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ENDING HOMELESSNESS AMONG VETERANS: VA'S PROGRESS ON ITS FIVE-YEAR PLAN

HEARING

BEFORE THE

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ENDING HOMELESSNESS AMONG VETERANS: VA'S PROGRESS ON ITS FIVE-YEAR PLAN

WEDNESDAY, MARCH 14, 2012

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

The Committee met, pursuant to notice, at 10:01 a.m., Room 418, Russell Senate Office Building, Hon. Patty Murray, Chairman of the Committee, presiding.

Present: Senators Murray, Brown of Ohio, Begich, Burr, Brown of Massachusetts and Boozman.

STATEMENT OF HON. PATTY MURRAY, CHAIRMAN, U.S. SENATOR FROM WASHINGTON

Chairman MURRAY. Good morning, everyone. Thank you all for joining us for this very important hearing today. You know, it goes without saying that no one who has sacrificed to serve our Nation in uniform should ever be without a roof over their head. Yet, homelessness is a harsh reality for tens of thousands of veterans.

In 2009, Secretary Shinseki laid out the bold goal of ending homelessness among veterans in 5 years. As we reach the halfway point, today's hearing will examine the progress to date as well as the challenges and opportunities moving forward, particularly the challenges that homeless women veterans face.

As many in this room know, the VA and the Department of Housing and Urban Development recently announced the number of homeless veterans dropped by 12 percent to a little more than 67,000.

VA and HUD deserve to be commended for the significant progress they have made; but despite this progress, challenges remain. VA must focus on a new and unfortunately growing segment of the homeless veteran population, female veterans.

Like their male counterparts, women veterans face many of the same challenges that contribute to their risks of becoming homeless. They are serving on the front lines and being exposed to some of the same harshest realities of war. They are screening positive for PTSD, experiencing military sexual trauma, suffering from anxiety disorder, and having trouble finding a job that provides the stability to ease their transition back home.

Yet, when our female veterans find themselves homeless, they have needs that are unique from those of male veterans. As the VA's Inspector General found in a report released on Monday, some of those unique needs are not being addressed.

The Inspector General found there were serious safety and security concerns for homeless women veterans, especially those who have experienced military sexual trauma.

They found bedrooms and bathrooms without sufficient locks, halls and stairways without sufficient lighting, and mixed-gender living facilities without access restrictions. They also found the VA should do a better job at targeting places and populations that need help the most.

In addition to this Inspector General report, GAO released a report at the end of last year that cited VA for the lack of gender-specific privacy, safety, and security standards.

Following that report, I sent a letter to VA and HUD with Senators Tester and Snowe seeking answers to a number of questions it raised. I have heard from HUD. They are reviewing their data collection process in order to capture more information on homeless women veterans.

I have also heard from VA. They are working to develop and provide training for staff and providers to better treat veterans who have experienced traumatic events and are modifying their guidance on privacy, safety, and security for providers who serve homeless women veterans.

As more women begin to transition home and step back into lives as mothers and wives and citizens, we must be prepared to serve the unique challenges they face. As we continue to learn about the alarming number of homeless women veterans, we must be sure the VA is there to meet their needs.

This means we cannot violate their trust by jeopardizing their privacy, safety, or security when we place them in housing facilities or when they receive care in VA facilities.

I am hopeful that we can explore these issues together during today's hearing, and I am so pleased that courageous women like Sandra, who has just joined us, and Chanel, who you will hear from on the next panel, have come forward to help give us a first-hand account of the challenges that we need to meet.

As the VA continues to make progress in bringing down the number of homeless veterans, challenges remain. We are still facing unacceptable numbers of chronically homeless veterans. This group often has complex combinations of issues including addictions or mental and physical health issues.

All have been failed by a system that let them slip through the cracks, and many of the traditional methods used for treating and caring for homeless veterans may not work for this population. That is why it is critical that we continue to look for productive ways to engage these veterans and get them off the streets. A strong partnership with VA's mental health programs will be crucial for this effort.

One of the best ways to end homelessness is to prevent it from occurring. This will take a concerted effort from VA's homeless programs, but it will also take collaboration from all of VA's programs.

In today's economy, these programs provide critical assistance that helps veterans and their families remain in their homes. It is also important we continue to focus on getting earned benefits and services to veterans quickly and without delay.

For homeless veterans and those at risk, these benefits can make the difference in avoiding homelessness or becoming trapped in a cycle that keeps them on the streets. We have been making progress at ending veteran homelessness through investments in proven solutions like rapid re-housing and permanent housing programs, but we must ensure that we do not lose sight of the need to provide each homeless investment with the resource that most closely matches their needs.

We also have to ensure that VA's programs to help homeless veterans are running as efficiently as possible. I had my staff do and exhaustive review of thousands of pages worth of VA's inspections of its Grant and Per Diem providers. My staff found there were opportunities to improve the program by providing more guidance to providers and to VA staff who work with them.

Today's hearing gives us another opportunity to better understand the current situation with the goal of fixing what is not working and expanding what is.

With that, Senator Brown is here today replacing Senator Burr, not replacing obviously, being here in his stead.

Senator BROWN OF MASSACHUSETTS. Not yet.

Chairman MURRAY. I will turn it over to Senator Brown.

STATEMENT OF HON. SCOTT BROWN, U.S. SENATOR FROM MASSACHUSETTS

Senator BROWN OF MASSACHUSETTS. Thank you, Madam Chair, and thanks for calling this important hearing.

First of all, I would like to welcome all of our witnesses as well today. Particularly, I would like to welcome Ms. Strickland and Ms. Curry and thank you for your willingness to share your stories and experiences with us.

As Members of this Committee, it is important that we hear first-hand from our veterans and how they have been affected by a lot of the policies and problems within the VA, especially on this very important issue.

On behalf of Ranking Member Burr, I would like to extend a warm welcome to Reverend Scott Rogers from Asheville, North Carolina, who is representing the National Coalition for Homeless Veterans. So, thank you for your involvement and service.

I would also like to welcome and recognize Maura Squire, who serves in our Boston regional office as their homeless veterans outreach coordinator. I am looking forward to hearing that testimony, and thank you for being here as well.

A lot of you obviously for many years have dedicated service to our U.S. Navy, and there are a few issues here that we care more about really than this issue of homelessness and ending it amongst our men and women that have been serving and given so much to our country.

According to the VA, almost 65,000 veterans are homeless on any given night last year. I know in Massachusetts we are trying to do it better and work on it zealously, and I know Congress since 2010 has provided over a $400 million increase to services for homeless veterans. That is a good thing.

With this significant funding increase, the VA has developed a wide variety of services to assist homeless veterans in securing and maintaining permanent housing and gainful employment.

In light of the recent reports by the VA's Inspector General and GAO, I am concerned about the effectiveness of these programs. I know Senator Burr has referenced that a lot. It is great to have additional funds but we need to make sure we use them wisely. I know there are a lot of nonprofit groups out there trying to do their very, very best as well to help in the housing shortage for veterans.

First, the GAO found in that report without more complete data, "the VA does not have the information needed to plan services effectively, allocate grants to providers, and track progress toward its overall goal of ending veteran homelessness by 2015."

The second finding is a lack of VA oversight to ensure the safety and security of women veterans in community programs. The Inspector General found that within the last 10 years 22 homeless female veterans were placed in a Grant and Per Diem facility that was approved for only male veterans. This is unacceptable. This alone should cause serious concerns.

What is even more concerning is that it appears VA staff had little regard for these womens' safety and security. I find that disturbing to say the least.

Last, the Inspector General found that the Grant and Per Diem program spent $60,000 to provide housing for veterans who were not homeless. At one Grant and Per Diem facility almost one fourth of veterans were not homeless prior to entering the program. Once again, that goes to the point of having proper oversight.

While clear progress has been made, it is evident from these reports that pointing simply to the 12-percent decrease in the number of homeless veterans on any given night in January does not provide the complete picture.

So, I think we need to ask a lot of serious questions—I am looking forward to doing just that—on the effectiveness of the VA veterans programs. For instance, how can VA end homelessness without having accurate data? Does the VA understand the reasons a veteran withdraws from a residential treatment program? Do they also know the veteran's living situation after completing the program? The follow-through is very important.

In the current economic climate, it is Congress's responsibility to ensure taxpayer money is being used effectively and efficiently. So, I hope today we will have that opportunity to get some of those very real answers to these very difficult questions.

So, thank you, Madam Chair. I look forward to the witnesses testimony and moving forward with this issue.

Chairman MURRAY. Thank you very much.

Senator Brown, we will turn to you for an opening statement.

STATEMENT OF HON. SHERROD BROWN,
U.S. SENATOR FROM OHIO

Senator BROWN OF OHIO. Thank you, Madam Chair. I appreciate the opportunity to be here. Thanks for your leadership, your dedication for ending veterans homelessness.

It is just unbelievable that it is still the persistent problem it is, and I appreciate the work that the VA has done especially Chil-

licothe and southern Ohio. It is one of the best veterans' outreach programs for the homeless of any place in the country.

According to a recent GAO report, the number of homeless women veterans has more than doubled from 2006 to 2010. VA is not keeping up, but I understand it is not just the VA. It is an all-hands approach from State and local governments to nonprofits and public-service groups, and it is not just homeless programs like food and shelter.

The Homeless Veterans' Reintegration Program is a Department of Labor-funded program designed to provide the support and assistance needed for veterans to obtain employment and economic stability.

It is getting access to the programs that include medical treatment and counseling and education and, where appropriate, legal assistance. But ultimately the Veterans Administration must be the leader and the coordinator of these efforts.

As we continue to look to solutions, I would like our witnesses to think about how we can coordinate these programs so that they are not overlapping or are not missing the gaps. So, we are reaching every veteran and every veteran's family and every community in which they live.

Today's the second panel will have a proud Ohioan testifying whom I just met. I am glad she has come forward to tell her story. So, what happened to her will not have to be repeated.

Chanel Curry is an Army reservist from Cleveland, Ohio. Her story is similar to that of far too many servicemembers. They served bravely in uniform. She is a 2006 graduate of Cleveland Heights High.

In her early 20, she was mobilized in 2009 for 2 years and was sent to Iraq and Kuwait. After returning Stateside, she found a job in Atlanta. Yet, here is where her story is unfortunately shared by far too many other servicemembers.

While employed in Atlanta, she still needed to travel to Cleveland due to her military commitment. Because of time missed serving her country, serving her community, she was eventually let go by her employer in a State hundreds of miles away.

From March to December, March 2011 to December 2011, she was homeless. She found a homeless call center information that year, December 2011, was connected with a Grant and Per Diem provider. There she got the help that she should have received much, much earlier.

She has gone through the initial stages of HUD-VASH. An inspection of our chosen unit will occur this week. She left the Grant and Per Diem program and is now staying with her sister until the voucher process is complete. I understand that could be as early as this week. She is also interviewing with four employers for a full-time job.

I hope this will be a success story, unfortunate beginning but a success story. By any measure, she deserves what she earned while serving our country in uniform. Her testimony today, like her service to her country overseas, shows a moral courage and a commitment to our country that so many veterans have exhibited. She served then, and she is serving now.

I thank you and thank Chanel for being here and thank you also to Sandra Strickland for her work.

Thank you.

Chairman MURRAY. Thank you very much.

At this time now, I would like to welcome and thank all of our witnesses for being here today.

First, we are very pleased, as I mentioned, to have Sandra Strickland. She is a veteran of the U.S. Army who will speak to us today about her experience as a homeless veteran. Ms. Strickland, thank you for your service to our country and for your willingness to come here today and your courage to share your story with all of us.

After that, we will hear from Reverend Scott Rogers. He is the Executive Director of Asheville Buncombe Community Christian Ministry and accompanying Reverend Rogers is John Driscoll, President and Chief Executive Officer of the National Coalition for Homeless Veterans.

Following Reverend Rogers, we will hear from Marsha Four. She is the Executive Director of the Philadelphia Veterans Multiservice and Education Center, testifying on behalf of the Vietnam Veterans of America.

And then finally, we will hear from Linda Halliday. She is the Deputy Assistant Inspector General for Audits and Evaluations in the VA's Office of Inspector General. Accompanying her today is a fellow Washingtonian—good to have you here, Gary Abe, the Director of the Inspector General's Seattle Audit Division.

So, Ms. Strickland, we will begin with you. Again thank you so much for coming and sharing your story.

STATEMENT OF SANDRA STRICKLAND, U.S. ARMY VETERAN

Ms. STRICKLAND. You are welcome, of course. I am an Army veteran. I served in the Army for six and a half years. I joined the military in 1986. I served in Germany and also Fort Hood, Texas.

I was not able to go to Desert Storm, but I did transition out and moved to Virginia to open up my own business, did a great job. Unfortunately, my husband and I just had issues. In December 2010, I was involved in a domestic violence situation and so I left the home with my two children, ages seven and five at the time.

I then stayed at a domestic violence shelter. So, I am familiar with how a shelter is, how it is to be homeless. I would have never thought that I could have been homeless.

Like I said, I was a business owner, did not graduate college, did not go to college, but I had 20-plus years in the administration field. So, just a wealth of experience.

Like I said, I would have never thought that I would have been a homeless person. Normally, when you think of a homeless person, you think of a person that is on the street. You never think about a person that, you know, has a life; that, you know, is a mother.

So, I think it is a silent epidemic that people do not view female veterans as becoming homeless. But we are.

From the shelter, I was able to start working at a temporary agency. It was not full-time but, you know, it was enough to get me started. I then was able to get a full-time position at the assign-

ment I was working on. I was able to get an apartment for me and my children.

But then, I went into work on a Monday. They told us on a Friday, I mean, on a Monday that our last day was going to be that Friday.

So here it is I am looking at unemployment. I was unemployed for about 6 months. I did get unemployment compensation but it did end. Resources started running out, going through custody issues with my children. I was not able to maintain physical custody of them because of my situation.

So, it was just a long struggle. So, with that, I am facing homelessness. I called out to the VA center. They were not able to help me. So, I got in contact with an organization called Final Salute and they assist female veterans in obtaining safe and suitable housing. That is where I am right now.

My road to homelessness, I feel that there are not enough funds being sent to the private organizations. I mean, we have the big organizations. The one that I was in, the domestic violence shelter, the funds were not even used to help the victims.

You know, when you are homeless, you feel dehumanized because it is like you have lost everything. People tend to treat you differently. I just think that at least there could be more support for us. Our voices need to be heard.

As far as when I reached out to the Veterans Administration, I am thinking because I am a veteran I would be able to get assistance. At the time there were no funds available. They referred me or said they could give me a list of shelters to go to.

I did not have a full-time job. So, I am like where are the resources? You know, there is no one to direct us.

It is just a plight that I do not think a lot of people or society has a clue as to what homelessness is. Then when you are homeless, you tend to not want to reach out because people tend to treat you differently. They tend to treat you like you are an outcast.

I did reach out to an organization to get help with my rental assistance. They were able to help me. But, you know, the funds were dried up and so then, like I said, I am facing eviction. I have two children that I need to worry about.

I just feel that there needs to be a voice put on homelessness as far as female homelessness and females with children because if I were facing the situation that I had to go to a shelter per se, I would have just basically just stayed in my car because the shelter that I went to previously, like I said, it was very cold during that time. It was December 2010. The blankets that they gave us was very, very thin. We were able to work in the pantry so I saw that they had donated a lot of comforters, new comforters at that.

So, that particular night I asked the resident manager, you know, could I get some blankets for my children. I did not really care about myself but my children were freezing. She said that, you know, we cannot, you just have to take these and she gave me blankies, little baby blankies.

I asked her, I said, well, there are comforters in the pantry. Why can I not have some of those? She said like, well, those are for someone else, and I am like who are they for? I am in a shelter,

you know. I know shelters get donated items. So, why are we sleeping under blankets that are very paper thin.

The organization that I am in now, I do not really look at it as a shelter. It is a transitional home. I look at it as a home. I do not know what I would have done had that organization not been there for me.

I met with the owner, Jasmine Booth. She made me aware it is a 2-year program. I let her know my situation. You know, I am still looking for full-time employment. As I speak now, I am still working as a temp through a temp agency. But that was my saving grace.

The program that is there I believe that when shelters do extend their hands to help a homeless person, that they should have resources in place to not enable them to stay homeless but to provide resources that will get them on their feet to be able to become self-sufficient.

The support, I do not know, I just cannot stress or talk about the support for homeless people, homeless veterans at that. A comment was made a woman veteran is different than a woman because we have unique needs, and I just think that that needs to be addressed.

[The prepared statement of Ms. Strickland follows:]

PREPARED STATEMENT OF SANDRA STRICKLAND, ARMY VETERAN

Thank you for the opportunity to share my journey to homelessness. I hope that through my shared experience, it will enlighten society's perspective of what homelessness "looks" like, give a voice to this silent epidemic that plagues our society, and spark an urgency to end homelessness by developing a process to empower a homeless person with the resources and assistance that they need, instead of providing quick-fix remedies that only enable their homelessness.

My name is Sandra Strickland. I was born in Gulfport, MS, and I am a homeless 43 year-old African-American female, Army Veteran. I currently reside in Fairfax, Virginia, in a transitional home operated by Final Salute, Inc., a non-profit organization whose mission is to provide homeless female Veterans with safe and suitable housing. I am a mother of 4 wonderful children ages 22, 21, 8, and 6, and I am currently separated from my spouse, who is also an Army Veteran.

I joined the Army after graduating high school in June 1986, and was sent to Ft. Jackson, SC, to complete Basic Training, as well as Advanced Individualized Training (AIT) for the Administrative Assistant (71L). Upon completion of AIT, I went to my first duty station in Kitzingen, Germany and served as my company's Personnel Administration Center (PAC), and later as the Executive Secretary for the Battalion Commander, who personally requested that I be assigned to this position. After leaving Germany, I was stationed at Ft. Hood, TX, where I was assigned to the Transportation Motor Pool and assisted in the deployment of soldiers going to and returning from Operation Desert Storm.

In January 1990 I processed out of the Army and received an Honorable Discharge. With the skills and training that I acquired from the Army, I set out to live the American dream and become a business owner. Life happened along the way and in November 2002 I met and married my husband. We talked about opening up an auto repair shop together, but about 4 months after we were married, he was called back to active duty to assist in training the soldiers who were being sent to Iraq and Afghanistan, and was stationed at Ft. Bragg, NC, while I stayed at hour home in Stafford, VA. In 2006, my spouse was released from active duty and when he returned home, we opened up our auto repair shop in January 2007. Our marriage suffered because of the separation, among other things, and we continued to grow apart and eventually talked about divorce.

Two days before Christmas of 2010, when my spouse picked up our children from school and preparatory academy, he made a verbal threat to the Academy Director that he was going to kill me and the kids. That was the day that I took my kids and left, and ended up living in a domestic violence shelter with my two younger children in tow (ages 6 and 4 at the time). At the time I was working as a temp on a Government contract so I managed to save enough money to move me and my

children into a 1 bedroom w/den apartment in February 2011. Everything was going great until I walked into work on Monday, April 25, 2011, and was told that the contract that I was working on was ending and Friday, April 29, 2011, would be my last day.

I became unemployed on April 29, 2011, and despite being a Veteran, going on countless interviews and submitting countless resumes, and having a wealth of administrative experience, I remained unemployed until September 2011. Although I received unemployment compensation for a brief time, my finances became depleted and the eviction notices started coming. Also during this time I was dealing with custody issues for my children. Although the court awarded joint custody to me and my spouse, I was awarded temporary physical custody until such time as we went to court for the final custody hearing. That hearing took place and although we both maintained joint custody, the judge reversed the order and awarded physical custody to my spouse because he still had the marital home that our children grew up in which was in their best interest to stay there, and because my apartment was out of their current school district, it wouldn't be in their best interest to transition them to a new school for the upcoming school term. Not only was I in shock by the decision, I felt as though I was being victimized because I chose take my children and leave and unhealthy environment, regardless of the fact that we were homeless. Not only did I lose physical custody of my children, I eventually ended up losing my apartment because I couldn't afford to pay the rent, due to the lack of funds from being unemployed and not having a full-time job. So now, I am homeless and have been reduced to an "every other weekend" mother because my children no longer live with me every day.

Although I don't have a college degree, I have over 20+ years of experience in the administration field, obtained from my many years of on the job training in the non-profit, government and association sectors, entertainment and media industry, working in positions as a CEO, CFO, Executive Secretary, Office Manager, Business Owner, Administrative Assistant, Grants Administrative Lead, Receptionist, Overnight stocker, just to name a few. That, coupled with being a military Veteran, has yet to open up any doors for a full-time job or have an employer offer me a full-time job because I am a Veteran.

When I received my first eviction notice, I reached out to the Department of Veterans Affairs for financial assistance and assistance with obtaining full-time employment. When I spoke to one of their representatives on the telephone, their concern wasn't about my possible homelessness or unemployment, the representative was more concerned with my mental capacity—did I feel that I was mentally stable with everything that I had going on. She suggested that I come to the VA Office in DC to get registered into their system and be evaluated. Furthermore, I was told that they did not have any more vouchers for housing and the best that they could do was provide me with a list of shelters for me and my children to go to if we did become homeless. As for assisting me with employment, I was told to go to the unemployment office and file a claim for unemployment. I hung up the telephone feeling hopeless. The one organization that I thought I would at least get some temporary assistance from was only worried about my mental capacity and didn't go above and beyond to address my current needs.

I was able to get rental assistance from a local organization in Stafford, VA and Final Salute, Inc., as well as receive public assistance. However, that was just a band-aid because I knew that if I didn't get a job soon I would be faced with eviction again, and ultimately homelessness. I started working for a Temp Agency in September 2011, however because I owed so much in arrears for rent, there was no way that I could catch up with the salary that I was bringing in. The owner of Final Salute, Inc. called me a week before Thanksgiving 2011 to follow-up with me to see how things were going with me and I told her that I was in the eviction process again and would ultimately be facing homelessness. She made me aware of the transitional home that she had just opened that month and let me know that there was an opening there if I wanted to move in. I met with her a few days later for an interview and the day before Thanksgiving 2011 I moved into the Final Salute, Inc. transitional home. I call it a transitional home because I've lived in a shelter and this home is nothing like a shelter—it is my HOME. It is a 2-year program that allows me the opportunity to get back on the path of self-sufficiency and independence, and at the conclusion of the program, I will be given assistance to obtain a home of my own. During the 2-year stay, I am required to adhere to an individualized goal plan, provided with resources and support to help me achieve my goals. One of my goals is to own and operate an auto repair shop that is female-owned and operated. I also have an Administration/Consulting business that I started in 2009 that I am working on getting up and operational. To assist me with those goals of entrepreneurship, Final Salute, Inc. sponsored me to attend the V-Wise Con-

ference that just took place in Orlando, FL. I am very thankful for the Final Salute, Inc. program and honestly, it has been my saving grace. Unfortunately, there are not enough programs such as Final Salute, Inc. whose focus is on preventing homelessness among female veterans and not just providing a band-aid remedy.

Federal grants and resources are being given to well-established organizations, and the newly formed and unknown organizations such as Final Salute, Inc. are overlooked, and to me that is a travesty. Money is being poured into these other organizations; however some of these organizations are not addressing the core issue of a person's reason for being homeless. Instead of helping, they are enabling them to remain a product of the homelessness cycle, and the funds are not being used to provide assistance and resources for the homeless person. I can speak first hand from an experience that I encountered while living in the domestic violence shelter. During that time it was winter and the blankets that they provided for the residents beds were very thin. On one particular day, I had to clean out the storage pantry and saw that they had an abundance of NEW comforter sets still in their original package. I was beside myself. Here we are freezing at night and there are NEW comforter sets just sitting in the pantry not being used! Mind you, there was a problem with the heating system so they could only set the thermostat to 70 degrees. You would think that with the funds they were receiving, they would have gotten the heating system fixed! That night, I asked the Night Resident Manager if I could get a heavier blanket for my children because the temperature had dropped to the low 20's that night, and instead of going into the pantry to give me a couple of the comforter sets, she gave me three small child-sized "blankees." I asked her about the NEW comforter sets in the pantry and I was told that they were being used for something else? Really? What else could they be used for other than for the residents in the house was the inside question I asked myself.

This is one of the reasons why women that are homeless would prefer to stay homeless because of the treatment received within the shelters—shelters that are meant to help, but end up doing more harm than good. Once someone is processed into the shelter, they are made to feel like a child and although I understand policy, procedures and rules, we shouldn't be treated like we are prisoners. We already feel dehumanized because we are homeless, and the added stress and dictatorship doesn't make it any better. As a woman with children, I would suffer that type of treatment just so that my children could have a roof over their heads, but if it were just me, the shelter would not be my preference to live and I would seek out other means to survive, as do most homeless women. While in the shelter, you are not asked what your goals are, what is it that you want to do. You are given resources to go to, with no real guidance. You are told what you have to do, and sometimes how you have to do it. No individualized care or concern for the homeless person.

The Department of Veteran Affairs will not be able to end homelessness as a sole organization. It is going to require the affiliation with organizations such as Final Salute, Inc. coming together and creating partnerships, so as to provide the small, unknown organizations access to the funds and resources needed that will enable them to have viable and thriving programs that are addressing the CORE needs of the homeless and curing the epidemic. The needs of a homeless person have to be discovered first, and then devise an individualized plan that will address the needs and put them on a path to self-sufficiency so that they aren't a repeat case, or a product of society.

When I lived in the domestic violence shelter, I went to work everyday and it wasn't until a situation happened where I couldn't go in to work one day that I had to tell my supervisor what my situation was. She was taken aback and could not believe that I was homeless because I didn't fit society's "picture" of what homelessness "looks" like. I am what homelessness looks like, but I am inspired every day because I am blessed to be in a program that uplifts, encourages and empowers. I am not an alcoholic, I am not strung out on drugs, I don't have mental health issues, nor do I have any health disabilities. I am a very healthy woman who is a mother, a business woman who dresses in business suits (name brand suits when I used to be able to afford to do so), who has over 20+ years of experience in the administration industry, who is a striving entrepreneur who started two businesses of her own, who is a military veteran. According to society, I am not supposed to be homeless, but I am—not by choice but by circumstances.

Chairman MURRAY. Thank you very much. We really appreciate your testimony. Thank you for being here.

Reverend Rogers.

STATEMENT OF REVEREND SCOTT ROGERS, EXECUTIVE DIRECTOR, ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINISTRY; ACCOMPANIED BY JOHN DRISCOLL, PRESIDENT AND CHIEF EXECUTIVE OFFICER, NATIONAL COALITION FOR HOMELESS VETERANS

Mr. ROGERS. Chairman Murray and Ranking Member Richard Burr, and thank you, Senator Brown, for those wonderful and kind words, distinguished Members of the Senate Committee on Veterans' Affairs, it is my honor to present this testimony on behalf of the Asheville Buncombe Community Christian Ministry, familiarly known around the Asheville as ABCCM, but also to be here on the half of the National Coalition of Homeless Veterans and John Driscoll, who is not only a strong leader for all of us providing services but one who I am happy to call my friend.

All of us providing services to veterans are committed to the 5-year plan to end homelessness for all of our veterans. ABCCM serves both men and women veterans. We have about 200 men. We have about a dozen women veterans in separate facilities.

But last year in 2011 ABCCM ended homelessness for 302 veterans through our jobs program with HVRP and the Veterans Workforce Investment Program with jobs averaging $14 an hour and at about the cost of $1,100 per placement as opposed to the national average of $2,600 per placement.

We also placed 87 disabled veterans into permanent supportive housing. You see, we ended homelessness for 389 of the 437 veterans that we served last year. How do we do this?

Well, it is laid out here with several principles, nine of them in my testimony. But first, I want to say that it is our support of 300 churches, congregations of all sizes, colors, all faith groups who come together to join the government's efforts, the Veterans Affairs efforts in ending homelessness. We engaged about 3,200 volunteers just in our veterans restoration quarters and our Steadfast House for women.

These congregations and volunteers did not just receive these dollars from the VA and from the Department of Labor but they matched them. They are there with their food, their clothes, their financial support, particularly their volunteer time for training and mentoring so that we are doubling the impact of those resources to provide not only great professional staff and services but especially that boundless energy from our volunteers.

Second, we really have strong support and participation from the veterans' service organizations like the American Legion, DAV, the Military Officers Association, Vietnam Veterans for Peace, and many others.

Third, our formally homeless veterans have a culture of giving back. They do not want to leave anyone behind. You see it begins with our formerly homeless veterans who are at the front desk who are saying to other veterans, both men and women, welcome home.

In fact, it was the desire of formerly homeless veterans to give back that the American Legion posts in our area, in Hendersonville and in Asheville and the surrounding western North Carolina, put together Legion Post 526 that now has about 137 members.

They were the first, as we understand it, to receive their national charter and operate out of a homeless facility, our veterans restoration quarters.

Fourth, it is the Charles George VA medical center in Asheville, North Carolina, that provides the high quality medical home resources. It is our local continuum of care with about 40 agencies working together because, as you know, collaboration is the critical key, and I just thank all of our folks back in Asheville for their support.

These principles can be summed up in a couple of words. One is respect. Respect for every veteran to be empowered to make their choices and to have a clear sense of self determination. These are laid out beautifully by the Grant and Per Diem program's leadership.

Two is the flexibility to build on local innovation and partnerships that employ and house our veterans.

Three is building on an incentive-based culture and not an entitlement culture, by rewarding those who take responsibility for themselves and others.

Four is working on the rapid re-housing and prevention strategies that reduces the need for transitional housing. We put back into homes 276 persons last year which kept us from having to build another 300-bed shelter.

We submitted supportive services for a veterans' families proposal in hope that we will be able to build on with that partnership our own homeless-prevention rehousing.

We commend the 2013 budget priorities. We hope you might consider adding three other items. First is a cost-of-living adjustment for the Grant and Per Diem of about two to 3 percent.

Second is a capital challenge grant for Grant and Per Diems because we need the extra help to expand and improve our housing facilities and transportation, particularly for women. Right now we would like to match you dollar for dollar in order to expand and improve those facilities and services.

Third is providing innovative funding for more education and training and innovative funding that would provide and utilize a partnership between the VA medical centers and local professionals in the treatment of PTSD.

So, thanks again for your commitment to our veterans and to implementing the principles that will help us all end homelessness for our veterans.

As a pastor, Madam Chairman, I will continue to pray for your wisdom and the courage of this Committee and our Congress to offer the best to our veterans.

Thank you for giving us the tools to serve.

[The prepared statement of Mr. Rogers follows:]

PREPARED STATEMENT OF REVEREND SCOTT ROGERS, EXECUTIVE DIRECTOR, ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINISTRY

Chairman Patty Murray, Ranking Member Richard Burr, and Distinguished Members of the U.S. Senate Committee on Veterans' Affairs: It is my honor to present this testimony on behalf of the Asheville Buncombe Community Christian Ministry (hereafter ABCCM) and on behalf of the National Coalition for Homeless Veterans (NCHV) with my friend Mr. John Driscoll, NCHV President and CEO. I want to recognize the other guests in the room who are also concerned about ending homelessness among our veterans.

INTRODUCTION

ABCCM has had a U.S. Department of Veterans Affairs (VA) Grant and Per Diem (GPD) contract since 2003. We currently have four Grant and Per Diem programs which encompass 148 homeless men and 10 homeless women (mothers with children) for a total of 158 beds. This makes us the third-largest contractor of Grant and Per Diem services in the Nation. Our combined campus facilities of 12.5 acres, with 11 acres for men and 1.5 acres for women, makes us one of the largest facilities for serving homeless veterans in the Nation.

Under ABCCM's umbrella, we offer employment and training services through a U.S. Department of Labor (DOL) Homeless Veterans Reintegration Program (HVRP) grant. Last year we placed 201 homeless veterans back into the workforce at an average cost of $1,100 per participant, compared to $2,600 per participant nationally. We were recently honored with being included in the HVRP Best Practices document for the DOL-Veterans' Employment and Training Service (VETS).

We also administer the DOL Veterans Workforce Investment Program (VWIP), which, through education and training, placed 101 veterans into new careers in 2011. Most of these were veterans recently released from the military. We found this program to be the most effective in helping them retool, reclaim, and embrace a new career path to sustain their families. We regret that this program is only slated for one more year of funding, and hope the Senate will take a lead in restoring VWIP. The impact of putting 302 veterans back into the workforce at an average of $14.11/hour generated about $8.8 million in payroll in 2011.

Both of these services are offered under the larger umbrella of ABCCM, which is supported by about 300 congregations of all sizes, nationalities, and faith groups. ABCCM is volunteer-driven with over 4,600 volunteers who actively participated in 2011. We served over 50,000 men, women, and children (unduplicated) in our community of about 250,000. This means we touched one in five persons in Buncombe County, North Carolina.

Other services offered by ABCCM include:

- "Crisis Ministry" services, which include emergency assistance of food, clothes, support to prevent eviction and utility cutoffs, heating assistance, and transportation.
- A vibrant Jail Ministry.
- One of the largest free clinics in North Carolina, offering medical, dental, and pharmacy care to about half of the uninsured in our county.
- Two additional education and training programs supported by DOL's Pathways Out of Poverty and a Young Parents Demonstration Program called Circles®.

Three decades ago there was a strong emphasis on public/private partnerships, which gave the government new opportunities to combine its entitlement programs with private innovations. Two decades ago, we saw new strides made as the government sought to purchase services that were better provided by the community and community-based organizations. During the last decade, we have seen the government add the opportunity to partner with faith-based organizations.

Thank you for opening the door with us to explore public/private, community- and faith-based partnerships. As a faith-based organization and one of the leading homeless veteran service providers in the country, ABCCM is demonstrating that this strategy has a major return on the Congressional investment. We commend Congress and the President's support of the VA Grant Per Diem program, which funds about 14,500 beds and, according to NCHV, has stemmed the tide of homelessness for our veterans.

Even during these difficult economic times, we have made significant strides in reducing the overall number of homeless veterans. Thanks to the VA Grant and Per Diem program and our collaborating partner—the Charles George VA Medical Center—Asheville, North Carolina—we have changed homelessness among our veterans by placing 82–91% in the workforce and 73–89% in permanent housing since 2008.

KEYS TO SUCCESS

Collaboration is a key to our success. We are extremely grateful to VA for offering additional support to its medical centers to provide access to primary and mental health care for Grant and Per Diem providers. The Charles George VAMC in Asheville is a critical partner in our success. They consistently rank among the top–10 health care providers. This is demonstrated by the level of commitment they extend to our homeless veterans to be their medical home. Their care of our wounded warriors is exemplary and makes it possible for us to accept some of our highest and most at-risk veterans. We have had men who have been discharged from state mental health institutions with hopeless prognoses come to us and receive quality care

at the Charles George VAMC, then go on to thrive in our environment. The combination of putting them in a safe and supportive environment, where they live with other veterans who embrace them as companions, mentors, trainers, and caregivers, adds a value that enables us to consistently help these men and women achieve stability, sustainable incomes, and permanent housing.

The Charles George VAMC in Asheville has adopted a "Working Five Year Plan" to end homelessness. They have adopted six pillars in the plan to prevent and end homelessness, which includes VA leadership involvement and support:

(1) Outreach and education
(2) Housing and supportive services
(3) Treatment services
(4) Prevention services
(5) Income, employment, and access to benefits
(6) Community partnerships

We have outlined specific metrics to expand outreach, reduce barriers to services, and increase resources through our collaborative efforts to offer veterans comprehensive services along the continuum of care.

Another key collaboration in our community is the Asheville Homeless Coalition and Continuum of Care. Our community is one of the early pioneers in developing and implementing the Ten Year Plan to End Homelessness. We have modified that plan in recent years to incorporate the Five Year Plan to End Homelessness among Veterans, as well as a plan to end chronic homelessness in our community in five years. This group of over 40 providers and advocacy groups has worked tirelessly to provide wrap-around services and strategic interventions, and can successfully report a steady decline in the total number of homeless over the last five years and significant reductions of 50% of the chronically homeless in our community.

ABCCM's homeless veterans programs create an additional level of success and cost-effectiveness that set us apart from our peers. First and foremost is our utilization of volunteers from the faith community. We create opportunities for volunteers to serve at every level from working at the front desk to welcome our veterans home, to working on cook teams and as servers to help provide three meals a day for the 250 men on our Veterans Restoration Quarters (VRQ) campus and the 45 women and children at Steadfast House. In addition, these volunteers offer 24 different training programs at the VRQ and 16 different personal skill-building training programs at Steadfast House.

Personal skill-building programs that equip our men and women to begin to manage every aspect of their daily lives include: sobriety and recovery through AA and NA groups; financial stability through banking and money management training; personal hygiene; health care training and spiritual formation through esteem-building, with the discovery of meaning and direction of one's place in the community; and work preparedness and job readiness training. From a practical standpoint, we rely on volunteers who have both experienced and overcome these challenges in their own lives.

We depend heavily on veteran service organizations such as The American Legion, The Military Officers Association, Disabled American Veterans, and Vietnam Veterans for Peace, to name a few. We have the first nationally chartered American Legion Post for homeless veterans (#526), which is now made up of 137 formerly homeless veterans located in our facilities and giving back to our community. Our volunteers create a culture of safety, encouragement, and respect that nourishes the body, mind, and soul.

The second key characteristic is developing a culture of personal responsibility in an incentive-based system instead of an entitlement-based system. We go out of our way to make sure that every veteran knows they are being "welcomed home." Operation Welcome Home is a serious greeting. It is not unusual for a homeless veteran (man or woman) to respond to this outpouring of hospitality with skepticism and sarcastic remarks like: "Sure, and when do I have to be out?" Our response to them is always: "You are home now." This culture of helping our veterans rediscover what a safe and secure place our community can be provides the ultimate level of respect. We build on this level of respect in order to help them rediscover healthy routines in their lives—routines of good personal hygiene and caring for one's body by seeking appropriate primary care. We help them stabilize emotional and mental health by working with the Charles George VAMC to provide for their pharmacy and therapeutic needs.

A third key factor was aligning our success with the national trainings and best practices that are shared between providers and set by the GPD program. NCHV provides an invaluable function for service providers nationwide by bringing us together to share these best practices. I believe it was out of these conferences that

VA homelessness staff were able to put together a set of characteristics to exemplify the best we can offer to our homeless veterans.

These characteristics include a campus-like environment to allow for housing, training, and recreational opportunities. This environment would be within a couple of miles of a VAMC to promote easy access to primary care, along with mental health, substance abuse, and PTSD services. The GPD program would work closely with DOL HVRP programs for education, and employment training and placement. Permanent supportive housing units connected to the property, or community collaboration in place, would give veterans priority and an immediate place to go. Ideally, the location would be away from the community's known centers for illegal drug activities and more closely aligned with stable neighborhoods and the VAMCs.

In ABCCM's case, we embraced these recommendations and were able to identify a location for our Veteran Restoration Quarters (VRQ) that met all these criteria. The VRQ is located within one mile of the Charles George VAMC. We have 10 acres and five buildings on the property, including a 6,000-square-foot education and training center. We also have HVRP and VWIP programs under the larger ABCCM umbrella, which offers concentrated education, job training, on-the-job training, apprenticeships, and job placement and follow-up for 18 months after placement.

ABCCM's incentive model grew out of the great work done by the VA Grant and Per Diem leadership. I want to commend Roger Casey, Chelsea Watson, and their team for putting together an application process that is built on best-practice strategies in the country. I believe their application process with its core assumptions forms a great foundation for any GPD applicant to successfully grow their services for homeless veterans. I concur with NCHV in that the GPD program has faced the ultimate test by continuing to lower the number of homeless veterans during the worst economic crisis in our Nation's history. The GPD program needs to be sustained by Congress as one of the primary strategies in both the prevention and successful re-housing of our veterans.

A fourth key factor is found in our incentive system. A veteran earns points to acquire quality personal living items, along with a system of four steps that help our veterans' progress. The first is called our Stabilization Phase, where a man or woman is able to develop healthy daily living routines, stabilize emotions, and take care of physical health needs. They are able to discover a new sense of meaning and direction in their lives with proactive steps and support from peers and case managers. We perform routine room inspections along with laundry services so that their environment is clean and sanitary. Because of the support of our many congregations, we are able to provide personal hygiene kits, clothing, and other basic necessities. We offer congregate meals provided by 90 different cook teams who offer nutritious, balanced cuisines, thanks to the dietary support and planning from the Charles George VAMC staff.

Veterans are brought into this stabilization phase through ABCCM's outstanding outreach program. We have four Crisis Ministry centers that offer food, clothing, household items, and financial assistance, as well as two independent day shelter programs—one for men and one for women. ABCCM consistently has heard from our veterans that they trusted us because we did what we said; we cared for them before we knew they were veterans; and we offered an opportunity for personal growth and transformation through the integrity and success of other formerly homeless veterans and veteran volunteers in the community.

The second level is our Foundation Level, where men and women begin to live out and build on the personal skills they need. For those with mental health or substance abuse issues, this means developing emotion management skills, communication skills, and sobriety recovery skills. For those with physical health needs, it means tending to primary and specialty care, keeping appointments, medication management, and adopting a healthier lifestyle. We know that 51% of our veterans are diabetic, 26% deal with hypertension, and 12% deal with COPD. Having a full-time nurse on staff to monitor recovery for both inpatient and outpatient services, along with health and wellness service plans, is a key to our veterans' health stability.

Another foundational piece is honoring the faith perspective of each veteran by helping them engage in their own spiritual formation by participating with local congregations and faith groups of their choice. We offer holistic classes and experiences that help address esteem issues. We offer Bible studies to address spiritual issues in order to stabilize that deeper sense of hope, meaning, and purpose.

We lay another foundational piece by completing an assessment of their fundamental vocational goals and skills through a detailed work history. We offer to enhance their existing skills and experiences through work preparedness or job readiness training. The church and veterans groups, who volunteer with us, give resources for the basic necessities so that we can provide more of the GPD resources

on education, training, and case management. When faith groups provide resources like food, clothes, household items, hygiene items, cleaning supplies, laundry supplies, plus vehicles from bicycles to cars and trucks, we can prioritize our funds by helping these men and women with the developmental skills they need to grow. As our veterans take steps to success, demonstrating that they will be responsible with their daily routines and activities, then we know they are ready to carry out their greater responsibilities for education, training, and employment.

During this phase of the program, we help our men and women embrace—and complete—old and new dreams through education and training, or by jumping back onto the career ladder. Putting these foundational pieces into place prepares them to move to the next level. At the Cornerstone Level, we start building on four cornerstones of their lives. The first cornerstone utilizes traditional education classes, including secondary education, and campus classes. The veterans begin to embrace their potential.

Our veterans develop proficiencies by building on their personal skills and utilizing those skills to complete unfinished Bachelor's and Master's degree programs. Some re-enter the workforce through on-the-job training or apprenticeship programs. Some acquire or restore certification and licensure in their vocation, resulting in new directions and careers. We are successful in helping these men and women choose a career path where training, certifications, and degrees result in high-paying jobs. For example, in the field of health care, North Carolina offers a 14-month RN program for those with a Bachelor's degree, who can walk into a $4,000/month job. We have internet technology (IT) jobs, where men and women can complete six months of certifications and go on to careers starting at $5,000–$7,000 per month. We have a 4–5 week truck driver's training program, which helps our men and women immediately start earning $40,000–$105,000 per year in the transportation industry.

We offer green collar job training in the area of solar technology, building analyst, LEED building design, and biofuel technicians—all careers that offer opportunities at a living wage and higher. We partner with our local community college, whose culinary arts and hospitality management programs are consistently ranked among the best in the country. Each year we graduate top chefs who go on to highly successful and lucrative careers in world-class facilities like the Grove Park Inn and the Biltmore Estate making $15–20/hour. Having put two cornerstones of education and employment training in place, the veterans may also add/build on other cornerstones like a track record of sobriety and/or emotional stability. They may add the cornerstone of building a strong network of friends and co-workers, which prepares them for the next level.

Our veterans then move to the Pillar Level, where they exercise full autonomy and self-determination by embracing their own place in the community through income stability and permanent housing. In 2011, 76% were discharged into permanent housing and 90% of our men with disabilities were discharged into permanent supportive housing—compared to a national target of 60%. At the Pillar Level, we encourage these men and women to build sustainable success by their reintegration into four "families."

The first is their civic family. The civic family is made up of other veteran support groups including The American Legion and DAV, or support groups such as AA, NA, etc. Some also participate in civic organizations such as Rotary and Kiwanis. These civic families become an important pillar to building strong social networks in their lives. The second family is their work family. We help our veterans understand that they are a part of the corporate team, instead of just punching a clock. We bring their employer onboard to help further the professional and personal growth of our men and women through their tutelage or on-the-job training. We have even seen situations where employers have been willing to turn over their business to a veteran when no other successor was in view. The third family is their family of faith. Our veteran men and women tell us that it is critical for them to engage with their own family of faith and with spiritually nurturing and developing persons. This becomes a part of their lifelong support system, which helps them grow their hope, as well as have a well-balanced perspective on life and their place in the community. Last is reunification with their biological family. Only about one in four of our veterans are able reunite with their biological families due to the severe trauma of burned bridges. Many of these families have endured the worst, and all too often, these relationships prove to be beyond repair. On the other hand, in cases where reconciliation has been possible, the involvement of our veterans' biological families is frequently one of the most powerful components to predicting long-term sustainability in their lives. Encouraging our veterans to develop and establish new family ties is what we see most often that gives them that sense of completeness in their reintegration into the community.

The fifth key factor to our success is utilizing volunteers and incorporating businesses as key partners. Involvement of the faith community means getting our message out to key community leaders within those faith groups. Volunteers from the faith community are often the same ones who are making hiring decisions, education decisions, and offering advancement opportunities through their networks in the community.

Our faith community volunteers also open doors for training and employment in the community that would otherwise be closed. Our Chamber of Commerce and businesses in the community have already developed a "hire our veterans" culture. We have 111 businesses that actively give priority and preference to hiring veterans. We have 60 private landlords who are willing to offer permanent housing to our veterans. Our Public Housing Authority has adopted a policy of working with our homeless veterans, giving them first priority for open units, and is fully cooperating with our HUD-VA Supportive Housing (HUD-VASH) program.

Our faith community has also taken a lead with our Homelessness Prevention and Rapid Re-housing Programs (HPRP). ABCCM commits $60,000 each year to homelessness prevention and rapid re-housing services, which hugely benefits our veterans. We have four crisis centers that provide access around the four corners of the county so that veterans and others can avoid homelessness. We have recently applied for funding through the VA Supportive Services for Veteran Families (SSVF) program and hope to add this to our list of program services.

We concur with NCHV's goals in an article published by John Driscoll on Feb. 8, 2012, in which he highlights the need to gear up for "The Critical Year." We are grateful to Congress and the President for the 2013 budget, which keeps America on track to end veteran homelessness by 2015. We hope you will continue to support the four key homeless veteran programs in the FY 2013 budget: GPD, SSVF, HUD-VASH, and HVRP.

A sixth key factor is prudent investment in a highly committed and professional staff, of which about half are veterans. We have great administrative leadership in Mr. Michael Reich. We also developed a Ph.D.-led substance abuse and recovery team of professionals along with a PTSD team of professionals. Having these professional competencies on staff helped us engage mental health professionals, support groups, and volunteers from the faith community and broader community to meet these core therapeutic needs of our men and women.

ABCCM offers these funding considerations:

1. A regular cost of living increase in the 2–3% range for the Grant and Per Diem Program in order to maintain quality services.

2. Consider continuing and expanding the DOL Veterans Workforce Investment Program (VWIP) in conjunction with SSVF. We support the planned expansions of SSVF, which will help serve a number of high-risk veterans and their families who are homeless with prevention and rapid re-housing services.

3. Support VA medical centers in creating stronger mental health services to address PTSD solutions for our veterans through creative public/private partnerships, such as that exhibited by the GPD program. We need additional funding for a number of successful treatment modalities for PTSD. We have discovered that most mental health and substance abuse issues tend to be symptomatic of the core PTSD underlying issues. In addressing these issues through various therapeutic modalities, we see tremendous transformational changes that allow men and women veterans to successfully cope with day-to-day living. These therapeutic modalities cover the waterfront of treatment from art and music, to equestrian and pet therapies, to traditional therapeutic programs. ABCCM and other GPD providers would welcome the opportunity to add a public/private partnership with VA to provide these therapeutic services in conjunction with resolving these core issues.

4. Reinstate the capital grant program for vans for the Grant and Per Diem program.

5. Consider creating a capital grant program for GPD programs to offer capital expansion and improvements. ABCCM's Grant and Per Diem programs need a boost of $3 million to eliminate debt on the facilities. We would recommend that Congress consider a VA GPD Capital Challenge grant, incorporating matching funds, so that capital funds raised by the community would be matched one-to-one in order to help with efforts to both retire debt and/or improve/expand facilities.

In summary, several key factors contribute to our success:

1. Our strong collaboration with the Charles George VA Medical Center.

2. Our embrace of the principles set forth by the VA Grant and Per Diem program.

3. Our strong community collaboration around the Continuum of Care and the Ten Year Plan to End Homelessness, including the VA's Five Year Plan to End Homelessness among Veterans.

4. Our strong partnership with veteran service organizations. Over 200 members from various veteran service organizations volunteer and give back, the most important being the American Legion Post #526, which has 137 formerly homeless veterans giving back to our homeless veterans.

5. Our faith community. The faith community encompasses the 4,600+ volunteers who come alongside veterans at each critical phase as they progress thorough our program. By being rooted in the community, they give our veterans a way to be engaged in a new faith journey and spiritual development—on campus, as well as giving a spiritual home with networks of support off-campus in their congregation, synagogue, or mosque. This is essential to the veteran's reintegration into community.

6. Our incentive-based system, which counters the entitlement culture. While each of us are committed to honoring the brave sacrifice that our veterans have offered in sustaining the freedoms afforded in our country, we cannot let our charity and compassion become crippling instead of incentivizing and motivational. We encourage our veterans to recognize their accomplishments and let each step of their journey inspire them to continue along their path of restoration.

7. We recognize our veterans on a monthly and annual basis. We celebrate their numerous accomplishments from simple certifications to taking on large community projects as community leaders.

We need government support from wise leaders who allow these services to engage the strengths of communities, with the freedom of innovation and support that is tailored to the needs of veterans. This should be coupled with responsible oversight and funding, which both empowers and equips.

We hope the Senate will continue to incentivize community- and faith-based organizations that can demonstrate they provide these services with outcomes that are more cost-effective and provide long-term solutions with a greater return on the public's investment.

We believe ABCCM is able to do this because of the value added not just by public/private partnerships and community-based partnerships, but also by faith-based partnerships. Bringing all aspects of the community to address mind, body, emotional, and spiritual components creates a comprehensive environment where our outcomes consistently outperform the national norms and our cost-effectiveness is multiplied by church and community support.

Our model produces success because it grows out of the microcosm of the community in which it is situated. It produces success because the microcosm of our community reflects shared values as well as shared opportunities, which come through the volunteer leaders of our community. ABCCM believes it has reflected the best of its community. We trust that government will reflect its best by continuing to adopt these principles and translate them into funding support, as well as policy supports that continue to sustain our common goal of ending homelessness for all our veterans by 2015.

I want to thank Senate Committee on Veterans' Affairs and the National Coalition for Homeless Veterans for the opportunity to submit our practices and recommendations. It is an honor to serve our veterans in partnership with each of you. ABCCM will always be at your service, and we look forward to every opportunity to serve with you.

Chairman MURRAY. Thank you very much.

Ms. Four.

STATEMENT OF MARSHA FOUR, CHAIR, NATIONAL WOMEN VETERANS COMMITTEE, VIETNAM VETERANS OF AMERICA

Ms. FOUR. Good morning. Thank you, Senator Murray, Senators on the Committee, for allowing me to testify on behalf of Vietnam Veterans of America, and I would say that I also thank you for all of the great support you have given to HUD-VASH. It has been a tremendous opportunity for the veterans and has seen great advantage.

I also would like to, Mr. Brown mentioned that the snapshot picture, I guess, of the number of homeless veterans that exist today on the point in time count is 67,000 plus.

VVA does not feel that this is a true number also. But it is a snapshot, and I think what it does show is that there has been an impact made by the additional care, assistance, services, and programs that have been coordinated to work at helping to end homelessness. So, we feel that we are at least seeing that these programs are doing something.

Although I have full testimony, which goes into great detail, I am going to try to be very concise and sum up a few mentions.

The Housing First model, which is a great push right now. It is a monster push right now, and it is, in fact, a beautiful housing model for veterans that fit in it. And it is also one that is a great advantage to the women veterans because they can have their children with them. They do not have to disrupt the family situation. The kids can stay in school. They keep the unit intact.

But it does not fit all veterans, not even all women veterans. There are many veterans that are quite vulnerable and that we cannot dismiss the opportunity or I should say the responsibility of not eliminating or disintegrating a housing-ready model for some of these veterans because even when, you know, Secretary Shinseki first came out on eliminating homelessness, he said do not close all the doors.

There are doors that should be left open because many veterans will have to find their way to the right one. By placing some of these veterans in the Housing First model, we are setting them up for failure and back to the streets.

I would like to just make a couple of comments about the Grant and Per Diem program because, in fact, nonprofit agencies, without nonprofit agencies in the communities, the attack on homeless would, for veterans, would be a greater issue.

The Grant and Per Diem program, while it has been a tremendous, you know, assistance in that realm for decades, there are a few situations that cause great concern or great impact and handicap the nonprofit agencies.

One is the ability to request an increase in the per diem for the programs. In order to get the per diem increased, nonprofits submit their last year's audit to show that there was an override in the expenses and they need more money.

But nonprofit agencies do not have the pleasure of hiring staff and augmenting program design up front in order to show there is a loss because now in the cases of some nonprofits, they have lost their lines of credit in banks. They have paid interest rates on those lines of credit that are not reimbursable.

So, I have proposed in my testimony a piece that could be worked into the situation where we can, as we have with other Federal agencies, nonprofits request budgets that would be used in the coming year, draw down from that, and I describe that in my testimony.

Another is the residential payments that we have to DDOT, nonprofits have to deduct the payments that veterans would make as a residential payments if they are in a nonprofit residential program.

So that brings down again the cost to the program to the agency. If that could be eliminating, the nonprofit agencies, especially those that have more than one program, that have home offices and pro-

grams scattered around, it is very difficult to have a program if you cannot help to utilize these moneys as discretionary, to keep the entire agency afloat because if that agency is not solvent, it cannot operate the program.

So, it is a handicap to those agencies that have many programs to have to deduct residential payments from the expense of the program.

We believe that there is an issue with consolidation of VA Grant and Per Diem projects. There are some nonprofits who have had capital grants, that get per diem for those. They have expanded that program under per diem only grant and these two grants now has separate project numbers which have to be turned in and provided per diem payments based on percentages, and those nonprofits receive several different percentage payments based on the differences in the project numbers, and they still have the same garbage collected and the same staff, and eat the same food.

Another is the Grant and Per Diem service centers. I will only say that they are, in fact, the gateway in from the streets to the Housing First model. I ask you to look at that testimony to see the significance of those programs.

Some are seeing two up to over 1,000 veterans, unique veterans a year. They need some staffing grants because four dollars and change does not make it for the veteran who comes in for 1 hour and the staff has to work for 2 days to get them housing.

We believe there is a great opportunity to expand the use of the homeless Grant and Per Diem service centers. That is outlined in my testimony. We believe the scope of their ability and authority needs to be extended so that veterans who are placed in Housing First can continue the case management they need to stay there so that they can come back to the service centers and continue that process.

We are also looking at how we could best utilize those and morph program into something other than just homeless from the streets but also homeless prevention and retention in housing.

Special-needs grants, appreciate the authority was extended to them. However, the VA grant per diem did not put out any grants for new programs.

Chairman MURRAY. If we could get you to wrap up your testimony. We do have your written testimony. I want to make sure we get to all of our witnesses.

Ms. FOUR. Yes, ma'am. I have addressed military sexual trauma programs, the supportive services grants, the DOL, if we could extend those opportunities for veterans, and of course, the GAO report that I mentioned in the testimony.

I appreciate the opportunity to be here. I see that many of us will impact the VA in a broad scope even through the mental health departments, and I encourage the Committee to look at the opportunity for nonprofits to continue to assist in this realm.

Thank you, ma'am.

[The prepared statement of Ms. Four follows:]

PREPARED STATEMENT OF MARSHA FOUR, NATIONAL BOARD OF DIRECTORS, CHAIR, NATIONAL WOMEN VETERANS COMMITTEE, VIETNAM VETERANS OF AMERICA

Senator Murray, Members of the Committee, Good Morning. On behalf of Vietnam Veterans of American (VVA) I appreciate this opportunity to provide testimony on "Ending Homelessness Among Veterans."

VVA recognizes the investment of energy and efforts being placed to address this issue. Many Veterans have received the advantage of the increased programs and services afforded to them under these initiatives. We are here today to present some ideas and approaches that could not only increase the positive outcomes of these advantages but also bring relief to the community service providers who have also dedicated themselves to this difficult situation of life, but also enhance services to those men and women who face it.

Over the past two decades we have become increasingly more vested in the recognition and address of the situation of homelessness among Veterans. In looking back VVA well remembers the time when the VA acknowledged that as many as 275,000 Veterans filled these roles. With the legislative creation of the VA Homeless Grant and Per Diem (HGPD) program and its program growth, the VA and community Veteran service providers have been able to chip away at this deplorable situation of life that existed for so many who served this county in its Armed Forces. Startling is the fact that the percent of homeless women Veterans has risen from 2% to 6% of the homeless Veteran population and that over the past four years the actual number has doubled.

Currently the VA sites that the number of homeless Veterans has been reduced to 67,495 as reported by the most recent Point in Time count. VVA recognizes this as a useful tool but doubts that this number is necessarily a solid number. It is a snap shot because it is impossible to have on record all the Veterans who are homeless. Nonetheless it is a true indicator that all the energy surrounding the above mentioned programs has made a difference. It is undeniable that the number of Homeless women veterans has been climbing; however, collection data on homeless women Veterans is not reliable as indicated in the latest Government Accounting Office's (GAO) report on this topic.

Today many more initiatives have added strength to the work that is being accomplished in this arena. The HUD-VASH voucher subsidized program was revitalized and it has become another vital and realistic approach to independent housing for those Veterans who are able to make a true life change with the assistance of continued case management. The "Housing First" model is also working for many Veterans. These along with creative non-profit agency community partnerships and the smaller foundation grants that augment the entire process have truly made a significant impact on the number of homeless Veterans that are seen today.

HOUSING FIRST

"Housing First" is a model that for homeless Veterans, many of whom are women, is perfect. It is one that has provided exceptional opportunities for our individual Veterans, Veterans and their families, and single Veterans with children. If we are to move forward with the current trend of the "Housing First" model then we all have to take responsible for the success of this venture and also view it with the eyes of reality. How can we best fulfill our obligation to those Veterans we place immediately in housing? Women Veterans with children often prefer this model because it affords them the ability to remain with their children, escaping from the disruption of the family setting. Over the past 2 years VA data shows that homeless female veterans with dependents prefer permanent housing options (HUD-VASH). In permanent housing they can pursue their recovery in the community with their children living with them. Children can engage in school systems and other social supports essential for increasing their stabilization and preventing future episodes of homelessness.

With that said, VVA, the VA, you and, I, also as a community Veteran service provider, must work in a partnership to create the most advantageous environment for successful outcomes. This includes the responsibility of protecting from disintegration the "Housing Ready" models and those programs created for individual attention to the need of significant mental health residential transitional programs. This is true for both men and women. For some Veterans, if they need or require a significant mental health residential program, it is the only viable option they have on the road to their true independence in permanent housing placement.

Allowing the disintegration of the "Housing Ready" models is a trap that must be avoided in order to truly address the needs of all Veterans * * * to do so would be requiring all homeless Veterans to meet our pre-determined unrealistic goals and ultimately deny them the opportunity to reach the attainable and successful goal

of permanent housing. Secretary Shinseki has also stated that no door to the other side of homelessness should be eliminated. There continues to be a need for a variety of entry points to independent housing and a true individualized assessment of capabilities should be utilized in order to produce the most successful outcomes for our Veterans.

VA HOMELESS GRANT AND PER DIEM

VA Homeless Grant and Per Diem Payments

The difficult side of requesting increased per diem rates with the VA Homeless Grant and Per Diem program lies in the process that currently exists whereby the decision to determine the rate of per diem is based on the agency's last FY audit.

Non-profit agencies do not have the freedom or capability to incur expenses or increase necessary staff levels based on veteran needs for its HGPD program without the funding to do so. However, they cannot request the increased funding to enhance services unless they show the actual expense in their previous years audited budget. Hence they cannot apply for an increase in per diem because they cannot justify the increase in per diem needed. It seems to be a "Catch 22."

If the request for per diem could be determined by the proposed fiscal year program budget rather than the past program expense, a non-profit agency would be able to function at a more appropriate level in order to fully provide and deliver services and care that is most appropriate for the veterans. New initiatives and enhancements cannot be added because the expense of such cannot be taken on without first obtaining an increase in per diem to cover these expenses.

One consideration could be a process utilized by other Federal agencies. On an annual basis the provider submits a proposed budget with narrative for its justification. The Federal agency reviews the budget and awards the approved dollars, providing a monthly disbursement through direct deposit to the agency based on an agency invoice. At the close of the fiscal year the agency provides the annual program expense for justification of the account. The parameters for the agency's annual budget request would be directly related to and not exceed the amount of the VA per diem cap as set by regulation.

Resident Payments in VA Homeless Grant and Per Diem

Non-profits have long struggled with the process used to justify the receipt of the per diem payments for Homeless Grant and Per Diem (HGPD) programs. Although the amount of the money received per veteran per day provided as per diem has increased over time, the requirements to provide documentation to meet a 100% cost expense has created a significant burden on the non-profits.

The expenses incurred by a non-profit agency often require discretionary dollars to pay for their cost of expenses that are necessary. Grants however, are restrictive and many of the expenses incurred by programs are not allowable by the grant regulations. Examples of this are those in the arena of administrative and operational dollars, and building and maintenance expenses. These could be expenses charged to the cost of the HGPD program if the per diem program was the only program of the agency. However, if you are an agency that operates the per diem program located physically offsite from the non-profit agency home office, you cannot apply these expenses to HGPD. VVA contends that without the up keep and solvency of the parent agency as a whole the per diem program could not function. It is totally reliant on the home office and collateral functions of it. The HGPD program could not exist without the home agency and therefore some of the expenses of the agency, unrelated specifically to the HGPD program, should be directly allowable as expenses to the program.

Programs are not required to charge program residential fees from its residents. The agencies do so in great part to meet the financial burden of the agency that the program has created. These residential funds could be utilized as discretionary funds to assist the agency in the offset of agency expenses as highlighted above. Currently they must be deducted from the cost of the HGPD program. This activity directly reduces the cost of the program expense and hence the amount of per diem that the agency is eligible to receive under the current requirement for the requested per diem rate of reimbursement.

The burden created by the legislative requirement to deduct these residential payments from the cost of the program expenses prior to submitting the cost of the program to the HGPD office on the annual audit exposes the agencies to shortfalls in program cost that result in the agencies inability to obtain maximum per diem payments.

Consolidation of VA Homeless Grant and Per Diem Projects

In the past, some successful VA Homeless Grant and Per Diem (HGPD) residential programs (funded in a capital grant process through HGPD) identified an increased geographic need for additional bed space. The level of need was unknown at the time of the original grant. In order to meet this recognized need for increased capacity these existing HGPD programs requested a program expansion for additional beds under a separate VA HGPD funding category known as the "Per Diem Only" (PDO) grant process. When they were awarded a PDO grant they now had the ability to increase their overall program beds. Here's where it gets extremely difficult for the non-profits.

Since the original grant and the PDO grant were awarded at different times they have separate "project numbers." However, it is the same program, with the same expenses, the same staff, the same food costs, the same housekeeping costs, the same garbage costs, the same building rental costs, the same policies and procedures, and the same location. They are required to divide out by percentage the number of beds under each project number in all reporting processes to include billing and the request for increased per diem. This reporting process involves a daily tracking of each resident as to what bed they are in and in which unit they reside because it is necessary to change the project number tracking if there is a need to move the resident's bed assignment. It is an administrative nightmare.

To simplify: Although it is one program with absolutely no differentiation in policy, procedure, or cost, all expenses must be divided by percentages relative to "project numbers" and every Veteran who changes rooms has to be tracked by project number in applying for every month's per diem reimbursement request. Hence, this division of all expenses is required when requesting the per diem rates for the program or seeking an increase in the rates.

This is an inefficient and time consuming process for the administrative tracking and reporting side. All expenses for the program on the bookkeeping side of the agency have to be calculated by percentage. It can also be detrimental to the program. It is proven that this process results in two different per diem rates for the same program. We believe that if a single program has two different project numbers based solely on an approved expansion, the program should be treated as a whole and the two projects numbers should be merged. To do so would allow an agency to function in a more efficient manner, have access to an appropriate and true per diem structure, and reduce administrative costs.

VVA is requesting that this be considered for inclusion in a legislative bill. If we are in fact taking an aggressive review of issues surrounding the efficiency and effectiveness not to mention equity of the per diem payments to the non-profits, VVA believes this is a long outstanding issue that needs to be resolved. It is not only a tremendous burden to the non-profit awardees but a timely cost to the efficiency of the HGPD program It is an issue for all existing programs that received a second grant for expansion of its existing original program.

VA Homeless Grant and Per Diem Service Center

In the mid 1990's, an increasing number of grants to receive per diem from the VA Homeless Grant and Per Diem Program for "Drop In" Centers—Day Service Centers were awarded. This was a time when other Federal funds were more easily obtainable in order to augment VA per diem payments. HUD was one agency, in particular, that awarded "Supportive Services Only" grants. In many cases, if not most, these HUD grants have been eliminated from local municipalities' Continuum of Care Consolidated Plan. This was due to HUD's pressure on these cities and municipalities to increase an emphasis on permanent housing in order for the city to remain competitive in their national HUD grant applications for McKinney-Vento homeless grant awards. However, these added HUD dollars were a valued source of funding for the service centers as they provided augmented program components and additional staffing.

With the loss of this funding non-profits were challenged to adequately provide the appropriate services in the VA HGPD full service centers. Per Diem alone could not fully fund the need same level of assistance. It is especially difficult in light of the increased number of Veterans who now make use of these service centers.

Per Diem dollars received by services centers are not capable of supporting the "special needs" of the Veterans seeking assistance. Currently day service centers are receiving a maximum of $4.86 per hour, per veteran, for the time the Veteran is actually on site at the service center. It could be as little as one hour. However, the work of assisting the homeless Veteran who utilizes these services goes on long after they have left the service center, a center that is providing a full array of services and case management. In some cases service centers are the first entry point to the

VA for our homeless veterans. Keep in mind they are in many respects the gate keepers of the "Housing First" and "Housing Ready" programs.

These service centers are unique and indispensable in the VA process. In many cases they are the front line and first exposure to the VA system. They are the door from the streets and shelters to VA substance abuse outpatient and residential treatment programs, job placement, job training, VA benefits, VA medical and mental health care and treatment, and VA homeless domiciliary placement. Veteran specific service centers are vital because most city and municipality social service agencies and staff do not have the knowledge or capacity to provide appropriate supportive services that directly involve the treatment, care and entitlements of Veterans.

VVA urges Congress to provide the VA with the legislative authority to provide "staffing and operational funding instead of per diem for service centers through it HGPD program. A VA HGPD "staffing and operational" funding process would allow the service centers to provide these vital services with appropriate level of qualified personnel. It would be modeled after and similar to the Special Needs Grant process that already exists as a precedent. Per Diem alone does not allow for the level of qualified and professional staffing that comprehensive service centers require. These staffing grants, to include operational funding, would eliminate the current Per Diem reimbursement. Some are currently assisting upwards of 100 veterans a day, providing nearly 80,000 hours to over 1000 individual veterans seeking services annually. Without consideration of staffing grants the result may well be the demise of these critical services centers.

The VA acknowledges this problem exists. VVA believes further discussion is necessary in order to fully address this situation and remedy the problem facing these Service Centers.

Expanded Use of VA Homeless Grant and Per Diem Service Center

As mentioned above, Service Centers are the retreat and salvation of Veterans who are still un-housed. This is there place of safety, where they find relief and are not afraid. The "Housing First" model and other independent housing placement initiatives have left many Veterans at loose ends * * * disconnected from the relationships they had with the staff that assisted in their new apartment placements. Some of these Veterans need continued self-assurance and resource development if they are to recognize their ability to "make it" on their own. Service Center staff do not have this defined responsibility, nor are the Veterans eligible for service center assistance if they have been housed. Additionally, there is not funding reimbursement for the assistance provided. As addressed above, Service Center agencies find it impossible to hire enough case managers for their designed program let alone to have the funding to hire case managers for this purpose.

Many newly housed Veterans haven't been in this situation of "responsibility for a very long time. They are vulnerable and have a complex array of needs that require attention. It is great to place them in housing as soon as possible but then what? For those used to communal living and/or the service center environment they find themselves lonely * * * at risk for recidivism or relapse. They feel as if their safety net has been pulled out from under them because they entered housing. This is not an incentive for some. VVA believes without this continued trusted relationship the Veterans will fall short of success in their "new" independence. To cut them off in one fell swoop from the place and people on whom they have come to rely as a life line can be a frightening and disastrous experience.

VA HGPD could begin thinking about extending the service center's scope regarding who is eligible for services. VVA would like to have consideration given to legislation that would expand the service ability permitted under the VA HGPD Service Center authority. It will allow the VA and the VA HGPD program to bridge the terrain between the streets and home.

A small investment may prove to be most effective. Extending access to the HGPD Service Centers to Veterans for up to one hundred eighty (180) days after they are placed in housing would be an investment in a solid transition process. It would provide an increased positive outcome, not only for the statistics and data charts but for the Veterans who need to "find their way" to independence. It seems like a logical extension to the existing continuum of care and housing first model. HGPD service centers would aid in keeping veterans housed if the programs were to become more flexible in regard to eligibility.

VVA feels it would be realistic to have future conversations about the morph of HGPD Service Centers into more of a Veterans' community center for Veterans in transition whether currently homeless, at-risk for homelessness, or recently rehoused, needing stabilization services and supports. As a group they would provide tremendous support for each other.

Special Needs Grants

This grant provides assistance with additional operational costs that would not otherwise be incurred but for the fact that the recipient is providing supportive housing beds and services for the Special Needs of the following homeless veteran populations: women, including women who have care of minor dependents; frail elderly; terminally Ill; or chronically mentally ill. The focus of this GRANT is to encourage applicants to continue to deliver services to the homeless Special Need veteran population, one that requires a greater investment than what the normal HGPD reimbursement can provide.

Last year the renewal of the authority to continue the Special Needs Grant Program (SNP) was an important action that extended the ability of community providers to assist Veterans. These Veterans, who because of increased need, created a sometimes insurmountable challenge to the non-profit Veteran providers who found it quite difficult, if not impossible; to provide the level of care they required to meet their needs. The discouraging piece to this creative program is that VA HGPD, after receiving the extension of authority for SNP, did not offer any opportunities for new grants to increase the number of these programs eligible for this funding.

The benefits obtained through this program can easily be identified for all the special needs cohorts. In regard to women Veterans specifically, the SNP assists with funding to increase the professional staffing that is vital for their transition into the community. The case management ratio for programs of this nature is lower than normally expected. It also provided funding to assist the women with children and expenses that were incurred by them or their families while the women Veterans were in a recovery mental health program.

Originally, the grant allowed the VA to partner with the non-profit through the SNP and combine dedicated staffing and program components to the SNP provider that greatly enhanced the overall advancement and success of the women Veterans in their transitional program. It has been identified that women Veterans have a high incidence of sexual assault, childhood sexual assault and trauma, domestic violence, and military sexual trauma (MST). With these issues alone comes the burden of addressing the mental health/psychiatric diagnoses that interferes with even their ability to function. Many live in the dark places of shame and guilt that can at times be paralyzing. Self harm is also a reality for many of them. As an example, The Mary E. Walker House is a thirty bed women Veterans only transitional residence established in 2005, under HGPD funding. To date 205 women have been admitted to the program. Mental Health statistics include: MST 44%; Sexual trauma 54%; Childhood Abuse 55%; Domestic Violence 53%; non combat PTSD 46%; Bipolar 31%; Depressive Disorder 57%; Self harm 19%; Personality Disorder 11%; Adjustment Disorder 6%; Schizophrenia 8%. The importance of the SNP cannot be minimized. VVA encourages VA HGPD to reconsider and again offer a new grant round for an increase in the availability of these program funds.

Military Sexual Trauma Residential Treatment Programs

While the VA has invested resources and expanded opportunities for the identification and treatment of PTSD as a result of MST, there are limited residential treatment programs that are both exclusively MST in nature and gender specific. The difficulty that faces women Veterans who are homeless lies in the fact that these women have little if any financial resources to travel to the locations that would best address their MST treatment needs. If an agency had access to additional funding through the SNP grants, this opportunity could become a reality to many more of these Veterans.

Supportive Services for Veteran Families (SSVF)

VVA recognizes the great advantage this new grant provides for supportive services which is also a unique approach by the VA for community providers. It picks up a gap in services for Veterans that would have been recognized upon the up-coming conclusion of the Homeless Prevention, Rapid Re-Housing program established by the American Recovery and Reinvestment Act. VVA is also encouraged that it has been seen as a very pro-active approach as demonstrated by the increase in funding that it is receiving. It plays an additional role in the VA's aggressive attention to the elimination of homelessness among Veterans. Only about six months into its first year of existence, it has already brought much advantage to Veterans in communities across the country.

It is important to note that female Veterans with MST have significant trust issues and it is critically important that we develop more collaborative and enduring (aftercare) case management models to promote both greater engagement with the

community and VA. More timely access to mental health services are needed to address issues of depression, PTSD and substance use.

We need models where VA and community can co-case manage; reducing handoffs and the likelihood of disengagement for this vulnerable population. VA's new SSVF is a model that promotes coordination between VA and the community promoting rapid re-housing into permanent housing. With the anticipated military draw down over the next five years we need more services focused on prevention with community coordination that is focused on consistent case management services and housing stabilization.

Department of Labor: Homeless Veteran Reintegration Program

This Department of Labor (DOL) program directly trains homeless Veterans in an effort to provide skills and abilities leading to employment in order to maintain an independent life-style. It has been valuable for thousands of Veterans across the country.

VVA has recognized that while this program is of significant contribution, many Veterans who are being quickly placed in housing without adequate skills and/or income are left out of the eligibility criteria for the HVRP training programs because they are not considered homeless. VVA feels that these Veterans should not be excluded from this program because of an emphasis on the "housing first" model. VVA feels they are being penalized for doing the right thing. They too should be given the chance to improve their life in the move from homelessness into one of independence. That they should be eligible for HVRP training programs for up to one year of housing placement. VVA also believes that homeless prevention is currently an activity with great emphasis. VVA feels that if documentation can be given to prove a Veteran is in imminent danger of becoming homeless they should also be considered for eligibility in HVRP training programs.

VVA also takes note of the Trauma-Informed Care Guide produced by the DOL Women's Bureau. It was developed to assist women Veterans with employment and transition to civilian * * * but also to assist service providers with a guide to better understanding the challenges and unique needs of women Veterans. VVA applauds DOL Women's Bureau for this effort. This guide may well reach providers and employers outside the normal outreach of VA and HUD, thereby expanding the total community effort.

GAO REPORT 2011

In December 2011, the Government Accounting Office (GAO) put forward five recommendations in its Report: *Homeless Women Veterans: Actions Needed to Ensure Safe and Appropriate Housing*. This report gives us much to think about. Are women Veterans and their needs truly being met by the programs that exist for them today? The questions are, "What will be done to reach them, to know them, to meet their needs and provide them a safe environment in which to address them?"

This report begins, "As more women serve in the military, the number of women Veterans has grown substantially, doubling from 4 percent of all Veterans in 1990 to 8 percent, or an estimated 1.8 million, today. The number of women Veterans will continue to increase as servicemembers return from the conflicts in Iraq and Afghanistan. Some of these women Veterans, like their male counterparts, face challenges readjusting to civilian life and are at risk of becoming homeless. Such challenges may be particularly pronounced for those women Veterans who have disabling psychological conditions resulting from military sexual trauma and for those who are single mothers." And "While these programs (VA HGPD and HUD-VASH) have expanded in recent years to serve more Veterans, it remains unclear whether they are meeting the housing needs of all homeless women Veterans."

Existing VA data indicates that the number of homeless women Veterans it has been able to identify has more than doubled over the last four years from 1,380 in fiscal year 2006 to 3,328 in fiscal year 2010. As the number of women in the military continues to grow and hence the number of women Veterans it stands to reason so too will the number of homeless Women Veterans. Will the VA be ready for the increasing number of homeless women Veterans? Does the VA have the current capacity and level of professional medical and mental health staff to meet the challenges of these women?

> GAO Finding 1: "Data on the characteristics of homeless women veterans are limited to those who have been in contact with VA. Neither VA nor HUD captures data on the overall population of homeless women veterans."

HUD collects data on homeless women and homeless Veterans, but it does not collect any detailed statistics on homeless women Veterans. Neither VA nor HUD col-

lects data that can be used as a reliable source for a true picture of the extent of homeless women Veterans in this country. With the reporting required by non-profit agencies and local cities and municipalities who receive Federal funding streams for programmatic oversight, it would seem that data could be more forthcoming. But the question has to be asked, "Why hasn't this been more coordinated?" The GAO reports states that, "According to knowledgeable VA and HUD officials we spoke with, collecting data specific to homeless women Veterans would incur minimal burden and cost." States, local cities and municipalities that receive HUD or VA funding within any of their departments or agencies should be required to include the collection and reporting of data for this cohort as well as those now identified. This reporting should also be extended to those receiving Department of Labor training dollars through its Homeless Veteran Reintegration Program (HVRP).

> GAO Finding 2: "Homeless women Veterans face barriers to accessing and using Veteran housing, such as lack of awareness about these programs, lack of referrals for temporary housing while awaiting placement in GPD and HUD-VASH housing, limited housing for women with children, and concerns about personal safety."

There are many barriers to the access of housing for women Veterans. A few include:

- They are not aware of the opportunities available
- They don't know how or where to obtain housing services.
- They are not easily found/identified in the community. They often "couch surf."
- They have children and avoid shelters because of the safety factor;
- They avoid social service agencies for fear of losing their children to the system.
- 24 percent of VA Medical Center homeless coordinators indicated they have no referral plans or processes in place for temporarily housing homeless women veterans while they await placement in HUD-VASH and GPD programs.
- Nearly 2/3 of VA HGPD programs are not capable of housing women with children.
- The program expense of housing women with children is a disincentive for providers.
- Women Veterans do not feel safe in programs that are not gender specific.

The responsibility of outreach will fall on the shoulders of many. It does not rest with the VA alone. In some cases the VA homeless Outreach Teams are understaffed, especially in large metropolitan areas. Efforts are fragmented. A coordinated plan needs to be developed at the local level by the leadership of the respective VA medical center within its homeless Veteran program. It must include input and involvement of the Women Veteran Program Manager, its women's health clinic, the VBA Woman Veteran Coordinator, the state Department of Veterans Affairs, and all local/community agencies and Veteran providers.

It is difficult to place women Veterans in temporary/transitional housing if one doesn't know where they exist nor have a plan to do so. Even within the VA HGPD program, a local provider has a difficult time identifying other HGPD programs for over flow placement or for a geographic re-location. The VA HGPD program could organize a database of all existing programs that accept women Veterans, the eligibility, and if children are accepted. It could be up-dated by the local VA homeless program coordinator of VA HGPD liaisons.

There is no denying the fact that placing homeless women Veterans with children is a huge challenge. It is more costly, requires more staff, and involves increased liability. The boon to this situation for women Veterans has been the "Housing First" model for those who are ready for this placement. The recent addition of the VA Supportive Services for Veteran Families grant program is making a significant impact in this model for women with children. This grant program is in its first year and providers are already recognizing great success. The need for program enhancements have been identified but that is natural with a new program. It is vital that the funding for this program continues if we are in fact to move forward with the elimination of homelessness. But it must also be recognized that with housing first, we must accept the fact that case management will be most imperative and it is our responsibility to make it happen. If we truly believe in this model we must commit to it. Otherwise the Veterans have been set up to fail once more.

Another important address of housing for homeless women with children is the Special Needs Grant program. Certainly it doesn't resolve all the problems. Nothing does. It does, however, provide additional funds for assistance with children. Many of the women who are in need of a programmatic transitional program do not have children with them. In some cases, family has taken the children so the mother can focus on her recovery and mental health stability, in other cases; the women have

lost custody of the children to someone else or through the courts. In other instances, they either don't have children or the children are not minors. It also assists with staffing that can foster parenting classes, anger management, relationship building, and family reunification. An expansion investment by the VA HGPD program with increased awards of the Special Needs Grants to other non-profit agencies would improve transitional housing services in preparing women Veterans for independent housing.

VVA is encouraged that VA has begun to evaluate safety and security arrangements at GPD programs that serve women. VVA awaits the production of a policy on gender-specific safety and security standards for its GPD housing. VVA finds this as important in many ways as that of the VA environmental/fire and safety inspections of which VA HGPD programs must comply. VVA finds unacceptable the potential of putting women veterans, any Veterans, at risk for sexual harassment or assault in any location where they expect to be safe in receiving care and treatment. This extends to VA facilities, clinics, programs, and residential treatment units. It is important to have oversight and accountability in all realms.

CONCLUSION

In conclusion, the number of homeless women Veterans is rising dramatically. It is imperative to understand their needs, in order to best address them. The VA may well be challenged by not only the number of women Veterans entering its system, that of both VHA and VBA, but by those who are homeless and who may be significantly challenged.

Vietnam Veterans of America would like to thank this Committee for its time and attention to the significant issue of addressing homelessness among Veterans. It has permitted a formal communication on their behalf and I will be glad to answer any question you may have.

Chairman MURRAY. Thank you very much.

Ms. Halliday.

STATEMENT OF LINDA HALLIDAY, DEPUTY ASSISTANT INSPECTOR GENERAL FOR AUDITS AND EVALUATIONS, OFFICE OF INSPECTOR GENERAL, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY GARY ABE, DIRECTOR, SEATTLE AUDIT DIVISION

Ms. HALLIDAY. Chairman Murray and Members of the Committee, thank you for the opportunity to discuss the OIG's work related the VA's homeless veterans programs, specifically the results of our recent report, the Audit of Homeless Providers—the Grant and Per Diem Program.

I am accompanied by Mr. Gary Abe, the Director of our Seattle Audit Division, who directed the national audit.

The Grant and Per Diem program is the largest of several VA homeless programs providing services to homeless veterans. Responsibility for the management and operation of funded projects rests with the community providers while VA medical facilities provide the oversight over the delivery of the support services.

We reviewed community agencies receiving Grant and Per Diem funds in fiscal year 2011 to determine if the services to homeless veterans are provided as described in their grant applications and to assess whether program funding was effectively aligned with VHA's program priorities.

We identified opportunities and made recommendations to strengthen program oversight, the grant application evaluation process, and program controls. We determined VHA needed standards for program safety, security, health, and welfare; a more comprehensive grant application evaluation process; a mechanism to better assess and measure bed capacity against the funding priorities and the need for the services; procedures to accurately report

program outcomes and monitor the reliability of program information.

VHA also needed training for VHA medical facility staff on determining the homeless veterans program eligibility and improved oversight of the providers participating in the program.

We found VHA lacked guidance on the level of supervision and security measures expected for various homeless veteran populations such as female veterans living in transitional housing.

Almost one-third of the 26 providers reviewed, that we reviewed, did not adequately address safety, security, and privacy risks of these veterans.

We identified security risks such as bedrooms and bathrooms without sufficient locks, halls and stairs without sufficient lighting, and female and male residents on the same floor without access restrictions.

We also found that 27 percent of the program providers did not ensure the safe storage of homeless veterans prescribed medications to include controlled narcotics such as oxycodone and Vicodin. Providers were not required to address the management of medications as part of their grant application process.

A review of dietary support services showed 12 percent of the program providers did not consistently offer adequate meals that were nutritionally balanced and appropriate for homeless veterans. Again, we saw the grant applicants were not required to describe how they would provide meals or how they would meet the special dietary needs of homeless veterans such as managing diabetes in their grant applications.

VHA needs to strengthen its oversight of the Grant and Per Diem program, and specifically it needs to ensure program funding is aligned with program goals.

Our audit found that 26 percent of the veterans discharge information was inaccurate. In more than half of the cases, VHA case managers inaccurately reported that veterans successfully completed the program.

We have a significant concern that the quality of the program information has not improved over the last 5 years. Clearly more management attention is needed to address the quality of program information relied upon to make decisions.

Another important step in helping veterans transition to independent living is VBA's effort to assist homeless veterans filing claims for medical disabilities and other benefits. We have issued nine inspection reports that found four of nine VA regional offices did not consistently provide outreach services to homeless veterans. We will continue to review this important responsibility during our future inspections.

VA is taking actions to ensure the safety, security, health, and welfare of veterans participating in the GPD program. We expect their recent efforts will help to ensure the program delivers effective services to homeless veterans and that the funding is used as intended.

Madam Chairman, thank you for the opportunity to discuss our work. We would be pleased to answer any questions you or the Committee has.

[The prepared statement of Ms. Halliday follows:]

PREPARED STATEMENT OF LINDA A. HALLIDAY, DEPUTY ASSISTANT INSPECTOR GENERAL FOR AUDITS AND EVALUATIONS, OFFICE OF INSPECTOR GENERAL, U.S. DEPARTMENT OF VETERANS AFFAIRS

Madam Chairman and Members of the Committee, Thank you for the opportunity to discuss the Office of Inspector General's (OIG) work related to VA's homeless veterans programs, specifically the results of our report, *Audit of the Homeless Providers Grant and Per Diem Program*. I am accompanied by Mr. Gary Abe, Director of our Seattle Audit Operations Division, who directed the audit.

BACKGROUND

In November 2009, VA Secretary Shinseki announced a goal to end homelessness among veterans by 2015. In 2011, VA and the Department of Housing and Urban Development jointly released a supplement to *Housing and Urban Development's Annual Homeless Assessment Report*, which estimated 67,500 veterans were homeless on a single night in January 2011. VA requested $224.2 million to address this problem and establish the capacity to serve approximately 20,000 veterans in 2012.

According to VA, the Grant and Per Diem (GPD) Program, administered by the Veterans Health Administration, provided services and transitional housing for over 100,000 veterans since 1994. It is the largest of several VA homeless programs currently providing annual funding and services to homeless veterans. The GPD program offers support services in all 50 states, the District of Columbia, Puerto Rico, and Guam, through 515 operational projects providing approximately 12,000 transitional housing beds. Community agency providers receive VA funding in addition to revenues from other Federal, state, or local sources. These programs operate based on unique designs as stated in their grant application. Responsibility for the management and operation of projects rests with community providers while local VA medical facilities provide oversight of the support services provided.

GPD program liaisons are VA employees appointed by local VA medical facility directors and are typically social workers. As part of their oversight responsibilities, GPD program liaisons have regular contact with veterans and community agency providers. Additionally, GPD program liaisons coordinate annual inspections of the providers' facilities and submit annual performance reviews to the GPD's national program office. GPD program liaisons screen homeless veterans, verify their eligibility for the GPD program, and determine which homeless programs are most suitable to meet the needs of individual veterans. GPD program liaisons also work with the staff of the community providers in developing treatment goals and plans for each veteran and assessing the veteran's progress in reaching those goals.

AUDIT OF THE HOMELESS PROVIDERS GRANT AND PER DIEM PROGRAM RESULTS

In our report, we reviewed community agencies receiving funds from the GPD program to determine if they were providing services to homeless veterans as outlined in their grant applications. We also reviewed GPD program funding to determine if it was effectively aligned with program priorities. Grants were selected to reflect a variety of locations and sizes. We statistically selected 26 GPD program grant providers under 8 VA medical facilities (Chicago, Illinois; Los Angeles, California; Long Beach, California; Portland, Oregon; New Orleans, Louisiana; Lyons, New Jersey; Atlanta, Georgia; and Sheridan, Wyoming).

We found a lack of program safety, security, health and welfare standards; an incomplete grant application evaluation process; and an inconsistent monitoring program that impacted the program's effectiveness. Also, VHA lacked a mechanism to assess and measure bed capacity, procedures to monitor the reliability of reported information, and sufficient training on program eligibility.

Program Operations

Safety and Security Issues

VHA policy requires supervision and security arrangements for the protection of homeless veterans using GPD program housing. However, VHA does not provide guidance on the level of supervision and security measures expected for various homeless veteran populations, such as female veterans living in GPD program transitional housing.

Thirty-one percent of the 26 providers reviewed did not adequately address the safety, security, and privacy risks of veterans, especially female veterans. GPD program medical facility staff allowed providers to house female veterans in male-only approved facilities and multi-gender facilities for which security and privacy risks had not been assessed and mitigated. For example, we identified the following risks:

- Bedrooms and bathrooms without sufficient locks.

- Halls and stairs without sufficient lighting.
- Female and male residents on the same floor without access restrictions.

In addition, some providers housed female veterans in female-only facilities that had inadequate security measures, such as inadequate monitoring and not restricting access to non-residents.

We discovered serious female veteran safety, security, and privacy issues at one site that required immediate VHA management attention. Two homeless female veterans were housed in a male-only approved provider facility. The two female residents shared a bathroom with male residents without an adequate lock and had sleeping rooms on the same floor as male residents without adequate barriers restricting access to the female rooms. We found that since fiscal year (FY) 2002, VA's GPD program staff had placed 22 homeless females in this male-only approved facility without adequately addressing the safety, security, and privacy needs of the female veterans. The GPD program medical facility staff said they were unaware that the facility was approved as a male-only facility. After we discussed this situation with the VA Medical Center Director, VA staff took immediate action and moved the two current female veterans residing in the provider facility to alternative housing (*Veterans Health Administration—Safety, Security, and Privacy for Female Veterans at a Chicago, Illinois, Homeless Grant Provider Facility*, September 6, 2011).

Management and Oversight of Medications Issues

During our field visits, we found that 23 percent of GPD program providers did not ensure safe storage of homeless veterans' prescribed medications, to include controlled narcotics such as oxycodone and Vicodin®. VHA does not provide a standard for ensuring the storage of medications prescribed for homeless veterans, nor does VHA require grant applicants to address the management of medications as part of the application process. Without standards for ensuring providers adequately manage and store medications, unnecessary risks, such as the misuse or the overdose of medications, may occur to a veteran's health and rehabilitation if needed medications are lost or stolen.

Dietary Needs Issues

VHA requires medical facility nutritionists to ensure that meals served by community agencies funded under the program are nutritionally balanced and appropriate for homeless veterans. VHA requires annual inspections and provides an inspection checklist. However, our results show that VHA lacked assurance that those veterans requiring special meals to meet medical concerns, such as hypertension, high cholesterol, or diabetes, were addressed consistently.

VA medical facility nutritionists did not ensure 12 percent of GPD program providers offered adequate meals that were nutritionally balanced and appropriate for homeless veterans. For example, one GPD program provider was not providing meals according to their published menu plan and special dietary meals were not provided to four veteran residents who had special dietary restrictions due to hypertension or diabetes. Veteran residents told us the provider had never served the meals described in the plan or provided special dietary meals. The nutrition clinician did not interview resident veterans or the medical facility's GPD program staff or conduct subsequent inspections and visits to ensure that the provider was following the approved menu plans or providing special dietary meals. Therefore, VHA did not detect that the provider was inconsistently providing the meals required by the grant.

We also confirmed veterans' allegations that the provider did not serve three daily meals during the weekend, as required by the GPD program. After discussing this issue with VHA program officials and the VA medical facility director, the provider implemented significant remedies, such as conducting weekly inspections of food service operations, providing three meals daily, and soliciting feedback from veteran residents to address our concerns.

Grant Evaluation Process and Monitoring Program

VHA needs to strengthen the grant evaluation and the oversight process of the GPD program. Lapses in oversight and grants management are related to an application evaluation process that does not identify or analyze risks in the applications.

VA does not require grant applicants to document their policies and procedures or VA medical facility staff to review veterans' safety, security, and privacy issues prior to Government funds being awarded, such as access restrictions at multi-gender facilities. Additionally, VA medical facility staff do not consistently review these issues during their annual inspections because it is not addressed on the GPD program inspection checklist.

The GPD program's application process did not ensure grant applicants clearly identified the group of homeless veterans for whom the provider planned to provide support services or address safety, security, and privacy issues, especially for homeless female veterans. Without requiring grant applicants to clearly address these issues in their applications in relation to standards that help ensure the quality of services to be provided, VHA cannot assess the potential risks to homeless veterans residing at the provider facilities. In addition, GPD program staff cannot fully or effectively measure the providers' performance.

GPD program staff visited provider facilities regularly, however, the staff often overlooked conditions and failed to identify potential risks to resident veterans, such as adequate lighting and gaps in building security. At one site, for example, our auditors observed that electrical outlets were overloaded increasing the risks of electrical fire.

Another example of poor grant evaluation is apparent in the dietary needs issue discussed earlier. GPD program application procedures do not require a description of how they will provide meals or meet special dietary needs. According to VHA, the purpose of the annual inspections at provider facilities is to ensure providers carry out activities as detailed in their original application or approved changes to scope. However, when applicants are not required to describe how they will provide meals or meet special dietary needs, VHA has no criteria to evaluate performance or to make informed decisions regarding whether the needs of homeless veterans will be met effectively. Without a comprehensive inspection checklist, VHA lacks an effective monitoring tool to ensure adequate meals are provided and appropriate for veterans needing and relying on their support services.

Program Evaluation

VHA needs to improve GPD program evaluation procedures to ensure program funding is effectively aligned with program goals. Specifically, the GPD program did not do the following:

- Effectively assess bed capacity against funding priorities and underserved geographic areas.
- Accurately report program outcomes.
- Correctly determine veterans' eligibility to participate in the program.

Bed Capacity

VA's FY 2011—2013 Homeless Initiative Operating Plan identifies GPD program deliverables, such as creating an additional 1,500 transitional beds and serving approximately 18,000 veterans in FY 2011. VHA establishes funding priorities to ensure geographical dispersion of support services, prevent duplicate services, and bolster capacity in underserved regions, such as in rural areas. However, the GPD operating plan does not provide detailed goals for increasing transitional bed capacity for specific funding priorities. An example of a funding priority is providing services to women veterans and women veterans with care of dependent children, which VHA designated as their highest funding priority for the past 3 years.

VHA did not adequately assess or manage transitional bed capacity against their funding priorities and underserved geographic areas, such as female veterans and homeless veterans living in rural areas. More importantly, the GPD program did not maintain reliable data that would enable GPD program officials to accurately assess the program's effectiveness toward achieving sufficient bed capacity for their priorities or other specific homeless populations, like homeless rural veterans. Reliable data on the gender of the population being served, the number of beds available for use by gender, and geographical description (rural or non-rural) are necessary to compare and assess current transitional bed capacity with projected transitional bed capacity needs for homeless women and veterans, including homeless veterans residing in rural areas.

VHA did not have an effective mechanism to assess the GPD program's progress toward achieving sufficient bed capacity for funding priorities or specific homeless populations. Information was not available to identify bed capacity goals and the data to measure progress toward those goals. Without this information, VHA cannot make sound policy adjustments to funding priorities to ensure bed capacity where support services are needed most.

Accurate Reporting of Program Outcomes

The GPD program did not accurately report discharge outcomes of veterans from the program. Our review found that 26 percent of veterans' discharge information was inaccurate. Reporting program outcomes, such as the reason the veteran ended residential treatment and the veteran's living situation at the time of discharge, were inaccurately reported to VA's Northeast Program Evaluation Center (NEPEC).

This information was generally relied upon to determine the success of each GPD provider and the overall success of the GPD program. NEPEC conducts evaluations for several VHA programs including the GPD program and tracks care provided to homeless veterans from admission to discharge.

A 2006 report from the OIG, *Evaluation of the Veterans Health Administration Homeless Grant and Per Diem Program* (September 20, 2006), revealed that in 24 percent of the records reviewed, VHA could not support submitted discharge information and in some cases, provided a different or contradictory outcome. We have a significant concern that the quality of the program information has not improved in more than 5 years; clearly, management attention is needed to correct this issue.

In more than half of the cases, VHA case managers inaccurately reported to NEPEC that the veteran successfully completed the program. However, our recent work estimated 13 percent of the case files inaccurately reported the reason a veteran ended residential treatment. Program documents stated veterans were removed from the GPD program for violating the provider's program rules or the veteran left without completing the program. In some cases, the medical facility's GPD program clinician entered the data incorrectly.

We also found 20 percent of case files inaccurately reported the veteran's living situation at the time of discharge. Clinicians select from seven choices, such as single room occupancy and apartment, room, or house. The response, "apartment, room, or house," accounted for 63 percent of the errors. For example, one GPD program grant had 12 instances where veterans completed their current rehabilitation program and were discharged to a supportive housing situation at a residential treatment program. The program documentation and NEPEC data stated the veterans had been discharged to an "apartment, room, or house" rather than the correct choice of "residential treatment program." VA medical facility GPD program clinicians did not report program outcomes accurately because NEPEC's data collection form did not clearly define the meaning of the questions' choices. The lack of more specific definitions or elaboration of the terms used in the questions increased the risk of misinterpretation by medical facility GPD program clinicians.

Reporting of inaccurate program outcomes also occurred because of the lack of an effective monitoring system to improve the quality and reliability of information used for making policy decisions. VHA needs to establish better controls to ensure the reporting of accurate outcome data. Without quality and reliable data, policymakers cannot effectively perform their oversight responsibilities to ensure that program funding is effectively aligned with program goals and that program goals are met.

Eligibility Requirements for Homeless Veterans

To be eligible for the GPD program, VHA requires veterans to be homeless and defines a "homeless" veteran as a person who lacks a fixed, regular, adequate nighttime residence and instead stays at night in a shelter, institution, or public or private place not designed for regular sleeping accommodations. We found that participating veterans took leaves of absence from work and temporarily left their homes to participate in the substance abuse program. Thus, these veterans were incorrectly identified as homeless and receiving GPD housing support services. For one GPD program grant, we found that 23 percent of veterans had not been homeless when admitted to the GPD program.

Ineligible veterans using these program support services were not identified because VA medical facility staff believed these veterans were experiencing difficulties that could lead to homelessness, such as substance abuse or the veterans were considered to be at risk of becoming homeless. However, the veterans were clinically managed by the VA medical facility substance abuse program staff rather than the GPD program staff. As a result, VHA incorrectly spent approximately $6,000 during a 6-month period to provide housing to veterans who were not homeless and reduced the opportunity for other eligible homeless veterans to receive supportive services that could improve their lives and end their homelessness.

VETERANS BENEFITS ADMINISTRATION ISSUES

The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107–95) authorized at least 1 full-time employee to oversee and coordinate homeless veterans programs at each of the 20 VA regional offices (VAROs) that VA determined to have the largest veteran populations. The Veterans Benefits Administration (VBA) directed that the public coordinators at the remaining 37 VAROs be familiar with requirements for improving their communication with homeless veterans. These requirements included attending regular meetings with local homeless shelters and service providers. VBA staff provides valuable services to homeless veterans by as-

sisting homeless veterans with filing of claims for medical disabilities and other benefits.

OIG Benefits Inspectors have issued nine inspection reports that included our independent assessments of the VAROs' communication with homeless veterans. Four (44 percent) of the nine VAROs did not consistently communicate with homeless veterans. The overarching issue at the three VAROs was the lack of a clear mechanism to assess the effectiveness of their communication with homeless veterans, and the staff responsible for these activities did not always understand their duties and responsibilities. As a result, we made recommendations to VBA to strengthen their communication efforts with homeless veterans and provide training to staff assigned these communication responsibilities. We will continue to review this important VBA responsibility during future VARO inspections.

CONCLUSION

Throughout our audit we held productive discussions with VHA homeless program officials and they have demonstrated significant interest in improving the GPD program. VA is taking actions to strengthen controls to ensure the safety, security, health, and welfare of veterans participating in the GPD program. In response to our recommendations, the Under Secretary for Health agreed to strengthen the grant application process and evaluation process by publishing policies and standards, updating their inspection checklist, and implementing procedures to ensure grant providers have the capability to deliver services where these services are needed. Further, the Under Secretary agreed to establish bed capacity goals, maintain program data, implement procedures to improve reliability of program information, and provide training on program eligibility. We plan to monitor the implementation of VHA's action plan and follow up to assess the effectiveness of future program management. We expect these efforts will help to ensure that this program delivers effective support services to homeless veterans and that the program funding is used as intended.

Madam Chairman, thank you for the opportunity to discuss the OIG's work related to VHA's Homeless Providers Grant and Per Diem Program and VBA's communication with homeless veterans. We would be pleased to answer any questions that you or other Members of the Committee may have.

Chairman MURRAY. Thank you very much for your work on this.

Ms. Strickland, let me start with you. You contacted the VA and asked for help. Obviously, they just said to you nothing, right, no response?

Ms. STRICKLAND. No. To me their basic concern was my mental health because I shared with them everything that was going wrong with me, and their first question was are you mentally stable.

Chairman MURRAY. So, you were not assigned a case manager or referred for employment or training services or anything?

Ms. STRICKLAND. No.

Chairman MURRAY. What do you think they should have said when you first called?

Ms. STRICKLAND. What do you need? Not what I wanted or what they wanted for me, but what I needed. If they were not able to provide the resources themselves, provide resources that I could reach out to.

I was not even given that. They just told me that they could give me a list of shelters. I could do that myself. But, I mean, I just feel there should be some type of partnership. If they are not able to assist or provide the assistance, then there should be partners that they work with that they could refer a veteran to. So that they are not just left when they hang up their phone feeling hopeless because that is how I felt.

Chairman MURRAY. Ms. Halliday, your testimony was really eye opening, I think, telling someone that they are going to be some-

place sleeping without a lock on the door, bathrooms that do not have locks, insufficient lighting.

Ms. Strickland, what would that type of environment have meant to you?

Ms. STRICKLAND. An unsafe environment?

Chairman MURRAY. Yes.

Ms. STRICKLAND. I would have stayed in my car. It is different when you have children. You know, I mean, of course, I think of my safety, but I think of my children as well. There are programs, but it is not enough for women with children.

Yes, I could have gone to other shelters but I would not have been able to take my children with me. And then a female, just from being a woman, you want to be able to feel that when you go to a transitional home or shelter that you do have adequate safety.

Chairman MURRAY. Basic.

Ms. Four, Reverend Rogers, what would that have meant for the women who live in your facility?

Ms. FOUR. Let me just say that we do have, that is the agency, a 30-bad transitional program exclusively for women veterans. I believe that in some cases the women do come there because it is a place that they know is safe, that they know is secured. We take, you know, great attention to that.

I think one of these situations that exist is there are so few of these programs in the community that are exclusive to women veterans that are designed for them to address their tremendous needs, that and that is one of the shortfalls also.

Chairman MURRAY. Reverend Rogers, what is the importance for safety and security and basic things like that for your clients?

Mr. ROGERS. It is absolutely paramount. We really felt like it took almost 2 years for us to earn that trust in making sure that we could commit the amount of resources that were needed.

That is why I asked you all to consider some kind of a challenge grant. The community wants to respond, but because the numbers of women and their children are low and even though we have them housed separately and they are able to have their own rooms and facilities, it is at a much greater cost.

With a little bit of extra help from this Committee and from Congress, we can provide not only that safety and security but then also really address the professional needs around sexual trauma, having well-trained staff, being able to really train our volunteers.

I have got women who want to mentor other women, but do not always understand the level and complexities of that trauma. We would like to be able to have the funding and the support, and we believe we can get it matched by the community with some leadership here because we do not again believe in the entitlement system but we do want you to help us create the incentives but with the funding to overcome these smaller numbers but dealing with more complex issues.

Chairman MURRAY. And, you know, both the VA's Inspector General and the GAO really made it clear that VA has to improve their services for homeless women veterans.

But reports that were issued by two organizations and oversight by my staff have found really disincentives for homeless women veterans to seek VA's housing programs, including no minimum

standards for gender-specific safety and limitations on available housing options for homeless women veterans especially those with children.

So, my question to all of you is: What would you direct the VA to do today to serve homeless women veterans?

Ms. Strickland, if you had the opportunity to say to the VA do this, what would it be?

Ms. STRICKLAND. Provide adequate programs that can deal with the unique needs of female veterans.

Chairman MURRAY. The basics, safety, security, locks, privacy?

Ms. STRICKLAND. Yes. And then resources to help us to get back on our feet to become self-sufficient so that we do not become——

Chairman MURRAY. Chronically homeless.

Ms. STRICKLAND. Exactly.

Chairman MURRAY. Ms. Four.

Ms. FOUR. I think it would certainly be how issue of security really impact our ability to focus on the programs they have to work in.

I think it is very important that the VA truly does some oversight of what they have in order to remold and work with some of the opportunities they have in front of them.

I think that the addition of some extra funding through special-needs grants for those programs that want to do the work with women. It can be quite costly because the staff that is needed and the support that that grant allowed for assistance to families while they took care of the children while the women were attending to some very specific and very, you know, important work in the mental health field, I think that is another place.

Also, to really make an evaluation of how many military sexual trauma-specific residential treatment programs there are in this country. Then to determine if they are a far distance, how do you expect the homeless women to get into those programs, to travel there?

Chairman MURRAY. Reverend Rogers.

Mr. ROGERS. First, I want to say to, Ms. Strickland, thank you for your courage, and I am sorry for your experience.

We simply ask the VA to be right there with us. And what we say is to do what Charles George VA Medical Center in Ashville does: they train their staff. Their staff are with us as much as 3 and 4 days a week, in our facility working with both our women and our men.

They are also saying that we are going to be the advocate, the ombudsman, right alongside us as faith-based and other community-based providers. I think it is when they exhibit and put in place professional men and women with that same passion that it really makes the difference because nobody can underestimate the power of saying "welcome home veteran."

Chairman MURRAY. Ms. Halliday, final comment.

Ms. HALLIDAY. We would like to see the VA transition away from the reliance of providing these services in multi-gender facilities. We would like to see incentives put in place for special needs to ensure that female veterans needs are met.

I think VA would possibly explore using contracts outside of the Grant and Per Diem Program to fit the unique needs of female vet-

erans, especially when they do not represent a large number. They could be smaller and be economically better solutions.

Chairman MURRAY. Senator Brown.

Senator BROWN OF MASSACHUSETTS. Thank you.

Ms. Strickland, first of all, I read your testimony and thank you for sharing your personal experiences. I want to commend you for your grit and determination and perseverance notwithstanding all the challenges that you had and continue to have. I read with interest your new situation where you are now at Final Salute, Incorporated. I think you are still there?

Ms. STRICKLAND. Yes.

Senator BROWN OF MASSACHUSETTS. Yes. How do you find that program in terms of getting you to that path of independence and obtaining your auto body shop and other endeavors, how are you moving along, how are you dealing with your financial assistance, how are things working out with the kids? I mean, where are you in terms of, you know, balance in your life? How is that coming along?

Ms. STRICKLAND. Right now, I am on the path to becoming self-sufficient. I am still working with the temp agency. So, I do have consistent employment. I am still fervently seeking full-time employment. But in the interim, I just continued to, you know, press on. The program that I am in, Final Salute, is a unique program because it is catered to the specific needs of each person.

There are four females in the home, and we all have a unique situation. So, we are actually told to give a plan of what we intend to do with the 2 years we have at the program.

So, with that, they cater to what our specific needs are. So, mine, of course, was to continue my entrepreneurship, to maintain or to get the physical custody of my children. So, they are providing the resources as far as, you know, obtaining a lawyer for me.

As far as the entrepreneurship, you know, they are providing resources and conferences that I can attend to be more able to do that.

I do not have any mental health issues. They do or they have set me up with a mentor, you know, that I can talk to as far as support because like I said when you are homeless it is one thing, but then when you are dealing with other emotional issues it is another.

Senator BROWN OF MASSACHUSETTS. Correct. Well, looking at your challenges here, being homeless and dealing with the children, that is one issue. You can survive and you can do your thing, but then you throw in the other challenges of having children and not wanting to lose them and obviously keep that family unit together and then having possible threats against your life and your safety and security.

Ms. STRICKLAND. Right.

Senator BROWN OF MASSACHUSETTS. So, as I said, thank you for your sharing that story. It is personal in nature, obviously.

I was disturbed when I read that when you called the VA for help, they basically blew you off. It is what we are hearing a lot, whether it is dealing with claims, whether it is dealing with these types of assistance issues, that lack of personal touch, which sometimes is all you need.

If somebody says, hey, listen, we do not have the ability to take care of you because of your situation, however, we have a group like Reverend Rogers does, similar to him, in your city or town and give you a whole list and contact and then follow up with you maybe in a day or two or three, none of that was really provided. You got kind of a list here. These are the shelters. See you later. Thank you very much. Is that an accurate statement?

Ms. STRICKLAND. Correct.

Senator BROWN OF MASSACHUSETTS. Well, that is unacceptable.

Reverend Rogers, I know that you have a big fan on this panel. He is here and was nice enough to allow me to chair this, and I am honored to do so. I want to thank you for what you all do.

What do you think separates your program from others? I mean, why is this not going viral all over the country?

Mr. ROGERS. Well, that is an excellent question. I really think that there is maybe not as much emphasis on the community-based and faith-based partnerships that can be put together.

When you begin to really grasp what volunteers both from the faith-based and community-based organizations can do—offering them both professional training as well as a kind of support system— they respond manyfold.

Senator BROWN OF MASSACHUSETTS. Well, how do you deal with costs too within that model? How do you actually pay the bills?

Mr. ROGERS. Yes. Thank you for asking that.

We are paying the bills by doing both. Once they are exposed to do the needs of our veterans, they see both the gaps between what our Grant and Per Diem funds or our HVRP funds can provide.

For example, with our Homeless Veterans Reintegration Program and Veterans Workforce Investment Program dollars, we had more veterans applying for education, and I am talking about quality certification skills in health care and Internet technologies and transportation.

But when a CDL license costs $4,000 right up front, we found ourselves with some significant gaps. The community responded and provided the extra dollars. We have a friend down in Hendersonville, Jeff Miller, who has started Operation Welcome Home in response to education and training. The same with food, with clothes, we have got——

Senator BROWN OF MASSACHUSETTS. So, it is a community-based effort. Everyone kind of gives a little bit and ultimately, at the end of the day, you are squared away.

Mr. ROGERS. Yes, sir.

Senator BROWN OF MASSACHUSETTS. Ms. Halliday, do you thing the VA is taking the necessary steps to correct a lot of the problems outlined in the OIG's audit?

Ms. HALLIDAY. I think the VA has worked with us very diligently to make sure they could implement the recommendations. I think the group in VHA headquarters has taken this seriously, has realized that they have problems and has been very receptive to correcting problems.

As far as our assessment of how well they have implemented, it is too early.

Senator BROWN OF MASSACHUSETTS. All right. Thank you.

Chairman MURRAY. Thank you.

Senator Begich.

STATEMENT OF HON. MARK BEGICH,
U.S. SENATOR FROM ALASKA

Senator BEGICH. Thank you very much, Madam Chair.

Before I ask some of my questions if I could just acknowledge that we have two Alaskans here. One is Chris Duncan of Alaska Housing Finance Corporation, who does our homeless coordination for the State, as well as Oscar Sedona, Anchorage Homeless Coalition. Again, we are very happy that they are here but also it does not matter where you are, what State you are from there is an issue and the struggle and the challenge that we have with homeless veterans.

So, first, Sandra, thank you for your testimony. I was not here to hear your testimony, but I read your testimony. Incredibly impactful, and someone who personally has dealt with homeless veterans as the landlord and reaching out to homeless veterans programs to try to get them more standard and stable housing situations.

I have seen it firsthand as a manager and operator of facilities, small apartments, to ensure they will be able to move through and get some housing.

Let me ask you if I can: you made some comments to the Chairwoman regarding what can VA do differently. Do you think in your experience, and this is actually going to go also to you, Linda, the same question, and that is: do you think the VA has the capacity within their operations and organization to provide the services that are necessary?

In other words, Reverend, you make a very good point. When I was mayor, we worked with a lot of faith-based groups and we put aside this whole debate over church and State because we had individuals and veterans that we needed to deal with and solve these problems.

Mr. ROGERS. Yes, sir.

Senator BEGICH. We were not interested in hearing the philosophical debates. We were more interested in hearing about what we could do as a community.

So, do you think from your experience that even with some changes that are coming, do you feel confident that VA can make it happen? In other words, if you had someone come to you who is homeless, a veteran, and ask where can I go, Reverend, for help, what would you do?

That may be a real heavy question, but that is to me what is important is what is the right allocation of who should be doing what and how, so we can improve this system because it is not a VA system by itself. It is a collective system.

Ms. STRICKLAND. I agree with you that it is a collective system. If someone were to come to me and mentioned that they were homeless, I would, just from the little knowledge that I have of organizations, I would point them into the direction of the community-based organizations.

Senator BEGICH. As your first choice?

Ms. STRICKLAND. Correct. I think that the VA, if they could partner with other organizations that can focus on the unique needs,

because, you know, the VA is this big organization but there are the little teeny bits of spots out there that need to be addressed.

Senator BEGICH. Connect into the system.

Ms. STRICKLAND. Correct, a joint effort.

Senator BEGICH. I will give you an example. We have a program in Anchorage—from the real estate industry we worked with a group called Safe Harbor which actually provides the units—it is for families; it basically was a hotel but really designed for families and I think the largest family there, and Dianne can remind me, I think it has nine members, to give you a sense.

But each unit was owned by an agency or multiple units were owned by the agency and the cost per day was maybe $15 to the agency, fully loaded facility.

So, at any moment someone could transition there quickly, safely, to a clean environment, community kitchen, and community environment. Then they would bring in folks to work with, you know, people to ensure they have jobs or education or whatever they were looking to do.

I think it is an incredible model, and it was not a government-run model. It was a mixture between foundations, faith-based, and community model. That is the kind of thing you are referring to. That is how the VA could partner maybe.

Ms. STRICKLAND. Correct.

Senator BEGICH. Linda, you kind of heard the discussion. The VA wants to do well. I know that from your comments here but also the conversations that we have had.

Do they have the ability to do it or do they need to kind of rethink this model a little bit more and turn to folks like Reverend Rogers or Safe Harbor, for example, or to some of the things we are doing in Alaska with homeless coalitions?

I mean, are they too bureaucratic that they may not be able to adjust and be flexible enough or do you think they can do it? Does that make sense?

Ms. HALLIDAY. That is a good question. Right now we believe that the VA does not have the type of information it needs to really assess where it needs the services.

Grants are prepared. The applications are submitted. That does not necessarily mean that all of the areas that need these services are getting those services.

So, I would also say they probably have to look outside the model.

Senator BEGICH. Do you think they have the capacity to do that?

Ms. HALLIDAY. Yes. I think that it is going to come down to the coordination within the programs and getting the Office of Rural Health to work with the homeless programs in VA, to deal with the tribal governments. There has to be coordination.

Senator BEGICH. More looped together?

Ms. HALLIDAY. Yes. So, I do think they have it. Right now, I would say they do not have all the information they need. They have agreed to go and get that information so that they can better assess where the needs are and to deliver the right services.

Senator BEGICH. Very good.

Thank you, Madam Chair, because to me that is the crux of it all, at the end of the day if they cannot get there, all the reports we do are just going to be reports.

I guess that is our job to have this oversight to make sure they make it to that next stage. So Sandra has a choice with someone who comes to her—because I think you are going to be a role model of how you see the system and you see where it works and it does not—where do we direct them? We want VA in the mix, but we also want community services in the mix.

Thank you very much.

Chairman MURRAY. Thank you very much. We have been joined by my Ranking Member, Senator Burr.

Senator Burr, did you have any questions?

STATEMENT OF HON. RICHARD BURR, RANKING MEMBER, U.S. SENATOR FROM NORTH CAROLINA

Senator BURR. I thank the Chair, and more importantly, I thank you for holding this hearing. It is absolutely vital.

Scott, welcome.

Mr. ROGERS. Thank you.

Senator BURR. My apologies. I was not here at the beginning to welcome you, and I welcome all of our witnesses today.

Just a couple of observations and then one or two questions. It struck me as I read the testimony and then heard most of you give your verbal testimonies that what we have really got is we have got two entities looking at different things.

We have got private sector, faith-based organizations that seem to look at a veteran who is homeless from a standpoint of what they can do to affect the rest of their lives, and we have got a VA that is focused on what the crisis-du-jour is today, somewhat ignorant of what tomorrow has in store.

I think it gets to some degree as to what the IG's report identified. I think there is a deep willingness on the part of this Committee to try to bring these two things into one alignment.

It shocks me to some degree, as much as the Chairman has been focused on homelessness and the stated commitment of the Secretary and the VA that we seem to be ignorant of the successes that exist in communities all across the country.

By no means do I portray that this is intentional. But I think every Member of this Committee, and probably every Member of Congress, can highlight a successful program in the communities that they live or that they represent.

Scott, I am not sure that there are any better than what we do in Asheville. Many of the things that you have been able to accomplish there, the vision of purchasing a bankrupt hotel or motel to open up as a veterans' outreach program is a visionary in itself.

The fact that we have got a VA facility that understands the problem in the community well enough to partner in a non-traditional way with a community organization to the degree that I think, if I am right, the VA has now placed a nurse on your campus——

Mr. ROGERS. Yes.

Senator BURR [continuing]. Which eliminates the challenge of transportation and things because you were able to convince the

VA why that benefits their overall delivery of care when you actually are able to treat people before they are in crisis.

Ms. Strickland, I cannot thank you enough for your personal observations, a little bit of insight as to how you have lived it. I would hope that your testimony and others inspire the VA to look within, take the IG's report, admit that they do not do everything right and I think I take your own testimony, you said, VA cannot do this alone.

Ms. STRICKLAND. They cannot.

Senator BURR. I think to some degree that is reinforced by what the IG's report came out with. So, my questions are pretty simple.

Ms. Halliday, do you feel the outlines, the problems outlined in your testimony, and the recent audit are problems specific to the Grants and Per Diem program or are they systemic throughout the VA's homeless system?

Ms. HALLIDAY. At this point, we would have to answer that we looked at the Grant and Per Diem program and that is where we identified the problems. We do think that there are some of these issues that are impacting VA's efforts to move forward in eliminating homelessness. You have to have a needs assessment to know where to deliver these services and what is really needed, and we did not see the program information in place to make those good decisions.

Senator BURR. OK.

Scott, let me ask you as it relates to your organization and specifically your outreach for veterans. Of those that participate in your program, how do you measure successful outcomes?

Mr. ROGERS. Well, Senator Burr, first, I want to say thank you for being such a champion of veterans and veterans issues and such a wonderful champion for North Carolina.

The success that we measure really is built on the principles of the Grant and Per Diem program which calls us not only to move them intentionally through this continuum of care where we have benchmarks—they are stability benchmarks—around both personal skill building, education, job training and placement, and then placement in permanent housing.

But we do follow them as a Grant and Per Diem program calls for up to 18 months to 2 years after they leave. I think it is following them for that period of time and this is where strength of the HVRP program of the Department of Labor comes in as well.

They go back 18 months and take our list of the men and women we placed in the workplace. They tell us that, for example, in the last one here in January, 87 percent of those who were placed 18 months earlier are still on the job and averaging in that $12 to $14 an hour range.

We measure success also according placement in permanent housing. The national goal and an average is about 60 percent in 2011. Our number was 76 percent were placed in permanent housing that were identified.

So, it is not only that but then for us there are two other measures. First is the reintegration really back into the community through not only civic organizations but also their family of faith.

What we find is that when these men and women are connected through civic organizations or through their faith group, they have the internal and external supports they need.

Then last is when we have the opportunity to see them reintegrate into family. Sometimes that is biological family where the bridges are not burned too badly. Other times it is just restarting, reconnecting as Ms. Strickland has been able to do, maintaining those connections with children, maintaining those connections with a new family.

One of our most touching stories has come from one of our veterans, Ron Kennedy, who after completing successfully having the job, having the housing, answered an e-mail that simply said, could you be my daddy.

He had had a child over in Germany, and she was reaching out she said for the last time. For him to connect with a daughter he had not seen since she was 1 year old and then to have the chance to come and connect has truly been life-changing for him, and that is what we see.

Senator BURR. Thank you for that.

Chairman MURRAY. Thank you very much.

We will turn to Senator Boozman for his questions. We do have a second panel and votes at 11:30. So, we are going to move through quickly our second panel.

Senator BOOZMAN. Thank you very much. We appreciate all of you being here; really appreciate you being here, Sandra. It is so important that people, you know, such as yourself, you are very bright and articulate and you really put a face, you know, instead of a number, you know, a statistic.

So, we appreciate you having the ability and the courage to come share with us your particular problem so that we can help you and others as we move forward.

We have a guy that we are very proud of in Arkansas, a guy named Keith Jackson, who was an All-American Oklahoman and went on, was an All-Pro and things. He is a tremendous motivational speaker and is somebody I have a lot of respect for.

But his comment about the things was that the government has the want-to but they do not have the heart, and I think there is a lot of truth in that. We are desperately trying to get these things done but it is just not the same as, you know, the good care, not bad care but the heartfelt care that you get with some of the faith-based organizations. I think Senator Begich summed that up very well, the importance of doing that.

My question, though, as we move to that and we are moving to that and we are having good results, and yet, we have some problems.

And so, Linda, I guess what I would like to know is how do we get the oversight that we need to ensure that those programs are functioning well.

There is a lot of money involved now. When that comes about, you know, there are always people who take advantage. I hope that the errors that you found were basically errors but not criminal activity. Did you find any criminal activity that bordered on that? Did it go that far or was it more——

Ms. HALLIDAY. No. Since our focus was really on the quality of the services being provided and not looking at any disparities or problems with losses in per diem or misuse, we do not have criminal activities.

I would like Gary Abe to get an opportunity to answer a question. We have brought him in from Seattle and his group did all the work.

Senator BOOZMAN. Yes. Gary, how do we do a good job of ensuring that, you know, that we do not have problems going forward, more problems?

Mr. ABE. I think that we had some real serious discussion with the program management folks, and I think that they understand that they do need to have better oversight from the top.

We have also had a lot of discussions while we were at the sites, at the medical centers. I think the directors there and the program folks at the local level, they understand that they need to have better supervision of the providers.

Some of the things that we have reported in our audit in regards to the safety concerns, for instance, it was pretty obvious that they were lacking, and basically, when we walked through providers' facilities it was very obvious for us, but for the local folks they just sort of overlooked it. Then again, that is the oversight that is needed.

Senator BOOZMAN. So, how do we keep them from overlooking it?

Mr. ABE. Well, I think it is pressure from the top all the way through to the bottom.

Senator BOOZMAN. Good. And again that is the importance of a hearing like this is trying to illustrate that.

Scott, you mentioned that, as you were speaking, that we needed more innovative training in PTSD and things like that. Can you give us some examples of what you are alluding to?

Mr. ROGERS. I can. Our VA at the Charles George VA medical center has reached out to the local community to help draw in both trained professionals in PTSD, for example, in art therapy and music therapy.

We have a group that has approached us with the Biltmore Estate to offer equestrian training through their Biltmore Equestrian Center, called Operation Pegasus.

With just a little bit of funding and support providing the flexibility to the VA medical center to both contract with those professionals to help us train the volunteers around best practices that have been established nationally such as the PATH program, we really believe we can impact not only our homeless veterans but, of course, those just returning from OEF/OIF, those who are coming back.

We find when they are able in these different modalities to address their situation, to clarify their situation, to manage it, they soar, they do just fine.

Senator BOOZMAN. Thank you, Madam Chair.

Chairman MURRAY. Thank you very much.

We do have a series of votes beginning in about 12 minutes. We want to move quickly to the second panel. I want to thank everyone here at the first panel and if we can move as quickly as possible and have our second panel seated. I would ask for order in

the room as we do that so we can make that happen as quickly as possible.

Again, if we could have our second panel come forward and be seated. I really appreciate all of you taking your time from your busy lives and again if we could have order in the room please because we are introducing the second panel.

I want to begin by welcoming Pete Dougherty. He is the Acting Executive Director of VA's Homeless Veterans Initiative Office. Pete knows his way around this room. He is a former Committee staffer. Good to see you here.

He is accompanied by Lisa Pape, National Director of Homeless Programs and Maura Squire, a Homeless Veterans Outreach Coordinator. And Chanel Curry, who is a U.S. Army veteran from Ohio. Chanel, I want to thank you for your service to our country and your willingness to come and share your story.

So, Mr. Dougherty, we are going to start with your testimony and then we shall have Ms. Chanel Curry give her remarks.

STATEMENT OF PETE DOUGHERTY, ACTING EXECUTIVE DIRECTOR, HOMELESS VETERANS INITIATIVES OFFICE, DEPARTMENT OF VETERANS' AFFAIRS; ACCOMPANIED BY CHANEL CURRY, U.S. ARMY VETERAN; LISA PAPE, MS, LISW, NATIONAL DIRECTOR, HOMELESS PROGRAMS; AND MAURA A. SQUIRE, HOMELESS VETERANS OUTREACH COORDINATOR

Mr. DOUGHERTY. Thank you, Chairman Murray. We appreciate the opportunity to be here with you and Senator Burr and the Senator Begich. This Committee has been a great aid to the effort that the Department of Veterans Affairs have made.

You have already introduced the folks that I am here with. So, to speed this along, let me thank the Committee for what the Committee has done because I think what you have heard from the first panel is there are things that are working and things that are not working as well as we want.

But I also want to commend the Committee because the Committee gave us the opportunity to move to the most important phase that we are now into and that is prevention.

The first 2 years of what VA has been doing under this plan is to build capacity. As you know better than anyone, Madam Chairman, we did not have the capacity to deal with veterans who needed long-term housing and support services. We now have that with pretty good effort going forward.

We have been building and increasing the capacity of treatment services for veterans. What we have now gone into is the ability to provide prevention services for veterans. We think that turning the spigot off is an excellent thing to do.

A number of you have noted previously in questions that the VA should not be doing it alone. I would just remind the Committee that that effort is actually all being done by community nonprofit groups and organizations. We are partnering, as we do in Grant and Per Diem providers, with those folks to do it.

I do want to give you a couple of highlights because there is some focus at this hearing that as of January of this year that more than

29,000 veterans and families have been housed under the HUD-VASH program.

Among them, over 11 percent of those have been women veterans, and 28 percent of those women veterans have a child living with them or intend to have a child living with them.

We have moved into a Housing First model. We believe, and I think you have heard some testimony that supports it, that that is a good move if we are going to end and eliminate homelessness among veterans.

We have been doing more and more working with veterans that are in jails and prisons and in the court diversion program, stopping those veterans, particularly younger veterans who are in for the first time facing criminal offense charges to get the treatment that they need rather than incarceration. That will have some long-term dividends as well.

As I mentioned, the supportive services for homeless veterans, the prevention mode is where we are going. That is the future of how we are going to stop and end homelessness among veterans.

Let me just give you in the first reporting cycle that we have as of December of this past year the first reports said that 6,291 participants, veterans and others participated in this, 3,400 veterans or 420 of whom had served in OEF/OIF and OMD, 545 women veterans, 15.6 percent of the veterans we are seeing in this program are women veterans and over 2,700 children were getting this.

As you know better than anyone, and as we believe, that holding that family together, getting them employment services, getting them the health care they need, getting them the benefits that they need, those pieces, keeping that family together so they never become homeless is the most important piece.

You had a witness previously who was talking about some of the difficulties she was having. This is exactly what that program would be designed to do is to help that veteran before they became homeless to keep them out of homelessness or, if they had just become homeless, to get them back into services.

We appreciate what they Committee has done. We appreciate what you and others have done. We realize that we are in a short timeframe, and I would ask that Chanel Curry, who is here, give you an opportunity to tell what her experience has been.

[The prepared statement of Mr. Dougherty follows:]

PREPARED STATEMENT OF PETE DOUGHERTY, ACTING EXECUTIVE DIRECTOR, HOMELESS VETERANS INITIATIVE OFFICE, U.S. DEPARTMENT OF VETERANS AFFAIRS

Chairman Murray, Ranking Member Burr, 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 Lisa Pape, National Director, VHA Homeless Programs, and Maura Squire, Homeless Veterans Outreach Coordinator, Veterans Benefits Administration (VBA) Boston Regional Office.

It has been nearly two years since VA officials last testified before this Committee specifically on VA's program to eliminate homelessness among Veterans. In that time, VA has made excellent progress in our ongoing effort to ensure that, as VA Secretary Eric K. Shinseki said in November 2009, "Those who have served this Nation as Veterans should never find themselves on the street, living without care and without hope."

In addition, VA has undergone a significant shift in the focus of our efforts. Our homeless program is steadily moving from one of rescue and recovery to one of prevention and sustainable independence. I will begin today by detailing VA's many ac-

complishments over the past year and will outline our program efforts to end homelessness by 2015. This aligns with the objectives stated in Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness. I will then discuss what VA is doing to reach out to the growing numbers of women Veterans who face homelessness or the prospect of homelessness. Before I conclude, I will present VA's way forward in our efforts to end Veteran homelessness. And, as you requested in your invitation to this hearing, I will describe some of the legislative measures VA can put into practice only with your ongoing support.

RECENT ACCOMPLISHMENTS

According to a supplement to the Department of Housing and Urban Development's (HUD) report, *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress (AHAR)*, "On a single night in January 2010, 76,329 Veterans were living in emergency shelter, in transitional housing, or in an unsheltered place (e.g., on the streets, in cars, or in abandoned buildings)." Since that time, HUD's 2011 Point-in-Time Estimate of Homelessness indicates that VA has experienced a 12 percent decrease in the number of homeless Veterans from 76,329 to 67,495.

VA views this as a significant early step in our goal to eliminate homelessness in Veterans by 2015. In addition, our efforts in fiscal year (FY) 2011 resulted in the following outcomes:

• VA provided services to support approximately 7,500 additional Department of Housing and Urban Development (HUD) Housing Choice Vouchers, made available for use by the most needy and vulnerable Veterans through the HUD—VA Supportive Housing (HUD-VASH) Program. As of January 25, 2012, there are 29,074 Veterans and family members housed through the HUD-VASH Program. As of same date, 37,549 Housing Choice vouchers have been awarded.

• VA adopted Housing First, an evidence-based practice that prioritizes access to permanent housing, and through which VA provides case management and treatment services that homeless Veterans need to maintain housing and improve health care and quality of life. Adopting the Housing First approach enables VA to improve the lease-up rates for the housing provided by HUD through the HUD-VASH program for which VA provides case management and treatment services. This approach also reduces the frequency and duration of Veteran homelessness.

• In late summer 2011, VA launched a new prevention and rapid rehousing initiative, the Supportive Services for Veteran Families (SSVF) Program, designed to serve 22,000 Veterans and their families who are homeless or at-risk of homelessness. SSVF awarded 85 grants totaling $59.5 million to community agencies in 40 states and the District of Columbia.

• The Veteran Homelessness Prevention Demonstration Program (VHPD) sites, a collaborative effort between VA, HUD, and the Department of Labor (DOL), began serving Veterans on March 31, 2011. These sites are located at Camp Pendleton (San Diego, CA), Fort Hood (Killeen, TX), Fort Drum (Watertown, NY), Fort Lewis (Seattle, WA) and MacDill Air Force Base (Tampa, FL).

All five sites are operational and are providing homeless prevention services such as case management, linkage to health care services, and other community-related services.

• Approximately 15,706 Veterans received services through Veterans Justice Outreach (jail and court outreach and case management services, including Veterans Treatment Courts). In particular, 11,679 Veterans were served through Health Care for Re-Entry Veterans (prison outreach and case management) services.

• The National Homeless Registry was populated with 187,000 new entries of current or former homeless, or at-risk Veterans, bringing the total number of names of current and formerly homeless Veterans who have utilized VA's Homeless Programs to 400,000. Although 400,000 Veterans may seem high, this number represents an unduplicated count of all Veterans seen in VA specialized health care programs for homeless Veterans over the last five years.

• Through the Homeless Management Information System (HMIS), VA and HUD continue to work to collaborate on reporting Veteran specific information to improve programs, services, and address Veterans' needs.

• VA hired 366 homeless or formerly homeless Veterans as Vocational Rehabilitation Specialists (VRS) in the Homeless Veterans Supported Employment Program (HVSEP) as of September 30, 2011.

• VA increased completed Compensation and Pension claims for homeless Veterans from FY 2010 (7,754) to FY 2011 (11,197) by 44 percent.

• In FY 2012, VA released new procedures for expediting the handling of military record requests associated with homeless Veterans claims processing, utilizing a

specific "homeless" e-mail box for easy identification and processing by the National Personnel Records Center.

• In FY 2011, VA helped 83 percent of Veterans in default retain their homes or avoid foreclosure, an increase from 76 percent in FY 2010.

• VA paid pension benefits exceeding $4.2 billion to over 500,000 Veterans and survivors in FY 2011. Because pension benefits are paid to Veterans and survivors whose income fall below congressionally established minimum standards, it inherently assists in income issues related to homelessness.

OVERVIEW OF PROGRAMS COMBATING VETERAN HOMELESSNESS

VA, together with Federal and local partners, is making progress toward preventing and eliminating homelessness. For example, HUD-VASH is the Nation's largest supportive housing initiative that targets homeless Veterans and their families, by providing permanent housing with case management and supportive services to promote successful recovery and housing stability. The HUD-VASH collaboration includes HUD providing Housing Choice Vouchers and VA providing supportive wrap-around case management services. As of January 25, 2012, 37,549 HUD-VASH vouchers were available to house homeless Veterans. Of these vouchers, 34,994 were currently in use: 29,074 Veterans were currently housed, an additional 4,672 Veterans had been issued vouchers and were actively seeking a lease, and another 1,248 Veterans had been referred to a Public Housing Authority and were undergoing validation. This leaves 2,555 vouchers still available to help additional veterans. An additional 10,000 vouchers are expected to become available for use in the coming months.

The Grant and Per Diem (GPD) Program is VA's largest transitional housing program with over 600 projects providing approximately 14,000 operational beds nationwide. Transitional housing provides participants the support needed to enable Veterans to move into permanent housing. The GPD Program utilizes a community-based transitional model, which includes time-limited, wrap-around supportive services with the goal of transitioning Veterans to independent housing. Last year over 32,000 Veterans were provided services in these projects. In fiscal year (FY) 2011, GPD initiated 111 new projects, providing an additional 2,015 transitional housing beds. In October 2011, VA awarded $10.3 million to 26 community-based projects to continue to provide enhanced services for special need Veteran populations (i.e., women and women with dependent children, elderly, chronically mentally ill).

In 2011, VA launched the Supportive Services for Veteran Families (SSVF) Program. SSVF enables VA to help Veteran families stay together by serving the entire family. This also means children are spared the impact of the Veteran's homelessness. Under the SSVF Program, VA awards grants and provides technical assistance to private non-profit organizations and consumer cooperatives that can provide supportive services to very low-income Veteran families residing in or transitioning to permanent housing.

The supportive services are designed to promote housing stability to eligible very low-income Veteran families. The SSVF program gives VA the capacity to fund non-government entities to act before a Veteran family becomes homeless or to act quickly if the Veteran family actually becomes homeless. By December 31, 2011, SSVF grantees had served 6,291 participants, of whom 3,494 were Veterans; 420 Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans; 545 women Veterans; and 2,751 children.

VA plans to expand this program in FY 2012 by offering approximately $100 million in grants to community partners to help at-risk Veteran families maintain housing by gaining access to critical resources, while those who have fallen into homelessness can rapidly exit and be re-housed. For grants awarded in FY 2012, the SSVF program expects to serve 42,000 Veterans and family members.

VA'S SIX STRATEGIC PILLARS TO END VETERAN HOMELESSNESS

VA's focus on ending Veteran homelessness is built upon six strategic pillars, which are aligned with *Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness*. First, VA is aggressively reaching out to and educating Veterans—both those who are homeless and those who are at risk of becoming homeless. VA does much of this work ourselves but we collaborate with thousands of partners at the Federal, state and local levels to aid Veterans. Second, for those homeless Veterans with acute health care needs, VA ensures treatment options are available, whether for primary, specialty or mental health care, including care for substance use disorders. Third, VA is bolstering efforts to prevent homelessness, rather than responding reactively to the problem after it has become a Veteran's way of life. Fourth, VA is working with community partners to increase housing

opportunities and provide appropriate supportive services tailored to the needs of each Veteran. Fifth, VA is providing greater financial and employment support to Veterans, and working to improve benefits delivery for this vulnerable population. And finally, VA is continually expanding its community partnerships, because success in this venture is impossible without the contribution of many partners in the community.

Outreach and Education

VA outreach and education initiatives include a national effort to offer Veterans and others a way to contact VA at any time. The National Call Center for Homeless Veterans (NCCHV) provides 24/7 real-time access to VA staff for information, assistance, and local referral support to homeless and at-risk Veterans, family and friends of Veterans, and community organizations and concerned others. NCCHV immediately responds to the calls, and links the callers to VA medical center homeless program staff across the United States and its territories, for help and assistance. NCCHV received over 32,000 calls in FY 2011 and has already received over 14,000 calls in FY 2012.

VA conducts homeless outreach at shelters, community events, and in courts, local jails, and State and Federal prisons. VA also collaborates with community organizations at Stand Downs—outreach events designed to connect homeless Veterans with community resources and VA health care and benefits assistance. VA representatives attended more than 200 homeless Stand Downs in calendar year 2011. These efforts also complement one of the most critical methods for engaging homeless Veterans in services: sending VA staff to the streets and shelters to work with them directly. Many Veterans, but particularly those who have battled chronic homelessness, need skillful and repeated attempts to engage them in the care they need. Along with our community partners, VA has 415 staff members across the country engaged in outreach every day.

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, mental health, and substance abuse disorders. Many Veterans who are homeless struggle with substance abuse; in fact, reports have indicated that approximately 55 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. VA's Health Care for Homeless Veterans Substance Use Disorder (HCHV SUD) Specialists are playing a critical role in homelessness prevention, as they are positioned to provide rapid treatment and stabilization to Veterans in housing who, in the past, would often return to homelessness if they relapsed. At the close of FY 2011, VA saw a 95 percent hiring rate for HCVD SUD Specialists funded in the fiscal year. In addition, VA plans to open three new Domiciliary Care for Homeless Veterans (DCHV) programs in Denver, Philadelphia, and San Diego. These facilities will provide state-of-the-art, high quality residential rehabilitation and treatment services for homeless and at-risk-of-homeless Veterans, with multiple and severe medical conditions, mental illness, addiction, or psychosocial problems.

Prevention and Rapid Rehousing

VA believes the most economically efficient way to eliminate homelessness is to prevent its occurrence. Unlike VA's traditional homeless programs, which focus on the treatment and rehabilitation of the individual Veteran, our homelessness prevention and rapid rehousing efforts address those Veterans and their families who are at immediate risk for becoming homeless, or have recently become homeless. According to the 2010 Veterans Supplemental Report to the Annual Homeless Assessment Report (AHAR), 13 percent of individual Veterans in poverty became homeless at some point during the year, compared to 6 percent of adults in the general population. VA's SSVF Program helps Veterans and their families stabilize following a successful housing placement, by providing the support necessary to ensure that they are able to sustain their housing and have access to VA and other community-based services. For Veterans who have been chronically homeless, such support is ongoing, readily accessible, and attached to housing.

Moreover, through the SSVF Program, VA awarded in FY 2011 nearly $60 million in funding to non-profit community organizations with strong track records of providing comprehensive services to homeless Veterans and their families. In FY 2012, VA is offering an additional $100 million in funding for community organizations through the SSVF Program.

Incarceration is one of the most powerful predictors of homelessness; thus, outreach to justice-involved Veterans is a key part of VA's prevention strategy. The mission of VA's Veterans Justice Programs is to engage Veterans involved in the

justice program at any point in the continuum (arrest, involved in a treatment court, incarcerated in jail and prison serving a sentence), in comprehensive VA and community services that will prevent homelessness, improve social and clinical outcomes, facilitate recovery, and end Veterans' cyclical contact with the criminal justice system. In FY 2011, VA served 11,679 Veterans reentering the community after serving a term in prison, and worked with 15,706 justice-involved Veterans in local jails and courts. This includes work with Veterans involved in drug treatment courts, mental health treatment courts, and the 88 Veterans Treatment Courts that local communities have developed around the country, in response to communities' desire to connect justice-involved Veterans with treatment rather than incarceration.

The Veterans Benefits Administration's (VBA) Home Loan Guaranty program helps to prevent homelessness by assisting Veterans who fall behind on mortgage payments avoid foreclosure through intervention early in the default process, and through outreach to Veterans and their loan servicers to pursue all available loss-mitigation options. In FY 2011, VA made over 470,000 contact attempts to Veterans and their loan servicers in an attempt to save defaulted loans from foreclosure. VBA monitors every loan continually, throughout the default episode, to resolve defaults and avoid foreclosures whenever possible. The program will continue this process, and make adjustments as necessary to increase effectiveness and maintain the best possible default resolution rate.

In those unfortunate cases where foreclosure is unavoidable and where VA acquires the property, VA offers Veteran borrowers relocation assistance to assist them in transitioning to alternative housing. Additionally, in any case where VA Loan Technicians know or suspect a defaulted borrower will be homeless after foreclosure, they refer the Veteran to local homelessness counselors for intervention.

Housing Opportunities

As mentioned above, HUD-VASH is the Nation's largest supportive housing initiative that targets homeless Veterans and their families by HUD providing permanent housing with VA case management and supportive services to promote successful recovery and housing stability. As of January 25, 2012, HUD-VASH houses 29,074 Veterans and their families. In addition, the Grant and Per Diem (GPD) Program is VA's largest transitional housing program with over 600 projects providing approximately 14,000 operational beds nationwide.

VA's Health Care for Homeless Veterans (HCHV) program has been successful in developing and expanding contract residential transitional housing services; 131 programs are operational as of the first quarter of FY 2012. These programs provide same-day access to such safe and stable temporary housing for homeless Veterans transitioning from street homelessness, those being discharged from institutions, and Veterans who recently became homeless and require safe and stable living arrangements prior to being re-housed. HCHV has implemented the evidence-based Safe Haven model—a new element in our continuum that targets the population of hard to reach homeless Veterans with severe mental illness and substance use problems. Safe Haven is a community-based, early recovery supportive housing model that serves individuals who find it difficult to engage in traditional treatment and supportive services.

In addition, VA's Building Utilization Review and Repurposing (BURR) initiative helped identify suitable underutilized or excess land and buildings within VA's real property portfolio that could be repurposed and aid in ending Veteran homelessness, by providing safe and affordable housing for Veterans and their families. As a result of BURR, VA began developing housing opportunities at 34 locations nationwide for homeless or at-risk Veterans and their families prior to the expiration of its Enhanced-Use Lease (EUL) authority, and the Administration will be working with Congress to identify future legislative authorities to further repurpose several additional properties identified by the BURR process.

Financial and Employment Support

Homeless and at-risk Veterans need access to employment opportunities to support their housing needs, improve the quality of their lives, and assist in their community reintegration efforts. VA has committed to supporting this critical component to eliminating homelessness through the Homeless Veterans Supported Employment Program (HVSEP). Vocational and employment services are based on rapid engagement, customized job development, and competitive community placement, with ongoing supports for maintaining employment.

HVSEP is jointly operated by VHA's Homeless and Compensated Work Therapy (CWT) Programs. CWT provides vocational rehabilitation services by medical prescription to Veterans, many of whom have extensive barriers to employment. To-

gether, CWT and Homeless Programs provide vocational assistance, job development, job placement, and ongoing employment supports to improve employment outcomes among homeless Veterans. To provide these services, HVSEP hired Vocational Rehabilitation Specialists (VRS), including several Veterans who were homeless, formerly homeless, or at-risk of becoming homeless. As of December 31, 2011, 5,596 Veterans received services through HVSEP. Of this number, 1,591 Veterans were served through HVSEP-secured employment; and 354 VRS positions were filled by Veterans who were homeless, formerly homeless, or at-risk of becoming homeless.

Access to disability compensation and pension benefits is a key component in providing financial support and earned entitlement to homeless and at-risk Veterans and their families. VBA has full-time Homeless Veterans Outreach Coordinators (HVOCs) to oversee and coordinate homeless Veterans programs at the 20 VA regional offices (ROs) whose states have the largest homeless populations. The remaining ROs also have HVOCs with ancillary duties. HVOCs conduct outreach at homeless shelters, community events, and VA medical facilities, assist homeless Veterans with filing claims, and ensure homeless Veterans are properly identified at the ROs to expedite their claims. Furthermore, the HVOCs have an effective network and referral system to VHA's Homeless Coordinators and local community homeless providers to ensure delivery of VA benefits, healthcare, and other supportive services.

Community Partnerships

VA is committed to fostering strong partnerships with community organizations to prevent and end Veteran homelessness. For example, the GPD Program relies significantly on the expertise, experience, and ingenuity of local community organizations. GPD community providers collaborate to enter Veterans' client level data into the local continuums of care's HMIS system, promoting greater linkages to community services. This allows VA and community partners to respond to the needs of all homeless Veterans participating in local community services. As previously mentioned, through the GPD Program, community partners operate over 600 projects offering over 14,000 beds for homeless Veteran transitional housing.

VA recognizes that no single Federal or state agency of government or local organization can end homelessness among Veterans. To that end, VA has long maintained close working relationships with Federal partners, such as HUD, the Department of Labor (DOL), the Department of Defense (DOD), 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. 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 VA's 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.

Furthermore, each VA medical center and regional office engages in meetings with thousands of individuals and organizations across the country, to enhance collaborations and improve communications. VA is committed to reaching out and building partnerships with reputable organizations and individuals who are interested in being part of a collaborative solution to ending Veteran homelessness.

HOMELESSNESS AMONG WOMEN VETERANS

The number of women serving in the military has grown substantially, doubling from four percent of all Veterans in 1990 to eight percent, or an estimated 1.8 million today. Moreover, the number of women Veterans will continue to increase as those who deployed to the conflicts in Iraq and Afghanistan leave the active military.

VA is committed to serving the needs of both male and female homeless Veterans through a wide array of programs and initiatives specifically designed to help both segments of the population live as self-sufficiently and independently as possible. Within the population served by VA's homeless programs, women comprise approximately 7.9 percent. In addition, according to the 2010 AHAR, women Veterans are more than twice as likely to be in the homeless population as non-Veteran women. Some of these women Veterans, like their male counterparts, are facing challenges readjusting to civilian life and are at risk of becoming homeless. Many are accompanied by their children, and have needs particular to keeping both themselves and their children healthy, safe, and secure.

To learn as much as possible about the gender-specific needs of homeless women Veterans, VA included requests for information in the 2011 Community Homelessness Assessment, Local Education and Networking Groups for Veterans (CHALENG) survey. In addition, VA has undertaken numerous other efforts to gather information about homeless female Veterans and their needs. For example, VA researchers are specifically looking at the barriers women Veterans face in accessing VA services. Furthermore, VA and HUD have been working in coordination over the past 2 years to jointly collect data for the "HUD Veteran Homelessness: A Supplemental Report to the 2010 Annual Homelessness Assessment to Congress." VA, HUD, DOD, and community agencies are also collaborating to further analyze the data, to develop a more comprehensive picture of the prevalence and unique needs of homeless female Veterans who may not currently access VA services.

In collecting data about homeless women Veterans and their use of VA homeless services, VA has found:

- Eleven percent of HUD-VASH recipients Veterans are women.
- Among women participating in HUD-VASH, 28 percent planned to live with children when housed.
- More than 200 GPD projects have some capacity to serve women Veterans. Of the projects that have some capacity to serve women, approximately 40 are women-specific. In 2011, five percent of Veterans in the GPD program were women, and six transitional programs provided specific enhanced services for homeless women and women with families.

THE WAY FORWARD

VA is approaching the midpoint in its 5 Year Plan to End Homelessness among Veterans. Although we have made significant progress to date, we recognize fully that our goal to prevent and end homelessness among Veterans is a complex and difficult task, one requiring consistent, measurable, and sustained effort from VA, other Federal agencies, State agencies, and community partners. Our targeted goals for next two years include:

- Continuing to execute VA's strategic plan through aggressive outreach and communication to homeless and at-risk Veterans;
- Implementing Homeless Patient Aligned Care Teams (H-PACT) at 32 sites with the goal of eliminating barriers to quality health care, and improving housing outcomes for Veterans who are homeless or at imminent risk of homelessness;
- Focusing on the prevention of homelessness and rapid rehousing among Veterans by providing $100 million in community-based grants through the SSVF program;
- Implementing Housing First in 14 high-profile communities. This strategy supports VA's goal to rapidly house vulnerable and chronically homeless Veterans in HUD-VASH permanent supportive housing;
- Continuing to provide 24/7 outreach through the National Call Center for Homeless Veterans;
- Coordinating with HUD on the release of the 2012 point-in-time (PIT) data on homelessness among Veterans;
- Working with the United States Interagency Council on Homelessness to secure commitments from other Federal partners to assist Veterans;
- Coordinating the grant review, award development, and notification for Special Needs Grants for Homeless Veterans Service Providers, to continue to deliver enhanced services for homeless Veterans who are seriously mentally ill, women Veterans (including women with children), elderly Veterans, or those who may be terminally ill;
- Coordinating with VBA's Loan Guaranty Service and numerous parties interested in increasing housing availability, with a particular focus on VA foreclosed properties, and increased access to other sources of inexpensive permanent housing opportunities;
- Hiring 200 additional VBA HVOCs to expand prevention-focused outreach and coverage at VHA facilities and in rural areas; and
- Implementing the Veterans Retraining Assistance Program for unemployed Veterans as authorized in the VOW to Hire Heroes Act of 2011.

VA requests favorable and prompt Congressional consideration to extend the authority for the SSVF Program to prevent/address homelessness. The SSVF Program provides supportive services to very low-income Veteran families in or transitioning to permanent housing. Funds are granted to private non-profit organizations and consumer cooperatives that assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability. The SSVF Program is the only VA homeless program that is national in scope that can provide

direct services to both Veterans and their family members; however, the current law (38 U.S.C. § 2044) only provides an appropriation authorization through FY 2012. VA proposes to amend section 2044 to extend the authorization of appropriations to FY 2013 and beyond.

VA is also proposing legislation to extend VA's Homeless Grant and Per Diem Program to support a "transition in place model" toward permanent housing. By allowing Veterans to "transition in place" to permanent housing, the Department would provide a valuable alternative for Veterans who may not need or be interested in participating in HUD-VASH. Proposed legislation would allow VA to fund per diem payments for transitional housing at 1.5 times the maximum per diem rate to enable Veterans to remain in their housing unit, i.e. "transition in place." In addition, VA asks Congress to extend authority to provide expanded services to homeless Veterans. Title 38 U.S.C. § 2033 authorizes VA, subject to availability of appropriations, to operate a program to expand and improve the provision of benefits and services to homeless Veterans. The program includes establishing sites under VA jurisdiction to be centers for the provision of comprehensive services to homeless Veterans in at least each of the 20 largest metropolitan statistical areas. Section 2033 will expire on December 31, 2012; therefore, VA requests that Congress extend this authority through December 31, 2016. VA also asks that Congress extend the authority in section 2041 of title 38, U.S.C., to sell, lease, or donate properties VA obtains through loan guaranty program foreclosures to nonprofits that agree to shelter homeless veterans. If section 2041 is not extended, it will expire December 31, 2012. Finally, VA asks that Congress extend authority for the Advisory Committee on Homeless Veterans. VA's authority to operate this Committee under title 38 U.S.C. § 2066(d) will expire on December 30, 2012; VA requests that Congress extend this authority through December 31, 2016.

The BURR initiative, mentioned above, helped identify unused and underused buildings and land at existing VA property with the potential for repurposing to Veteran housing. Although the Department's Enhanced Use Lease authority has expired, VA is prepared to work with Congress on future legislative authorities to enable the Department to further repurpose the properties identified by the BURR process.

In the coming year, VA appreciates Congressional support and interest in efforts to end homelessness among our Nation's Veterans. This concludes my prepared statement, and my colleagues and I are prepared to answer your questions.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. PATTY MURRAY TO PETE DOUGHERTY, ACTING EXECUTIVE DIRECTOR, HOMELESS VETERANS INITIATIVE OFFICE, U.S. DEPARTMENT OF VETERANS AFFAIRS

1. **Please provide the results of the VA-HUD Housing Inventory Count.**

   Response: Each year the Department of Veterans Affairs (VA) works with the Department of Housing and Urban Development (HUD) and the local continuums of care (CoC) (i.e, the entire continuum of organizations and services available to serve homeless persons) to complete the Housing Inventory Count (HIC). The HIC is a complete inventory of emergency shelter, transitional housing and permanent supportive housing beds available in the CoC. As of January 2011, the HIC reflects that nationally there were 32,037 permanent supportive housing units targeting Veterans, of which 29,950 were units from the HUD-VA Supportive Housing (HUD-VASH) Program, and the remaining units were Section 8 Housing Choice Vouchers provided by HUD.

2. **Please provide additional detail on VA's new Veteran Re-Entry Matching Service project**.

   Response: VA is developing an automated system to identify Veterans who are incarcerated in federal, state, and local correctional facilities; the system will be known as the Veteran Reentry Matching Service (VRMS). There is currently no automated method of identifying incarcerated Veterans, and estimates are based on inmate self-reporting with the likely result being significant undercounts.

   The VRMS will provide a secure web portal to be used by federal, state, and local correctional institutions to upload, at regular intervals, basic demographic information on inmates. Behind the VA secure web portal, an electronic algorithm will compare that information to a VA data source to identify individuals who served in the military. A list of inmates who have served in the military will be transmitted back to each correctional facility to facilitate access to incarcerated Veterans for VA outreach purposes. The VRMS will also provide the lists to VHA's Healthcare for Re-entry Veterans (HCRV) and Veterans Justice Outreach (VJO) Specialists, to conduct outreach to incarcerated Veterans to help prevent them from becoming homeless after they are released. Automated identification of incarcerated Veterans is expected to facilitate their enrollment and engagement with VA health care, and reduce delays in accessing VA services post-release.

3. **Please provide additional detail on the new gender-specific privacy, safety, and security standards for facilities receiving VA funding.**

   Response: In order to ensure the safety, security, privacy and services for women Veterans, the VA Homeless Providers Grant and Per Diem (GPD) National Program Office provided additional guidance to VA staff further clarifying VA's requirement that GPD grantees provide appropriate space and security for participating Veterans (38 CFR 61.80(b)(4)). The guidance and consultation has been especially useful for those sites that serve a mixed-gender population. The GPD National Program Office has also provided site specific consultation to VA staff and GPD funded providers. The guidance included:

   - Ensuring that the programs could provide separate bathroom facilities for men and women;
   - Ensuring the women could secure (lock) their room/unit;
   - Ensuring the availability of agency staff to provide 24 hour/7 days a week supervision/monitoring for these mixed gender settings;
   - Ensuring that no one be accepted into the facility who is clinically inappropriate (i.e. sex offenders) as part of their admission criteria;
   - Ensuring the availability of women specific services (provided by the agency, VA or another community organization); and
   - Involving VA Police in reviewing the physical layout of the facility to identify security risks that would need to be addressed if the facility would be approved to provide services to both men and women.

   VA is publishing standards for privacy, safety, and security within a revised GPD Handbook and within a revised GPD project inspection checklist. These revised GPD standards will further clarify VA's ongoing requirement that GPD grantees provide appropriate space and security for participants and their belongings. Additionally, VA is making significant revisions to the GPD inspection template to clearly delineate these expectations and ensure they are reviewed annually. These actions are consistent with the action plan submitted to VA's Office of Inspector General and are expected to be completed by January 1, 2013. As part of the implementation process, the publication of these standards will be followed by additional training for both VA staff and the GPD funded providers.

4. **How does VA coordinate the efforts of the people and organizations who are interested in helping homeless veterans or in partnering with VA to end homelessness among veterans?**

Response: VA has a formal mechanism in place to identify people and organizations that are interested in helping end homelessness among Veterans. The National Partnership Outreach Strategy (NPOS) began in March 2012 and involves VA staff and contractors making contact with community organizations that have a mission that align with VA's goals or advances homeless issues. During discussions with these organizations, VA staff and contractors share information about VA's plan to prevent and eliminate homelessness among Veterans and consider ways the organizations can help. The organizations are provided brochures, posters, and other outreach materials that include the phone number to VA's National Call Center for Homeless Veterans (1-877-424-3838) that can be shared with Veterans. The organizations are advised that VA staff is available to speak about the VA Homeless Veterans Initiative at conferences and other meetings where other stakeholders will be in attendance.

NPOS is being piloted in the seven cities with the most homeless Veterans in the United States (based on the 2010 Point in Time Count): Los Angeles, New York City, San Diego, Las Vegas, Denver, Atlanta, and Houston. These seven locations were selected as test markets. Lessons learned about NPOS will be used to expand national outreach to other cities in the future. NPOS focuses on the participation of intermediaries who have regular contact with and influence over the target audiences, including:

- Homeless Veterans: All eras are represented;
- At-risk of Homelessness Veterans: All eras are represented with special emphasis on returning Servicemembers and other Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans; and
- Minority Veterans: African-American, Hispanic, Native American, women, and others.

These partners include organizations with broad-based connections and influence within the Veteran community, including Veteran Service Organizations (VSOs), other Veteran support groups, and corporations, non-profits and associations, as well as government agencies. In many cases these potential partners are already providing direct support services to targeted Veterans. The partners are encouraged to help Veterans find and access assistance through VA's toll-free National Call Center for Homeless Veterans, VA's Homeless Veterans website, and VA's local medical centers. The organizations have communications assets such as websites, facilities, and volunteers that VA leverages to increase awareness about VA services for homeless Veterans.

While this formal NPOS process is new, staff at VA medical centers across the United States had informal processes in place for years for reaching out to soup kitchens, food pantries, shelters, VSOs, and other organizations that serve either the Veteran or homeless population. For example, during community meetings and "street outreach" VA staff alerts organizations and members of the general public to

make them aware that VA is available to help Veterans who are homeless or at risk of becoming homeless. Each year when refreshing their National Homeless Plans, VA medical center homeless program staff meets local elected officials, representatives of non-profit organizations, and community leaders to discuss how they can all collaborate to end homelessness among Veterans. Input from all participants is used to develop local homeless plans, which are closely monitored by medical center leadership.

VA staff attends national conferences and routinely meets with officials from the Veterans Service Organizations (VSOs), Home Depot Foundation, Habitat for Humanity and other national organizations to discuss progress on the goal of preventing and eliminating homelessness among Veterans and how organizations can continue to work with VA to meet the national priority of ending Veteran homelessness.

While outreach involves VA staff actively seeking assistance from partners, VA expects that many new partners will volunteer to help when VA's public service announcements (PSAs) and advertisements begin appearing across the country in approximately August 2012. VA recently launched a wide-ranging media and public awareness initiative to inform and educate Veterans and their families about the resources available to help Veterans who are homeless and at risk of homelessness. This outreach initiative includes PSAs for TV and radio. It also includes online, magazine, and outdoor advertising to increase awareness of VA's 24-hour National Call Center for Homeless Veterans. The advertisements and PSAs all provide a call to action to contact VA's National Call Center for Homeless Veterans, if they identify a Veteran who is homeless or at risk of homelessness. While the call to action was targeted to individuals, we expect that many more organizations will become interested in helping homeless

5. **The Committee has heard concerns from providers who have difficulty locating other providers for overflow placements when their facilities are full. Certain continuums of care use their HMIS system for this purpose, among others. As VA phases in the use of HMIS among its community partners, is this a model that VA plans on looking at for potential adaptation?**

Response: Homeless Management Information System (HMIS) is a HUD-mandated data management system that is used to coordinate client services, track outcomes, and help policy makers understand the needs of homeless persons. HMIS is not able to identify facilities that have the capacity to accept homeless persons when a particular facility is full. The Housing Inventory Count (HIC) can be used to identify resources available in a continuum of care; however, it will not be known from the HIC whether a housing resource is full at any particular time.

VA is committed to working with community providers, so that care is coordinated and resources are used efficiently. VA has established a 24 hour/7 days a week, 365 day a year national referral line 1-877-4 AID VET that can receive initial inquires related to referrals. The call center staff then coordinates with local VA medical

center points of contact to locate appropriate placements within VA or the community to promote housing stabilization and treatment engagement as clinically indicated. Furthermore, VA strongly believes that the processes for homeless Veteran referrals are vital to providing services within the medical centers' scope and continuum of care. While resources vary across the country, each medical center is required to provide residential services for homeless Veterans, utilizing VA homeless programs and community partners' resources to meet the their needs. Placement of the Veterans are often served in VHA short term treatment programs, GPD transitional housing programs, or other community-funded programs, until Veterans can secure permanent housing.

6. **In recent years Congress has provided VA with additional tools, including HUD-VASH and Supportive Services for Veteran Families (SSVF), to help meet the different needs of veterans. Having the tools available is important, but a critical part of effectively using these tools is knowing how to assess the needs of the veterans. What is VA doing to ensure that the needs of veterans are being assessed and that resources are being appropriately targeted?**

Response: VA has been working extensively with local, state and federal community partners to ensure there are local plans to address the needs of at-risk and homeless Veterans so resources are targeted and redundancy is reduced. VA continues to rely on the Department of Housing and Urban Development's Annual Homeless Assessment Report (AHAR) which captures information from Veterans and the continuums of care to identify the homeless Veteran populations in specific geographic areas so resources can be targeted. VA is working closely with the U.S. Interagency Council on Homelessness, HUD along with Community Solutions to coordinate efforts to align with the Federal Strategic Plan to achieve the goal of preventing and eliminating homelessness among Veterans by 2015. This has included working together to determine where HUD-VASH vouchers will go, improving program performance and having personnel from these agencies involved in VA's grant review process.

VA's National Center on Homelessness among Veterans is completing a study on Veterans exiting the HUD-VASH Program and completing a study examining the effectiveness of a pilot program implementing the Housing First Model at selected HUD-VASH sites. Additionally, VA has collaborated with local communities across the United States on Project CHALENG for Veterans. The vision of CHALENG is to bring together homeless and formerly homeless Veterans, providers, advocates, local officials, and other concerned citizens to identify the needs of homeless Veterans and then work to meet those needs through planning and cooperative action.

As in previous years, data collection for the CHALENG process is from questionnaires completed by respondents that include VA staff, community providers, and homeless Veterans. Four years ago, CHALENG introduced a Veteran-specific survey. This effort is designed to empower Veteran consumers as

active participants in the design and delivery of homeless services. In 2011, the consumer survey went a step further by identifying gender in order to provide gender-specific data to better understand the needs of the Veterans. Veteran involvement is consistent with VA's recovery-oriented approach to delivering mental health services.

7. **Please provide additional detail on VA's use of the Safe Haven model.**

Response: A Safe Haven is a 24 hour/7 days a week, community-based early recovery model of supportive transitional housing that serves hard-to-reach homeless individuals with severe mental illness who are on the street and have been unable or unwilling to participate in traditional treatment and supportive services. Most residents in Safe Haven beds have had difficulty in the past adhering to settings where strict rules are applied. The Safe Haven programs focus on safety and supportive services, with the rules allowing positive reinforcement and engagement. Maintaining housing stability is the primary goal for Veterans in a Safe Haven residential treatment bed. Although these programs strongly encourage all residents to participate in treatment, Safe Haven programs emphasize the transition from unsafe and unstable street life to permanent housing and re-engagement with treatment services. Because these expectations are introduced non-intrusively and as the resident is ready, the phrase "low demand" is often used to characterize Safe Haven housing.

Funding for the VA Safe Haven model development project was designated to initiate and implement a Safe Haven model that could be replicated at additional VA settings where they are needed, broadening our homeless continuum of care. Currently three sites have established Health Care for Homeless Veterans (HCHV) contracts to provide 80 Safe Haven program beds, with a fourth site approved, to become operational once the contracting process is completed. VA sees promise in the Safe Haven model and anticipates limited expansion of Safe Haven sites in FY 2013 to both urban and rural communities.

8. **VA has indicated that it is deploying Homeless Patient Aligned Care Teams in 32 sites. Please describe:**

    a. **What positions will be included in each team;**

Response: In the second quarter of FY 2012, VA funded 32 Homeless Patient Aligned Care Teams (PACT) at 32 sites. These 32 selected sites are in different stages of implementing the Homeless-PACT model. All funded Homeless PACT will include a primary care provider (physician, nurse practitioner or physician assistant), a nurse case manager, social worker and appropriate staff from the homeless program. VAMCs have the flexibility to compose teams based on the needs of their local homeless Veteran population and the targeted care setting. Additionally, each Homeless PACT will have either a mental health provider or substance use

specialist on the team, or an identified liaison to facilitate access to those services at the medical center.

b. Where teams will be based (i.e. housing facilities, VA Medical Centers, mobile, etc.);

Response: Three different homeless PACT models are available for local VA medical center implementation. These models are:

- Co-located, integrated Homeless PACT. This model is typically based in VA medical centers and high volume community-based outpatient clinics (CBOC).

- PACT team enhanced with homeless case management. This model is often used where the Veterans are more stable (i.e., already participating in the GPD or HUD-VASH programs) and with less intensive care management or multidisciplinary care needs. They may be based in either VA medical centers or community based outpatient clinics CBOCs based on need, capacity and resources.

- Community Resource and Referral Center (CRRC)-based Homeless outreach/PACT can be used when there is a smaller volume of homeless Veterans. This model is based in community settings, co-located within VA CRRCs.

VA medical centers can adopt the model that best suits local needs, capacity, geography and targeted focus.

c. How homeless veterans will be empaneled; and

Response: Each Homeless-PACT is required to develop an *Identification, Notification and Referral* process specific to their site ensuring that: (1) Veterans at-risk of becoming homeless are quickly identified and linked with appropriate services and interventions, and (2) those Veterans who are homeless do not cycle through an inpatient ward or emergency department repeatedly without being effectively and efficiently identified and empaneled to the Homeless-PACT care team. VA medical centers are developing referral processes that incorporate referrals from homeless outreach staff; VA medical centers emergency department and inpatient units; or local homeless Veteran registries.

d. Whether homeless veterans will remain with the team, even after they are housed.

Response: The decision of when a Veteran is ready to be transferred from a Homeless-PACT to a general population PACT is based on local criteria intended to reflect not only their housing status but also their relative risk for returning to homelessness once housed. Exit criteria will be based on placement into permanent

supportive housing and stabilization of the Veteran's medical, mental health and psychological needs. The Homeless PACT team will conduct periodic case review to determine Veterans' appropriateness for discharge from the Homeless PACT. Those Veterans being discharged from the Homeless PACT will be transferred to a general population PACT via a "warm hand-off" with the understanding that they can return to this clinic model should their social condition change.

e. Whether there is a goal for the panel size for each team.

Response: The Homeless PACT team will have fewer patients assigned to its panel compared with that of a typical PACT team. The small panel size reflects the fact that all of the patients within the Homeless PACT are homeless, formerly homeless and at risk of falling back into homelessness, or at imminent risk of becoming homeless. These patients have compounded medical and mental health care needs that require greater time and more visits than what is seen in the general population at VA.

Presently, VA is setting pro-rated Homeless PACT panel caps at 800 to 900 patients (two thirds of the 1,200 patients in a typical PACT model). The panel size reflects the higher volume of care per patient required in a Homeless PACT. The panel size is also consistent with panel sizes for other special population PACTs (e.g., women's health, geriatrics) and reflects the increased patient severity scores noted in this population. VA will continue to monitor this panel cap as Homeless PACTs are implemented to determine whether the panel caps are appropriate.

9. The FY13 budget requests 200 additional FTE to serve as Homeless Veteran Outreach Coordinators (HVOC) for VBA.

a. Understanding that the duties of a HVOC are varied, has there been any discussion of whether some of these staff will be based out of the Regional Offices or whether they will be stationed in the community?

Response: HVOCs will have a presence at VA regional offices. They will also spend time at VA Medical Centers, VA Community-Based Outpatient Clinics, prisons/jails, and Veterans treatment courts. HVOCs will partner with community homeless providers and local organizations to bring VA benefits and services to homeless Veterans, Veterans at-risk of homelessness, and their families.

b. Please describe the performance measures and standards for the HVOC position.

Response: VBA currently has 20 full-time HVOCs. HVOCs are stationed at regional offices in states with high-density homeless populations. The HVOCs complete a wide range of outreach activities, which vary by geographic locations. Due to this variance, VA has granted regional offices the latitude to utilize their HVOCs as they deem most effective. VBA is currently revising the HVOC position

description, and upon re-classification of the position, VA will explore establishing performance standards and measures.

GRANT AND PER DIEM PROGRAM

10. **The IG reported that VA has trouble managing bed capacity in the grant and per diem program against the needs of underserved populations. What is VA doing to more effectively manage these needs as the program expands?**

    Response: The GPD National Program Office currently maintains bed capacity information on operating projects and projects in development and tracks occupancy rates for currently operating transitional housing projects nationally. GPD-funded projects with low occupancy rates have been contacted by the GPD National Program Office and have been requested to work with the local GPD liaison to develop a plan to increase occupancy and ensure efficient use of transitional housing resources. The required occupancy rate in the proposed regulations will be used in conjunction with existing monitoring to measure progress toward capacity goals. The GPD National Program Office has written new regulations that set an occupancy rate goal of 75 percent for a prior 180-day period. The proposed regulations were published on March 1, 2012, in the Federal Register and the public comment period ended on April 30, 2012.

    Additionally, in order to target future funding priorities at populations and areas of special need, the GPD National Program Office will work with VA's National Center on Homelessness among Veterans to utilize data available in VA's Homeless Registry, as well as information available in HUD's Veteran supplement to the *Annual Homeless Assessment Report*. These resources will allow the GPD National Program Office to effectively target and fill gaps in VA transitional housing.

11. **Please provide additional detail related to VA's transition-in-place legislative proposal**.

    Response: VA is considering augmenting the scope of traditional GPD services by implementing a new "transition-in-place" model. A "transition-in-place" model would convert existing suitable apartment style housing where homeless Veteran participants would receive time-limited supportive services optimally for a period of 6-12 months, but not to exceed 24 months. Upon completion, the Veteran must be able to "transition in place" by assuming the lease or other long-term agreement (other than HUD-VASH) which enables the unit in which he or she resides to be considered the Veteran's permanent housing.

    Despite the promise of the "transition-in-place" model, the GPD National Program Office expects many GPD community providers to encounter financial difficulties in

securing suitable apartment style housing. In recognition of these financial difficulties, VA is planning on submitting a legislative proposal authorizing the GPD Program to offer "transition-in-place" grants that fund per diem payments at 1.5 times VA's State Home rate. In order to gather important programmatic experience with this model, on March 1, 2012, VA announced a Notice of Funds Availability (NOFA) for its Per Diem Only component of the Grant and Per Diem Program. Applications for funding under this NOFA are due on May 30, 2012. The NOFA includes a funding priority for those applicants that are willing to implement a "transition in place" housing model. VA expects to fund approximately 450 "transition in place" housing model beds over the three year period of this award.

12. **My staff completed a review of VA's grant and per diem provider inspection reports and found that the inspection process varied greatly from facility to facility. What improvements does VA plan to put in place to further standardize the review process nationwide?**

Response: The GPD National Program Office provided two 80 minute web-based training calls (in October and December 2011), focused on the GPD inspection process. In addition, the GPD National Program Office is revising the GPD inspection checklist. The checklist revisions will provide clarifications in the Nutrition and Food Services, Security and Law Enforcement, and Clinical items. Furthermore, the GPD National Program Office is adding a section focusing on the appropriate storage of medications to the checklist. Upon approval of the revised inspection checklist, training will be provided to VA staff and GPD funded providers about these changes. VA anticipates that the revised inspection checklist will be available for use by January 1, 2013.

13. **What mechanism does VA use to encourage the sharing of best practices among grantees?**

Response: The GPD National Program Office provides a monthly conference call for all operational GPD funded providers. The call allows providers an opportunity to ask questions of GPD program office staff, interact and receive feedback from their peers and receive information from guest speakers who attend the call to discuss specific topics, for example, child support, VA's Veterans Justice Programs, the HUD-VASH program, and many other VA homeless program services.

14. **Does VA deliver any veteran-specific education to grantees, such as short courses on dealing with suicidal veterans or survivors of military sexual trauma? If so, how often do these courses occur and how many providers take advantage of them?**

Response: In addition to the information that is presented in the monthly conference calls for GPD funded providers (see previous paragraph), the GPD National Program Office began offering staff development training opportunities for GPD funded providers in January 2012. The first three presentations were on Post

Traumatic Stress Disorder (PTSD) among Veterans. The GPD National Program Office notifies GPD providers of these monthly conference calls by fax as well as providing information on the GPD provider website located at: http://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp

CASE MANAGEMENT

General Response: Within VHA Homeless Programs, the HUD-VASH Program is the only program that provides case management as its primary service to homeless Veterans. Other VHA Homeless Programs such as the HCHV Program, Veterans Justice Programs (VJP), and the GPD Program employ a range of providers such as outreach workers, justice outreach specialists, agency liaisons, and mental health (MH) and substance use disorder (SUD) treatment specialists to provide other vital services to homeless Veterans. Given this section's focus on case management, the questions related to case management below will be focused primarily on HUD-VASH case managers.

15. What qualifications or qualities does VA look for when hiring new case managers?

Response: The composition of the HUD-VASH Program teams may vary from site to site. Typical program teams are made up of independently-licensed clinical staff with master's degrees in social work, nursing, or psychology, or appropriately-supervised master's level clinicians who are working toward licensure. Program teams can have other professional staff including Bachelor-level social workers, substance use disorder (SUD) specialists, peer support specialists, and housing specialists. At sites where there are a large number of case managers, the VHA's National HUD-VASH Program strongly suggests that VA facilities employ a HUD-VASH program manager. Although some staff positions may be procured through contracting, contracted staff must provide the same level of service or care provided by permanent staff.

16. Does VA have a comprehensive case-manager training and orientation program?

Response: The HUD-VASH Program has a comprehensive case manager training and orientation program. This response discusses HUD-VASH case manager orientation training, the response to question 16(a) discusses ongoing training for current case managers. Local VA facilities and VISN leadership are responsible for conducting the orientation of new case managers. In accordance with the HUD-VASH Handbook 1162.05, orientation for new case managers must be conducted within 90 days of initial start date. Orientation of new case managers begins with locally mandated facility orientation, which includes privacy, safety and security, policies and procedures, documentation, and patient rights. HUD-VASH orientation requires a review of the HUD-VASH Handbook 1162.05, which not only describes

the program policies and procedures, but lays out the ongoing training expectations for HUD-VASH staff. This training includes strategies to engage the chronically homeless Veteran, orientation to the Public Housing Authority (PHA), and key strategies for obtaining and maintaining housing. These trainings are obtained through joint HUD and VA Satellite Broadcasts and a Webinar (both available on HUD's HUD-VASH webpage) and through the *HUD-VASH Resource Guide for Permanent Housing and Clinical Care* (found on the VA HUD-VASH webpage). The *HUD-VASH Resource Guide for Permanent Housing and Clinical Care* provides an extensive review of case management subjects and provides a "tool kit" for case managers. HUD-VASH orientation also requires training on the Homeless Operation Management and Evaluation System (HOMES) to ensure accurate and timely completion of forms and evaluations. HOMES training begins when access to the system is granted to the new case manager. HOMES staff provided this training and are available to support specific questions for situations not covered in the training. The HUD-VASH Handbook also requires ethics training to help case managers be aware of, and avoid, ethical violations and issues in their case management duties.

a. If so, please describe the frequency and duration with which it occurs.

Response: As described above, local VA facilities conduct comprehensive case manager orientation to ensure new HUD-VASH case managers are trained and able to work with HUD-VASH Veterans. Even with the orientation training, local VA facilities VISN leadership provide ongoing training to HUD-VASH case managers. For example, the National Director of the HUD-VASH Program hosts monthly one hour conference calls. Program policy, trends, and resources, as well as site-specific issues and new program ideas and best practices are discussed in this forum. There are also monthly local HUD-VASH conference calls led by the VISN Network Homeless Coordinator (NHC) to promote training, discuss local issues, share information, and develop a supportive mentoring resource. Viewing of available satellite broadcasts, PowerPoint presentations, and attendance at national and regional HUD-VASH and other homeless conferences is also promoted, as time and funding permits. HUD-VASH Program leadership staff worked closely with the VHA Employee Education System (EES) and consultants from Housing Innovations to develop a series of 5 training modules on the following topics: Project Based Vouchers, Partnering with the Community, The Critical Time Intervention Model, Working with High Risk Veterans and Effective Program Practices. These modules were broadcast numerous times on VA's Knowledge Network and DVD copies were made and distributed to every HUD-VASH program for ongoing use. HUD and VA have also done numerous joint presentations and webinars for VA, HUD and PHA staff. Additionally, HUD and VA host a joint Listserv that addresses matters in need of clarification and shares program updates. The HUD-VASH Program also has a continuously updated Sharepoint site that contains a wealth of resource materials pertinent to both administrative and clinical issues. Additional training is also provided by nationally-approved providers of accredited continuing education as appropriate to the attendee's independent licensing or credentialing such as the National Association of Social Workers (NASW).

b. Please provide a copy of any materials utilized.

Response: Please see the links below for access to training materials:

VA Handbook 1162.05:
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2446

HUD-VASH Resource Guide for Permanent Housing and Clinical Care:
http://www.va.gov/HOMELESS/docs/Center/144_HUD-VASH_Book_WEB_High_Res_final.pdf

Satellite Broadcasts and Webinar:
http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash

c. Does this training cover the evolving core of case management functions, in terms of focus, tools, and roles?

Response: Yes, the training covers the evolving core of case management functions. The *HUD-VASH Resource Guide for Permanent Housing and Clinical Care* provides focus, tools and roles. All case managers and SUD specialists are required to have training in Critical Time Intervention, Assertive Community Treatment, Motivational Interviewing, Housing First, Low-Demand Model of Care, and other clinical approaches relevant to the population. All staff must also complete appropriate ethics training as required by respective professional licensure or credentialing boards, with an emphasis on dual relationships and conflict of interest circumstances. Monthly national HUD-VASH conference calls provide updates and best practices information. HUD and VA have regular joint trainings to update both PHA and VA staff of operating requirement changes. National conferences, when available, provide updated information, best practices and opportunities to learn from their peers at other facilities.

d. How does VA determine when a case manager has been fully trained and is ready to work with homeless veterans?

Response: The local VA supervisory homeless program staff determines when a case manager is fully trained and ready to work independently with homeless Veterans and/or as a fully engaged member of the HUD-VASH case management team. Training compliance is reviewed by The Joint Commission (TJC) and by the Commission on Accreditation of Rehabilitation Facilities (CARF). Training is on-going, with annual training requirements and opportunities.

e. Who selects the trainers, and how are they selected?

Response: Primarily, HUD-VASH case managers are trained by national, regional, and local VA and HUD staff that works with the HUD-VASH program on a regular, ongoing basis. Additionally, VA's National Center on Homelessness Among Veterans has contracted with national subject matter experts, such as Dr. Sam Tsemberis, to provide training and ongoing technical assistance regarding the implementation of the Housing First model. VA homeless program staff recently participated in the first ever Housing First Partners Conference held in New Orleans March 20-23, 2012. One day was devoted to discussion about VA's 14 site Housing First pilot project, which is operated with HUD-VASH vouchers. Additional Housing First training followed the next day and a half with both national and international subject matter experts providing the training. Housing First is a form of permanent supportive Housing that centers on providing homeless individuals rapid access to permanent housing and then wrapping treatment and other support services around the individual to help them maintain permanent housing and improve their quality of life. What differentiates a Housing First approach from other strategies (housing ready or treatment first approaches) is that within Housing First there is an immediate and primary focus on helping homeless individuals rapidly access and sustain permanent housing.

The VA National Center on Homelessness Among Veterans has also joined with the U.S. Interagency Council on Homelessness and the Corporation for Supportive Housing, Housing Innovations and academic partners such as University of Pennsylvania, the University of Massachusetts and the University of South Florida to develop pilot projects and evaluative studies. The pilots and the studies will inform and contribute to the continual training of the HUD-VASH program leadership and clinical case management staff.

17. **High turnover rates in any organization will lead to higher costs in hiring and training and will reduce service capacity. Is there a plan in place to reduce case manager turnover for VA's homeless programs?**

Response: VA agrees that it is critical to keep case manager turnover to a minimum to ensure uninterrupted care for Veterans and overall smooth operation of the program. Providing high quality training to staff to increase professional skill sets, and offering promotional opportunities within the growing homeless programs are just a few of the means utilized to improve case manager retention keep homeless program staff engaged.

18. **The Committee has heard from providers who have accepted referrals from local VA Medical Centers, even though they receive no funding from VA. These providers have expressed concerns that VA's involvement sometimes ends at referral for the veterans they take in. What type of case management does VA provide for homeless veterans who have been referred to facilities that do not receive VA funding?**

Response: VA homeless program involvement with Veterans referred to facilities that do not receive VA funding is determined on a case by case basis, primarily based on the unique needs of the Veteran. For instance, in some cases VA can provide a specialized service that the community facility cannot, and in those cases VA homeless program staff remains involved with the Veteran. One common example of this involves justice-involved Veterans. A Veteran with ongoing legal involvement who is referred to a community residential facility may continue to receive services from a Veterans Justice Outreach worker until the Veteran's legal needs are resolved, regardless of whether VA provides any funding to that community facility. Similarly, many VA homeless programs provide aftercare programs, and Veterans in community facilities are encouraged to return to VA for ongoing aftercare meetings which help the Veterans remain connected to peers and staff, and assist with consolidation of treatment gains. Conversely, for a Veteran with general housing needs that can be met by the community residential facility case managers, VA homeless program involvement will likely end upon admission to the community facility. This is done to promote efficiency, avoid duplication of services, and avoid conflicting case management efforts that might occur if a VA homeless program case manager remained involved in a Veteran's care after admission to a new facility. In all cases, VA homeless program are available to rapidly provide assistance and services when needed, even if the Veteran is being served in a community facility that does not receive VA funding.

Regardless, all VA homeless programs provide extensive case management to Veterans in the community. Case managers are trained in employing evidence-based treatments like motivational interviewing approaches to promote Veteran follow through with referral for preventive care and treatment of medical conditions, substance use and dependence, other mental health conditions, and problematic health behaviors (e.g., problematic substance use, tobacco use, unsafe sexual practices). If needed services are not available at a particular VA Medical Center, staff is expected to assist Veterans find appropriate resources in the community. HUD-VASH case managers are required to make regular home visits to assess and ensure the Veterans' housing stability, social connection and recovery, and to act as a liaison with other VA and community resources, landlords, and PHA. Regular re-assessment and revision of treatment plans is expected to be done as needed.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. MARK BEGICH TO PETE DOUGHERTY, ACTING EXECUTIVE DIRECTOR, HOMELESS VETERANS INITIATIVE OFFICE, U.S. DEPARTMENT OF VETERANS AFFAIRS

According to 2010 data, there were 450 individual veterans and 179 members of veteran families homeless in Anchorage and the Mat-Su. This likely underestimates the number of homeless veterans' families, because many families are "doubled up" with friends and relatives. The Alaska VA also estimates another 285 very-low income veteran families living in public housing or using a housing choice voucher and then another 313 veteran families on wait-lists for these housing alternatives.CSS was estimating to serve 50 households all year and have exceeded that already. 63 of the households served were very low income, less than 30% of Area Median Income (AMI). Of the 144, 74 are veterans (the others are family members) and 13 of those are female veterans. 57 individuals have exited the program after being served for an average of 60 days and all went to permanent housing. SSVF has spent $55,250.91 on homeless prevention and rapid re-housing activities.

1. **I commend the VA on including families in these new grants and I would like to know what your future plans are to expand the SSVF?**

Response: VA is currently expanding the SSVF Program, with increased funding for grants to community partners to prevent and rapidly re-house Veteran families at-risk of homelessness. VA expects to award approximately $100 million in FY 2012, an increase of over $40 million from FY 2011 funding. Already as of March 31, 2012, after less than 6 months of operation, SSVF grantees have served 15,894 participants, including 9,676 Veterans; 1,293 OEF/OIF/OND Veterans; 1,413 women Veterans; and 4,308 children. VA is currently requesting Congress to fund the SSVF Program at $300 million in FY 2013. With increased funding, VA's goal is to broaden access to SSVF services to ensure that both urban and rural communities have access to this important resource.

2. **As I said, the program in Anchorage is very successful and I look forward to expanding it to other areas of the State. Under the current SSVF grant regulations they can only spend 30% of total grant funds on direct assistance (rent, utilities, car repair, emergency needs). The other 70% is for personnel, contracted services, and admin. CSS recommends removing or increasing this 30% cap. This would give increased flexibility in managing the funds to meet the needs of the Veterans being served, are there plans to change this?**

Response: VA actively reviews the feedback from SSVF grantees and believes that cooperation with VA's community partners is essential to the operation of the SSVF Program and ending Veteran homelessness. VA is soliciting feedback from SSVF grantees regarding the 30 percent cap on direct assistance and is considering whether to increase this cap. Based on preliminary feedback, VA anticipates that this cap will be increased in the FY 2013 NOFA for SSVF grants.

As a member of both the SVAC and SASC, I have heard testimony on the increase of Military Sexual Trauma, (MST), in the Vietnam Veterans of America's written testimony Ms. Four refers to the Special Needs Grants Program (SNP) also providing services for women, frail elderly and chronically mentally ill vets. It looks like the VA after receiving the extension of authority for SNP, did not offer new grants to increase programs. Seems that with the increase in the special needs population, especially the MST the VA may look at offering new grants,

3. **What is the plan to expand the Special Needs Program?**

Response: In August, 2011, VA announced a NOFA of funds for operational 2009 GPD Special Needs Grant recipients and in October, 2011, VA awarded $10.3 million in grants to community groups to provide enhanced services for homeless Veterans through the GPD Special Needs Grants. Presently, VA is considering a legislative proposal that would allow the creation of transitional housing designed to serve special populations (women, including women who have care of minor dependents; frail, elderly; terminally ill; or chronically mentally ill) through capital grants and a streamlined per diem payment system.

A recent visit by VA and committee staff to Alaska was focused on homeless veterans; the group met with a number of non-profits working with homeless veterans, the community agencies had a good question, why doesn't the VA contract or grant out more of the housing needs case management? In other words, there is a definite place for the clinicians who work for the VA, but do they really need to be assisting with finding housing and setting folks up in the community?

4. **I know you have a veteran's peer-to-peer program, tell me how you are expanding this to rural areas?**

Response: Although VA does not have a specific "peer-to-peer" program operated through VHA Homeless Programs, many VA medical centers have hired peer-to-peer workers to work in local homeless programs to conduct outreach and to assist as housing specialists. VA does not have the statutory authority to offer grants to community-based groups to exclusively hire these peer-to-peer workers to directly assist homeless Veteran populations in every VA homeless program. Furthermore, VA currently has no specific authority to provide grants to community organizations to provide direct case management, with the notable exception of SSVF Program and GPD Program. The authority for case management under SSVF and GPD grants is limited to services related to implementing and providing services under those programs.

Although VA may contract with community agencies for "peer-to-peer" case management services, VA must ensure that those case managers and other staff that work with homeless Veterans are competent, skilled, and provide quality care. At most VA medical centers, staff are hired directly through VA personnel processes – a deliberate hiring practice that ensures that competencies, education, and experience are reviewed through standard protocols. These qualifications are matched to job requirements and duties and matched to specific health care disciplines. VA medical centers may consider contracting for case managers or case management services outside of VA's personnel process. However, contracting procedures are in place to ensure that solicitations are fair and that contracts are not arbitrarily awarded. Consequently, hiring through contractual arrangements often requires significant time.

In September of 2011, the Anchorage 100,000 homes survey identified 41 homeless veterans who were medically vulnerable. Of these, 33 were confirmed to be US veterans. Of the 33 US veterans, 24 were eligible for benefits, with the remaining 9

ineligible (presumably due to dishonorable discharge). According to the VA, by February of 2012 of the 24 eligible, homeless and medically vulnerable veterans, one (4%) was confirmed housed, and one (4%) was in the VA domiciliary. Four were "working towards" receiving a VASH voucher (17%) and one (4%) was "working toward" a stay at the Dom. The remaining 17 (71%) were presumably still homeless, deceased or their housing status was unknown.

5. **My question is where housing vouchers are not a barrier to housing (VASH vouchers have been available throughout this period); this is a very difficult population to bring into housing. Isn't it time that the VA consider contracting with organizations that have the most experience working with the chronic homeless and those with mental health disorders, even in communities where the VA has a presence, such as in Anchorage? What are the barriers to doing so?**

   Response: VA is working to strengthen community involvement and speed the pace of housing placement for this group of Veterans. Select communities are already contracting for HUD-VASH case management services, including: Boston, MA; New York City, NY; Philadelphia, PA; Washington D.C., San Francisco, CA; Portland, OR; and Seattle, WA. Additionally, all of VISN 22 (Southern California and Southern Nevada) and a portion of VISN 20 (Alaska) are planning to contract for HUD-VASH case management services with their allocation of 50 vouchers from the recently announced FY 2012 HUD-VASH vouchers.

6. **What steps has the VA taken to reach and house homeless veterans through community mental health centers and through Alaska Native Tribal Health Consortium Behavioral Health Aids? What is the benefit to setting up a parallel system to these well-established systems of mental health care and case management?**

   Response: The Alaska VA Healthcare System's (AVAHS) focus has been to establish working relationships with both Native and non-Native entities to provide services to Alaska Veterans. Establishing these types of relationships allows Veterans to use both systems of care and avoid duplication of services.

   AVAHS has recently received an additional 50 vouchers for the HUD/VASH Program. In an effort to reach Veterans in rural communities, AVAHS and VISN Homeless Veteran Program Coordinators are working with VA contracting to solicit case management services in rural areas. Case management services must be available to issue a voucher and place a Veteran using a HUD/VASH voucher. The solicitation will give local community mental health centers as well as Alaska Native Tribal Health Consortium (ANTHC) entities the opportunity to be considered for the case management services to Veterans and be reimbursed for those services. This will allow VA to use the mental health care and case management services already established in outlying communities.

AVAHS has been active in outreach to Native and non-Native entities providing education and outreach through its Rural Health Program Coordination efforts. VA staff has provided outreach and information on VA programs in several communities in Southeast Alaska, Barrow, and Dillingham. Outreach to Fairbanks and Kodiak are scheduled for April. All of the outreach efforts provide information on VA services, including homeless services. In addition, Tribal Veteran Representative training to nearly 40 individuals was completed in mid-March and a second class is scheduled for the last week of September. VA staff provided an educational session to ANTHC Behavioral Health Aids in March 2012, and will provide similar training to the Community Health Aids in April 2012. In early May 2012, VA staff will be presenting to the ANTHC Business Office and Enrollment staff.

VA has worked closely with the State of Alaska Department of Health and Social Services when they were awarded a Rural Veterans Health Access Program (RVHAP) three year grant. Now in its second year, the grant complements what VA is doing with Native organizations as well as the State increasing education and training opportunities for non-tribal clinic's business operations and all behavioral health providers across the state.

7. **In areas where the VA does not have a presence, but where vouchers are viable (i.e. there is a rental housing market to support them), isn't it imperative that the VA find a way to contract out to serve homeless veterans? What are the barriers to doing so?**

Response: In select communities, VA is presently contracting for case management services and will continue to evaluate other potential communities where contracting for case management services makes sense. However, VA must ensure compliance with all regulatory contracting requirements, a process that can take six to nine months or longer to solicit and award contracts. VA is evaluating other mechanisms to engage experienced community partners and is open to other suggestions and mechanisms that would allow further cooperation with community partners.

8. **Where tenant-based rental vouchers are not viable because either the rental market is non-existent or is too tight, can VASH vouchers be used to promote housing development that has a homeless veterans preference (i.e. project-based vouchers or operating assistance)? How could this work in smaller communities (i.e. fewer than 50,000 total population)?**

Response: HUD's Notice of Public and Indian Housing (PIH) 2011-50 addresses the requirements for converting regular Housing Choice Vouchers to Project Based Vouchers (PBVs). It states that HUD will consider, on a case-by-case basis, requests from a PHA to project-base HUD-VASH vouchers in accordance with 24 CFR Part 983. The notice provides continued guidance to those PHAs that have been awarded HUD-VASH vouchers that are interested in "project-basing" a portion of those vouchers. Previously no more than 50 percent of a PHA's allocation of HUD-VASH vouchers could be project-based. This limitation was removed in 2011

in order to provide PHAs with additional flexibility in administering their HUD-VASH vouchers.

HUD may consider all types of PBV proposals, including: existing units, newly constructed units and substantially rehabilitated units. Proposals must be submitted to HUD Headquarters. Prior to the submission of the PBV proposal to HUD for review, the VA medical center and PHA must agree on the PBV proposal. When submitting these requests, they must be signed by the PHA Executive Director (or equivalent official) and the VISN Director or VAMC Director and the VISN NHC.

I was pleased to see the Veteran Homelessness Prevention Demonstration Program (VHPD), the collaborative between VA, HUD and DOL has been successful.

9. **What the plans are to expand to other states with a strong presence of military bases, like Alaska.**

Response: All parties are pleased to see the Veteran Homelessness Prevention Demonstration Program (VHPD), between VA, HUD and DOL be successful. VA and HUD implemented the VHPD Program, as a three-year pilot to provide an opportunity to understand the unique needs of the Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn cohort of Veterans, and will support efforts to identify, conduct outreach and assist them in regaining and maintaining housing stability. Agreements were signed with the local Continuums of Care in February 2011 and services to Veterans began being provided in April 2011. As of October 31, 2011, the VHPD Program has screened 1,139 Veterans and 452 Veterans have been found eligible for services. Of those Veterans found eligible, 58 percent are families, 36 percent are OIF/OEF Veterans, and 27 percent are women Veterans. Since federal partners are still in the first year of implementation, it is too early to determine if this particular program will be expanded after the three-year demonstration.

My question is about the VA's Fiduciary/Payee program for veterans. I have heard from community agencies it is easy to get someone a payee when they are on Social Security, particularly when they are homeless. SSDI almost always mandates someone who is homeless on a payee when they get benefits. Generally, payees make around $75 a month from people's benefits. A fiduciary would need to be comparable. It takes about a month and some follow-up by a case manager for us to get someone a payee for SSDI.
It is my understanding it is very long and involved process to get VA Fiduciary. The agencies, i.e., Mental Health Centers, never have actually been able to take someone through the process, although they have consulted with the VA before and the outreach worker even told them it was too difficult and they give up! They also wanted to note there is no longer an outreach worker for the VA in Anchorage right now.

10. Is the VA looking at this program and going to make any changes to get more community agencies to take on the Fiduciary/Payee for homeless vets? Is there a way for the VA system to be comparable to the SSDI system for people who are homeless?

Response: VA is taking decisive action toward its goal of ending homelessness among our Nation's Veterans. Similar to the concept of the SSI/SSDI Outreach, Access, and Recovery (SOAR) program, VA has measures in place to increase access to benefits and services for Veterans who are homeless. At each VA regional office, a homeless Veteran coordinator ensures that homeless Veterans receive all benefits and services to which they are entitled. Cases managed by the homeless Veteran coordinator are expedited through the benefit process, which enables benefit delivery at the earliest possible date. The coordinator works closely with the VA Medical Center, Veteran's service organizations, community agents, and others assisting the Veteran to make sure benefits and services are delivered timely. Upon payment of benefits, the homeless Veteran coordinator confirms delivery of benefits and continues to work with the Veteran until he or she is no longer in a vulnerable situation.

Not all homeless Veterans suffer from conditions that make them unable to manage their VA benefits, such as mental illness or co-occurring substance use disorders or conditions. It is not always necessary for VA to appoint a third party to help manage such Veterans' VA benefits. In cases where VA determines a Veteran is not able to manage his or her benefits, the homeless Veteran coordinator works closely with the Fiduciary Hub of jurisdiction to expedite the appointment of the Veteran's fiduciary of choice. VA considers this choice first, followed by an unpaid family member, friend, or caretaker, who is willing to serve as the Veteran's fiduciary. Thus, if the Veteran informs VA that he would like a paid community agency to act as his fiduciary, VA will try to qualify that agency. Otherwise, it is VA policy to seek an unpaid fiduciary prior to appointment of a paid fiduciary.

Nonetheless, VA will reevaluate its policy to determine whether it should consider first the appointment of facilities uniquely qualified to deal with homelessness when a paid fiduciary is necessary for a homeless Veteran.

Although we cannot comment on timeliness of the Social Security Administration's appointment of representative payees, the standard for VA's initial fiduciary appointments is 45 days. In the case of the Western Area Fiduciary Hub, which serves Alaska, the average time to process an initial fiduciary appointment is 38 days.

11. Is the VA looking at this program and going to make any changes to get more community agencies to take on the Fiduciary/Payee for homeless vets? Is there a way for the VA system to be comparable to the SSDI system for people who are homeless?

Response: Please see VA's response to question 10.

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Ms. CURRY. Hello, everyone, and I want to go ahead and thank you all for having me today. This is definitely an honor to be able to open up and talk about my testimony.

I started off as a veteran during Operation Iraqi Freedom. I am from Cleveland, OH. I joined the military in 2008. As I served overseas and came back to the United States, I suffered many difficulties finding employment.

So, I recently relocated to Atlanta, GA, because I had a job opportunity available for me almost immediately. So, I relocated; and during my process of living in Atlanta, Georgia, a lot of different circumstances forced me to have to move back to Cleveland, OH, where I was originally stationed at.

Coming back to Cleveland, OH, it was very hard to find a job. So, basically I bounced around from different relatives' homes, different friends; and it just became definitely a burden because of lot of people that I knew suffered their own hardships and no one could afford to accommodate another adult.

So, that force me to have to contact the VA. I contacted the Ohio Coalition for the Homeless, and I spoke to a veteran by the name of William and he directed me over to a female by the name of Toni Johnson.

Toni Johnson is a representative of the Women's Homeless Outreach Program and she herself actually opened up a lot of possibilities for me to get back on my feet.

She told me about the Grant and Per Diem program. I lived in a homeless shelter, a women's homeless shelter known as the West Side Catholic Center.

There were other things that were available for me, such as the employment connections, and I met with a representative by the name of Angela Cash and she basically helped me to get a job at the Cleveland Clinic.

So, she offered me classes, computer training, basically everything that I needed to be able to be readily available for work. Also she had her own nonprofit organization known as the Forever Girls at Heart, which is a group of beautiful women who help me get all of the things that I needed for my apartment.

Now, with that being said, I will be moving into my place as of Friday if everything goes as planned, and I do have everything that I need.

So, the VA definitely went above and beyond to make sure that I did not remain a homeless veteran.

Chairman MURRAY. Thank you very much for your testimony. We really appreciate that.

Mr. Dougherty, we heard from Ms. Strickland on the first panel who reached out to the VA and was told there is no help, literally hung out with nothing. We just heard Ms. Curry, obviously a totally different story.

With a no-wrong-door policy, it is unacceptable that more help was not given to Ms. Strickland and others like her.

Ms. Curry, I wanted to ask you. What was the turning point that lead you to the VA?

Ms. CURRY. Actually, it was a very long time before the resources were actually known to me. I had to do some research. I actually contacted Military OneSource, which is a very helpful resource who helps you basically get to a lot of different resources.

But what led me to the VA was the fact that I was just tired of being homeless. I was tired of not having a stable job and having to ask people for things. I am the type of person where I like to get everything on my own. So, it was definitely a challenge for me. So, I had to make an adult decision and go to a shelter where the HUD-VASH program would be available for me.

Chairman MURRAY. OK. Mr. Dougherty, both the GAO and Inspector General found that VA has to improve the way that it serves homeless women veterans, especially those who have experienced military sexual trauma.

I am deeply concerned about women veterans, any veterans, but women veterans being placed in a place with no privacy, no locks on doors, no locks on bedrooms. It is crucial that those should be available.

I understand that the Department is developing this new gender specific, privacy, safety, and security standard for facilities; and I want that done quickly obviously.

But I want to ask you: Is that enough to make sure we have protection for women, to make sure there is no registered sex offenders, are we following that? Especially for women who are victims of military sexual trauma, are we really making sure we are focused on those issues?

Mr. DOUGHERTY. Senator, I clearly believe that we are moving in the direction. I think we have embraced the idea of moving forward.

Ms. Pape and her staff are working very closely on making those corrections. I would also say that one of the things that we have, and we are asking the Committee to do, is to change the contract care authority requirement.

Currently, under law you have to have a serious mental illness diagnosis in order to get contract residential care. I think as the Inspector General just said a few minutes ago that one of the issues is that in some communities we may not have enough need to develop a whole program that is big enough to support a community program.

In those places what we need is we need more flexibility in contracted residential care in order to make that work.

Chairman MURRAY. OK. Well, let me be very clear. Given the strong oversight that this Committee has done leading up to this hearing, I think it is very clear we are going to be following this carefully. We want to make sure this is implemented. It is absolutely a top item for all of us.

Senator Burr.

Senator BURR. Thank you, Chairman.

Mr. Dougherty, just one. I want to highlight the progress that we have made. There were deficiencies in our structure as to how I think we attacked the homelessness problem within the VA, and I think you have done a lot to move us in the right direction.

A recommendation: I think it is very important to maybe get on the phone with people like Scott Rogers. Those community partners that you have that, regardless of who looks at it, they sort of check all the boxes all the way around to figure out what is missing in the VA strategy of how to look at this in a holistic way.

Scott is a pretty assertive person. I have seen flexibility from a VA hospital that I did not think was possible and it may have to do with a great administrator. It may have to do with a medical staff that understands how to save costs by treating early.

I think Scott would be the first to say they could not have accomplished what they had if they had not had the partner of that VA hospital working outside the box on some of the problems.

What I want to urge you to do and your entire staff is let us start thinking outside the box on solving this. The last thing on this Committee that we are holding anybody to a standard is to live within the framework of what we have done in the past. If we do that, our expectations cannot be any different than the results of the past.

The Secretary has stated he wants to end this. Well, if we are going to end it, we are going to have to work with more partners who think more outside the box, who design things that maybe even unique to their community. But it is going to involve a partnership with all aspects of VA.

I am not sure that that buy-in exists today. If it does, it is because we have a strong community partner that has convinced the local entity to do it.

It would be much more natural if, in fact, that was built into our model and pushed from within VA and not just pushed or highlighted in the oversight process.

So, I challenge you. Let us reach out to these folks. Let us understand what they need. Let us understand how we will be successful and then work with us to try to incorporate those.

Again, I thank you.

Chairman MURRAY. Thank you very much. We do have a series of votes that are called, and I have to get to the Floor for part of that. I am going to turn the gavel over to Senator Begich for the final comments. I want to thank all of our witnesses and let you know that we are going to continue to follow up. We will have more questions that we will submit to you.

Senator Begich, thank you.

Senator BEGICH [presiding]. Thank you very much, Madam Chair. I will be very quick and then I know, Senator Boozman, you may have a quick question or two so I will try to limit mine quickly here.

I will submit something for the record. I have several that I have, and I will share that with you. But first, I want to make sure just any time we have these discussions they put on the record that I am requesting especially in rural areas that we have additional HUD and VASH vouchers.

As we know, veterans are moving more and more to rural areas and there is a great need. Of course, Alaska, there is no other place more rural than Alaska. So, I want to make sure that that is clear.

But you have a really good program in Anchorage and Mat-Su that is working in Alaska, support services, veterans family, working with the Catholic social services organization. It seems to be having some great success.

I guess here is my question. I think as Senator Burr said and others we have lots of programs in every State. The question is do you have a process that, I do not know if you have, I will use this phrase carefully, an advisory board or group of these organizations that, on a regular basis, are critiquing and adding information to, not only on an ad hoc basis where you call them up and say, you know, we have gotten a call from a Senator and now we need to respond.

And then the second part of this question is: Is there a model that says maybe in this arena the role of the VA is really a grant-

ing agency and we are going to be grant administers and we are going to have folks in the private sector, nonprofit sector, and potentially in the for-profit sector depending on what services are needed, that will then connect these things?

And I use the Catholic social services as an example. It seems to be in our State a successful model. Any comments on that?

Mr. DOUGHERTY. Senator, we have both a national advisory group that answers our questions but we also have a meeting process that occurs through each VA medical center and that is an opportunity for community service providers, local governments, and veterans themselves to come.

I have been to a couple of those meetings myself. I know Lisa Pape has as well. That really is to meet the local needs of the local community, look at the local strengths and weaknesses within the local community, and to develop a local plan of how to address those needs.

The other comment that you made is absolutely correct, and that is that what we are doing in a going forward way is more and more of what we are doing is going out and working with the community. All of the prevention effort is really community led.

Senator BEGICH. If I can just say one more quick thing and I appreciate that. That is great. I guess I want to do some additional follow-up with regard to that.

But also in the model as I mentioned, the SSFF which is the Catholic social services program partnering with you, you have some caps within there, so much for direct dollars and so much for administration.

When I, as a former mayor and as a person, actually almost 30 years ago or 25 years ago, had to manage grants, we put artificial caps like that in there, and I say "artificial" because they are based on some modeling that someone did in some room, we really restrict the innovation of these nonprofits.

Why have those caps? Why do not just say, and I can tell you Catholic social services will tell you in Alaska these caps are a problem. Even though the program is successful, they are not allowing them to expand a little bit and give a little so they are trying to meet this 30 percent number.

Why not just eliminate those caps and look at the success of the program instead? And if you answer yes, I am going to tell you what the answer should be, then next is you should do that immediately.

Mr. DOUGHERTY. The model, if you will, was taken after what was done on a community experience with the Department of Housing and Urban Development. What we tried to do is to give some perspective of what we thought we wanted to achieve with it.

I can tell you that, obviously, in a going-forward way we are always looking at what those needs are and what people are giving us in terms of feedback. So, there may well be some changes and additional flexibility coming forward.

Senator BEGICH. That is the answer. Flexibility in the caps would be great because what works in HUD may not work in VA. What works in New York will definitely not work in Kwethiuk, AK. I will guarantee you that.

Mr. DOUGHERTY. I understand.

Senator BEGICH. Senator Boozman, I was going to call on you next but Senator Brown has entered and he is on the list first, then I will come right to you.

Senator Brown.

Senator BROWN OF MASSACHUSETTS. I will be brief. I know that Senator Boozman has some questions he wants to get to, but I do note the fact that we have Ms. Curry here. It was nice to meet you out back. You have a success story where VA helped you. Yet we had on the other panel somebody not so fortunate.

What that shows me is a lack of consistency. We obviously have to make sure that we have more like Ms. Curry's story. So, that is my statement.

Mr. Dougherty, how is VA working to improve data collection so that VA and Congress have information to effectively allocate the resources to ensure homeless veterans receive the needed services?

That is based on the GAO report saying that, you know, the information is lacking.

Mr. DOUGHERTY. Do you want to?

Senator BROWN OF MASSACHUSETTS. Either one.

Mr. DOUGHERTY. Ms. Pape.

Ms. PAPE. We have been collecting data on homeless veterans for over 20 years now. What we have done to really enhance in the last several years is roll over into an electronic system and enhancing the kind of data that we are asking for so there are more questions related to people's experience, their medical issues, their housing issues prior and leaving the program.

But what really is where we are shooting for is connecting with the community and aligning our data collection system with the homeless management information system that the continuums of care do so that we have a coordinated and integrated collection system to look at what veterans are entering both the VA and the community and the capacity, bed capacity, and things like that.

Senator BROWN OF MASSACHUSETTS. And I want to apologize, for the record, people see me bouncing in and out. I am actually in a Government Regs hearing in the next building. So, I have been trying to be two places at once, which usually does not work well. So, I appreciate everybody's patience, and so you understand what I am up against today.

I was concerned in seeing that women in particular took an average of 4 months before securing HUD-VASH housing and 30 days for GDP programs. What is being done to ensure that these women veterans receive a referral for temporary housing in a more timely manner? Either of you.

Ms. PAPE. Thank you, sir. We already have a policy in place in which all medical centers have to have a referral system in place to either house veterans in one of their in-patient beds or residential beds or have a partnership in the community to house a female veteran or any veteran within at least 3 days of finding them in a shelter.

Obviously, we heard that there needs to be some improvements through the Inspector General, and we are working with our medical centers to continue coordinating to do more contract residential housing so that we have those opportunities for every veteran in every site.

Senator BROWN OF MASSACHUSETTS. And just two quick follow ups, and I will defer back any of my time. Number 1, how do we make sure that the veterans who are getting the assistance are actually homeless?

Number 2, Senator Begich may have an interest in this: how do we make sure that the veterans have access to Grant and Per Diem programs in underserved areas, and how do these programs align with the VA spending priorities?

Mr. DOUGHERTY. One of the things, we have Maura Squire is here with the Veterans Benefits Administration out of the Boston regional office, but one of the first things we have to do is we have to prove the identification, is the person who is making contact with us a veteran.

Then the question is how do we make sure that the person who is coming to us is in need of services and really is in need of services and not just a low-income person, for example.

That has to be done by having people who can make the assessment and do the assessment that the veteran is, in fact, a veteran and also that there is an assessment made what service is appropriate for the veteran to receive.

That is a process that does take a little bit of time. One of the things that we do ask for is to have more staff like Maura who can make that assessment of the veteran being a veteran eligible for services.

Senator BROWN OF MASSACHUSETTS. Maura, thank you for coming and certainly during Jerry McDermott or Austin Lord, anyone at my office feel free to have a relationship with you, we take our veterans' issues very, very seriously.

We actually have a wall in our office covered with letters thanking us for helping not only with housing but benefits and kind of cutting through the red tape, and that is the biggest challenge. Thank you for what you are doing.

I will defer any of my time back to you, Mr. Chairman, thank you.

Senator BEGICH. Senator Boozman.

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

Senator BOOZMAN. Thank you, Mr. Chairman. Just real quickly, thank you Ms. Curry for being here. Again, you put a face and a person to a statistic and that is so important. We appreciate you taking the time to come and tell your story.

I think that the Inspector General report is disturbing, very disturbing in the sense that in regard to the safety and security of women in some of these facilities and especially some of them having similar problems or, you know, potential problems in their deployment or whatever.

But I think I can speak for all of the Committee and Congress in general that we are very, very concerned and certainly we have got to figure out that is not tolerate it, period.

I guess my question would be: are there any Congressional tools that we need to give you? Is there any way that the Committee can help you in regard to dealing with that or do you need any additional legislation? Do you need any additional whatever?

Mr. DOUGHERTY. Well, we have several legislative issues that we are bringing before the Committee. One is to get more benefits and staff so we can make sure those veterans get timely benefits because what happens in the stories that you are hearing, many of the veterans that we are interacting with if they could get access to benefits quicker and faster, whether it is benefits to get back into education or vocational rehabilitation services or employment-related services, those things are very important. Just the identification because some do not have a veteran paper, if you will, when they are first going and applying. The other is the prevention.

Senator BOOZMAN. I do not mean to interrupt. But what is the turnaround time as far as the application and the beginning?

Mr. DOUGHERTY. Well, in the Grant and Per Diem program, we are under a guidance that says within 3 days we have to verify a veteran's status. That is our standard: 3 days. That is statutorily provided for. But it is often times difficult for us to make that determination as quickly as it needs to be done in that program.

Senator BOOZMAN. Very good.

Mr. DOUGHERTY. But in the other, the prevention, clearly, Senator, I have been doing this for a long time and the issue for us is what we need to do to stop the inflow, and the inflow I am convinced is going to be most effectively taken care of by working with community providers across the Nation who have the flexibility and the independence to work in ways that we inside the government cannot do. They have the flexibility to do things that we in government cannot do as well.

We give them that permission to do that because, as Senator Begich points out and certainly I know your State well, the difference in the States of Arkansas and Alaska are many, and they are very different from the States of Rhode Island and New York.

So, we have to have program flexibility that gives those local community providers the ability to stop veterans from ever becoming homeless and going through the indignity of that experience.

Senator BOOZMAN. Very good. Thank you, Mr. Chairman, and thank you for your hard work, all of you.

Senator BEGICH. Thank you very much. I have one question that I will end on, and then I may submit more for the record. I want to state the question and you can answer it at a later time.

That is, with housing homeless veterans and dealing with mental health services, you know, there in Alaska—and this is a very Alaska-centric question on mental health centers and also the Alaska Native Tribal Health Consortium, behavior health aids—I wonder: why replicate a system when there already is one in a very rural area that maybe the VA can tap into through a coordinated resource allocation to make it happen.

That is the question I am going to submit. I want you to think about that, again, like do not create two parallel tracks. How do we make one and maximize the capacity? That is the question.

Let me again thank the witnesses on both panels for sharing their personal stories, their experience. We appreciate each of you being here, being part of this panel. We have reached the halfway point with Secretary Shinseki's plan to end homelessness. It is clear we have more work to do. We all acknowledge that.

This Committee will continue to do the oversight necessary and the conversation back and forth from providers and people who are experiencing homelessness to understand what more we can do.

The Committee looks forward to working on this issue now and into the future.

The record will be kept open for questions for the next week. So, anticipate some. I know I have some I will submit.

Again, we thank you all very much for participating in today's hearing.

The hearing is now adjourned.

[Whereupon, at 11:47 a.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF THE NATIONAL COALITION FOR HOMELESS VETERANS

Chairman Patty Murray, Ranking Member Richard Burr, and distinguished Members of the Senate Committee on Veterans' Affairs: The National Coalition for Homeless Veterans (NCHV) is honored to present this Statement for the Record for the March 14, 2012, hearing on "Ending Homelessness Among Veterans."

At a time of significant Federal budget constraints, there is an increasing need for the Federal Government to leverage existing resources and maximize its investments. NCHV represents more than 2,100 community- and faith-based organizations nationwide that serve veterans in crisis—these are the "creative geniuses" to which Secretary of Veterans Affairs Eric Shinseki refers when discussing the pillars of his department's Five-Year Plan to End Veteran Homelessness. More than 600 of these organizations, through the VA Grant and Per Diem Program, represent local integrated service networks, which provide housing and services to more than 30,000 homeless veterans each year.

While the scope of this hearing deals primarily with progress made by the Department of Veterans Affairs, and its Federal agency and community-based partners, we want to recognize and commend the Senate Committee on Veterans' Affairs for its leadership in making possible the tremendous success of the Five-Year Plan to date. Your legacy of bipartisan support for the programs serving this Nation's most vulnerable heroes has helped reduce the number of homeless veterans each night in America to 67,495—that estimate represents a more than 70% reduction since 2004.

We cannot guarantee the men and women who serve our Nation in a military uniform will not return home with wounds and hardships they will need help to overcome, but as a nation we are closer than we have ever been to ensuring none of them will ever again be left to fend for themselves on the streets when they do.

That is the promise of the Five-Year Plan to End Veteran Homelessness, and this Committee's work has brought us within reach of that goal by 2015.

HUD-VASH

Perhaps the most critical development in the Five-Year Plan, the expansion of the HUD-VA Supportive Housing Program (HUD-VASH) has made housing available to men and women with serious mental illness, other disabilities, and chronic substance abuse. Nearly 11% of these dedicated Section 8 vouchers have been awarded to low-income, single veterans with dependent children.

Thanks in large part to this Committee, about 7,500 of the HUD-VASH vouchers zeroed out in the FY 2011 HUD appropriations bill were restored, and another $75 million was approved in FY 2012 to bring the number of vouchers to 48,000—80% of the 60,000 goal of both HUD Secretary Shaun Donovan and VA Secretary Eric Shinseki.

The President's request for $75 million for HUD-VASH in the FY 2013 budget request would bring the authorization to both agencies' original goal more than a year earlier than the most ambitious projections, and would make ending chronic homelessness among veterans a virtual certainty.

GRANT AND PER DIEM PROGRAM

The VA Grant and Per Diem Program (GPD)—which provides transitional housing with supportive services—has had a significant impact in decreasing the number of homeless veterans in need of assistance each day. Based on FY 2011 VA program evaluation data, approximately 30,000 homeless veterans received services through GPD and 50% of those participants advanced to permanent housing upon completion of the program. According to the VA CHALENG Reports from 2005 through 2009, the reduction in the number of homeless veterans during that period was estimated to be about 57.2%.

After two decades of program development, VA research has shown most homeless veterans who enter GPD programs are able to regain control of their health and other personal issues and advance to full employment and independent living in less than half of the two-year eligibility period for the program.

However, the majority of those clients are still at risk of homelessness after they exit the program because, in most communities, there is a critical shortage of affordable housing for low-income and extreme low-income individuals and families. Providing access to safe, affordable housing is the most critical component of the VA Five-Year Plan and the Federal Strategic Plan to Prevent and End Homelessness.

The approval of the Senate Committee on Veterans' Affairs to increase GPD authorization by $100 million in FY 2012 to a record $250 million is vital to creating veteran access to long-term and permanent housing in communities where affordable housing is in short supply or nonexistent. Most homeless veterans do not need permanent supportive housing (HUD-VASH), and could advance out of the GPD program much more rapidly through innovative strategies like Transition in Place, which will be a more viable option with this funding increase.

PREVENTION STRATEGIES

Your recognition of the importance of the Supportive Services for Veteran Families (SSVF) grant program is another essential component of the Five-Year Plan to End Veteran Homelessness. Fashioned after the incredibly successful Homelessness Prevention and Rapid Re-Housing Program, this funding will help communities prevent veteran homelessness through short- to medium-term rental assistance, and rapid re-housing initiatives—including first- and last-month rent deposits, utilities hook-up fees, and basic furnishings.

More than 1.2 million families received help and avoided homelessness under the HPRP program; unfortunately veterans were severely under-represented among program beneficiaries. Funding increases the Committee supported will help address that inequity. The $300 million in the President's FY 2013 Budget request will go a long way in driving down the number of homeless veterans by increasing homeless veterans' access to housing, and services to help many others remain housed.

One other critical program, the Homeless Veterans Reintegration Program (HVRP)—administered by the Department of Labor-Veterans' Employment and Training Service (DOL-VETS)—remains underfunded at just above $38 million. This Committee has worked to help reauthorize the program at the $50 million level, yet the Labor Department's FY 2013 Budget submission does not meet this amount.

As the Nation's only employment program wholly dedicated to serving homeless veterans, most of whom have serious and multiple barriers to re-entering the workforce, HVRP has a vital function in the Plan to End Veteran Homelessness. Given the high veteran unemployment rate, especially among young veterans, NCHV does not foresee an imminent drop-off in demand for the program's services.

IN SUMMATION

The community-based homeless veteran service providers NCHV represents have worked closely with the Departments of Veterans Affairs, Housing and Urban Development, and Labor to help draft and implement the Five-Year Plan to End Veteran Homelessness—both on the local and national levels.

And we are pleased to report on the progress of the Five-Year Plan. We believe the essential components of the Plan are in place and are advancing—access to housing, health services, income stability, and prevention strategies. We have reached the midway point in the Plan, and have witnessed a historic transformation in the service provider community that positions the Federal Government and its allies to reach a goal many believed was virtually unattainable just a few years ago.

NCHV has been at the center of the campaign to end veteran homelessness since 1990, and knows better than most the role that the Senate Committee on Veterans' Affairs has played in bringing this Nation to this moment in history. We have been

proud to serve alongside you, and will be with you when our shared mission is finally accomplished.

With profound gratitude,

JOHN DRISCOLL,
President and CEO.

MATT GORNICK,
Assistant Policy Director.

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