran problem until we include these veterans. That 15% will be the last and the hardest group to assist. Many are chronically homeless, as they have lived for decades on their own without heath care or income support from the VA. Helping them off the street will require all the resources that the VA can mobilize. We can't afford to be holding back.

What the VA is doing well, and what can be done better: The VA has long recognized the importance of this part of the homeless veteran problem. Since the 1990s it has extended its GPD emergency and transitional housing program to all veterans with administrative discharges, even if they are not otherwise eligible for VA benefits. Beginning last year it expanded eligibility to include veterans with anything but a fully Dishonorable discharge, even if they are not eligible for other VA benefits. It applies the same policy to its SSVF Rapid Re-housing program. This is the right thing to do.

However, last month the VA OIG raised questions as to the legality of this policy and the VA has committed to obtaining a legal review.[19] We are very concerned that the VA will limit eligibility based on that review. This would make it very difficult to meet the Government's goal of ending veteran homelessness.

Moreover, the VA had never extended this eligibility to its HUD-VASH program. A permanent solution to veteran homelessness will require permanent housing options. Homeless veterans will need to have access to long-term housing, including income support if they are too disabled to work.

There are two ways to address this. One is for the VA to change its discretionary eligibility rules. Of the people excluded from VA services, only about 15% are excluded based on Congressional standards. The remaining 85% are excluded based on the VA's own rules. It can change these, and we believe that it should do so.[20]

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[15] Data provided by VBA analyst.

[16] Highfill-McRoy RM, Larson GE, Booth-Kewley S, Garland CF. Psychiatric diagnoses and punishment for misconduct: the effects of PTSD in combat-deployed Marines. BMC Psychiatry. 2010 Oct 25;10:88. doi: 10.1186/1471–244X–10–88. PubMed PMID: 20974004; PubMed Central PMCID: PMC3020681.

[17] Kang et. Al., Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars, Annals of Epidemiology (Feb, 2015).

[18] Discharge data from Department of Defense FOIA release.

[19] Department of Veterans Affairs Office of Inspector General, "Veterans Health Administration, Audit of the Homeless Providers Grant and Per Diem Program Management Oversight" (June 29, 2015) available at http://www.va.gov/oig/pubs/VAOIG–14–01991–387.pdf.

[20] Because Congress has provided the VA with no guidance on how to define a discharge "under conditions other than dishonorable," the VA has wide authority under the Administrative Procedure Act to define this term in its regulations. This includes wide authority to repeal or modify the definition it has already adopted.

The second way to address this gap is for Congress to mandate a change to the VA's rules. Senator Murray has introduced Senate Bill 1731 this term, a bill that would waive the VA's discretionary exclusion rules for the purposes of GPD program eligibility. We strongly support this bill. But we will not end veteran homelessness through the GPD program alone. We will need the preventative resources of the SSVF program, the long-term resources of the HUD-VASH program, and the comprehensive health care and disability assistance that only the VA can provide. This requires that that the VA's exclusion rules be brought more closely in line with the Congressional rules. If the VA is unwilling to change its rules on its own, then Congress should rewrite those rules itself.

CLOSING:

Homelessness became an inescapable byproduct of the Vietnam War and our failure as a nation and a community to provide strong support. While Vietnam veterans remain a significant portion of the homeless veteran population, we have a lingering and constant reminder of how we failed them. The hard lessons of Vietnam, and perhaps the legacy of Vietnam veterans, are the homeless fallout and our ability as a nation to make meaningful strides to end homelessness, for those veterans as well as our newer generations whose trauma has manifested at a much quicker pace. Yet it remains that Iraq and Afghanistan veterans, some home for several years, find their troubles mounting and slip into the shadows that the veil of homelessness so easily provides.

At the end of the day, we must end up with a system of housing-related services and supports that will allow each locality to promptly and effectively address those veterans that are at risk or who become homeless, thereby ending the phenomena of chronic homelessness. This system includes adequate Permanent Supportive Housing resources for the most vulnerable, senior housing supports for the large number of very low income Vietnam-era veterans aging into the need for senior services, Transitional and Stabilization housing supports such as the Grant & Per Diem and Health Care for Homeless Veterans programs, and maintaining safety net SSVF programs to close that front door to homeless, which is where the most cost-efficient intervention can be made.

We were invited to testify based on our expertise and experience in providing these services. I urge you to listen to those of us who have been on the front lines of providing services. We are providing the services needed based on our experience operating within our veteran community.

Chairman ISAKSON. Thank you very much for your testimony.

Baylee Crone.

STATEMENT OF BAYLEE CRONE, EXECUTIVE DIRECTOR, NATIONAL COALITION FOR HOMELESS VETERANS

Ms. CRONE. Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee, thank you so much for having me here today. My name is Baylee Crone and I get the pleasure of being the representative from the National Coalition for Homeless Veterans.

In this role, I have the opportunity to work with hundreds of community agencies all across the country that are actively ending homelessness for thousands of veterans and their family members every year. The organizations NCHV represents are transforming the lives of individual veterans and, importantly, which we have heard a lot about today, they are transforming the systems that respond to those changing needs.

I am here, in part, to offer thanks for the change which has already occurred in the lives of tens of thousands of homeless veterans who used to walk our Nation's streets and call them home. This change is a testament to your dedication and hard work and to the dedication of partners within the VA, HUD, and Department of Labor, and to the commitment of hundreds of community agencies like those on the panel today.

Veterans are moving off the streets into permanent housing in higher numbers. They are doing so faster and with more appropriate interventions than ever before. Our service systems have improved dramatically. The difference between chance change and sustained success, between a complicated web of programs and a coordinated net of service is these integrated systems.

Although we can see much progress, our work is far from finished. I am here with the charge, really an urgent plea, to help us do more, better, and faster to serve veterans who are homeless and at high risk.

Before national attention focusing on veteran homelessness, the community we represent stepped in to offer a hand up to all who wore the uniform. They pulled veterans in and opened that door to recovery. They screened in to maximize impact and have done so for over 20 years. With the national spotlight on their work, this community network has done what you have asked. They have served more veterans, more efficiently, more effectively, without screening veterans needing care out of services. They have continued to serve the hardest to serve.

To promote the stability of this system, we need you to clarify the intent of Congress in authorizing the GPD Program that homeless veterans with a discharge status other than dishonorable be eligible for services through the VA grant programs, GPD and SSVF. They alone have the expertise and ability to reach out and engage these veterans. Please help us to ensure that no veteran is screened out of needed services because of a legal interpretation that is divorced from the reality of our daily work and in opposition to the intent of this body.

We also do need more efficient HUD-VASH case management. To improve case management, we encourage VA to rapidly increase the number of HUD-VASH case managers, both through hiring and through contracting out to community agencies.

To ensure stability for the long-term, client choice cannot mean hands off. Housing first cannot be housing only. Maintaining function zero is as critical as getting there in the first place, and this requires long-term investment to ensure longevity. If cuts to GPD happen in 2016, current GPD Programs will either have to pull beds out from under veterans in need or VA will be forced to reduce per diem rates across the board to unsustainable levels that would severely restrict providers' ability to deliver quality services.

Finally, we know that connection to employers and income enhances long-term housing stability for persons with a history of homelessness. For veterans who are leaving the streets, this connection to employment is the difference between reinstitutionalization and rehabilitation.

The world of work encapsulated by the programs of DOL-VETS makes the connection between employers seeking laborers, the untapped unemployed, and the training that binds the two in a mutually beneficial relationship. Veterans who return to employment open up limited resources for the next veterans who need them.

As we make progress, resources need to be redeployed, not withdrawn. This means that discharge status should not screen veterans out of GPD and SSVF. HUD-VASH should be effectively deployed and supported by better case management. GPD and SSVF

must be robustly funded to be a critical component of the rapid rehousing continuum in every community. We have to better connect efforts to end homelessness to the world of work, and we could start with full funding of the HVRP Program.

Veterans will, unfortunately, experience homelessness in the future, but what matters is how we invest now to ensure that homelessness is brief, rare, and non-recurring.

I appreciate the opportunity to share these insights that we hear bubbling up from local communities. We at the National Coalition for Homeless Veterans and the agencies and veterans across the country that we represent thank you for your dedication to serving our Nation's homeless veterans. I am looking forward to your questions.

[The prepared statement of Ms. Crone follows:]

PREPARED STATEMENT OF BAYLEE CRONE, EXECUTIVE DIRECTOR, NATIONAL COALITION FOR HOMELESS VETERANS

Chairman Isakson, Ranking Member Blumenthal, and distinguished members of the Senate Committee on Veteran Affairs: Thank you for this opportunity to speak with you today. As the representative from the National Coalition for Homeless Veterans, I have the humbling opportunity to represent hundreds of community agencies across the country that are actively ending homelessness for thousands of veterans and their families each year. The organizations NCHV represents are transforming the lives of individual veterans, and importantly they are also transforming the systems that respond to the changing needs of homeless and at risk veterans in every community.

I am here in part to offer praise and thanks for the blessings of change which have already occurred in the lives of tens of thousands of homeless veterans who used to walk our Nation's streets and call them home. This change is a testament to your dedication and hard work, to the dedication of partners within the Departments of Veterans Affairs (VA), Housing and Urban Development (HUD), and Labor (DOL), and to the commitment of the hundreds of community agencies they fund to provide services. But I also come with a charge, an urgent plea, to help us do more, better and faster, to serve homeless and at risk veterans.

While much is working to soothe the wound of veteran homelessness, our work remains unfinished. To make progress toward our mission, we must see drops in the Point in Time (PIT) count, but that is not the only aspect of change we must see. We must see immediate engagement of services when a need arises and rapid response to those on the streets. We must empower community agencies to meet specific needs of individual veterans using targeted services through data-driven programs. The challenges remain daunting, but they are surmountable with close coordination of complementary programs on the local level. What we hear from the ground level gives us a better idea of what is working, and what remains left to be done.

WHAT IS WORKING

Across the country, our community organizations and VA partners are stepping in with a safety net and a hand up to self-sufficiency and independence. When we look at what is working, we see that more total veterans are being served, they are being served faster and more efficiently, and the interventions they are accessing are better able to meet their needs.

More Veterans Leaving Homelessness

Looking at the 2014 PIT count shows us that on a single night in January, 49,933 veterans were homeless. This 33 percent decline since 2010 is more than a statistic—it represents a real, measurable, downward trend in homelessness among veterans.

This measure improves every year. Veteran homelessness dropped 10 percent in one year, representing the steepest decline since veteran homelessness dropped 12 percent from 2010 to 2011. Homelessness among unsheltered veterans dropped 14 percent in one year, a greater than 40 percent decline since 2009.

While the PIT count presents a useful benchmark for tracking progress, it only shows part of the picture of who experiences homelessness throughout the year and who receives services from VA and other community programs.

The VA's Supportive Service for Veteran Families (SSVF) program has served 138,538 veterans since it began, doubling its impact every year. This program has responded to the expanded need for services across the country by serving 34 percent of the Nation's homeless veterans in FY 2014. The HUD-VA Supportive Housing (HUD-VASH) program has served over 90,000 veterans since the program's inception, ensuring housing and services for the most vulnerable, chronically homeless veterans. Over 90 percent have resulted in successful permanent housing. In 2014, GPD providers served 45,185 unique veterans. Another 45,000 homeless veterans will receive services in GPD in 2015, providing a critical connection point between the streets and sustainable housing stability.

Veterans are Served Faster and More Efficiently

Since 2010, major programs ending veteran homelessness are moving faster to get veterans into housing. The momentum is on the side of change. For veterans identified by VA grantees, 80 percent moved out of unsheltered status in an average of 30 days.

Of veterans exiting SSVF who received prevention assistance, 88 percent exited to permanent housing in an average of 84 days. Those veterans who were homeless stayed in the program only slightly longer, at 102 days on average. This average continues to decline, with FY 2014 length of stay averaging 91 days, even as the system targets those who are the most difficult to serve. Resources reach deeper into communities, with SSVF grantees serving 96 percent of the Nation's Continuums of Care and 67 percent serving at least one rural area. This sets in place a coordinated network of service that can serve as a safety net for retuning servicemembers who find themselves at risk in the years to come.

Veterans in housing through HUD-VASH, especially those over 55, reduced their use of costly VA health care by 37 percent. In communities with DOL-VETS Homeless Veterans Reintegration Program (HVRP) grantees, homeless veterans are rapidly connected to gainful employment with a low per-veteran cost of under $3,000, proving programs can be effective and cost efficient.

Interventions Better Match Veteran Needs

These significant drops and rapid changes are happening as community organizations and VA medical centers (VAMCs) have improved outreach and targeted services for those with the most significant barriers and special populations.

Of those exited from the SSVF program in FY 2014, 80 percent achieve successful permanent housing. This program is serving those with high needs and low income, including target populations needing specific interventions. Fifty-five percent reported having a disabling condition and four in five had less than 30 percent of AMI when they came into the program. Fifteen percent were women veterans, and more than half were over 45 years of age. Importantly, 67 percent of veterans who exited to permanent housing went to housing with no subsidy.

The Grant and Per Diem (GPD) program has improved connection to permanent housing and targeting of special populations. Reaching the VA's goal of 65 percent permanent housing placements, this program will continue to adapt to be part of the rapid re-housing continuum through a focus on bridge housing and transition in place models. Over seven percent of veterans served through GPD are women, a higher percentage than VA domiciliary programs or HCHV.

The HUD-VASH program has also improved targeting. Over 11 percent of HUD-VASH vouchers went to women veterans in FY 2014, and 71 percent of veterans served were chronically homeless. At the Department of Labor, refocusing guidance for the Jobs for Veterans State Grants (JVSG) Disabled Veterans Outreach Program Specialists means that more veterans who are homeless have direct access to the Nation's large network of American Job Centers. Implementation of Job-Driven Training means that employment is informed by the local labor market and connected to marketable skills to build a career, not just a job.

These numbers show us veterans are moving off the streets into permanent housing faster, in higher numbers, and with more appropriate interventions than ever before. However, the measure of our long-term success is truly the functionality of our service systems. The difference between chance change and sustained success, between a complicated web of programs and a coordinated net of service, is integrated systems. On this front, we have also made progress.

Systems are Changing

For many years, limited resources and an overwhelming challenge created a structural disconnect between our message and our mission. Our message was a call for services to help veterans on the streets, while our mission called for a system that ended homelessness altogether. Basic human rights and meeting basic needs came first. Now, having a real end to veteran homelessness on the horizon has both ex-

panded and consolidated the service system. Our message can stand up to the charge in our mission. We will end veteran homelessness through a crisis-response services system that focuses on rapid progression away from homelessness and toward long-term stability.

As a community, we have developed a services spectrum that matches the needs of veterans in our care. On one end of the spectrum, veterans needing housing stability and community connectivity access light-touch, short-term interventions. Prevention services offered through SSVF fit these veterans. On the other end, veterans with serious disabling conditions and chronic homelessness access intensive, longer term support. Housing subsidies with comprehensive case management from a multi-disciplinary team of care professionals fit these veterans. Appropriate interventions are often HUD-VASH or other permanent supportive housing.

Between these two poles, we find many of the veterans who we will house in the remainder of 2015. These are the homeless veterans with moderate to intense service needs, who have challenges identifying appropriate and affordable housing, and who do not qualify for HUD-VASH. They fall into a need category built around rapid rehousing. Serving them requires close coordination of local programs. They need help and the process to ensure sustained stability progresses along the spectrum between light-touch and high-intensity interventions. GPD often provides the bridge back into one's community, especially when it can follow a transition in place (TIP) model where the intensity of services fade as the need for those services decreases, resulting in permanent housing when the veteran can take over responsibility for that independent housing. SSVF can also factor into this middle section of the spectrum, providing short-term financial assistance for needed items like moving costs, security deposits, or child care services so a veteran can go back to work. HVRP steps into this section, providing a hand up to gainful employment and income stability to promote housing stability. We know from our work serving veterans who are homeless that each one of these programs provides a necessary and unique string in the fabric of stability. The programs do not duplicate, they coordinate.

Best Practices are Emerging

We know that Housing First, when done correctly, works. It must include housing access, access to a broad spectrum of supportive services, and mandatory case management to be effective. We know that hosting master lists where we can see every veteran by name helps communities expedite and target services to those most in need. We know that including specialists, like Housing Specialists and Peer Navigators, deepens the impact of every staff member on a team. We know that a team approach and coordinated case management meetings improve outcomes.

In many ways, future efforts to end all homeless will benefit from the challenges and failures we have encountered in our work to end veteran homelessness, but we are learning what works and doing our best to magnify that impact in all communities where veterans find themselves in need. The message is changing from homeless maintenance to a crisis response system. Some communities are getting there, proving it can be done. Many more are on target, and able to track their progress. Others are slightly behind but learning aggressively and leaning heavily on their community partners.

WHAT STILL MUST BE DONE

Although we can see much progress, our work is far from finished. As a community, we must dedicate ourselves to fostering housing stability for those who move off the streets, supporting the longevity of programs to meet future need, and ensuring self-sufficiency through connection to the world of work.

Fostering Stability

Fostering long-term stability requires that we stabilize the eligibility requirements for GPD and SSVF and improve both the reach and case management of the HUD-VASH program.

Before national attention focused in on veteran homelessness, the community we represent stepped in to offer a hand up to all who wore the uniform of this country, They pulled veterans in and opened a door to recovery, irrespective of race, creed, age, period of service, sexual orientation, gender, or discharge status. They screened in to maximize impact, and have done so for over 20 years. With a national spotlight on their work, this community network has done what you have asked: they've served more veterans, more efficiently and effectively, without screening out veterans needing care. They have continued to serve the hardest to serve.

To promote the stability of this system, to let these agencies continue to do what you've asked them to do, we need you to clarify the intent of Congress in author-

izing the GPD program that homeless veterans with a discharge status other than dishonorable be eligible for services through the VA grant programs GPD and SSVF. These programs have always served these veterans; they alone have the expertise and ability to reach and engage them. Help us ensure no veteran is screened out of needed programs because of a legal interpretation divorced from the reality of our daily work and in opposition to the intent of this legislative body.

A veteran who moves into a home is only successful if he can remain stable in that home for the long-term. This means we still need additional HUD-VASH vouchers. While the President's budget alludes to national saturation of this resource, national saturation does not mean local distribution has been perfect. Additionally, these vouchers can be leveraged to develop new affordable housing in areas of high need with low vacancy rates. However, some communities with chronically homeless veterans do not have access to the resource intended to serve them.

We also need more effective HUD-VASH case management. VAMCs cycle quickly through VASH case managers who are inexperienced and rarely stay in the job for more than a few months before leaving for other opportunities. These chronic vacancies lead to high case loads for the case managers who remain, leading to burnout and disengagement with the welfare of veterans they serve. To improve case management, NCHV encourages VA to rapidly increase the number of HUD-VASH case managers through contracting out to community agencies and expediting hiring of permanent VA positions. This case management must provide continuity of care, be a well-paid job, be filled with candidates qualified through experience as much as through degrees, and include smaller caseloads so no veteran is left behind.

To ensure stability for the long term, client choice cannot mean hands off. Housing First cannot be Housing Only. We need to assess time in housing but also perceived quality of life as measured through access to preventive medical care and social connectivity. HUD-VASH is not re-institutionalization for the sake of cleaner streets, this is reintegration for the cause of human dignity.

Promoting the Longevity of Service Systems

The evolving landscape of veteran needs demands that the work does not end, especially for community agencies on the front lines. In rural areas where aging veterans on fixed incomes are at high risk, our agencies are there to fix roofs and fill out Medicaid applications. In urban cities where young veterans move between multiple deployments, instability is thwarted by job clubs and "Battle Buddies." In towns and cities across the country where transitioning servicemembers find themselves jobless, hopeless, and without support, our community agencies will be there with a hand up for years to come. In the coming years, over 40,000 veterans will transition back to civilian world every year. Some of these veterans will be low income and will need our care and support. The longevity of our impact requires a continued investment in the community, through and beyond 2015.

Maintaining these local support structures requires long-term investment in peer-based outreach systems, transition points to bring veterans off the streets, and landlord liaisons to help open up affordable housing access. The GPD program provides these critical elements and much more in local communities across the country. Unfortunately, the President's budget institutes a premature disinvestment in resources when they are needed most. If these cuts happen in 2016, current GPD programs will either have to pull beds out from under veterans in need, or VA will be forced to reduce per diem rates to unsustainable levels that would severely restrict providers' ability to deliver quality services. Flat-lining of the SSVF program's funding will hamper this program's ability to reach deep into areas of need in the years to come. Without the needed $500 million investment for the long term, community agencies will be unable to stymie the wave of homeless risk surging into communities as servicemembers demobilize. These organizations are flexible and responsive, but they already do much with little.

If these cuts happen, an increased demand for care will meet decreased community referral options. Next year, by VA estimates, demand for VHA health care services by all veterans will increase by 10 percent and demand for mental health services by homeless veterans will increase 37 percent. As the numbers accessing VAMC medical care continue to grow, we will see increased, not decreased, need for local community referrals for homelessness prevention and rapid re-housing services. The connection point between the VAMC providing medical care and the community agencies providing homeless and prevention services is the safety net that will prevent homelessness after 2015.

Some veterans suffering from Traumatic Brain Injury, military sexual trauma, and other compounding, disabling conditions will inevitably fall into homelessness after 2015. Reinstating GPD funding at 2015 levels and pushing SSVF funding to $500 million ensures brick-and-mortar bridges out of homelessness. By pushing

these reinstated funds back into the community, VA can fund bridge housing in communities with a high need for transitional housing or allow for facility upgrades to meet the safety and security needs of women veterans, veterans with chronic mental health issues, and aging and disabled veterans—all rapidly growing populations. Redeploying these resource to high-need areas and allowing flexibility in program structure to encourage the creativity systemic to these agencies will ensure that GPD programs capitalize on expertise in outreach, case management, and landlord engagement to make homelessness brief and non-recurring.

In communities that have reached functional zero, social service workers have not slowed down. Maintaining functional zero is as critical as getting there in the first place, and it requires long-term investment to ensure longevity. VA's investment in VA employees and structures is promising, but the long-term investment in the community agencies on the front lines is an investment in a promise that has been fulfilled every day for over 20 years.

Enhancing Self-Sufficiency

Recent research has shown us that connection to employment and income enhances long-term housing stability for persons with a history of homelessness. Stability and longevity are tied to self-sufficiency, and self-sufficiency through employment is the hand up to community connectivity and purpose. For veterans who are leaving the streets, this connection to employment is the difference between re-institutionalization and rehabilitation.

Luckily, we know what works. Veterans who are homeless or at risk must be connected to the employment system of the Department of Labor. The Department of Labor is the only agency that utilizes community agencies to successfully connect homeless veterans to gainful, competitive employment. Each year, the 153 HVRP grantees work with over 15,000 homeless veterans to connect them to training, employment, and the supportive services that set them up for long-term self-sufficiency. Incredibly, this program promises at least a 65 percent placement rate with a cost per placement under $3,000 per veteran and is tied directly into the Nation's workforce system through connection to the American Job Centers (AJCs). Veterans who are homeless, especially those with disabilities, face considerable personal, institutional, and relationship barriers to competitive employment. The HVRP program helps veterans overcome these barriers and succeed in the competitive labor force.

Unfortunately, this pivotal program is chronically underfunded. If fully funded to match the surge of other community-based homeless programs like SSVF, we would open the door to self-sufficiency for tens of thousands of homeless veterans right now. Addressing unemployment while addressing homelessness can magnify positive outcomes and address risk factors precipitating homelessness.

Disabled individuals are often the last hired and the first fired when the economy expands and contracts, a reality with devastating consequences for the high percentage of homeless veterans with a disability. Minority homeless veterans face compounded challenges; African Americans are overrepresented in both the homeless veteran population and the ranks of the long-term unemployed. Some homeless veterans fall out of focus because they have been unemployed for so long. Too many veterans over 55 are homeless and are statistically outside of the active labor force due to chronic unemployment.

The world of work encapsulated by the programs of DOL-VETS makes the connection between employers seeking laborers, the untapped unemployed, and the training that binds the two in a mutually beneficial relationship. Veterans who return to employment open up our limited resources for the next veterans who need them. They become tomorrow's managers, mentors, and peers. They prevent recidivism into homelessness. They help decrease incarceration. If we want stable and long-lasting change for veterans who are homeless or at risk, we must aggressively open up the world of work. Every person, including homeless and at risk veterans, including veterans of any age, race, disability status, or gender deserves an opportunity to seek out self-sufficiency.

WHERE WE GO FROM HERE

The national decline in veteran homelessness since 2009 is without precedent. The success we have seen to date, and our future success relies on the strengths of VA's front lines—the community providers that fight the daily battle to do more, better and faster. The momentum is on the side of rapid change, and we are closer than ever to achieving our mission of effectively ending veteran homelessness. However, ending veteran homelessness is not a moment; it is a moving target.

As the number of veterans on the street and in temporary shelter goes down, we will need to be more, not less, diligent in ensuring that we provide a hand up to

those who remain on the street and find themselves at high risk. We will end veteran homelessness, but reaching that benchmark happens when the systems in place are ready and able to immediately meet a veteran's needs should he fall into homelessness or be at high risk. As we make progress, resources will need to be redeployed, not withdrawn.

If we truly want a sustained end to veteran homelessness, we need to fully utilize all of the resources we have as efficiently as possible. This means that discharge status should not screen veterans out of GPD and SSVF. HUD-VASH should be effectively deployed and supported by better case management services. GPD and SSVF must be robustly funded to be a critical component of the rapid rehousing continuum in every community blessed with these vital resources. We have to better connect efforts to end homelessness to the world of work, and we can start with full funding of the HVRP program. Given the flexibility to evolve, these tools will continue to offer a bridge to stability for tens of thousands of vulnerable veterans moving forward. Veterans will unfortunately experience homeless in the future; what matters is how we invest now to make sure homelessness is brief, rare, and nonrecurring.

S. 1731, the "Homeless Veterans Services Protection Act of 2015"

Since the creation of the Grant and Per Diem program in 1992, the homeless veterans' services that the Department of Veteran's Affairs has provided have not been tied to healthcare eligibility. This includes the Special Needs grants, and Supportive Services for Veteran Families programs that were added to the continuum of care in later years. It has been VA policy for nearly 25 years to serve those most in need, regardless of their discharge status—as long as the servicemember was not given a dishonorable discharge. This was the intent of Congress at the time, and was further based on a 1994 ruling by the VA's Office of General Counsel.

In 2014, this policy was thrown into confusion during a routine review of a program handbook, and led to a moratorium, and then subsequently to a rescission of that moratorium, on serving veterans with an "Other Than Honorable" discharge. This policy is still under review by the VA. Following a recent Office of the Inspector General report, it was brought to light that there was still confusion in the field among GPD providers, and a new legal opinion has been promised by November of this year.

S. 1731 would maintain the status quo, reaffirm the original intent of Congress, and protect the eligibility for homeless services of those veterans with other than Dishonorable discharges who desperately need assistance. Furthermore, S. 1731 removes the requirement that a veteran serve in the military for two years in order to be eligible for these three VA homeless programs, and would direct the VA to properly train the field on serving these veterans.

Significantly, this legislation would not extend eligibility for these programs to those who received dishonorable discharges, nor to those who were discharged following courts-martial. Neither would this legislation extend any benefits (including healthcare, pensions, or any other veteran's benefits) to these veterans, other than access to the GPD, Special Needs, and SSVF programs.

As we reach the end of the Five-Year Plan to End Veteran Homelessness, it is increasingly important that we retain the ability to serve homeless veterans with "Other Than Honorable" discharges. Despite the relative infrequency with which veterans receive this discharge type, those who do receive one make up 15% of the homeless veteran population across the country. In some urban locales, that number can be as high as 30% of the area's population of homeless veterans. The loss of the ability to serve these veterans would constitute an unnecessary roadblock on our charge to end veteran homelessness.

This legislation is needed to ensure that we can end veteran homelessness across the country, it codifies nearly 25 years of best practices, and it does not change the cost of the VA homeless programs. NCHV expresses the strongest support for S. 1731, and urges the Senate to pass this crucial legislation to ensure that we meet our goal.

The "Veteran Housing Stability Act of 2015"

This bill, while not yet introduced at the time of writing, would address a number of concerns that face homeless veteran service providers, either through head-on fixes or through exploratory pilot programs. These problems include outdated definitions, a lack of resources to ensure the permanent housing stability of some veterans, ease of identifying landlords who will rent to formerly homeless veterans, and heavy administrative burdens to change.

Likewise, the VA faces its own issues as it pushes to end veteran homelessness. It is saddled with an out dated grant structure that is resistant to changing cir-

cumstances, an impermanent think tank on veteran homelessness, and a heavy cost burden by certain homeless veteran "healthcare super-utilizers."

Homeless veteran service providers are often faced with definitional issues that decide who they can and cannot help off the streets because the McKinney-Vento definition of homelessness was updated several years ago, without the VA definition being updated alongside it. As such, veterans fleeing domestic violence are being turned away from certain programs that are not authorized to help them. This legislation would update the definition.

Service providers who operate transitional housing are limited in what they can do for veterans after they leave their facilities by the method in which VA funds those programs. Because GPD programs are reimbursed on a per diem system, the VA cannot fund activities called "follow up case management" that support the veteran after s/he has transitioned to permanent housing. This can have an effect on the success of the veteran, and always hampers the tracking of that success. This bill would create a grant program to fill this gap.

The VA has provided millions of dollars in grant funds to create physical spaces where service providers can provide homeless veterans with transitional housing services. The VA also believes that in some of these communities, the need for these services is dwindling as we approach the end of the Five-Year Plan. In all communities, the need for permanent housing is acute. Therefore, some GPD providers would like to turn their transitional housing beds into permanent housing for formerly homeless veterans. However, because of grant obligations and real estate recapture provisions they are simply unable to make that change. This legislation provides a pathway for service providers to make that change, and continue to serve veterans in need in a new environment.

The National Center for Homelessness Among Veterans (NCHAV) has been undeniably critical to the successes that we have seen in the movement to end veteran homelessness. Working with their academic partners the NCHAV has been conducting research and using the resulting data to drive VA policy changes since the Center's inception in 2009. The National Center ensures that our policies are effective at ending veteran homelessness, as well as cost-effective; their work helps to ensure that every dollar spent is used to the fullest, to save veterans from living on the streets. Currently, the NCHAV is not specifically authorized and is funded at the discretion of the Secretary of the Department of Veterans Affairs. This legislation would ensure that this think tank exists into the future, so that the Federal Government never allows an epidemic of veteran homelessness to occur, ever again.

One of the other large issues facing the VA today is the heavy burden of certain homeless veteran "healthcare super-utilizers." This legislation proposes a pilot program to provide intensive case-management to these veterans—assisting them with housing stability, healthcare utilization, and benefits—that is designed to help the VA lower their overall cost of care. Should it prove effective, this would benefit not only the VA's bottom line, but the health and quality of life of many chronically ill homeless veterans.

NCHV strongly supports the Veteran Housing Stability Act, both for its provisions and for the important issues it brings to the forefront of discussion. We urge the Senate pass this legislation.

CONCLUSION

A few weeks ago, we celebrated the 25th Anniversary of the passage of the Americans with Disabilities Act. That pivotal piece of bipartisan legislation told persons with disabilities you have value in the workforce, you have a voice in this democracy, and you have a responsibility to be visible, vocal, and engaged in your community. The epochal shift of that tide for persons with disabilities was unprecedented. A social change movement pushed up from local communities, and national partners were brave enough to act.

Here, 25 years later, we face a different yet comparable opportunity. Twenty five years from now, will we look back on this year as the time when we said to the least of these, our Nation's homeless veterans: you no longer need to hide in the shadows, sleeping in doorways? Those who served this great national deserve to be part of her economy and her communities. Will we push ourselves to do what is right by saying that hidden is not forgotten, housed out of the public view is not reintegrated, functional zero is not final zero? We must continue to act with vigilance, with a nearly frantic ferocity and obsessive dedication to nothing short of perfection.

Thank you for the opportunity to share the insights I have seen bubbling up from local communities. We at the National Coalition for Homeless Veterans and the

agencies and veterans across the country we represent thank you for your dedication to bravery and social change for our Nation's veterans.

Chairman ISAKSON. Thank you for your testimony, Ms. Crone.

Mr. Powers.

STATEMENT OF EDWARD POWERS, EXECUTIVE DIRECTOR, HOPE ATLANTA

Mr. POWERS. Thank you, sir. Let me start by thanking Senator Isakson for the opportunity to address the Committee today. As a service provider, CEO, and as a Vietnam veteran, I am grateful for the SSVF funding that allows HOPE Atlanta to help my fellow veterans in ways we could not otherwise afford.

Because Georgia has the fifth-highest percentage of unsheltered homeless veterans in the country, these funds are incredibly helpful to those of us working with the VA to get our former warriors stably housed. There are four social service agencies in the Metro Atlanta area currently receiving SSVF funds. Of these providers, HOPE Atlanta receives the most funding, covers the largest geographic area, and services the most homeless veterans.

Since the SSVF Program began, we have learned a lot and have had some great successes, but challenges remain. I will start by telling you about the challenges, some of which can be fixed with funding. Others are more complicated and time consuming to fix, even with additional funding.

First, the numbers are large and the solutions are individual and often complicated. As we implement the program, HOPE Atlanta faces the following regional challenges: A lack of affordable housing, a lack of adequate public transportation, a lack of appropriate employment opportunities that pay a living wage. For the chronically homeless segment of the veterans' population, there are the added challenges of PTSD and other mental health and/or addiction issues.

As we have heard today, by HUD's own estimates, almost 50,000 veterans are at any time homeless in our Nation, and HUD also estimates that an additional 1.4 million veterans and their families are considered at risk of homelessness. No SSVF Program, including HOPE Atlanta, has the resources to address this potential volume of sustained and long-term demand for our services without the continued and increased commitment by this and future administrations in support of veterans and their families.

Finally, in order to help the VA reach their functional zero goal by the end of this year, we need an employment specialist. You have heard about that from others, both on the first panel and on this panel. We also need to add a staff person who is trained through the SSI-SSDI Outreach Access and Recover Program, known as SOAR, to work specifically with our disabled veterans. SOAR-trained benefits specialists have a far higher success rate than those without this training, 65 percent versus 27 percent. They also have a significantly faster decision rate than non-SOAR-trained staff do.

Currently, there is no funding for these positions, and with more than 2,000 unduplicated calls each year from veterans in the Atlanta area requesting HOPE's help through the SSVF Program, there is no way to meet their needs as current funding stands.

Successes: One-third of HOPE Atlanta's SSVF team are veterans. They have been great assets to the program and have fundamentally contributed to our successes.

We are pleased to say that the VA holds regional meetings and national conference calls to facilitate training and exchanges for what does work for all SSVF providers. This has resulted in greater flexibility in providing program services.

In Atlanta, the VA's Community Resource and Referral Center (CRRC) at Fort McPherson provides a one-stop shop for homeless veterans. Having staff there 5 days a week has been critical to our success. Since 2012, 80 percent of the veterans in our SSVF Program have exited to permanent housing.

Our PATH outreach team, the most successful one in the metro area, engages and builds relationships with chronically homeless veterans on the streets and under the bridges and connects them to housing, medical, and mental health services. Besides our three full-time staff at the CRRC, HOPE Atlanta has established and staffed six other office sites to provide SSVF services to veterans in 15 counties across our region.

We are also pleased to report that we have a strong relationship with the Atlanta VA, which has reached out to us for assistance to place homeless veterans with large families, veterans with serious criminal background problems, etc., and we have been able to place and case manage them. We have also been pivotal in doing presentations in the community, making the community at large aware of the services provided by SSVF.

HOPE Atlanta is part of five of the nine continuum of care groups in Georgia, which is an asset in assisting the VA in reaching hard to serve homeless veterans in rural conditions.

SSVF is a program for veterans, and veterans are, after all, individuals. Let us talk for a moment about a particular veteran and his family who are in a far different place today than they were when we first met them.

Joe is a Vietnam-era veteran in his late 50s. He was injured while serving for 3 years in the Army and received a medical discharge. After the Army, he got married, raised a family, and worked many different jobs, never letting the loss of one job keeping him from finding another, until he was laid off in 2014 and simply could not find another one. With no income, he, his wife, and the granddaughter they were raising lost their home. The three of them lived in their car while Joe continued to seek employment.

Because of his veteran status, the Department of Labor referred him to us and things began to turn around. We found an apartment for the family and provided 5 months of rental assistance while he continued to look for work every day. He never gave up, never lost hope, while submitting more than 300 job applications. This sort of rejection takes a toll on a man, and he persevered, and along with our staff case manager at his side, he finally was offered a great job with a gas company and is proudly supporting his family on his own.

It is such stories as Joe's that keep us in the trenches, helping as many veterans as we can. It is SSVF funding that supports this important work. Thank you for continuing to support this program

and the U.S. veterans who need us, and thank you for all you do for people in Georgia, Senator Isakson.

[The prepared statement of Mr. Powers follows:]

PREPARED STATEMENT OF EDWARD POWERS, EXECUTIVE DIRECTOR, HOPE ATLANTA

Let me start by thanking Sen. Isakson for the opportunity to address the Committee today. As a service provider, CEO, and as a Vietnam Veteran, I am grateful for the SSVF funding that allows HOPE Atlanta to help my fellow veterans in ways we could otherwise not afford. Because Georgia has the 5th highest percentage of unsheltered homeless veterans in the country, these funds are incredibly helpful to those of us working with the VA to get our former warriors stably housed.

There are 4 social service agencies in the Metro Atlanta area currently receiving SSVF funds. Of these providers, HOPE Atlanta receives the most funding, covers the largest geographic area and services the most homeless veterans. Since the SSVF program began, we have learned a lot and had some great successes, but challenges remain.

I'll start by telling you about the challenges, some of which could be fixed with more funding while others are more complicated and time consuming to fix even with more funding.

First, the numbers are large and the solutions are individual and often complicated. As we implement the program, HOPE Atlanta faces the following regional challenges:

- A lack of affordable housing
- A lack of adequate public transportation
- A lack of appropriate employment opportunities that pay a living wage

For the chronically homeless segment of the veteran's population there are the added challenges of PTSD and other mental health and/or addiction issues.

Second, according to a report in US News, in 2014 there were 21.8 million veterans in the US. By HUD's own estimates, almost 50,000 at any one time are homeless in our Nation. HUD estimates that another 1.4 million veterans and their families are considered at risk of homelessness. No SSVF program, including HOPE Atlanta's, has the resources to address this potential volume of sustained and long term demand for our services without the continued and increased commitment by this and future administrations in support of veterans and their families.

Finally, in order to help the VA reach their functional zero goal by the end of this year, HOPE should add an employment specialist. We can't change the lack of employment opportunities that pay a living wage, but an employment specialist would help us find some of the jobs there are and connect the veterans to them. We also need to add an employee who is trained through the SSI/SSDI Outreach, Access and Recover Program (SOAR) to work specifically with our disabled veterans. SOAR trained benefits specialists have a far higher success rate than those without this training (65% versus 27%). They also have a significantly faster decision rate than non-SOAR trained staff do. We can't change the lack of affordable housing but a dedicated SOAR specialist could help us get more stable SSI/SSDI benefits for our veterans which would help keep them stably housed.

Currently there is no funding for these positions and with more than 2000 unduplicated calls each year from veterans requesting HOPE's help through the SSVF Program, there is no way to meet their needs as current funding stands.

So much for the challenges. Let's move on to our SSVF Program successes! One third of HOPE Atlanta's SSVF team are veterans. They have been great assets and have contributed to our success enormously. Also contributing to our success:

- The VA regional meetings and national conference calls to facilitate training and exchanges for what's working for all the SSCF providers that resulted in greater flexibility in providing program services.
- The VA's Community Resource and Referral center at Fort McPherson (CRRC) which provides a one stop shop for veterans. Having staff there 5 days a week has been very helpful to our success.

Some specific successes include the following:

- Since October 2012 through July 13, 2015, 80% of the veterans in our SSVF program exited into permanent housing.
- HOPE Atlanta's PATH Outreach team, the most successful PATH team in the Metro region, has reached, engaged and built relationships with chronically homeless veterans on the streets and under the bridges and connected them to housing, medical and mental health services.

• Besides our three full time staff at the CRRC located at Fort McPherson, HOPE Atlanta has established and staffed 6 other sites to provide SSVF services to veterans in 15 counties across our region. These have contributed greatly to our success.

I've now regaled you with the challenges and successes of HOPE Atlanta's SSVF program. What I've focused on has necessarily been a broad overview. But SSVF is a program for veterans, and veterans are, of course, individuals. So let's talk for a moment about a particular veteran and his family who are in a far different place today than they were when we first met them. This is the sort of story that keeps those of us at HOPE Atlanta going, day in and day out, working with difficult clients in difficult situations and wondering if all our hard work really matters, wondering how much longer we can keep on slogging away in these particular trenches * * * and then getting up the next day to do it all over again.

Joe is a Vietnam era veteran in his mid-fifties. He was injured after serving for three years in the Army and received a medical discharge. After leaving the Army, he married, raised a family and worked many different jobs, never letting the loss of one job keep him from finding another, until he was laid off in 2014 and simply couldn't find another one. With no income, he and his wife and the granddaughter they were raising, lost their home. The three of them lived in their car while Joe continued to seek employment. Because of his veteran status, the Department of Labor referred him to HOPE Atlanta and things finally began to turn around. We found an apartment for the family and provided 5 months of rental assistance while he continued to look for work every day. He never gave up, never lost hope while submitting more than 300 applications for work. This sort of rejection takes a toll on a man, but Joe persevered, with his HOPE Atlanta case manager at his side, until finally—FINALLY!—he was offered a great job with a gas company. He's now proudly supporting his family on his own.

It's stories such as Joe's that keep us in the trenches, helping as many as veterans as we can. It's SSVF funding that supports this important work. Thank you for continuing to support this program and the US veterans who need us.

Chairman ISAKSON. Thank you, Mr. Powers, very much.

Mr. Steele.

STATEMENT OF JEFF STEELE, ASSISTANT LEGISLATIVE DIRECTOR, THE AMERICAN LEGION

Mr. STEELE. Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee, on behalf of Commander Helm and the over two million members of The American Legion, we thank you and your colleagues for conducting this hearing and recognizing the importance of dealing with the struggles of homeless veterans.

At The American Legion's 2009 national convention, then-Secretary of Veterans Affairs Eric Shinseki laid out one of the most ambitious aspirational goals in the history of this Nation's campaigns to care for veterans. Not merely content to reduce the number of homeless veterans, Secretary Shinseki called for an end to veterans' homelessness by 2015. Shinseki told the crowd, quote, "No one who has served this Nation should ever find themselves living without care and without hope." Later that year, the Department rolled out an ambitious 5-year plan to end homelessness among veterans.

It is now 2015, the target year, and important strides have been made. For those numbers to continue to fall, we must continue on the path VA has set and continue to utilize the resources of the entire community.

At the Federal level, Congress maintains the power of the purse and, therefore, is critical to ensuring the success of the programs they are responsible for funding, such as the Grant and Per Diem Program, the Supportive Services for Veteran Families Program,

HUD-DASH vouchers, and the Homeless Veterans Reintegration Program.

With regard to the latter, the Senate also needs to take up and pass S. 425, the Homeless Veterans Reintegration Programs Reauthorization Act, the companion bill, which passed in the House in May. This legislation reauthorizes for five additional years, through 2020, this critical program within the Department of Labor's Veterans Employment and Training Services.

Solving veterans' homelessness is not something the Federal Government can do alone, though, and we recognize that. The American Legion has taken a leadership role within local communities by volunteering, fundraising, and advocating for programs and funding for homeless veterans. Additionally, The American Legion provides housing for homeless veterans and their families in some areas, such as Connecticut and Pennsylvania.

One of the goals of The American Legion is to help bring Federal agencies, nonprofit, and faith-based organizations and other stakeholders to the table to discuss best practices along with funding opportunities so homeless veterans and their families can obtain the necessary care and help in order for them to properly transition from the streets and/or shelters into gainful employment and/or independent living.

Sometimes, it does not take much. A local shelter for homeless veterans in Pittsburgh, Pennsylvania, for example, noted that their entire budget for mattresses each year comes out of small donations made by the local post of The American Legion. This is not a large-scale program with hundreds of thousands of dollars in operating costs, but this is just one example of how, on a local level, even small donations can make a tremendous impact. Through thousands of small interactions in every community across this country, stakeholders can build on each other's efforts.

VA has done a tremendous job on a national level providing leadership, but much of the work at the local level will depend on the interaction of these community partnerships. Due to our work with homeless veterans and their families, The American Legion understands that homeless veterans need a sustained, coordinated effort that provides secure housing, nutritious meals, essential physical health care, substance abuse after-care, and mental health counseling, as well as personal development and empowerment. Veterans also need job assessment, training, and placement assistance. The American Legion believes all programs to assist homeless veterans must focus on helping veterans reach their highest level of self-management.

In conclusion, The American Legion strongly believes that Congress, VA, and other stakeholders must continue to invest in the progress that has been made and remove any barriers remaining to housing for veterans. By helping to provide the necessary resources, this Nation can finally end this scourge of veterans' homelessness.

Thank you for the opportunity to testify.

[The prepared statement of Mr. Steele follows:]

PREPARED STATEMENT OF JEFF STEELE, ASSISTANT DIRECTOR, LEGISLATIVE DIVISION, THE AMERICAN LEGION

At The American Legion's 2009 National Convention, then Secretary of Veterans Affairs Eric Shinseki laid out one of the most ambitious aspirational goals in the history of this Nation's campaign to care for veterans. Not merely content to reduce the number of homeless veterans, Secretary Shinseki called for an end to veteran homelessness by 2015, completely eliminating the scourge. Shinseki told the crowd "No one who has served this Nation should ever find themselves living without care—and without hope." By November of that year the Department of Veterans Affairs had rolled out their ambitious "Five Year Plan to End Homelessness Among Veterans."

In the midst of 2015, the target year, amazing strides have been made. According to last year's assessment, the numbers have dropped substantially. On a single night in January 49,933 veterans experienced homelessness.[1] That number is nearly 15 percent below the previous year, and a full 33 percent lower than statistics in 2010, and the numbers are going to drop lower.

While it remains possible, even probable, that from time to time there will be veterans who fall in and out of homelessness, a state where veteran homelessness achieves "functional zero," an equilibrium state where the number of veterans experiencing homelessness is no greater than the currently monthly housing placement rate for veterans, is still possible in the near future, provided we continue on the path VA has begun, and continue to utilize the resources of the entire community.

Chairman Isakson, Ranking Member Blumenthal and distinguished Members of the Committee, on behalf of Commander Helm and over two million members of The American Legion, we thank you and your colleagues for conducting this hearing and recognizing the importance of dealing with the struggles of homeless veterans.

The American Legion believes we can reach functional zero by continuing the path VA has embarked upon with their Five Year Plan, ensuring funding levels are not diminished as progress is being made, and by increasing the work done to build partnerships by all stakeholders in the community.

VA'S FIVE YEAR PLAN

VA developed a five-year plan to assist every homeless veteran willing to accept services retain or acquire: safe housing; needed treatment services; opportunities to retain or return to employment; and benefits assistance. Additionally, VA started a prevention initiative—the Supportive Services for Veterans and Families (SSVF) Program, which is designed to help veterans and their families rapidly exit homelessness, or avoid entering homelessness. SSVF is the only national, veteran-specific program designed to help at risk veterans avoid becoming homeless. The SSVF program provides grants to community-based non-profit organizations and is helping connect very low-income veterans and their families with services in the community.

This is a critical program because it focuses on "at risk" veterans, a cohort ten times the size of the actual homeless veteran population. This is critical because it has the ability to serve veterans before they are forced to the streets. The work of SSVF as a component of VA's Five Year Plan has been highly successful, ensuring the number of homeless veterans has continued to drop as homeless and at-risk veterans have been directed to housing solutions.

MAINTAINING THE FUNDING

Tremendous progress has been made in reducing the numbers of homeless veterans, but that progress could be lost if funding is reduced as the focus fades away from the mission at hand. One of the most critical tools has been the use of Housing and Urban Development—Veterans Affairs Supportive Housing (HUD-VASH) vouchers. Through FY 2015, HUD has awarded more than 78,000 HUD-VASH vouchers. Nationwide, more than 300 Public Housing Authorities (PHAs) have participated in the program. Recently, Congress created a set-aside pilot program to encourage HUD-VASH vouchers to be used on tribal lands, thereby filling an important gap in our service delivery system. It's essential that funding for these vouchers continue as VA continues its work to get veterans off the streets. The Grant and Per Diem Program (GPD) provides "Capital" and "Per Diem" grants and the Capital grants provide up to 65 percent of the costs to acquire, renovate and construct facilities for homeless veterans. These grants also see use for transportation needs, providing community vans and other aids to outreach functions.

[1] VA 2014 Point-In-Time Count

The Homeless Veterans Reintegration Program (HVRP) within the Department of Labor's Veterans Employment and Training Services (DOL-VETS) addresses one of the challenges homeless veterans face—finding and maintaining gainful employment. This program requires relatively small investment, but potentially provides great dividends, by increasing the ability of homeless veterans to integrate back into society and provide meaningful impact in their communities. Although unemployment has fallen somewhat among veterans in recent years, it remains a concern. Keeping veterans in meaningful employment is a critical step toward keeping veterans off the streets.

Congress maintains the power of the purse, and therefore is critical to ensuring the success of these programs. The American Legion urges Congress to maintain the funding levels for these critical programs:

• Continue to fund the Grant and Per Diem (GPD) Program at $250 million and SSVF at no less than $500 million through the maturity of the five-year plan (FY 2015).[2]

• Fund $75 million in new HUD-VASH vouchers, while allocating more project-based vouchers to high concentration cities of chronically homeless veterans.[3]

• Fund the Homeless Veterans Reintegration Program (HVRP) within the Department of Labor's Veterans Employment and Training Services (DOL-VETS) at the authorized level of $50 million—current funding at $38 million.[4]

BUILD ON COMMUNITY PARTNERSHIPS

The American Legion has taken a leadership role within local communities by volunteering, fundraising, and advocating for programs and funding for homeless veterans. Additionally, The American Legion provides housing for homeless veterans and their families in some areas, such as the Departments of Connecticut and Pennsylvania. One of the goals of The American Legion is to help bring Federal agencies, Non-Profit and Faith-Based organizations, and other stakeholders to the table to discuss best practices, along with funding opportunities, so homeless veterans and their families can obtain the necessary care and help in order for them to properly transition from the streets and/or shelters into gainful employment and/or independent living.

Sometimes, it doesn't take much. A local shelter for homeless veterans in Pittsburgh, PA noted that their entire budget for mattresses each year comes out of the small donations made by a local Post of The American Legion. This is not a large scale program with hundreds of thousands of dollars in operating costs. This is an example of how on a local level, even small donations can make a tremendous impact.

A delivery of $5,000 in clothing and personal items in Shreveport, LA through The American Legion's Operation Comfort Warrior prompted a VA Occupational Therapist to note: "Sometimes our veterans come in and don't have appropriate clothing to leave the hospital. They now have access to that appropriate clothing."

Through thousands of small interactions in every community across the country, the stakeholders can build on each other's efforts. VA has done a tremendous job on a national level providing leadership, but much of the work at the local level will depend on the interaction of these community partnerships.

Due to our work with homeless veterans and their families, The American Legion understands that homeless veterans need a sustained coordinated effort that provides secure housing and nutritious meals; essential physical healthcare, substance abuse aftercare and mental health counseling; as well as personal development and empowerment. Veterans also need job assessment, training and placement assistance. The American Legion believes all programs to assist homeless veterans must focus on helping veterans reach their highest level of self-management.

CONCLUSION

The American Legion strongly believes that Congress, VA and other stakeholders must continue to invest in the progress that has been made and remove any remaining barriers to housing for veterans. The VA's Five-Year Plan to eliminate veteran homelessness by 2015 is roughly 150+ days away. By helping to provide the necessary resources and changes to reach this obtainable, and worthy, goal, this Nation can finally end the scourge of veteran homelessness.

The American Legion thanks this Committee for their diligence and commitment to examining this critical issue facing veterans as they struggle to access care across

[2] Resolution No. 306 (AUG 2014)
[3] Resolution No. 330 (AUG 2014)
[4] Resolution No. 306 (AUG 2014)

the country. Questions concerning this testimony can be directed to The American Legion Legislative Division.

Chairman ISAKSON. Thank you very much, Mr. Steele. Thanks to all of you for your testimony.

Let me start out by thanking Mr. Powers for his kind words. I appreciate it very much, and your reputation for what you do in our community precedes you here today and we appreciate it. I am going to ask you a question in a second.

But, Mr. Blecker and Ms. Crone, both of you made a direct reference to other than honorable discharges in terms of eligibility for benefits, VA benefits. I think, Ms. Crone, you mentioned—maybe Mr. Blecker—that there were half-a-million veterans who received a less than honorable discharge from the military during the Vietnam era, is that correct?

Mr. BLECKER. That is correct, yes.

Chairman ISAKSON. What is it you are asking?

Mr. BLECKER. Well, the idea is that folks should be eligible for that kind of health care. The VA actually has the ability and is given the ability to actually grant—determine whether someone was dishonorable or not honorable under—it is kind of confusing. But, if they determine, as Congress said, that they served other than dishonorable, that is, they were placed in harm's way and it is not—the dishonorable discharge is administered through a court-martial proceeding or a punitive discharge, considered a punitive discharge. In the middle are other than honorables. They are not necessarily punitive discharge, but they still—you lose eligibility for VA health care if you have an other than honorable.

The idea is, especially with this remaining unsheltered veterans 15 percent as high as 30 percent, that they cannot be cutoff of that kind of health care, because they are the ones who are over-represented in the remaining unsheltered veterans.

So, we are saying the VA should make some determinations, and we outline them in my written testimony. If someone was deployed or placed in harm's way, if the misconduct was related, for instance, to stress or trauma, those things should be considered, because that is what Congress intended. They did not intend to have those other than honorable be excluded entirely from benefits. So, the VA is empowered to do that, but they just do not do that.

Chairman ISAKSON. Ms. Crone.

Ms. CRONE. From the National Coalition for Homeless Veterans' perspective, it is a slightly different nuance. What we are asking for is really maintenance of the status quo. For veterans who have an other than honorable discharge status who are currently being served by GPD and SSVF Program, those two programs in particular, there would be the potential for veterans with an other than honorable discharge status to no longer be able to access those two resources. We are asking for maintenance, so veterans with an other than honorable discharge status would still be able to access GPD and SSVF.

Chairman ISAKSON. Thank you very much.

Mr. Powers, your explanation of Joe, I have known some real Joes that had situations exactly like the one you described, living in an automobile, trying their best to find a job, a husband and a

wife and a child. When they got to you, they came to you on a Department of Labor referral, is that right?

Mr. POWERS. That is correct.

Chairman ISAKSON. Did they go to the Labor pool offices in Atlanta? Is that how they were referred to you?

Mr. POWERS. They did, absolutely.

Chairman ISAKSON. What funds did you use? You housed them for 5 months, got them rental assistance for 5 months, helped them with their family situation. Was it SSVF funds?

Mr. POWERS. Yes, sir, it was.

Chairman ISAKSON. How much is available to you to do that? Is it a case-by-case basis?

Mr. POWERS. Pretty much a case-by-case basis. We try to keep an eye on the amount of money that is available throughout the year and not spend it as quickly as sometimes the situations call for. But, we were able to, in this case, be able to stretch them out over a 5-month period to house them adequately until they were able to move on.

Chairman ISAKSON. Does Georgia get a certain grant from the Federal Government on SSVF funds and then the Georgia Department of Veterans Affairs contracts with people like yourself to utilize them? Is that how it works?

Mr. POWERS. That is correct, Senator.

Chairman ISAKSON. How are we doing with Pete Wheeler having just passed away? Are we doing OK?

Mr. POWERS. We are doing OK. You know, these are good dollars and they are dollars that we want to see continuing to be distributed. We are trying to be good stewards with the funds that we do have. But, as you have alluded to earlier, this is not money that is for everyone; you have to have a good discharge in order to participate, which leaves a significant number of individuals unable to participate. So, we are struggling with what to do with those who do not qualify.

Chairman ISAKSON. When I read your testimony, I think I remember correctly, and I thought I brought it with me, but I did not, but I think I remember correctly, you said you were one of four agencies that use SSVF funds?

Mr. POWERS. That is correct, yes.

Chairman ISAKSON. Who are the other three?

Mr. POWERS. Action Ministries, the Decatur Cooperative Ministries, and PCCI.

Chairman ISAKSON. Well, thank you very much for all you do, and thanks to all of you for what you do. Ms. Bates, you are well represented by Senator Blumenthal, and I am going to turn it over to him.

Senator BLUMENTHAL. Thank you, Mr. Chairman, and Mr. Powers, your State is well represented by Senator Isakson, as well.

Mr. POWERS. Absolutely.

Senator BLUMENTHAL. As you know, he is a strong and steadfast advocate of the causes that you have espoused.

I want to make sure that I understand the point that Ms. Crone and Mr. Blecker were making about veterans who have received a less than honorable discharge, not necessarily a dishonorable discharge, but a less than honorable discharge. I understand Senator

Murray is seeking to correct this legal issue. But, the point that you are making is that they are ineligible currently under the law for these kinds of housing benefits, but that you want—or there may be some question about eligibility, but you want the VA to continue its present practice of treating them, in effect, as eligible. Is that correct, Ms. Crone?

Ms. CRONE. I am happy to follow up with your team more on this——

Senator BLUMENTHAL. Great.

Ms. CRONE [continuing]. There is further outline in the testimony, but in a nutshell—and thank you for the question to provide that additional clarification—in a nutshell, currently, and for over 20 years, the Grant and Per Diem Program and later the SSVF Programs have both been serving that population. About 18 months or so ago, VA's Office of General Counsel came to those programs and said, you can no longer serve those veterans, just with GPD and SSVF. You can no longer serve those veterans.

Of course, there was quite an uproar, because you are talking service to 15 to 30 percent of the veterans who they are trying to help. There was a stay put on that, and my understanding is that it is currently being discussed within VA Legal. I am not a lawyer, so we are waiting on their determination, but my understanding is that the legislation that was put forward would clarify the intent of Congress that veterans with other than honorable discharge status would be able to be served by the SSVF and the Grant and Per Diem Program. That does not expand to VA health care. We are just focused on Grant and Per Diem and SSVF.

Senator BLUMENTHAL. I understand, but the same principle, perhaps, could be applied to VA health care. In fact, the change in practice that has been adopted by the Department of Defense at my request, but also as a result of the work of the Yale Law School Legal Services Clinic and other advocates, has prompted a review, or at least a different access to review, among the veterans who have less than honorable discharges.

One of the points that I think is important to follow up here is whether all of you and other organizations that deal with veterans are urging those veterans who have less than honorable discharges to avail themselves of the possibility of review based on the fact that they may have suffered from Post Traumatic Stress or Traumatic Brain Injury. They were undiagnosed then, in fact, unrecognized as a medical condition, but now are and could be, in effect, diagnosed as the reason, or one of the contributing reasons, that they received a less than honorable discharge.

I hope that you will continue to work with my staff on ways that we can use housing as well as health care as an outreach mechanism, housing maybe more than health care because many of them are ineligible for the health care and so they are never reached by this system.

That is a long-winded way of saying that this issue may be an opportunity as well as an obstacle. We need to overcome the obstacle, but it may be an opportunity for us to raise this issue.

In the short time that I have left, I want to ask Ms. Tepper Bates, first of all, thanks for the great work that you are doing. I hope that you will convey my thanks to all of your team and all

who are working in Connecticut on this very, very important issue and making tremendous progress toward driving the number of homeless veterans toward zero, which is really a goal now within sight. As you say, there were 80 homeless veterans at last count in Connecticut, which is tremendous progress.

I was very, very interested in the point that you made about changing the per diem system to, in effect, a more incentive—a system that removes the incentive to keep people, but to make sure that the housing and the program is used to promote different solutions. Maybe you could expand on that a little bit. I think that is a very, very promising idea.

Ms. BATES. Well, thank you very much for that question. I can tell you that in Connecticut, where, again, we do have a substantial stock of these so-called GPD beds, as I noted, we actually had at the time of our Point in Time Count, double the number of veterans in those beds as we did in emergency shelters. Under the definitions of HUD, those are homeless veterans and, of course, we would like to see as much coherence as possible between the VA and the HUD definitions of homeless.

The issue that we have tried to address in Connecticut is the fact that the current GPD structure serves as something, frankly, of a disincentive to those programs to focus on quickly exiting veterans out of homelessness to permanent housing. GPD housing is not permanent, and our goal in ending homelessness, whether of veterans or others, is to move people out of homelessness to permanent housing.

In Connecticut, the VA medical center is trying to work with those programs to squeeze down the amount of time veterans are homeless in them to 60 days. That is the target. Right now in Connecticut, veterans in GPD housing are homeless more than three times that amount in those programs. So, there is a challenge there, but we are trying to move that direction.

There are legislative changes that could be made, with your leadership, to look at either introducing a different payment structure or a competitive grant that would be performance-based, and that would help incentivize the GPD Programs across the Nation to look at that real focus on permanent housing and quickly moving veterans to permanent housing.

Senator BLUMENTHAL. I think that is a very, very promising idea and I would like to work with you on the legislative changes and enlist the VA. I notice that Ms. Pape is still with us. Perhaps we can form a kind of team that will consider that approach, how much of it can be done administratively and how much requires legislation, which we can pursue.

Thank you, Mr. Chairman.

Chairman ISAKSON. Senator Tillis.

Senator TILLIS. Thank you, Mr. Chair.

Ms. Crone, I had one question, actually, on terminology, because I have heard a few things described here. Is "less than honorable," the appropriate way to—is that how VA refers to veterans—"less than honorable," "other than dishonorable," I am just trying to get the terminology right.

Ms. CRONE. Yes, and we are happy to sit down and walk through the various discharge statuses with you.

Senator TILLIS. Yes. Well, the question I had is I went out to your Web site. It was very helpful. When we are talking about a homeless population of 49,000, does that include the veterans that are in that status, as well?

Mr. BLECKER. I believe so, yes.

Ms. CRONE. Yes, it is——

Mr. BLECKER. Yes. That is among the unsheltered veterans.

Senator TILLIS. All of them, OK. And, right now, if they are determined by the VA to be in this status, OTH, where they do not receive care, then how many out there right now, based on the current VA policy, are really not in a position to receive support?

Ms. CRONE. The current VA policy is allowing programs with GPD and SSVF to serve that population. If the change is made without the legislative fix being in place, we are talking between 15 and 30 percent of that 49,000, and my mental math is pretty bad, so——

Senator TILLIS. The reason I was asking that question, I was assuming it was a significant number. Then, if we do not make the changes, how can we actually achieve the goal of zero homeless veterans? So, without that policy change, the goal by the end of this year is impossible.

Mr. BLECKER. I think you could reach that conclusion, yes.

Senator TILLIS. OK. Well, it seems to me that time is a-wastin'. We are in July right now, so we have got to move pretty quickly if we have any hope of hitting that trajectory.

I probably sound like a broken record on this Committee already—I have only been here 7 months. The main thing I am trying to do—I mean, that is clearly something that we can work with the VA and work with our colleagues in the House and Senate to try to address. I, for one, think that we should.

The question that I always ask, though, for you all and what you do—and Mr. Blecker, you made me decide I was going to ask the question again—is what kinds of things do we need to do to streamline and make more efficient the relationship between the VA and organizations like yours to get rid of the red tape and compress the time between the time a need is identified and that need is being fulfilled. What general area—and, by the way, I happen to think that the Secretary and a number of people in the VA are absolutely committed to it. Sometimes, we have so many things on our plate that we have to just be crystal clear in specific interactions that need to be changed.

Can you give me some insight, if you were to list your top four or five, or Mr. Blecker, your top ten——

[Laughter.]

Mr. BLECKER. Top 35? [Laughter.]

No, they are contained in my recommendations, but I think in each of those three major initiatives, starting with the Grant and Per Diem Program, we talked about making those costs align with the true costs; we talked about extending a warm hand; and, do not cut off the case management when the vet still needs it, even if they leave the program.

What I meant about the VA—and they have to sort of take on the "can do" attitude and not think of how the programs cannot be applied, but how they could be applied. Let us be creative about it.

The SSVF Program is a remarkable investment in the community, hundreds of millions of dollars.

In California, they passed a bill, a proposition called Prop 41, that would take $600 million that was in the Farm and Home Aid Cal Vet Loan and make it available to build vet-specific housing for formerly homeless vets. But, everyone is struggling, where are we going to get the service side of it? Well, the SSVF could provide the services with a few rule changes. Again, that is being flexible. Why do you not take this major State investment and provide some of the services that would allow these programs to function, to operate? That is an example of how the VA could be creative and flexible with the programs that they have.

I talk about the VASH Grant and Per Diem. Do more case management contracting out if you have a partner there. Do not try to do it yourself and try to have all the FTEs. It is a real culture, I think, within the VA medical centers that they are really committed to having as many full-time equivalents, FTEs, staff, and not look at how you can take that money and best serve the veteran population. Sometimes, you do not need all clinical folks. You can hire peer specialists, and that will go a long way to providing homeless care.

There are creative ways to do these programs working with their partners.

Senator TILLIS. Well, I know that both the Chair and the Ranking Member have been great advocates for trying to do more to improve the relationship with the VA and the relationship with many organizations like yours.

I would sincerely appreciate your giving some thought to a punch list of things. They could be minor things. They could be things you already know about. Or, they could be things that you will run into over the next couple of months as we try to get to zero homelessness. Please reach out to this Committee and reach out to my office. Help me find those things that we can do to remove the impediments so you can continue to do the great work you are all doing.

Thank you.

Chairman ISAKSON. I would never accept the accusation that you are a broken record. In fact, I think, to the contrary, you hit the nail on the head.

For the benefit of the VA, let me say this to Mr. Blecker and everyone there. The VA is kind of like a managed care provider of health insurance. They have 606,500,000 veterans who are eligible for health care. They have a plethora of programs that are available. They do not know when those veterans are going to get sick, get PTSD, get TBI, or whatever. We appropriate a fixed amount of money to veterans health care. So, there are times—they are like an insurance company—they are managing benefits based on how much money they have got left.

The better the communication between organizations like yourself and the VA in ways to not only provide benefits, but also manage the cost of benefits and manage services, will be extremely helpful. I am convinced that one of the biggest problems that we have in Washington, and I think it is true with the entire Federal Government, is we do not have the best communication we should

between ourselves. We are either governing or providing benefits. There are a lot of times we are counterproductive because we do not talk to each other as much.

One of the things we are going to try to do, which Senator Blumenthal and I have done, is we have gone twice to the VA and had town hall meetings in the VA with their providers of health care services just to talk about problems. We want to help and we want them to be helpful to the veterans; because in the end, we are all in this for the same reason and that is to provide those services to veterans.

Your testimony today is very helpful to us to go back and find those areas where we can work. For example, on the other than honorable discharge, you have got to really be careful on that. I mean, on the one hand, you want to make sure you are providing the benefits. On the other hand, you do not want to take a veteran who served meritoriously, retired from the service, is eligible for benefits, and have somebody who did not leave meritoriously getting benefits out of the pot of money from which the meritorious service veteran did.

So, you were pointing out that problem. Our communication about that problem can help us to refine those definitions and in the end provide a better service to the veterans and, hopefully, better manage the cost of the VA.

With that said, unless there are other comments anybody has, I think we stand adjourned, unless you want to say something.

Senator BLUMENTHAL. Just to thank our witnesses for your being here today and for your service to our Nation. Thank you.

Chairman ISAKSON. The Committee is adjourned.

[Whereupon, at 4:41 p.m., the Committee was adjourned.]

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. RICHARD BLUMENTHAL TO LISA TEPPER BATES, EXECUTIVE DIRECTOR, CONNECTICUT COALITION TO END HOMELESSNESS

Access to complete client data has the power to accelerate and target efforts around ending veteran homelessness. The CCEH written testimony for this hearing mentions that data management systems could be improved upon if VA agencies could participate in the continuum of care's data tracking systems. Housing providers in other continuums of care have noted that tracking program eligibility can be a challenge when dealing with clients who are transitory and move from continuum to continuum.

Question 1. What challenges manifest at an operational level due to VA's inability to utilize HMIS?

Response. The entire system of coordinated access to homeless resources in the state of Connecticut is built around the CT Homeless Management Information System (HMIS)—the HUD-mandated database used by all HUD-funded (and most state funded) programs that address homelessness. This system allows real-time tracking of clients who are accessing services at CT HMIS participating agencies including emergency shelters and housing programs specific to homelessness.

In Connecticut, several GPD providers and all SSVF providers are already participating in HMIS, and use the data in the system to better inform their outreach and engagement efforts as well as to track their placements. The VAMC, however, is not currently allowed by internal VA regulations to access CT HMIS. This hampers the cooperation between the VAMC and other homeless resources to coordinate, and makes it more difficult and time-consuming for the non-VA providers to make immediate referrals to the VA for a veteran experiencing homelessness who presents at a non-VA facility. Additionally, veterans who may present at the VA for services but do not qualify for services there may be eligible for services elsewhere—and cannot now be easily tracked and referred.

The only recourse that we have at present to create a single, comprehensive database of veterans experiencing homelessness in Connecticut is to double-enter veterans experiencing homelessness into both the VA HOMES system (by the VA) and separately into HMIS (by my agency, CCEH, and always based on client consent for this data entry). This is an inefficient use of time and resources, and hinders progress on referring quickly each veteran experiencing homelessness to the resources he or she needs; it also complicates the process of tracking the effectiveness and completeness of our efforts to reach, shelter, and re-house appropriately each and every veteran in need.

Question 2. What would the optimal data sharing model look like with regard to tracking information on shared clients between VA and its Continuum of Care partners?

Response. Optimal data sharing would allow for tracking in the HMIS system of comprehensive history of each veteran experiencing homelessness, so that there is a single record of the homeless history, supports, and housing services in process for each veteran experiencing homelessness—whether that individual has touched a VA-funded entity or a non-veteran-specific service provider. A veteran may be in emergency shelter in a non-veteran-specific facility, but seeking medical assistance from the VAMC: a comprehensive, shared view of that person's needs and supports is critical in helping that individual to move from homeless to housed with the right supports in place. CT-HMIS could be used as a single, definitive database for tracking all veterans experiencing homelessness in the State of Connecticut. The CT HMIS platform is a statewide open data sharing system that allows providers to easily and responsibly share information to achieve the best possible outcome for every individual served. We believe this would be equally helpful to other states' efforts to end veteran homelessness.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. RICHARD BLUMENTHAL TO MICHAEL BLECKER, EXECUTIVE DIRECTOR, SWORDS TO PLOWSHARES

Question 1. Swords to Plowshares provides a number of services to homeless veterans in a high cost, low vacancy housing market. Finding appropriate housing placements for low income individuals has been a challenge in these areas, and housing formerly homeless veterans in these competitive markets can be even more challenging. What can VA and community partners do to be more successful at finding veterans permanent housing in these areas?

Response. The VA can contribute to community successes with regard to finding permanent housing for veterans in challenged rental markets such as San Francisco first and foremost by continuing to fund the SSVF program and continuing the expansion of HUD-VASH to ensure we have sufficient slots for all chronically homeless veterans still living on our streets. Additionally, VA can apply lessons learned from experienced community-providers like Swords to Plowshares and make adjustments to both the SSVF and HUD-VASH programs that will help to reduce barriers to finding housing for the hardest-to-house veterans in high cost, low vacancy markets.

HUD-VASH RECOMMENDATIONS

Increase HUD Fair Market Rent standards for HUD-VASH: The City and County of San Francisco, its Mayor, and the San Francisco Housing Authority have submitted a waiver request to HUD that would allow veterans with VASH vouchers to be competitive in the rental market. Without increases in the amount of funds available per voucher, many veterans will not be able to find housing with a VASH voucher.

A regional approach is needed: The VA should promote regional cooperation in the HUD-VASH program, making it easier for veterans with vouchers issued in high cost areas, such as San Francisco, to readily seek housing in outlying communities. Existing voucher portability issues that rest at the Housing Authority (utilization and administrative payments) and VA Medical Center (acceptance onto caseloads) level make this very difficult.

Contract out HUD-VASH case management with community-based providers: VA is having difficulty on-boarding and retaining sufficient numbers of social workers to provide services to veterans with VASH vouchers. In addition to general VA staff retention, in congregant living settings that rely on HUD-VASH subsidies and staffing, we have seen that VASH staff have a very difficult time in providing the needed coverage. We recommend that VA mandate case management to be contracted out with the community-based system of care. Community-based providers delivering the case management portion would save in costs, improve flexibility with sched-

uling and other service delivery components, be better integrated with community-based housing operators wrap-around services, and leverage the expertise of community providers.

SSVF RECOMMENDATIONS

Program flexibility to improve outreach and engagement with landlords: Many landlords are hesitant to rent to veteran clients, particularly when many veterans utilizing SSVF have poor credit, extremely low-income, histories of homelessness, drug and alcohol abuse, mental illness, incarceration and often evictions. They are not ideal tenants in many cases and it is incumbent upon service providers to cultivate relationships with landlords and provide incentives for them to rent to veterans. For example, paying for up to three months rent in advance would help to attract more landlords. SSVF staff need adequate training on engaging with landlords or outside expertise from a realtor. Community partners operating SSVF need more flexibility to incentivize landlords to rent to veterans and need funding to hire or contract with realtors who can broker relationships and negotiate lease agreements.

Flexibility for length of case management period: SSVF currently requires that operators discharge veterans after 90 days. Support and case management for 90 days is not sufficient for many veterans—particularly those who have minimal income, long histories of homelessness, drug and alcohol abuse and mental illness. Limiting the length of time community-based operators can provide case management increases the risk for recidivism. The length of case management should be extended to up to 12 months or as needed for veterans with high acuity.

Increase funding for Representative Payee services and extend Money Management period as needed. Providing Rep Payee services to veteran clients reduces the revolving door. SSVF provides funding for staff to provide money management services to clients for up to 12 months. In addition to extending the 12-month period for those veterans who need the ongoing service in order to remain housed, many providers like Swords to Plowshares also provide Representative Payee services to SSVF clients, despite a lack of dedicated funds to provide these services which these veterans are mandated to utilize. In fact, we currently have more veterans enrolled in Representative Payee services than those enrolled in temporary money management under SSVF.

Increase allocation of Eviction Prevention funds and/or allow for more flexibility. We have experienced an increase in the number of requests for Eviction Prevention support. Certainly and rightly, the focus up to this point has been on Rapid Rehousing more so than Eviction Prevention. However, the longer-term goal is to ensure that episodes of homelessness among veterans are infrequent and short-lived. That means that Eviction Prevention will play a larger role in sustaining the gains we have made and preventing recidivism. Moving forward, VA needs to allocate a larger percentage of Eviction Prevention dollars/enrollments to address homeless prevention among those who were assisted with Rapid Re-Housing services.

The following veteran client story illustrates the value of allowing flexibility to pre-pay rent and/or offer financial security incentives to landlords when trying to house veterans with issues common to those with histories of homelessness—poor credit, criminal justice involvement, and a lack of rental history:

> Mr. Smith (name changed) is a 65 year-old Army veteran with a credit score in the low/mid 500s, lack of rental history, multiple items in collections, and a felony record. He lived in the home of an elderly woman rent free in exchange for caring for the property while she was in a nursing home. When she passed away last year, the landlord decided that he wanted to sell the property. Mr. Smith at that point became homeless and was "squatting" in the building at the time of his enrollment in the SSVF program. He completed several applications for market-rate and tax-credit properties. His application was pulled for a tax-credit apartment building in the East Bay. Swords' staff went to Mr. Smith's appointment with the Property Manager to qualify him for a studio unit. Because he is 100% service-connected with the VA, he qualified for the income requirements. When they ran his credit report, however, it generated a denial of his application. Mr. Smith had brought a friend with him that had offered to co-sign for his lease if necessary. At that point, the Mr. Smith's friend and a case manager from Swords to Plowshares stepped in offering to co-sign (his part) and double the deposit (SSVF). The Property Manager agreed to approve his application on the condition of a double deposit. They deemed that a co-signer was not necessary since he had enough income to cover 2.5x the

monthly rental price. Mr. Smith will move-in to his new apartment on 9/1/15.

The following veteran client story illustrates the need not only for experienced community-based providers to provide case management directly to HUD-VASH recipients, but also the need for flexibility regarding the length of time SSVF grantees are permitted to provide money management services:

Mr. Johnson, a Vietnam era veteran with a monthly income of $1,920 monthly via VA benefits and Social Security was facing eviction due to being behind on his portion of rent for multiple months in a row and was in danger of losing his HUD-VASH voucher. Swords to Plowshares' housing placement specialist negotiated with Mr. Johnson's landlord over a period of a few weeks and was able to keep him housed after agreeing to pay for the overdue water bill and help with Mr. Johnson's stability. Swords staff were able to convince the landlord that using Swords to Plowshares' money management program would help Mr. Johnson stay in his unit and help the landlord avoid costs associated with an eviction. Money management is 100% responsible for keeping Mr. Johnson housed. Mr. Johnson is still in money management and is learning how to live within his means, however, staff are confident that the landlord will not keep Mr. Johnson as a tenant once he is no longer enrolled in money management.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. RICHARD BLUMENTHAL TO BAYLEE CRONE, EXECUTIVE DIRECTOR AND JOSHUA L. STEWART, DIRECTOR OF POLICY, NATIONAL COALITION FOR HOMELESS VETERANS

Question 1. What more can be done to improve coordination between HUD and VA during the voucher allocation process in order to make the hiring or contracting process move more quickly?

Response. NCHV does not believe that the challenges with the HUD-VASH program are a result of a lack of coordination efforts between HUD and VA. Both departments have made history with their excellent cross-departmental efforts to integrate data for improved targeting of chronically homeless veterans, maintain continuous communications on several levels within both agencies to improve voucher distribution, and support service for the hardest to serve on the local level. NCHV applauds them for that work. In fact, if anything NCHV believes that the two departments should continue and expand on their current joint efforts and joint area of focus. For instance, HUD-VASH should continue to be targeted to the chronically homeless population. As we near the end of the Five-Year-Plan, this population continues to be the hardest to serve, and the population with the highest acuity of need. Targeting through tested data analytics currently in use by the departments have proven to be sufficient to the task, and additional vouchers should be targeted to the areas with the highest remaining need. The main point relating to HUD-VASH in our written testimony, that of contracting case-management, is an internal VA issue and not part of the HUD—VA relationship. While VA hiring efforts have improved, the agency's contracting process continues to be slow, convoluted, and burdensome to qualified agencies.

Question 2. Beyond staffing improvements, are there other improvements VA might consider to ensure HUD-VASH participants are receiving high-quality case management in this program?

Response. While we focused on the need for contracting of HUD-VASH case management as a high priority in our written testimony, other non-staffing oriented adjustments should be addressed immediately. One of these adjustments is ensuring veterans leased up through HUD-VASH can access HVRP to promote a return to the world of work. Currently, being leased up in an apartment through the HUD-VASH program makes a veteran ineligible for the crucial employment training and job placement offered through the Department of Labor's HVRP. The benefits of co-enrollment to the veteran are manifold. Divisions of case management duties between employment (HVRP) and supportive service (SSVF) adds depth to the quality of care; employed veterans in HUD-VASH obtain better community connectivity and support. Employment increases the income of the veteran (lessening the cost of the HUD-VASH voucher), and employment increases the successful graduation rate of veterans out of the HUD-VASH program, thereby freeing the voucher up for the next veteran in need. This fix would be accomplished by a bill currently before the Senate, S. 425, the "Homeless Veterans' Reintegration Program Reauthorization Act of 2015."

Other improvements to the case-management for veterans could be achieved by a recapture and re-deployment of unused or turned-over HUD-VASH vouchers into project-based vouchers (PBV) for areas with high need and saturated rental markets. Vouchers should not be taken from communities with demonstrated need, but need shifts over time. PBV's would stimulate the creation of new affordable housing in which to place high-need veterans. Benefits of this model include 24/7, on-site case management to ensure stability and safety. This is critically important especially for programs implementing the low-barrier Housing First model. High impact, high frequency case management is an excellent way to improve care. This model is tailor made for project-based vouchers.

Question 3. Are there specific parameters VA should consider when determining to provide case management in-house or by contract?

Response. VA's recent work on speeding hiring has been laudable, and has directly impacted the wellbeing of homeless veterans across the country. NCHV would however urge VA to mirror this momentum in the area of contracting. The same focus on urgency and streamlining has been absent from the contracting process. Both of these areas should receive focus and a sense of urgency. VA should be firing on all cylinders to get to the goal of ending veteran homelessness. The procurement process should be encouraged as a way to speed hiring and bring expertise in house and streamlined as a process itself to increase the speed of these agreements.

A focus on contracting would allow VA to leverage the considerable network of qualified community agencies. Veteran service providers across the country are experts on the Housing First model, educated on it in theory and practitioners of it in their daily work. In places where this same pre-existing expertise does not exist in a VAMC, local service providers are ready to step in and take on the case management responsibilities. These agencies have long-standing relationships with landlords, and are connected to other community agencies to ensure wrap-around services and continuity of care. Importantly, in rural areas, these local expert agencies can fill a case management gap when the VAMC housing HUD-VASH case managers are far away.

Time with the veteran is irreplaceable. In rural areas where distances between veterans and the VAMC may be large, the time necessary for the counselor to travel between VAMC and housing sites can be burdensome. Local providers can provide far more effective and efficient case management by taking some of that travel burden off of VAMC staff. To this end, geographic distance covered by VAMC case managers should be a factor in the awarding of contracts to homeless veteran service providers. The caseload ratio of VA HUD-VASH case managers to veterans is of perennial concern. One of the most important things we can do to ensure high-quality case management is to keep caseloads of individual counselors' reasonably low. Especially in surge communities where there exists high lease-up pressures to keep pace with local planning, contracted case management to established community agencies can cut down on the case management ratio for individual case managers. This is a critical short-term strategy, and a smart long-term one to allow VA to capitalize on the dedicated local resources it has available."

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. RICHARD BLUMENTHAL TO EDWARD POWERS, EXECUTIVE DIRECTOR, HOPE ATLANTA

Question 1. Many communities are working collaboratively to address housing instability among veterans and are finding that their housing and service delivery models need to be restructured in order to better address the needs of veterans in their area, especially as they get closer to zero. What additional legislative or regulatory changes would be required in order to give communities more flexibility to create an outcome-oriented system that meets their needs and incentivizes housing stability through permanent housing placements and income supports to sustain those placements?

Response. HOPE Atlanta suggests the following to address the challenges of housing homeless veterans:

A. Offer tax credits to landlords who rent to veterans.

B. Give preference to veterans in local HUD funded programs and projects.

C. Help Public Housing Authorities develop, and then adhere to, uniform policies. Currently policies vary from one housing authority to another, with some being far more restrictive than others.

D. Offer the SSVF/HUD VASH program to veterans who were less than honorably discharged from their service. They are the ones who are the most in need.

E. Create a fast track for VA benefits such as SOAR with SSI/SSDI. Homeless veterans should be a top priority in the VA's disability screening process.

F. Create funding for SSVF Housing Specialists who act as advocates for the veterans in the program. They also interact with local landlords to educate them on veterans in the area and their housing needs.

Question 2. HOPE Atlanta's testimony highlighted the benefits of having their staff complete SSI/SSDI Outreach, Access, and Recovery (SOAR) training to improve the likelihood of, and speed at which veterans obtain social security benefits. What actions has VA taken to promote, to its grantees, free online training courses through the Substance Abuse and Mental Health Services Administration's SOAR Technical Assistance Center that might increase the availability of income supports to veterans eligible for those benefits?

Response.

A. The VA promotes SOAR as a best practice and has recently collaborated with the US Interagency Council on Homelessness and other Federal organizations to create a report that outlines key strategies for connecting people experiencing homelessness to SSI/SSDI. Here's the link for the report: http://usich.gov/usich—resources/key-strategies-for-connecting-people-experiencing-homelessness-to-ssi-ssdi.
The primary issue, however, isn't access to training, but the lack of dedicated staff time to implement SOAR once SSVF staff receive the training. There is a need for dedicated SOAR staff to be a part of the SSVF grants. As the VA reaches functional zero, more SSVF staff could be trained if needed to do SOAR. HOPE Atlanta is taking the first steps to change an SSVF outreach worker position to a SSVF SOAR position. We are only able to do this, however, because of overlapping outreach services provided by the agency.

B. The State of Georgia's Dept. of Behavioral Health and Developmental Disabilities (DBHDD) is placing a SOAR worker in the regional Community Resources and Referral Center (CRRC) two days a week to assist veterans in obtaining SSI/SSDI through SOAR. This appears to be a collaboration between the VA and the State of Georgia. We find this to be a very positive step.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. RICHARD BLUMENTHAL TO JEFF STEELE, ASSISTANT LEGISLATIVE DIRECTOR, THE AMERICAN LEGION

Question 1. The Legion is not only a strong advocate for veterans across the country, but also a direct service provider to homeless veterans in the State of Connecticut. The 18-bed facility built by Post 15 in Jewett City, CT operates at capacity for the majority of the year. It is critical that veterans service organizations take a hands-on role in ending veteran homelessness across the country. What can VA and others do to engage more mainstream VSO groups to play a more significant role in this arena?

Response. VA and other stakeholders can reach out to the VSO community to explain their plans to combat (and ultimately end) veteran homelessness in their catchment area as well as provide opportunities for them to engage in meetings/activities/events that deal with assisting homeless veterans and their families. In addition, VA can reach out to the VSO community to create opportunities to participate in their conferences, state conventions or important meetings to discuss challenges and 'best practices' in helping at-risk and homeless veterans. There are many dots to connect in order to assist a homeless veteran from the street to transitional and/or permanent housing. If VSOs understood these steps—it would be easier for these organizations to find the best way to assist and/or unite with other local resources to bring about the necessary changes for this vulnerable demographic.

VSOs are distinctly associated to the veteran community all across the country—which can lead them to being a tremendous resource for such a meaningful endeavor of ending veteran homelessness. Listed below are some activities and/or functions that the VSO community can potentially provide:

- Assistance with disability claims, discharge review and VA benefits
- Job Fairs & Resume/Interviewing Workshops—hosted by Legion Posts
- Networking—employment and training opportunities with the public and private sectors
- Fundraising—rental assistance, utilities, moving costs, etc.
- Welcome Kits—for those veterans who are moving in apartments with HUD-VASH vouchers
- Volunteer—at VA medical centers, Community Service Providers and Food Banks
- Advocacy—Both State and Federal Level
- Grantee for transitional and/or permanent housing

A P P E N D I X

PREPARED STATEMENT OF TERESA W. GERTON, ACTING ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING SERVICE, U.S. DEPARTMENT OF LABOR

INTRODUCTION

Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee, thank you for the opportunity to provide a statement for today's hearing on veterans' homelessness. I commend you all for your tireless efforts to ensure that America fulfills its obligations to our current servicemembers, veterans, and their families. The Department of Labor (DOL, or The Department) also works hard every day to ensure all veterans are prepared to meet their employment objectives.

Secretary Perez and I believe that one of the most important ways to prevent and end veteran homelessness is through a good job. However, employment is not the only factor in overcoming homelessness among veterans. Long-term stability requires a coordinated level of care between many Federal partners, including the Departments of Veteran Affairs (VA) and the Department of Housing and Urban Development (HUD), state and local organizations, non-profits, and the private sector to ensure veterans are successful in overcoming the myriad of challenges to homelessness. To that end, the Department is committed to helping the Administration meet its goal of ending homelessness among veterans in 2015, as guided by *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness.* In leading this effort, the U.S. Interagency Council on Homelessness (USICH) has generated powerful national partnerships at every level to work toward ending homelessness across the Nation. Currently, Secretary Perez serves as the Council Chair.

Through these interagency efforts and many others, the Administration has achieved historic progress. According to the HUD's 2014 Annual Homeless Assessment Report to Congress, homelessness among veterans has declined by 33 percent from January 2010 to January 2014. Yet, on a single night in January 2014, there were still 49,933 homeless veterans. That is why the Department looks forward to working with the Committee in providing these brave men and women who serve our Nation with the employment support, assistance and opportunities they need and deserve to succeed in the civilian workforce.

We also note that our partnerships throughout DOL extend VETS' ability to achieve its mission, and bring all of DOL's resources to bear for America's veterans, separating servicemembers, and their families. VETS' mission is focused on four key areas: (1) preparing veterans for meaningful careers; (2) providing them with employment resources and expertise; (3) protecting their employment rights; and, (4) promoting their employment and related training opportunities to employers across the country.

VETS administers the Homeless Veterans' Reintegration Program (HVRP) to help homeless veterans reenter the labor force. The agency provides grants to state and local Workforce Investment Boards, tribal governments and organizations, public agencies, for-profit/commercial entities, and non-profit organizations to administer services to assist in reintegrating homeless veterans into meaningful employment and to stimulate the development of effective service delivery systems that will address the complex problems facing homeless veterans. The HVRP program succeeds, not only because of the hard work and local connections of our grantees, but also because of the collaborative efforts of our government partners at the Federal and State levels. These efforts help ensure that homeless veterans receive a robust, comprehensive network of support.

HVRP's client-centric, hands-on approach has helped place thousands of previously-homeless veterans, some of whom were chronically homeless, on a path to self-sufficiency. Historically, the Department also has utilized HVRP funding for other grants designed to address difficult-to-serve subpopulations of homeless vet-

erans: the Homeless Female Veterans and Veterans with Families Program (HFVVWF) and the Incarcerated Veterans' Transition Program (IVTP). In addition, the Department supports "Stand Down" events (described below) and technical assistance grants.

HVRP

HVRP is one of the few nationwide Federal programs focusing exclusively on helping homeless veterans to reintegrate into the workforce. HVRP is employment-focused; each participant receives customized services to address his or her specific barriers to employment. Services may include, but are not limited to, occupational, classroom, and on-the-job training, as well as job search, placement assistance, and post-placement follow-up services. Grantees under this program are competitively selected for a one-year award, with up to two additional option years, contingent on the availability of appropriations and grantees' compliance with the terms of their grant.

Grants like HVRP have helped homeless veterans like Edwin Sostre, a Marine veteran, in Pittsburgh, PA. Edwin moved to Pittsburgh after obtaining employment in 2010 but was laid off shortly after. He tried to make it on his own for about a year but had no local support kinship networks and ultimately found himself homeless. In 2011, Edwin and his two sons enrolled with one of VETS' HVRP grantees, Veterans Leadership Program of Western Pennsylvania (VLP), which he found out about at a Stand Down event.

Through VLP, counselors worked with Edwin to help him obtain housing, and then helped him acquire employment as a security guard at the Monroeville Mall while he also attended the Community College of Allegheny County. Edwin completed the HVRP program, but still kept in touch with his Case Manager. Edwin graduated from the Community College in May 2015 and will start at VLP as a HVRP Career Advisor/Case Manager on August 3, 2015. Edwin now wants to give back to those who were so helpful to him and to his fellow veterans who can see in his accomplishments a path to their own success.

THE HOMELESS FEMALE VETERANS AND VETERANS WITH FAMILIES PROGRAM

HFVVWF are competitive grants that specifically target the subpopulation of homeless female veterans and veterans with families who are "at risk" of becoming homeless. As noted in HUD's 2014 Annual Homeless Assessment Report to Congress, homeless women veterans accounted for 10 percent of the overall homeless veteran population. The program provides direct services through a case management approach that leverages Federal, state, and local resources. Eligible veterans and their families are connected with appropriate employment and life skills support to ensure a successful integration into the workforce.

THE INCARCERATED VETERANS' TRANSITION PROGRAM GRANTS

The IVTP was last awarded in FY 2010; those grants continued up through September 30, 2013, after which funds were not appropriated for the program. IVTP grants were designed to support incarcerated veterans who are at risk of homelessness by providing referral and career counseling services, job training, placement assistance and other services. For PY 2012, IVTP grantees enrolled 1,408 participants and had a placement rate of 63.4 percent with an average hourly wage of $10.69 at placement. Funds have been made available for IVTP grants for FY 2015, and the 2015 Consolidated and Further Continuing Appropriations Act expanded the definition of the veterans eligible to participate in the IVTP program. Veterans eligible to participate in IVTP include veterans who are at risk of homelessness and are either residents of penal institutions, residents of institutions providing long-term care for mental illness, or were recently released from incarceration.

STAND DOWN AND TECHNICAL ASSISTANCE GRANTS

Through HVRP, the Department also supports "Stand Down" events. These events, typically held over one to three days in local communities, provide an array of social services to homeless veterans. Stand Down organizers partner with Federal and state agencies, local businesses and social services providers to offer critical services, including temporary shelter, meals, clothing, hygiene care, medical examinations, immunizations, state identification cards, veteran benefit counseling, training program information, employment services, and referral to other supportive services.

A portion of the HVRP funding is used for the National Veterans Technical Assistance Center (NVTAC). The NVTAC provides a broad range of technical assist-

ance on veterans' homelessness programs and grant applications to: existing and potential HVRP, HFVVWF, and Stand Down grantees; interested employers; Veterans Service Organizations; and, Federal, state, and local agency partners.

PROGRAM PERFORMANCE

In Program Year (PY) 2013, DOL received in appropriations $36,187,711 for HVRP. With these resources, DOL funded 35 new HVRP grants, 90 option-year HVRP grant extensions, 22 HFVVWF grants, 14 IVTP grants, and 90 Stand Down grants.

In FY 2014, the HVRP programs received an appropriation of $38,109,000 with which the Department awarded 37 new HVRP grants, 101 option year HVRP grants, 18 HFVVWF grants, and 66 Stand Down grants. These grantees are expected to provide services to 17,000 homeless veterans, with an estimated placement rate of over 60 percent, at an estimated cost per participant of $2,200. In addition, to support grantees and disseminate best practices, the Department awarded two technical assistance Cooperative Agreements.

In June 2015, Secretary Perez announced the awarding of more than $35 million in grants to provide an estimated 16,000 veterans with services through over 150 new and option year HVRP grantees, 12 HFVVWF grantees, and estimates 70 or more Stand Down grants.

HVRP grant recipients, including HFVVWF and IVTP, are measured against four performance outcomes outlined in our policy guidance. The performance outcomes are: (1) Number of Enrollments; (2) Number of participants placed in unsubsidized employment; (3) Placement Rate; and (4) Cost per Placement. DOL staff members work closely with grantees to help them succeed and to achieve their goals for all four performance outcomes. HVRP grant recipients also report on the average earnings for individuals who retain employment.

Table 1. HVRP Participant Statistics, PYs 2012-2013*

Performance Outcomes	PY 2012	PY 2013
Participants Enrolled	17,480	16,133
Placed Into Employment	11,317	10,226
Average Cost Per Participant	$1,985.95	$1,903.28
Average Hourly Wage at Placement	$11.22	$11.50

* As reported in the Veterans' Employment and Training Service Operations and Program Activity Report (VOPAR) System, HVRP Program Status Report, including HFVVWF but not IVTP data.

JOBS FOR VETERANS STATE GRANTS (JVSG)

In addition to HVRP, DOL awards Jobs for Veterans State grants (JVSG) as a formula grant to each state and territory to support two types of staff positions in the AJC network: Disabled Veterans' Outreach Program (DVOP) specialists and Local Veterans' Employment Representatives (LVER). DVOP and LVER staff support HVRP grantees by helping grantees achieve employment goals through case management, direct employer contact, job development, and follow-up services.

DVOP specialists provide intensive services targeted at meeting the employment needs of disabled veterans and other veterans with significant barriers to employment, including homeless veterans. In addition, DVOP specialists often refer veterans who experience homelessness to other AJC services, such as the Workforce Investment Act of 1998 (WIA) Adult and Dislocated Workers services and training. AJCs provided JVSG-funded services to 17,734 homeless veterans in PY 2013. LVER staff conduct outreach to employers and engage in advocacy efforts with local businesses to increase employment opportunities for veterans, and encourage the hiring of veterans, including homeless veterans.

The transition from WIA to the Workforce Innovation and Opportunity Act (WIOA) provides an extraordinary opportunity to improve job and career options for our Nation's jobseekers and workers, including veterans, through an integrated, job driven public workforce system that links diverse talent to businesses. While retaining the network of DVOP specialists at AJCs, WIOA strengthens accountability and transparency of outcomes for core programs, including establishing common performance indicators across these programs. The Department is considering the adoption of these new common performance indicators for JVSG and other VETS-administered programs, so that we will know with even greater detail the outcomes of our investments in veterans' employment and related programs.

S. 425—HOMELESS VETERANS' REINTEGRATION PROGRAMS REAUTHORIZATION ACT OF 2015

The House passed H.R. 474, the "Homeless Veterans' Reintegration Programs Reauthorization Act of 2015," which would reauthorize HVRP through 2020. The Department is also aware of a similar Senate Bill, S. 425, which mirrors H.R. 474 expanding the eligibility for services under HVRP, to include not only homeless veterans, but also veterans participating in VA- supported housing programs for which certain rental assistance is provided and veterans who are transitioning from being incarcerated, as well as the addition of Native Americans who are veterans and receiving assistance under the Native American Housing Assistance and Self Determination Act of 1996.

The Department supports the extension of the HVRP authorization to 2020. The Department looks forward to working with the Committee to provide technical information pertaining to S. 425 as necessary.

As mentioned, H.R. 474 would expand eligible participants under HVRP to veterans currently receiving housing assistance under the HUD-Veterans Affairs Supportive Housing (VASH) program and Native American veterans participating in the Native American Housing Assistance program who are otherwise not eligible for HVRP services. Under current legislative authority, approximately 78,000 veterans who participate in the HUD-VASH program annually are ineligible for HVRP's services because they are not, technically, homeless. The Department believes housing programs, such as HUD-VASH, are critical to the rehabilitation and success of homeless veterans because the availability of housing and health services improves their job readiness and employability.

Similar to H.R. 474, under S. 425, veterans who are transitioning from incarceration would also be eligible for HVRP's services. For veterans, having an arrest record is a major barrier to employment and can lead to homelessness. VETS believes it is critical to begin delivering employment support prior to their release in order to better prepare them to secure civilian employment.

While the Department supports the goals of this legislation, these changes would mean a substantial increase in the eligible population. To accommodate these changes within existing funding, VETS would need to write the HVRP grant solicitations to establish service priorities for the program to reach those with the greatest needs and avoid duplication.

CONCLUSION

We at the Department of Labor remain committed to the Administration's goal of ending veteran homelessness, and we look forward to working with the Committee to ensure the continued success of our efforts. Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee, this concludes my written statement. Thank you again for the opportunity to submit a statement for the record.

PREPARED STATEMENT OF JEAN-MICHEL GIRAUD, EXECUTIVE DIRECTOR, FRIENDSHIP PLACE, WASHINGTON, DC, AND MEMBER OF THE DC INTERAGENCY COUNCIL ON HOMELESSNESS

Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee, as executive director of a community-based nonprofit organization that partners with the Department of Veterans Affairs, I thank you for inviting me to present our perspective on progress toward VA's goal of ending veteran homelessness by the end of 2015.

Founded in 1991 by a grassroots coalition of businesses, congregations and concerned community members, Friendship Place is a leader in Washington, DC, in developing and implementing innovative solutions to homelessness that have demonstrable results and a lasting impact. Our customized, person-focused programs include street outreach, drop-in, free medical and psychiatric services, job placement, case management, transitional shelter, rapid rehousing, homelessness prevention, permanent supportive housing for families and individuals, specialized services for homeless youth and young adults, and rapid rehousing and homelessness prevention for veterans and their families. In 2014, we helped 2,000 people; in 2015, we will help more than 2,500.

In October 2014, The Community Partnership for the Prevention of Homelessness (the agency responsible for coordinating DC's homeless services Continuum of Care) presented its 25th Anniversary Award "for extraordinary service to homeless single adults" to Friendship Place.

We accomplish our mission—to empower individuals and families experiencing or at risk of homelessness to rebuild their lives with the involvement of the community—with the help of more than 300 volunteers, who contribute 20,000 hours of service a year, and the support of 26 neighboring congregations, several of which partner with us to provide shelter or housing.

Friendship Place has participated in the DC VA Medical Center's annual January Stand Down, Winterhaven, since 2010. Since October 2011, we have been providing homelessness prevention and rapid rehousing services under VA's Supportive Services for Veteran Families program (SSVF). With our $2 million SSVF contract this year, we are serving veteran households in the District of Columbia and eight surrounding counties in Maryland and Virginia. In April 2015, we received an additional $3 million dollar SSVF surge grant to be used over the next three years for households in DC alone.

We call our SSVF program "Veterans First." Based on the successful outcomes of Veterans First, VA has twice awarded Mentor Status to Friendship Place—in 2014 and 2015. In addition, within our grant, VA is funding a staff position dedicated to providing training and technical assistance to providers in our SSVF region.

In June 2014, Friendship Place launched Families First, a pilot project for veteran families in Prince George's County, Maryland, who need more support than SSVF can provide. With funding from the Maryland Department of Housing and Community Development and the Freddie Mac Foundation, Families First will serve 40 to 45 veteran families over three years. The goal of the program is to end both homelessness and poverty for the participating families. Case management places a special focus on increasing income through education, job placement, and benefits. Eligible families must have at least one dependent child and be below 50 percent of the Area Median Income. They are provided intensive case management for six months with possible re-certification for up to three years.

The Director of our Veterans Services Division and I are both members of the 25 Cities—a joint initiative of VA, the Department of Housing and Urban Development (HUD), the U.S. Interagency Council on Homelessness (USICH), Community Solutions, and the Rapid Results Institute—whose aim is to achieve VA's goal of ending veteran homelessness nationwide by the end of 2015 through implementing Coordinated Entry. Friendship Place has assumed a leadership role in implementing Coordinated Entry for DC through Veterans NOW, the 25 Cities Initiative, and Zero:2016.

Based on our five years of experience working closely with both the DC VA Medical Center and VA's National Center on Homelessness among Veterans, we would like to present our perspective in four areas concerning Federal efforts to end veteran homelessness: (1) the SSVF program, (2) the joint VA-Department of Housing and Urban Development Supportive Housing Program (HUD-VASH), (3) character-of-discharge issues, and (4) VA's Homeless Providers Grant and Per Diem Program.

1) SSVF

In the most recently completed fiscal year (2014) of our provision of SSVF services in DC and eight surrounding counties in Maryland and Virginia:

- Our Veterans First program served 415 veteran households—89 percent of them with Extremely Low household incomes (less than 30 percent of the Area Median Income)
- We exited 267 households, representing 461 individuals (including 147 children).
- 425 of the 461 individuals who exited the program in FY 2014 (92 percent) graduated to stable permanent housing.
- The average length of time from intake to exit was just under three months (88 days) for homelessness prevention and just over three months (104 days) for rapid rehousing.

In other words, 425 people who would have remained or become homeless but for our intervention are now safely housed and rebuilding their lives. The average cost per household served is less than $5,000—a small price to pay for stability for an entire household.

With the additional surge funding, we now have the capacity to serve 550 households a year.

We know that the program is effective. The annual Point-in-Time enumeration reveals that the overall number of homeless individuals dropped by 2 percent in the Metro area from 2011 to 2015, while the number of homeless veterans dropped by 19 percent.

We would like to draw your attention to key features of the SSVF program that, from our perspective as a community provider, make it successful:

• It is based on nationally recognized best practices, including the Housing First service model.
• It is empowering. In the words of one of our Veterans First graduates, the program is a "hand up," not a "hand out." The service model recognizes that the individual or family is resilient and can rebuild quickly with the right kind of help.
• It is individualized and participant-centered. SSVF does not dictate that we deliver services in a cookie-cutter manner but gives us flexibility to provide exactly what each particular household needs—no more and no less—to transition rapidly into stable housing.
• Clinically, the program is backed by CARF, the national gold standard for rehabilitation services.
• SSVF is flexible, allowing us as the service provider to adapt services to the local community and allowing veterans to transfer agencies and even regions.
• As a community-based organization, we can leverage additional resources—volunteer support, private donations, and in-kind contributions—to enhance the assistance we are able to provide.

More than anything, the success of the SSVF program is due to the outstanding expertise of the national VA leadership and their unfailing commitment to working collaboratively with their local grantees, including Friendship Place, to continually refine and improve the service model so as to ensure that we are achieving the desired results as effectively and efficiently as possible. We would like, in particular, to recognize the contributions of Mr. Vincent Kane, former Director of the National Center on Homelessness among Veterans (now Special Assistant to VA Secretary Robert McDonald); Mr. John Kuhn, National Director of VA Homeless Prevention Services; Mr. Dennis Culhane, Director of Research; and Ms. Adrienne Melendez, who is the Regional Coordinator for SSVF for our region.

We applaud this VA team for providing excellent training (monthly webinars, regional meetings, SSVF universities), for fostering collaborative relationships among SSVF providers (coordinating regional meetings in which we can share our best practices), and for soliciting and being responsive to our feedback.

We regret that there have recently been travel restrictions placed on the SSVF regional coordinators. We believe that SSVF providers need the hands-on technical support of their regional coordinators if communities nationwide are to reach the goal of functional zero by the end of this year. We strongly urge the immediate lifting of these travel restrictions.

Here in DC, we have moved quickly to establish and fully implement a system of Coordinated Entry, which has increased the effective utilization of resources by reserving HUD VASH for the most vulnerable veterans while assigning to SSVF those who need only temporary help to become stably housed.

2) HUD-VASH

The success of SSVF provides ample evidence that VA can make effective use of community-based organizations to get results in its efforts to end veteran homelessness. To improve outcomes in the HUD VASH program, we recommend that VA (1) increase the use of community organizations for the provision of the program's case management services, and (2) streamline the process for awarding contracts to community organizations.

The advantages of contracting out case management services for HUD VASH are many:

• Community providers can have smaller caseloads and, therefore, more intensive case management. In Housing First programs, the larger the caseload, the less likely it is that those served will achieve long-term housing stability; smaller caseloads produce higher housing retention rates. Programs with low retention rates are more costly to the taxpayer in the long run, because participants who return to the streets then seek out other services elsewhere.
• Community providers have maximum flexibility to provide culturally competent services adapted to local needs and conditions.
• Successfully linking program participants to community resources is key to the success of any Housing First program, and community providers are more familiar with and connected to resources in the local community.
• Separating the funding source and the service provider allows for better checks and balances; the funding source can more objectively evaluate programs that are run by an outside provider.
• Unfortunately, some veterans are uncomfortable seeking services at VA because of negative experiences they may have had in the past.

Friendship Place has been providing Housing First services under a contract with the DC Department of Human Services since 2008, with an annual housing reten-

tion rate that consistently tops 98 percent. Our Housing First Director and I would be happy to meet with any interested Congressional or VA staff to provide greater detail on what makes our Housing First program successful and how a community-based model could be implemented by VA for HUD VASH.

3) Character-of-Discharge Issues

Friendship Place urges passage of the "Homeless Veterans Services Protection Act of 2015" (S. 1731), which will guarantee that homeless veterans with Other Than Honorable discharges have access to all VA services for homeless veterans, including GPD and SSVF (excluding veterans who received dishonorable discharges or were discharged following courts-martial).

Veterans with other than honorable discharges make up 15 percent of the Nation's homeless veteran population and are among the most vulnerable of all the veterans that seek the help of our SSVF program. Eddie is a typical example; he was nearing completion of his enlistment with a record of exemplary service when his squad was attacked in Afghanistan and he was one of only a few survivors. He began self-medicating his PTSD, and ended up being discharged under other-than-honorable conditions.

If SSVF eligibility were limited to only those veterans that are eligible for VA health care, veterans like Eddie would be left out in the cold. Fortunately, we were able to get him legal assistance and walk him through the process of upgrading his discharge status, so that he is now VHA-eligible and can receive the help he needs and deserves.

As we reach the end of the Five-Year Plan to End Veteran Homelessness, it is increasingly important that we retain the ability to serve homeless veterans with Other Than Honorable discharges.

4) GPD

We believe that VA's Grant and Per Diem program would be more effective with greater flexibility in its regulations and with implementation of the following changes:

- The VA should address structural issues in GPD in order to move veterans through the program and into stable permanent housing more quickly. The current slow pace of rotations through GPD is a costly waste of VA resources for addressing homelessness.
- To ensure the provision of high-quality services that are in line with best practices, VA should establish the same high level of technical support for GPD providers that SSVF providers enjoy.

SUMMARY

We are excited and energized by VA's impressive progress toward ending veteran homelessness and are honored to partner in this admirable—and much-needed—work.

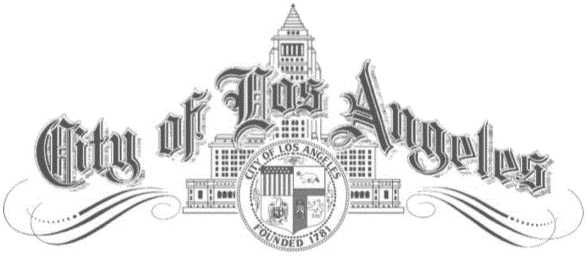
We believe that the following recommendations, if implemented, could expedite the success of VA's efforts:

1. Extend the authorization of appropriations for the highly successful SSVF program and lift travel restrictions on the SSVF's regional coordinators.
2. Increase the contracting out of HUD VASH case management services to community providers and streamline the process for awarding HUD VASH contracts.
3. Ensure that homeless veterans with Other Than Honorable discharges are eligible for VA's homeless services by passing the "Homeless Veterans Services Protection Act of 2015" (S. 1731).
4. Institute changes in GPD that will result in a more timely rotation of veterans through the program.

These recommendations not only are aligned with best practices in the field of homeless services, but would, we believe, make VA's entire system of services for homeless and at-risk veterans and their families both more cost-effective and more humane.

Thank you for the opportunity to participate in this important discussion.

LETTER FROM ERIC GARCETTI, MAYOR, CITY OF LOS ANGELES



ERIC GARCETTI
MAYOR

July 29, 2015

The Honorable Johnny Isakson
Chairman
Senate Veterans' Affairs Committee
Washington, DC 20510

The Honorable Richard Blumenthal
Ranking Member
Senate Veterans' Affairs Committee
Washington, DC 20510

RE: Ending Veteran Homelessness in Los Angeles

Dear Chairman Isakson and Ranking Member Blumenthal,

Thank you for holding a hearing on ending veteran homelessness. I am committed to ending veteran homelessness in Los Angeles, a city that will house more than 10,000 veterans in 2014 and 2015.

I have joined with mayors of several other cities to take on the challenge to end veteran homelessness in 2015, including Salt Lake City, which between January 2014 and May 2015 housed an estimated 210 veterans, Houston, 1,573, Phoenix, 377, and New Orleans which reached its goal after housing 337 veterans.

Despite the strong effort, the City of Los Angeles estimates that it may fall short of resources to reach its goal by the end of 2015.

Thanks to the Veterans Affairs Supportive Housing (VASH) program and the Supportive Services for Veteran Families (SSVF) program, the City of Los Angeles has made tremendous progress toward ending veteran homelessness. Since January 1, 2014, the City has housed more than 3,960 veterans. This is substantial progress, however the City estimates that before the end of the year, an additional 3,070 veterans in Los Angeles will require housing support.

For the 3,070 total homeless veterans, the City of Los Angeles, estimates only 2,348 can be served with current resources between now and December 31, 2015. That leaves 722 veterans for whom the City does not have sufficient resources. The $5.1

million in additional funding would cover the 722 remaining homeless veterans. Because the City has sufficient VASH vouchers to cover the estimated number of chronically homeless veterans in the City of Los Angeles, these remaining veterans comprise non-chronically homeless individuals for whom our rapid rehousing response is critical. Breaking the cycle of homelessness and health deterioration is crucial in preventing these 722 veterans from becoming chronically homeless.

To ensure that housing and services be made available to all homeless veterans by the end of the year, Congress will need to increase the SSVF program's authorization to $500 million for FY 2016 and agree to appropriate those funds before years end.

At an average cost of $6,644.80 per homeless veteran, the city calculates an additional $5,119,785.60 in SSVF funds are necessary to end veteran homelessness in the City of Los Angeles. This $5.1 million would comprise 62% of a $8,273,847 allotment to Los Angeles County, which is the jurisdiction responsible for accepting all SSVF funding.

However, it is not enough to wait until our veterans become homeless. We must develop homeless prevention strategies to reduce the inflow into homelessness. The City of Los Angeles estimates that each day 4 to 5 veterans will become homeless. First, this inflow shows us that our work will not be done when we have housed the remaining 3,070 veterans. We must have sufficient transition services and support in place before our service men and women leave the military.

Last fall, the City of Los Angeles partnered with University of Southern California's Center for Innovation and Research on Veterans & Military Families, the L.A. Veterans Collaborative, and Los Angeles County, to launch the L.A. County Veterans Resource Portal giving veterans access to a web-based platform where they locate housing, employment, mental health and health care services for them and their families. Recently, this tool was expanded into a 24-7 text messaging platform to connect veteran peer support specialist with help-seeking veterans.

We also launched "Homes for Heroes", an initiative to encourage landlords with market rate units to house homeless veterans, with a goal of finding 1,000 units by this year.

The city also recently celebrated its 1-year anniversary of the "10,000 Strong" Veterans Hiring Initiative aiming to hire 10,000 veterans in three years (2014-2017). I am pleased to report that, thanks to partners such as the U.S. Department of Veterans Affairs (V.A.), nearly 5,000 veterans were hired in Los Angeles' public and private sectors. With projects like these, the City of Los Angeles will be better fit to welcome home veterans and help them build successful lives for themselves and their families. Further, these increased services and support will decrease any risk of recidivism in the veteran community.

Thanks to our close working relationship with the V.A. and Members of Congress, in June 2015, after a $20 million dollar renovation, we marked the opening of a 55-unit housing complex for homeless veterans at the V.A. West Los Angeles Medical Center campus, which includes space for training and supportive services aimed at helping homeless veterans gain independent living skills.

Thank you to the Members of the Senate Veterans Affairs Committee for ensuring that our nation's veterans are treated like the heroes they are. I look forward to working with the Committee to ensure we have the resources to end veteran homelessness in Los Angeles and across this nation.

Sincerely,



ERIC GARCETTI
Mayor

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