

Statement of Lisa Tepper Bates, Executive Director
Connecticut Coalition to End Homelessness
before the
Senate Committee on Veterans' Affairs
on
July 29, 2015
Concerning
Connecticut Efforts to End Homelessness of Veterans

Good morning Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee. Thank you for inviting me here today to testify on Connecticut's efforts to end veteran homelessness.

Together with President Obama and Governor of Connecticut Dannel Malloy, homeless service providers and our colleagues who serve veterans have proudly embraced the goal of ending veteran homelessness by the end of 2015. We know this ambitious goal is achievable in Connecticut, and we hope it is achievable across the nation.

Our confidence that we can end veteran homelessness in Connecticut is rooted in the productive, cross-sector collaboration that powers our efforts. Our state team includes the VA Connecticut Healthcare System, Connecticut's VA-funded Supportive Services for Veteran Families (SSVF) programs, the Hartford office of the Department of Housing and Urban Development, and our state agency partners – including the Departments of Housing, Mental Health and Addiction Services, and Veterans Affairs. These partners are working in close cooperation with mainstream homeless providers, represented by my organization, the Connecticut Coalition to End Homelessness.

At the policy level, this group of partners works closely with our state coordinator of our Opening Doors process to end homelessness (which mirrors the federal process of the same name), the Partnership for Strong Communities, and with colleagues from the CT Heroes' Project, a campaign to end veteran homelessness efforts in our state.

At the time of our 2015 Point-in-Time count, only 80 veterans were found in homeless shelters in Connecticut, and only nine veterans identified as unsheltered and homeless; 161 additional veterans were in VA-funded transitional housing, or Grant Per Diem (GPD) programs. I would like to highlight for you some of our most important aspects of our collaboration that is moving these numbers of homeless veterans down towards zero.

Knitting together the mainstream homeless and veteran-specific resources: veterans experiencing homelessness may seek assistance at a VA facility and then appear later at a non-veteran specific homeless shelter, or vice versa. It should not matter where a veteran in need seeks help first: he or she should have access without delay to the full range of resources available for veterans to end their homelessness. We have worked diligently to eliminate gaps between mainstream homeless providers and VA-funded resources. One good example of this: a homeless shelter in New London, Connecticut sublets space to the local SSVF program. As soon as a veteran is identified at the shelter, that veteran is walked directly to the SSVF office on site to begin the housing process. At the same time, mainstream providers are working closely with our state-funded housing resources to ensure that we can end the homelessness of every veteran – regardless of an individual’s discharge status.

Bringing together the data: Our approach to ending veteran homelessness is person-centered, but fueled by the power of data to accelerate and track our efforts. Consistent with national best practices, we have created a single, shared list of veterans in our state experiencing homelessness by combining information from the Homeless Management Information System (HMIS) used by mainstream providers with information collected by the VA. This information is shared between systems only with full consent of veteran clients. By pulling together this one, shared list, we can advance efforts to ensure that no veteran in need of housing assistance disappears between systems. By reporting housing outcomes against the numbers of veterans indicated as homeless on the shared list, we are tracking and sharing widely our progress on a monthly basis. This system could be improved still further if it was possible for VA agencies to participate on HMIS.

Challenges to Reach the Goal, and Hold the Ground: Our VA and HUD partners have worked hard to push down and reduce the time it takes to lease a housing unit for a veteran who has been approved for a HUD-VA Supportive Housing (HUD-VASH) unit. Due to their good work, lease-up time in Connecticut has dropped from 90 to under 60 days. However, we have an ongoing challenge with regard to the availability of rental properties. New Haven, Connecticut – just next door to VA Connecticut – has held one of the lowest national vacancy rates for rental properties for some time.

To build a system in Connecticut and across the nation that allows us to end current veteran homelessness, and is poised to quickly assist future veterans who may fall into homelessness, it is critical that VA resources are allocated as effectively as possible. In the sphere of non-veteran specific homeless services, there has been considerable research into the model of housing assistance known as “transitional housing,” similar to the VA’s Grant Per Diem (GPD) model. This research suggests that many clients are best served in a housing-first, rapid re-housing approach to resolving homelessness, which may be most effective for clients and in terms of using scarce resources to best effect.

In Connecticut, our VA Connecticut is working to help GPD programs focus their efforts on permanent housing planning and shorter lengths of stay (with a target of 60 days or less) in GPD programs – an important start in serving veterans as best we can with the resources we have.

In order to better use the resources currently dedicated to GPD, Congress needs to make a legislative change to move this program away from the *per diem* payment structure to a competitive grant program or performance-based contract. This would encourage providers to embrace a more holistic approach to addressing veterans' housing needs while ensuring the programs are outcome-oriented – that is, focused on permanent housing placements with shorter lengths of stay, rather than on bed occupancy. The current *per diem* payment structure may serve as a disincentive for providers to move veterans quickly out of the beds, as a crisis model demands. There are providers who are willing to move to a short-stay GPD model (so-called “bridge housing”), but the majority of GPD programs are not operating in this way. The statutorily defined, allowable two-year lengths of stay and per diem payment structure creates a disincentive for this type of program re-orientation, and instead encourages the continued operation of traditional long-term transitional housing programs.

In this same vein, it is critical that VA provide overarching guidance regarding Housing First and on GPD's role in facilitating rapid exits to permanent housing. VA, non-VA, and veteran services organizations need to have shared definitions: VA needs to make it clear that veterans in GPD programs are still considered homeless by both HUD and the VA, and that those veterans in GPD must have a permanent housing plan and be in GPD for a very short period, when possible (60 days or less).

No Veteran should be without a place to call home. We can – we must – end the homelessness of veterans who have served our country. With your support, Connecticut is poised to achieve this goal.

Closing

Mr. Chairman, thank you for the opportunity to testify before you today and I welcome any questions you or other members of the Committee may have.