STATEMENT OF MS. LISA PAPE EXECUTIVE DIRECTOR, HOMELESS PROGRAMS VETERANS HEALTH ADMINISTRATION DEPARTMENT OF VETERANS AFFAIRS BEFORE THE COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

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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;
 - o 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 rehoused, 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.