

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 FY2014. 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 FY2014 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 returning service members 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 FY2014, 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 FY2014, 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 expanded 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 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. 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 service members 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 service members 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 circumstances, 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 re-capture 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.

Baylee Crone
Executive Director