Mr. Philip Mangano, Executive Director, Interagency Council on Homelessness

STATEMENT FOR THE RECORD

PHILIP F. MANGANO, EXECUTIVE DIRECTOR UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS

BEFORE THE SENATE VETERANS AFFAIRS COMMITTEE

MARCH 16, 2006

Chairman Craig, Ranking Member Akaka, and Distinguished Members of the Committee:

I appreciate the opportunity to present testimony today on the work of the United States Interagency Council on Homelessness and its initiatives to forward the Administration; Is goal of ending chronic homelessness in our nation. The Council gives special attention in its initiatives to those who have served our nation in uniform, and we are committed to preventing and ending homelessness for those who have served our country.

It is my privilege today to be here with Secretary Nicholson of the Department of Veterans Affairs, who is the immediate past Chair of the Council. Since the Council was revitalized by President Bush, the Department of Veterans Affairs has not only chaired the Council for the first time in its history, but it has done so for the longest period of time and with the leadership of two excellent and committed Secretaries, Secretary Nicholson and his predecessor, Secretary Anthony Principi.

Background and History. The Council is an independent establishment within the Federal executive branch composed of twenty Cabinet Secretaries and agency heads. The Councilis Cabinet Chair is currently Department of Housing and Urban Development Secretary Alphonso Jackson.

As I indicated, the past Chair of the Council is Secretary Nicholson, whose agency provided an important year of leadership on the needs of veterans. Over the past four years, chairmanship of the Council has rotated among the Secretaries of Housing and Urban Development, Health and Human Services, and Veterans Affairs. Rotating the chair among the members is in accordance with an amendment to the Councilis statute included in the FY 2001 VA/ HUD /Independent Agencies Appropriations Act. This rotation has had both substantive and symbolic meaning, reflecting the reality that homelessness has many causes and that solutions to homelessness are not fashioned by any one agency but through collaborations by all.

The Council was authorized in 1987 under the McKinney-Vento Homeless Assistance Act but was dormant for nearly six years before being revitalized by the Administration in 2002 in accordance with the FY 2001 Appropriations Act. It is the mission of the Interagency Council to coordinate the Federal response to homelessness and to create a national partnership at every

level of government and with every element of the private sector to reduce and end homelessness in the nation and forward the Administration; is goal of ending chronic homelessness. To do so, the Council has forged an unprecedented national partnership that extends from the White House to the streets and includes Federal, State, and local government, advocates, providers, consumers, and faith-based organizations.

The Council works to improve access to and coordination of Federal investments among member departments and agencies; ensure the effectiveness of Federal activities and programs; engage and assist State and local governments, advocates, service providers, and customers in creating effective local solutions; and offer technical assistance and evidence-based best practices to partners at every level of government, as well as the private sector.

Agenda for Results. The Council, in keeping with the President; s Management Agenda, encourages activities and initiatives that incorporate research-driven, performance-based, and results-oriented solutions. This includes:

?X Dissemination of new and innovative approaches such as Housing First, Assertive Community Treatment Teams, and Project Homeless Connect that are proving effective at ending chronic homelessness;

?X Local cost-benefit studies that reveal the costs of homelessness to the community and the cost savings that arise from effective solutions;

?X Strategies to prevent homelessness for individuals and families before it occurs; and,

?X Access to mainstream resources for the benefit of homeless persons and families.

Through its work, the Council is seeking to establish a new standard of expectation around the issue of homelessness. That new measure requires that resource investments should do more than just ¡§manage;" the problem. We expect those investments to result in visible, measurable, quantifiable change in our communities, on our streets and in the lives of homeless people. Since enactment of the McKinney Act in 1987, billions of dollars have been spent by the Federal government and other billions have been spent by State and local governments and philanthropy on this issue. But the fact is that despite the expenditure of these funds, there have continued to be tens of thousands of persons living long term on the streets, in encampments and in our shelters. Veterans are represented disproportionately in this population.

Ending Chronic Homelessness. The Administration has set a new marker on homelessness, the goal of working in partnership with States, localities, faith-based and community groups, as well as business, to end chronic homelessness. The chronically homeless are the most vulnerable and disabled, those most visible and long term on our streets and in shelters.

We also are now learning through research that they are some of the most expensive people to the public purse.

According to the U.S. Department of Veterans Affairs (VA), one-third of adult homeless men and nearly one-quarter of all homeless adults have served in the armed forces. While fewer than 200,000 veterans may be homeless on any given night, as many as twice that number may experience homelessness during a year. Many other veterans are considered at risk because of poverty, lack of support from family and friends, and precarious living conditions in overcrowded or substandard housing.

Ninety-seven percent of homeless veterans are male, and the majority is single. Nearly half of all homeless veterans treated in health care programs suffer from mental illness, and slightly more than 2 out of 3 have alcohol or drug abuse problems. Thirty-five percent have both psychiatric and substance abuse disorders.

These VA data clearly show the relationship of the veterans population to those experiencing chronic homelessness.

To meet our expectations of visible, measurable, quantifiable outcomes, our efforts are being guided by a management agenda, implemented in partnership across Federal agencies and with other levels of government and with the private sector, faith based organizations and homeless people. We are focusing resource investments on a strategy made whole that includes not only intervention activities but prevention initiatives. Our intent is to identify, create, and invest in the most innovative initiatives that are research and data driven, performance based and results-oriented.

Cost Analysis. Chronic homelessness is the most visible form of homelessness in our country, and is most often the result of individuals; disabilities. People experiencing chronic homelessness are the people we see in doorways or under bridges day after day, year after year.

Over the last few years, research has shown that those experiencing chronic homelessness are in fact a finite group representing 10 - 20 percent of the adult homeless population. However, they consume over 50 percent of all emergency homeless shelter services and ricochet randomly around the acute side of very expensive primary and behavioral health care systems. As a result, persons experiencing chronic homelessness are some of the most expensive people in communities across the country.

Here are just a few examples of the cost analysis that is emerging in cities as they address chronic homelessness.

?X In Asheville, Buncombe County, NC, 10-year planners analyzed the service use of 37 homeless men and women over a period of three years and found that these individuals cost the City and County more than \$800,000 each year including 1,271 arrests generating \$278,000 in jail costs, 280 episodes of EMS services for a cost of \$120,000, and hospitalization costs of \$425,000

?X The University of California at San Diego followed the service use of 15 chronically homeless people for 18 months. They reported 300 emergency room visits, taken by ambulance and accompanied by EMTs, using multiple day stays and they quantified behavioral health costs (substance abuse and mental health) and law enforcement. Total cost: \$3 million over 18 months or an average of \$200,000 per person.

?X The Boston Health Care for the Homeless Program tracked 119 persons experiencing chronic homelessness over 5 years and discovered that they had over 18,000 emergency room visits at an average cost of \$1000 per visit.

?X Two concerned Reno police officers tracked the services use of just two homeless persons they repeatedly encountered over one year. When the officers examined law enforcement, emergency room and other hospital costs, they found that each person cost over \$100,000 a year.

Investment, Innovation, and Results. Just as research has been helpful in quantifying the costs associated with chronic homelessness, so too has the research been helpful in identifying interventions that are effective in ending chronic homelessness. Research shows that permanent supportive housing strategies in tandem with multidisciplinary, clinically based engagement strategies, and including employment counseling and job placement as appropriate, can be successful in sustaining tenancies for this population. These models of housing, which involve a rich array of supportive services, are effective in moving those experiencing chronic homelessness off the streets and out of long term shelter stays into sustainable tenancies and toward recovery and self sufficiency.

That; is the basis of the intervention in a growing number of cities across the country, some of which are now able to report reductions in their population of persons experiencing chronic homelessness. The targeted VA homeless programs are a key component of the progress out of homelessness we seek for this population.

The Administration; is goal of ending chronic homelessness is based on learning from - and acting on - that research. At the inaugural meeting of the revitalized Council, the Secretaries of HUD, HHS, and VA announced an historic joint funding initiative, that now totals \$55 million, as the first infusion of Federal resources targeted specifically toward the goal of ending chronic homelessness. More than 100 applications were received from communities across the country, and awards were made to 11 community partnerships.

Along with the Federal funding partners, the Council has continued to monitor the results from this investment. To date, the 11 community partnerships have successfully housed over 600 persons. Cumulatively, the men and women housed under the Collaborative Initiative represent over 4300 years of homelessness ended and tens of millions of dollars in ad hoc health care, corrections and other community costs incurred during their years of homelessness.

Critically important to the results of this initiative have been the partnerships built at every level with the VA to serve more effectively homeless veterans in these sites, bringing every level of systems closer together to benefit consumers. The HUD/HHS/VA Collaborative Initiative described above is just one of a number of true Federal collaborations that demonstrate the continuing and deepening commitment of a wide array of Federal agencies to get the job done:

?X HHS, HUD, DOL, VA, ED, DOJ, USDA, and USICH collaborated in the multi-year initiative that brought state government leaders from 55 States and Territories to Policy Academies designed to help State and local policymakers improve access to mainstream services for people who are homeless.

?X HUD and DOL have collaborated in an effort to combine employment training with housing assistance in the Ending Chronic Homelessness through Employment and Housing Initiative.

?X DOL and the VA are collaborating to target homeless veterans.

?X HUD, Labor, and the Justice Department are partners in the Administration; s Prisoner Re-entry Initiative.

?X Through its Homeless Outreach Projects and Evaluation (HOPE), the Social Security Administration has funded 41 new projects across the country to increase access to Supplemental Security Income and Social Security disability benefits for persons experiencing chronic homelessness.

The Administration; Is Record of Investment. The additional resources and interagency collaborative efforts, including the President; Is FY 07 Budget proposal which includes a sixth consecutive year of record proposed funding for targeted homeless programs and proposed increases for targeted programs for homeless veterans, are all evidence of the Administration; Is commitment to ending chronic homelessness and are an important indicator of the Federal government; Is good faith in the intergovernmental partnerships we are developing with Cities and States.

The Administration; is strategy is built on the recognition that no one Federal agency, no one level of government and no one sector of the community can prevent and end homelessness alone. That; is why the Council is working to establish an expansive range of partnerships, public and private, between Federal agencies, State Houses, City Halls and County Executive offices, downtown associations, Chambers of Commerce, faith based and community organizations, the United Way, YMCAs, providers and advocates, and homeless people themselves.

Federal Interagency Collaboration. In addition to the full Council, the Federal agencies also collaborate at other levels to achieve the Administration; s goal.

Senior Policy Group. The Interagency Council has senior policy relationships with the Councilis member agencies, convening meetings of a Senior Policy Group of agency designees according to the direction set by the Council Chair, and meeting with managers of Federal homeless assistance programs. The Senior Policy Group provides a regular forum for coordinating policies and programs, collecting data, developing special initiatives, and preparing recommendations for consideration by Council members.

During the last two years, and in response to the direction of each of its Chairs, the Council has collaborated with a Senior Policy designee of the Chair; sagency to convene these meetings. Working in partnership with Peter Dougherty of the VA, Senior Policy Group meetings last year have focused on needs of returning service members, issues of Federal surplus property, and Federal agency definitions of homelessness. Additionally, the Council; Executive Director has met with intra-agency homeless work groups and with the managers of Federal targeted and mainstream homeless assistance programs to coordinate program information and identify opportunities for collaboration.

Regional Federal Interagency Councils on Homelessness. The Council has also worked to establish Regional Federal Interagency Councils in the Federal regions, to mirror the partnership and initiatives of the Washington Council. The key Federal representative of the agency currently acting as Chair of the Washington Council also leads the Regional Councils. Thus, in 2004-2005,

regional VA officials provided leadership of their Federal partners in the field. Key activities for the Regional Councils include:

- 1. Initiating regular meetings of Federal representatives to focus on developing relationships and advancing a focus on homelessness and chronic homelessness in the region. Regional Council members have taken part in public events to make Federal collaboration more visible regionally and forward the commitment of the Administration to end chronic homelessness.
- 2. Using regular meetings and special collaborative projects to increase regional knowledge of Federal homelessness polices and initiatives and translate research, innovative developments, and resource opportunities to the field.
- 3. Developing regional senior staff working committees to support the Regional Council; sefforts and to coordinate working committees of the larger Regional Council membership focused on specific topics and tasks, including hosting presentations by Federal regional representatives to orient fellow representatives to specific agency strategies, initiatives, and collaborations.

Intergovernmental Collaboration. As part of the Councili's strategy to establish non-partisan, intergovernmental partnerships to end chronic homelessness, specific initiatives have been fostered with State and local governments.

State Interagency Councils on Homelessness. To date, Governors of 53 States and Territories have taken steps to create State Interagency Councils on Homelessness that mirror the partnership of the Federal Council. Under the leadership of Governors, States from Hawaii to Minnesota to North Carolina are developing State business plans, designating State policy point persons focused on homelessness, and producing new partnerships and results.

The State Interagency Councils mirror the work of our Council by providing a formal framework for State secretariats and agencies to examine resource allocations and ensure better coordination of State resources and Federal block grant funding in their States for the benefit of homeless people. The creation of these State Interagency Councils builds on the investment by Federal agencies in the series of Policy Academies that were offered to States from 2001 ¡V 2005 to improve the access of homeless people to mainstream resources.

The Council;'s Regional coordinators and staff have provided technical assistance to facilitate the creation of these State Interagency Councils, the identification of their membership, and their work in developing State plans. This technical assistance has included mentoring and peer models as well as producing and distributing a Step-by-Step Guide to Developing a State Interagency Council on Homelessness.

In FY 2005 the Council convened a series of five regional colloquies for State government policymakers, reaching leaders from 41 States with a faculty of experts on data and research, treatment programs, housing finance and development, and veterans services. Innovative programs with results ¡V whether Washington State; s initiative focused on incarcerated veterans or South Carolina; s data warehouse ¡V were the focus.

Jurisdictional 10-Year Plans. In addition to the Councili's work in helping to foster State Interagency Councils on homelessness, we recognize that communities are on the frontlines of homelessness, and we are working with Mayors and County Executives to develop performance-based, results-oriented 10- year plans to end chronic homelessness. The Council has worked to help ensure coordination between a jurisdiction's 10-year plan and other plans in the community, including HUD's "Continuum of Care" plan.

Over 210 Mayors and County Executives have committed to 10-Year Plans to End Chronic Homelessness. The Council provides technical assistance to States and localities in the development of these initiatives including the expeditious dissemination of innovative best practices that are results-oriented. They are supported in their efforts by two Council technical assistance tools, a Step-by-Step Guide to Developing 10-Year Plans, and the more recent innovation-focused Good to Better to Great.

These Mayors and County Executives are working with the Council, with their State officials, with their Chambers of Commerce and other downtown associations, with their faith based and community organizations, with providers and advocates, and with homeless people to create business plans that quantify the problem, focus resources on permanent solutions that are evidence-based, and track results. With technical assistance from the Council, the ¡§legitimate larceny;" of innovative ideas is seeding the best outcome oriented plans from coast to coast.

Moreover, through these local planning processes, the private sector is being re-engaged, for example, in fifteen City and County planning processes in North Carolina, where the United Way is a partner to many of these initiatives; in Reno and Las Vegas, where City and State resources are being targeted to the effort; and in Denver where the faith community is stepping up to help. New resources from business and philanthropy are being invested in these plans. Nowhere is that more tangible than in Atlanta where Mayor Shirley Franklin; s plan has attracted \$20 million from private philanthropy in the past year and a half.

This jurisdictionally-based 10-year planning effort has been endorsed by the US Conference of Mayors, the National League of Cities, the National Association of Counties, the International Downtown Association, the United Way, and national homeless advocacy groups, all of whom have passed resolutions or offered direct assistance in support of the goal of ending chronic homelessness and encouraging communities to develop 10-year plans.

Just one year ago, a Covenant of Mayoral Partnership to End Chronic Homelessness, shaped with the U.S. Conference of Mayors and supported by the Council to assist local plan implementation, was adopted during the Hunger and Homelessness Task Force meeting of the U.S. Conference of Mayors, led by Nashville Mayor Bill Purcell and then Cedar Rapids Mayor Paul Pate. Mayors who signed the Covenant - 67 in all - committed to collaborating with each other on an ongoing basis to exchange data to better quantify the number of chronically homeless persons, share best practices, try innovative solutions, and track their progress. Mayors representing communities as large as Philadelphia, San Diego, and Dallas and as small as Henderson, North Carolina (population: 17,000) are demonstrating that chronic homelessness is not solely an issue in a few urban areas.

Addressing the Needs of Veterans. These Covenant Mayors gave a special priority to addressing the needs of veterans, and the Council recognizes that the needs of homeless veterans must be given special attention and consideration in the development of State Interagency Councils on Homelessness and in the development and implementation of jurisdictional 10-year plans. Best practice in the convening of planning partnerships and the development of jurisdictional plans will ensure early inclusion of partners who address the needs of homeless veterans, the development of jurisdictional data on their needs, and the design of partnerships and investments that prevent and end their homelessness.

The Council believes that no State, County, or City jurisdictional 10-year plan to end chronic homelessness can be considered complete without directly addressing the issues of homeless veterans and, to that end, without the inclusion in jurisdictional planning partnerships of individuals and organizations that can effectively represent the needs of homeless veterans and are knowledgeable about the resources and proven strategies to serve them.

Accessing resources targeted to homeless veterans not only helps end the homelessness of veterans. It also means that homeless veterans will utilize fewer dollars not specifically targeted to them, thus maximizing the use of available resources for other subpopulations of persons experiencing homelessness.

Identifying and Replicating Innovation. Just two weeks ago, the Council, in partnership with the Rockefeller Foundation and Common Ground, convened the Mayors; Summit: Preventing and Ending Homelessness among veterans, with representatives from eighteen cities who met for two days with a faculty of national experts on the issues related to preventing and ending homelessness among veterans. We were joined there by William McLemore, the VA Deputy Assistant Secretary for Intergovernmental Affairs who represented Secretary Nicholson and gave the cities his support in their focus on veterans.

The Summiti's emphasis was best practices that engage homeless veterans - including peer-to-peer programs and mobile services - and innovative housing models, the outcome of which is a stable tenancy in permanent supportive housing. The special needs of incarcerated veterans and women veterans were addressed, as were programs and services that effectively engage returning veterans to identify those with PTSD and other risk issues that could ultimately lead to homelessness. All of this effort was with the intent of identifying and ending homelessness for veterans in the cities present and preventing future homelessness for returning service members.

Intercommunity Collaboration. To carry out the strategy of intergovernmental and inter-sector partnership, the Council has developed community partnerships with the National Governors Association, U.S. Conference of Mayors, National League of Cities, National Association of Counties, United Way, Chamber of Commerce, International Downtown Association, National Alliance for the Mentally Ill, and the National Alliance to End Homelessness. Additionally, the Council regularly convenes State and local officials, communicates with national and local provider and advocacy organizations, and communicates directly with homeless people to foster consumer-centric solutions.

Technical Assistance and Support. To administer and facilitate the Councilis mission at the local and regional level, the Council has Regional Coordinators throughout the country through

partnership with HUD. Each of the Coordinators is responsible for working with Federal partners and State and local governments, homeless advocates, providers, and consumers to encourage and coordinate their collective efforts to end chronic homelessness. The Coordinators facilitate the creation of Regional Federal Interagency Councils and State Interagency Councils, as well as jurisdictional 10-year plans.

As part of the planning effort, the Councili's Regional Coordinators in FY 03-04 convened ten regional technical assistance focus groups for City and County administrators from over 200 jurisdictions to learn from expert faculty representing Cities already underway with their plans, innovative practitioners around the country, and key stakeholders.

I am pleased to report that our efforts to establish intergovernmental partnerships to end chronic homelessness and reduce the incidence of all homelessness have been welcomed by Governors, Mayors, and County Executives across the country who have committed to the creation of State Interagency Councils on Homelessness and to 10-Year Plans to End Chronic Homelessness.

The Council is encouraging the use of the ¡§Killer Bs¡" in the 10 year planning process¡X a business plan that is created around a management agenda that establishes baselines to quantify the problem, benchmarks to remedy and is attentive to budget.

Partnering to Prevent and End Chronic Homelessness for Veterans. To extend the partnerships described above and achieve results for veterans experiencing or at-risk of homelessness, the Council works in a variety of ways that I will describe briefly.

The Secretary; s Advisory Committee on Homeless Veterans. Although not an ex officio member of the Advisory Committee under statute, the Council actively collaborates with the VA Secretary; s Advisory Committee on Homeless Veterans. In 2004, the Council named an official liaison, John O; Brien, for the Advisory Committee from among its Regional Coordinators in order to provide consistent and expert support to the Committee on Council issues. Mr. O; Brien served in the Navy and is a Vietnam veteran; his work in the New England States to create State Councils and 10-year plans has been exemplary. His responsibility includes attending the Advisory Committee meetings, reporting to the Advisory Committee on the progress and outcomes on prior recommendations for action from the Advisory Committee, as well as other activities and initiatives on the part of the Council.

Mr. O¡Brien also reports to the Council on additional recommendations and follow up requested by the Advisory Committee and works with Regional Coordinators to develop and deliver to the field any needed information that will advance veterans issues in City and State partnerships. These recommendations and follow up become part of the basis of ongoing reporting back to the Advisory Committee. Current reporting includes identifying:

?X States that have a veteran; is representative on their State Interagency Councils on homelessness

?X State and local 10-year plans to end chronic homelessness that are completed and identify specific strategies and resources that will prevent and end homelessness among veterans

?X Local jurisdictional 10-year planning committees that have a veteran; is representative who can insure the inclusion of the needs and interests of homeless veterans in the 10-year plan to end chronic homelessness

?X Council staff site visits to VA Medical Centers that lead to a better understanding of the resources available from the VAMC and provide information to the VAMC staff on current Council initiatives, innovations, and best practices identified that are effective in helping prevent and end homelessness among veterans

The Council and the Advisory Committee have also identified collaborative initiatives designed to identify opportunities for the Council and the Advisory Committee to enhance their respective efforts to prevent homelessness and end homelessness among veterans. These initiatives have included the development and distribution of the document, Homeless Veterans: Representing the Needs and Interests of Homeless Veterans in State, County, and City 10-Year Plans to End Chronic Homelessness, a document that identifies the need for a veterans representative in planning bodies and was jointly developed by the Council, VA, and the Advisory Committee.

Technical Assistance to States and Local Jurisdictions. Council Regional Coordinators are located in seven regions of the country and are responsible for providing support and technical assistance to States and local jurisdictions as they plan and implement plans to end chronic homelessness. It is the responsibility of Regional Coordinators to become familiar and build relationships with VA representatives and resources in their region to better insure the needs and interests of homeless veterans are effectively identified in 10-year plans to end chronic homelessness, to insure specific strategies are developed to help prevent and end homelessness among veterans, and to identify the resources available to homeless veterans at the Federal, State, and local level.

Communications and Information. Shortly after its revitalization, the Council established a central Federal Web page on homelessness (<a href="www.usich.gov">www.usich.gov</a>), creating a one-stop information source that links to all twenty Council member web sites and their homelessness information resources. The Council site provides news of State Interagency Council developments, 10-Year Plan announcements by Mayors and County Executives, and funding announcements by Federal partners. The site offers new opportunities for learning about Federal homelessness assistance programs, including VA programs, and disseminates information on homeless assistance and other funding opportunities for State and local government agencies and faith-based, community, and nonprofit organizations.

In FY 04, the Council established a weekly e-newsletter that is now distributed by email to over 8000 key State, City, and County officials, homeless coordinators, Federal grantees, program directors, faith-based, community, and non-profit organizations, business and philanthropic decision makers, and other partners. The cost effective electronic e-newsletter helps to direct readers to the Council; web site and features timely stories on Council member agencies, Federal and other funding resources, and State and local government initiatives. Interested individuals can subscribe on line using the Council; web site.

The Continuing Work of the Council. The Council has encouraged an emerging Federal strategy based on the policy objectives described above, and based on its statutory activities of Federal

homeless program review, governmental and private programs evaluation, information distribution, and provision of technical assistance.

Guided by a management agenda that incorporates a broad spectrum of partnerships, cost benefit analysis, outcome measurement data, sharing of evidence based practices, performance based investments, strengthened prevention, results oriented interventions, and targeted resource investments, the partnerships fostered by the Council; sactivities are providing a blend of Federal, State, County, City, and private sector resources to accomplish the mission.

Our work together in the Council is to reduce and end chronic homelessness. Through a management agenda that prioritizes research, performance, and results, and through interagency, intergovernmental, and intercommunity partnerships and investments, ending chronic homelessness is an achievable goal.