

PETE DOUGHERTY, DIRECTOR, HOMELESS PROGRAMS, DEPARTMENT OF
VETERANS AFFAIRS

STATEMENT OF
PETE DOUGHERTY
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Chairman Akaka, Ranking Member Burr, Distinguished Members of the Senate Committee on Veterans' Affairs. Thank you for this opportunity to discuss the most ambitious plan ever undertaken to effectively end homelessness among our Nation's Veterans. Today I am accompanied by Lisa Pape, Acting Director Mental Health Homeless and Residential Rehabilitation Treatment Programs.

Homelessness among Veterans is a tragedy. While much has happened over the last several decades to address this problem, some Veterans still have no place to lay their head at night. Over the past 23 years the number and percentage of Veterans in the homeless population has gone down dramatically but our job is far from finished. We are making progress; data demonstrate that the number of homeless Veterans continues to decline because of the aggressive efforts by the Department of Veterans Affairs (VA) and its partners, including local and community organizations as well as state and federal programs. Six years ago, 195,000 homeless Veterans lived on the streets of America; today, 107,000 do. VA has a strong track record in helping homeless Veterans. A study completed several years ago found approximately 80 percent of Veterans who complete a VA program are successfully housed in permanent housing 1 year after treatment. We have invested \$500 million on specific homeless housing programs this year. We are moving in the right direction to remove this blot on our consciences, but we have more work to do.

VA's major homeless-specific programs constitute the largest integrated network of homeless treatment and assistance services for Veterans in the country. These programs provide a continuum of care for homeless Veterans, providing treatment, rehabilitation, and supportive services that assist homeless Veterans in addressing health, mental health and psychosocial issues. VA also offers a full range of support necessary to end the cycle of homelessness by providing education, claims assistance, jobs, and health care, in addition to safe housing. Effectively addressing homelessness requires breaking the downward spiral that leads Veterans into homelessness.

Veteran homelessness, at its root, is primarily a health care issue, as many homeless Veterans are heavily burdened with depression and substance abuse. VA's budget includes \$4.2 billion in 2011 to prevent and reduce homelessness among Veterans—over \$3.4 billion for core medical services and \$799 million for specific homeless programs and expanded medical programs. This same budget includes an additional investment of \$294 million in programs and new initiatives

to reduce the cycle of homelessness, which represents a 55 percent increase over program funding for 2010. .

Our strategy for ending homelessness is to create a collaborative approach focusing on prevention and ensuring there is “no wrong door” for a Veteran seeking service. VA’s philosophy of “no wrong door” means that all Veterans seeking to avoid or escape from homelessness must have easy access to programs and services regardless of the hour. Any door a Veteran visits—a medical center, a regional office, or a community organization—must offer them assistance.

VA is expanding its existing programs and developing new initiatives to prevent Veterans from becoming homeless and to aggressively help those who already are. We will do this by providing housing, offering health care and benefits, enhancing employment opportunities, and creating residential stability for more than 500,000 Veterans. This further expansion will begin in fiscal year (FY) 2011 and continue through FY 2014, subject to the availability of appropriations. Specifically, we will:

- Increase the number and variety of housing options including permanent, transitional, contracted, community-operated, and VA-operated;
- Provide more supportive services through partnerships to prevent homelessness, improve employability, and increase independent living for Veterans; and
- Improve access to VA and community based mental health, substance abuse, and support services.

Over the next 5 years, our focus on ending Veteran homelessness is built upon six strategic pillars. First, we must aggressively reach out to and educate Veterans—both those who are homeless and those who are at risk of becoming homeless—and others about our programs, finding those who are already homeless and those who are at risk for homelessness. Second, we must ensure treatment options are available, whether for primary, specialty or mental health care, including care for substance use disorders. Third, we will bolster our efforts to prevent homelessness. Without a prevention strategy, effectively closing the front door into homelessness, we will only continue responding after Veterans become homeless and therefore continue to manage the problem. Fourth, we will increase housing opportunities and provide appropriate supportive services tailored to the needs of each Veteran. Fifth, we will provide greater financial and employment support to Veterans, and work to improve benefits delivery for this vulnerable population. And finally, we will continue expanding our community partnerships, because our success in this venture is impossible without them. My testimony will describe our efforts in each of these areas.

Outreach and Education

Our outreach and education initiatives must be led by a national effort to offer Veterans and others a way to contact us at any time. Veterans, particularly those in crisis, will benefit from our new National Call Center for Homeless Veterans. The Center will work in partnership with the highly successful National Suicide Prevention Hotline (operated in cooperation with the Substance Abuse and Mental Health Services Administration, SAMHSA, available at 1-800-273-TALK). The Call Center is operational, and Veterans and others who call (1-877-4AID VET, or 1-877-424-3838) can receive specific referrals to VA and other community services to meet their immediate needs. We expect to nationally announce this program within the next couple of

months, and we anticipate tens of thousands of Veterans, community organizations, family members and community providers will contact us for prompt and appropriate information. In cases where a Veteran is in crisis, this Call Center will ensure Veterans are placed in direct contact with a person who can speak to and provide them immediate assistance.

We will continue expanding our outreach by engaging our community partners and supporting their efforts, as well as our own. An excellent example of our collaboration with community organizations are the Stand Down events VA has held for years. In 2009, VA participated in almost 200 events in 46 states, including the District of Columbia and Puerto Rico, reaching more than 42,000 Veterans, more than 4,600 spouses, and almost 1,200 children of Veterans; the highest totals we have ever recorded. This performance represented a 40 percent increase in outreach to Veterans from the previous year.

These efforts will also complement one of the most tried and true methods for helping homeless Veterans: sending staff to the streets and shelters to find them. There may be no more effective approach than meeting face-to-face, looking someone in the eye, and telling them you are there to help. Many Veterans, particularly those who have battled chronic homelessness, need skillful and repeated attempts to bring them the care they need. Along with our community partners, VA has 348 staff members engaged in this outreach every day, looking under bridges and in bread lines and visiting parks and parishes to find Veterans in need. The commitment and compassion these people display to those who have served America should stand as a model for us all, and VA will continue to support their vital work.

Treatment

VA recognizes that a plan to end Veteran homelessness will not be effective without a comprehensive suite of services for those with chronic and persistent health and mental health problems. This includes primary, specialty, and mental health care programs responsive to the needs of homeless Veterans. In 2009, VA had approximately 2,000 residential rehabilitation treatment beds specifically identified for homeless Veterans. We will expand our residential treatment capacity for homeless Veterans by establishing five new domiciliary care programs for homeless Veterans in areas where there are large numbers of Veterans without proximate access to our current infrastructure. VA expects to establish approximately 200 new residential treatment beds next year alone.

Veterans who are homeless often struggle with substance abuse. More than 60 percent of homeless Veterans have a substance use disorder which, if untreated, can keep them from returning to or sustaining independent living and gainful employment. As part of our 2011 budget, VA will enhance opportunities for Veterans to access these needed services in the community and help those who have achieved sobriety to maintain it by deploying an additional 20 community-based dual diagnosis clinicians. We expect this will help thousands more Veterans receive needed treatment in their communities. We will also integrate substance use and dual diagnosis expertise into 75 of our homeless Veteran case management teams to provide substance use services to Veterans and prevent relapse. We know that too many Veterans, even after they have completed employment or educational assistance programs, struggle to maintain stable lives because of continuing problems with sobriety. We would like to work with the

Committee to try to develop a proposal that will help these Veterans finally overcome these challenges.

Homeless Veterans, particularly the chronically homeless, often face health problems associated with inadequate dental care. These Veterans are at significantly greater risk for tooth and gum diseases that can impact their physical health, in some cases with serious health consequences. Moreover, the ability to return to gainful employment can be severely impacted when Veterans are afraid to smile or open their mouths to speak. VA often provides dental care for homeless Veterans through contracted care with private dentists. VA expects that as many as 20,000 homeless Veterans will receive dental care services this year. VA is currently authorized to provide a one-time dental visit to homeless Veterans who have remained in a VA domiciliary care program or a community program under the grant and per diem program for at least 60 days. At this time, this benefit does not apply to Veterans benefiting from the Housing and Urban Development (HUD)-VA Supportive Housing (HUD-VASH) program. This is increasingly a point of concern for Veterans and VA community partners, and we look forward to working with you to determine an appropriate remedy.

We are rapidly increasing resources at each VA medical center to enhance our community partnerships and expand opportunities for comprehensive residential care for Veterans by offering an immediate admission when a homeless Veteran with health care needs seeks our assistance. Approximately \$23 million has been allocated in FY 2010 to expand our community-based contract housing program, and we expect that as many as 4,800 Veterans will be placed into contract residential care this fiscal year. Though beginning there, we know that many will transition into one of our other programs for homeless Veterans. No matter the setting, our first priority is to assist those Veterans seeking help to escape from the street and improve their lives.

VA's continuum of care for homeless Veterans includes services for special populations, such as women and families, who may be at greater risk for homelessness. Programs targeted for women Veterans range from temporary and transitional housing to permanent housing with supportive services. VA has made women Veterans a funding priority in our Homeless Providers Grant & Per Diem program since 2007, and we have funded more than 220 programs with specific capacity to serve women. Since 2004, VA has provided seven special needs grants focused on additional services for women Veterans. Six of these programs are capable of supporting women with dependent children. The HUD-VASH Program provides permanent housing for homeless Veterans and their families with VA supportive services. Currently, 11 percent of Veterans who have received HUD-VASH vouchers are women. VA estimates that approximately 1,530 children live with their Veteran parent in HUD-VASH housing.

Prevention

Preventing homelessness under our 5-year plan will require a wide variety of efforts. One of our best efforts is our work with prosecutors and judges, as well as Veterans exiting prisons. VA now has at least a part-time Veterans Justice Outreach Specialist identified at each VA medical center. Forty-six of these outreach specialists are in full-time positions. These Specialists provide direct linkage to Veterans in treatment courts, including Veterans Courts. The 46 Veteran Justice Outreach Specialists being hired this year will work directly with Veterans in the criminal justice system to provide them appropriate care and services. We expect to help more than 7,500

Veterans through this program in 2010. Additionally, the Health Care for Re-entry Veterans (HCRV) program was developed to provide pre-release outreach, assessment, and brief term post-release case management services for incarcerated Veterans released from state and federal prisons. The goal of the program is to promote successful community integration of Veterans by engaging them upon release in appropriate treatment and rehabilitation programs that will help them prevent homelessness, readjust to community life, and desist from commission of new crimes or parole or probation violations. The 39 HCRV Specialists have met with nearly 5,000 Veterans to aid their transition from prisons.

VA's 2011 budget will support clinical environments through the Compensated Work Therapy Program, and VA will offer community-based staff that will target supportive therapeutic opportunities for Veterans with significant health problems. Providing these services in community settings will make these services available for Veterans in locations that will encourage participation and enhance community opportunities. While hospital-based support services will continue serving Veterans, VA estimates that as many as 48,000 additional Veterans will benefit from this new approach.

We also are creating comprehensive efforts involving grants to community partners to provide supportive services to low-income Veterans and their families, including those making 50 percent or less of the area's median income. VA aims to improve very low-income Veteran families' housing stability through grantees (private non-profit organizations and consumer cooperatives) providing eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits, which may include: health care services, financial planning services, transportation services, housing counseling services, legal services, child care services, and others. In addition, grantees may also provide time-limited payments to third parties (such as landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veterans' families stay in or acquire permanent housing on a sustainable basis. This is critical to our efforts to end homelessness among Veterans. VA has draft regulations under review and we hope to publish them for public comment in time to allow us to issue a notice of funding availability early next calendar year.

Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans currently represent almost five percent of the population receiving VA benefits in its specialized homeless programs. This group tends to be younger, and women represent a greater proportion as well. It is imperative we act now to prevent this group from becoming chronically homeless and to ensure others of this generation do not become homeless either. Congress has asked VA, HUD and the Department of Labor to collaborate on a multi-site demonstration project to explore ways the federal government can do more to offer early intervention and to prevent homelessness among those returning from OEF/OIF. This collaborative effort will provide comprehensive community services for Veterans and families and intensive case management so that Veterans receive needed health care and benefits. VA continues to work with HUD to help determine sites that will receive funds for community-based intervention services for Veterans and their families. We are hopeful that HUD will be ready to announce the locations that will be funded within 60 days.

We know from past experience that homelessness among Veterans peaks 7-10 years after military service, and we are conducting aggressive early intervention now to ensure OEF/OIF Veterans do not have that same experience. Our current efforts have reached nearly 3,800 OEF/OIF Veterans, more than 1,100 of whom have sought homeless specific housing or treatment services. Since 2003, VA has expedited 28,000 claims for compensation and pension for Veterans who are homeless or at-risk of homelessness.

Another prevention strategy VA is pursuing is a national homeless registry. This database will help us better track and monitor prevention, homeless response and treatment outcomes. It will provide a real-time data system that will identify all Veterans who have requested assistance and the programs and services in which they are engaged. This will in turn help us determine the effectiveness of our efforts. Our plan is to build on existing database systems, like the Homeless Management Information System (HMIS) currently operated by HUD, and to extend the database for use with our federal partners.

Housing Opportunities

While VA has many options for providing Veterans with housing assistance, the sentinel piece of these efforts is the HUD-VASH program. I cannot say enough about the positive aspects of HUD-VASH; it is literally ending homelessness for Veterans. This program is the Nation's largest permanent housing initiative for Veterans. Under this initiative, HUD provides permanent housing through housing choice vouchers to hundreds of local public housing authorities. VA provides dedicated case management services to Veterans living in those units to promote and maintain recovery, housing stability and independent living. We began this effort about 20 months ago, and as of February 2010, more than 19,000 Veterans have been accepted into the HUD-VASH program; more than 16,000 have received a housing voucher, and 10,600 formerly homeless Veterans are now housed through these efforts. Our case managers are working with the other 5,000 to locate and secure housing. VA is working closely with HUD to see that the funding Congress provided for an additional 10,000 vouchers is available as soon as possible.

Seventeen years ago, VA first offered funding to community and faith-based service organizations, as well as state and local governments, to provide transitional housing for homeless Veterans. Since then, VA has continued expanding transitional housing opportunities, and it now operates one or more programs in all 50 states, the District of Columbia, Puerto Rico, and Guam. Since 2007, approximately 15.6 percent of the projects receiving VA funds and 14.5 percent of the total funding were designed to help rural Veterans. These initiatives have provided 397 beds for rural homeless Veterans. All together, there are more than 600 transitional housing programs, and there are two pending "notices of funding availability" that we expect will add more than 2,200 new units. These notices include targets to increase opportunities to service women Veterans and Veterans residing on tribal lands. The application deadline is March 31, 2010. This program has served almost 100,000 Veterans since it began, and we expect as many as 20,000 Veterans will benefit from transitional housing in FY 2010. This program helps Veterans find temporary housing (i.e., less than 2 years) and assists many Veterans in returning to independent living and gainful employment.

Financial and Employment Support

Veterans who are homeless and those at-risk of homelessness often need economic help. Many have service connected disabilities, and many combat Veterans are eligible for pension, vocational rehabilitation, or foreclosure assistance, among other benefits. Veterans struggling with homelessness often face challenges with maintaining gainful employment. Many Veterans who have been homeless have gone years without a steady job, and many have physical and mental health issues that require participation in a therapeutic rehabilitative environment before seeking employment.

Homeless Veterans and those at risk of being homeless need economic assistance. Many have service connected disabilities and many are war-era Veterans eligible for pension. In addition to compensation and pension benefits and services, many Veterans need education, vocational rehabilitation and employment and foreclosure assistance.

Getting earned benefits to all Veterans is important. For homeless Veterans and those at risk, these benefits can make the difference in avoiding homelessness or exiting from it.

The Veterans Benefits Administration (VBA) is actively pursuing the engagement of individuals upon entrance into military service and throughout their military career so that they are fully aware of their entitlement upon discharge. Additionally, VBA is coordinating with the Veterans Health Administration's health efforts and collaborating with our community partnerships to timely identify and process homeless Veterans' benefits claims. Each VA regional office has a homeless Veteran coordinator designated to control and expedite the processing of homeless Veteran claims. In FY 2009, VBA received 6,285 claims from homeless Veterans and completed 5,888 homeless Veteran claims.

Partnerships

VA has long maintained close working relationships with federal partners, such as HUD, the Department of Labor (DOL), the Department of Defense, the Department of Health and Human Services, the Small Business Administration, the U.S. Interagency Council on Homelessness, and others, as well as state, local and tribal governments in its efforts to combat Veteran homelessness. Veterans Service Organizations also fill a critical role, as do community- and faith-based organizations and the business community. One example of these efforts is our work to develop better connections with prosecutors and judges in the criminal justice system. Another is the Homeless Veterans Reintegration Program (HVRP), which involves collaboration with DOL. Through this initiative, DOL's Veterans Employment and Training Service (VETS) offers funding to community groups to help Veterans return to gainful employment. VA contributes and works closely with DOL to provide needed health care and benefits. Veterans benefit because their health and benefits needs are addressed in complement with their employment opportunities. We are happy to continue partnering with DoL, and we look forward to working with them as they develop new proposals to fund programs benefiting women Veterans, Veterans with families, and formerly incarcerated Veterans.

VA is also partnering with several federal agencies in an effort to improve the utilization of HUD-VASH vouchers and to reach Veterans who are chronically homeless. Under the leadership of the U.S. Interagency Council on Homelessness and the White House Office of Urban Affairs, VA along with HUD, HHS, the Department of Justice and the Department of

Labor will develop an interagency initiative that will bring the full arsenal of their resources to bear on the problem of homelessness. This initiative will not only target and house the most vulnerable Veterans that are chronically homeless, but it will also link them to employment, benefits and services to address other needs, including child support payments.

Conclusion

The President's FY 2011 budget and FY 2012 advanced appropriation request for the VA will provide us with the resources necessary to transform VA into a 21st Century organization and to ensure we provide timely access to benefits and high quality care to our Veterans over their lifetimes. Our Nation's Veterans experience higher than average rates of homelessness, depression, substance abuse, and suicides; many also suffer from joblessness.

The time to end homelessness among Veterans is now. With your help, we will effectively end homelessness for all Veterans who will seek or accept services from us. We owe every man and woman who wore our Nation's military uniforms no less.

Mr. Chairman this concludes my testimony. I am happy to respond to any questions your or the Committee may wish to ask.