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HOMELESS ASSISTANCE PROGRAMS IN VA

HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHT CONGRESS

FIRST SESSION

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HOMELESS ASSISTANCE PROGRAMS IN VA

TUESDAY, MAY 6, 2003

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC

The subcommittee met, pursuant to call, at 1:30 p.m., in room 334, Cannon House Office Building, Hon. Rob Simmons (chairman of the subcommittee) presiding.

Present: Representatives Simmons, Miller, Rodriguez, Filner, Snyder, Boozman, Beauprez, Brown-Waite of Florida, Stearns, Strickland and Ryan.

OPENING STATEMENT OF CHAIRMAN SIMMONS

Mr. SIMMONS. The subcommittee will come to order. I want to thank everyone for coming this afternoon. Welcome, members of the National Coalition for Homeless Veterans and others in attendance. I hear that a Florida group, the Volunteers of America, has a mobile clinic outside the Cannon Building parked in Lot 1 adjacent to the Capitol South Metro entrance. If anybody has an interest after this hearing in looking at that mobile facility, I encourage you to do so. More than 3,000 homeless men and women have received services and care through this vehicle, and it continues to bring aid and comfort to our veterans who are homeless.

The purpose of this afternoon's hearing is to ensure that our government does not forget those men and women who risked their lives to defend our freedoms and who later, on returning home, have had difficulty adjusting and have fallen victim to self-destructive behaviors and have found themselves in a homeless situation. The subcommittee wants to explore the relationships that exist between VA and community-based providers because I think we all know that community-based providers, veterans groups and other similar groups provide great services in dealing with our homeless population.

I am told that upwards of a quarter of a million homeless veterans spend the night on the streets of America on any given night, and this is a terrible tragedy for our veterans, for our military and for our people. Often these veterans end up finding a place to stay, and all too often it is prison and jail, and this is simply wrong.

We set a goal a couple of years ago to end chronic homelessness among veterans within 10 years, and right now we are in the middle of year 2 of that decision. I think that the hearing we are having today is very timely, and I thank the members of the sub-

committee and those who will be on our panel for participating in a look at this important issue.

I will suspend at this point and ask my friend Mr. Rodriguez if he has an opening statement in addition to what he has already said.

OPENING STATEMENT OF HON. CIRO D. RODRIGUEZ

Mr. RODRIGUEZ. Thank you very much. I think the topic of the homeless is one of the areas that concerns us a lot. And once again, I know how—I saw Mrs. Linda Boone come in, and I want to thank you for your efforts for the coalition and the hard work that you have done there.

And I know I have mentioned Mr. Martinez with the GI Forum in San Antonio. But I wanted to share with you, in San Antonio there is estimated there are more than 18,000 residents who are homeless, of which more than 2,500, or 14 percent, are veterans. While these numbers have been reduced in recent years due to—a large part to the efforts of the American GI Forum there in San Antonio, unfortunately I don't think the VA will be able to tell us where we are on the way of meeting the needs or the goals that we had set out for the homeless based on the numbers that are out there.

I am disappointed that the VA has not moved on programs such as the creation of special needs grants for women, the chronically mental ill—we really have a real difficulty with those that suffer from chronic mental illness—as well as the fragile elderly and the terminally ill. These programs have not yet been designed and have not even been funded. And the VA falls well short of appropriating that 75 million that Congress authorized for these programs in 2004. There are no HUD vouchers targeted for veterans, nor has the VA spent a single dollar for multifamily transition housing grants we approved in 1998.

The VA estimates that they have treated about 10,000 veterans in rehabilitation settings last year, as I indicated earlier, but we have over a quarter of a million. And I know the chairman would agree with me that we are still not there yet. And soon the quarter of a million deployed troops will return back home. And to add to that challenge, we need to ensure there are safety nets in the form of preventive programs and early detection to intervene on their behalf when they come back. For those who have served this Nation, we have got to make sure that we are there for them, and we need to make sure we move forward in that direction.

Thank you, Mr. Chairman.

Mr. SIMMONS. I thank you for those comments.

[The prepared statement of Congressman Rodriguez appears on p. 62.]

Mr. SIMMONS. Before I introduce our panel, I am going to suggest to our Members that we hear the testimony, and then I will allocate to each member 5 minutes to make statements or ask questions as they see fit.

That being said, I am pleased to welcome our first panel. Representing the Department of Veterans Affairs is the official who is second in command, the Honorable Leo S. Mackay, who has a Ph.D., is a graduate of the U.S. Naval Academy, and has a distin-

guished military record and record of working with our veterans. I also understand he did a little bit of business down in Texas, so he has been around. He is accompanied by Deputy Assistant Secretary Bill McLemore at the Office of Intergovernmental Affairs.

Also, Mr. Peter Dougherty, Director of VA's Office of Home Inspections Programs; Ms. Gay Koerber, Associate Chief Consultant for Health Care for Homeless Veterans; and Mr. Claude Hutchinson, Director of VA's Office of Asset Enterprise Management.

Welcome to the subcommittee. Dr. Mackay, we look forward to hearing your statement.

STATEMENTS OF LEO S. MACKAY, JR., Ph.D., DEPUTY SECRETARY, DEPARTMENT OF VETERANS AFFAIRS, ACCOMPANIED BY CLAUDE HUTCHINSON, DIRECTOR, OFFICE OF ASSET ENTERPRISE MANAGEMENT, DEPARTMENT OF VETERANS AFFAIRS; WILLIAM McLEMORE, DEPUTY ASSISTANT SECRETARY, OFFICE OF INTERGOVERNMENTAL AFFAIRS; PETER H. DOUGHERTY, DIRECTOR, OFFICE OF HOMELESS VETERANS PROGRAMS; AND M. GAY KOERBER, ASSOCIATE CHIEF CONSULTANT, HEALTH CARE FOR HOMELESS VETERANS

Dr. MACKAY. Thank you, Mr. Chairman. I would point out for the Ranking Member's benefit my hometown is San Antonio.

It is indeed a pleasure to be here, and I am flanked by my contemporaries and colleagues at the Department, and we are prepared to answer and to give you a full account as best we can of the programs.

I am pleased to be here to discuss the VA's programs and services for homeless veterans. As you requested, I will focus my remarks on the progress VA has made in implementing programs and services authorized by the Homeless Veterans Comprehensive Assistance Act of 2001, Public Law 107–95, and our implementation of the Loan Guaranty for Multifamily Transitional Housing for Homeless Veterans Program that Mr. Hutchinson has special responsibility for.

We have made good strides with your help in improving homeless veterans' access to high-quality transitional housing with programs that we can directly control and programs in partnership with other Federal departments. As you may know, Secretary Principi, is deeply committed to this effort, and has become Vice Chair of the U.S. Interagency Council on Homelessness. We expect that he will chair the Council in the coming year.

We join with the Departments of Housing and Urban Development (HUD) and Health and Human Services (HHS) on the joint Notice of Funding Availability to address the chronically homeless. This initiative will for the first time require that communities collaborate to aid the chronically homeless with permanent housing and comprehensive support services to ensure that veterans needs be fully addressed, or the project will not be funded. More than 100 applications were received, and they are under review. We are very excited that every community's application will comprehensively address the needs of veterans.

Even more importantly, the President's budget identified $50 million in HUD funding this year for this initiative, which is now

known as the Samaritan Project. VA and HHS will provide supportive services to this effort, resulting in chronically homeless veterans accessing a wide variety of community services, including VA's excellent health care and benefits program. Taken together VA will commit some $15 million over the next 3 years to these efforts.

We are also actively working with the Department of Labor (DOL) on a six-site pilot demonstration project for those veterans being released from institutional care. We believe that the first three projects will be announced within the next 3 months, and the remaining sites will become operational next fiscal year.

We also have a memorandum with the Department of Justice that we hope will assist eligible veterans who are returning from incarceration to access health care and benefits assistance. We published new regulations that allow us to offer technical assistance grants, something that this committee supports. And our Notice of Funding Availability (NOFA) was published yesterday. This will allow small organizations that have great passion and service capability, but without resources, to afford grant-writing assistance to get on a level playing field. We hope to broaden and deepen the competition in order to increase capacity and outcomes.

Our new regulations will increase the amount we can pay homeless service providers from the maximum of $19 per day to $26.95 to be on a par with our State domiciliary care rate. It will provide additional grant funding to those populations that you have identified, women, the frail elderly, terminally ill and the chronically mentally ill, for additional grant funding. It will provide a mechanism to existing grant providers to ensure a safe environment for veterans by providing funding to meet national fire and safety codes. And finally, it has the mechanism to recapture funds not used by grantees so other providers may use those funds.

The newly published regulations give us the discretion to target funding to locations and populations with little or no specific transitional housing services for homeless veterans. We exercised that option under the current 8 million NOFA. The NOFA identifies seven States, Alaska, Idaho, Kansas, Montana, North Dakota, New Hampshire and Wyoming, with a total population of 7.8 million that States targeted to receive at least 140 of the anticipated 800 beds expected to be created. In addition, at least 140 beds are expected to be created with Native American tribal entities. If applicants supporting these targeted areas apply and meet our rigorous application standards, they will be funded. We are confident that as the number of beds continues to rise, we will be far more effective in seeing that all of our Nation's veterans get served in all areas of the country.

We have approximately 5,000 beds available for homeless veterans tonight under our Grant and Per Diem Program, and we will create and authorize more than 2,500 this year. We are on a path to see there are nearly twice as many beds available within the next 3 years as there are available today. And as you can see, the current per-diem-only NOFA is not the end of our effort this year. We hope to publish both the bricks and mortar and in coordination with the per-diem-only NOFA later this summer. While we are still working on the specifics, we hope these NOFAs will allow us to fur-

ther increase the number of transitional housing beds by up to 1,800.

Mr. FILNER. With the indulgence of the Chair, just for 30 seconds, may I interrupt, because I want to introduce someone from my hometown who just walked in, Al Pavich from San Diego, who is the president and CEO of the Vietnam Vets in San Diego and has established what I think is the model treatment center for homeless vets. And it is not only the beds, it is the counseling, the medical care, the comprehensive approach that will get these men and women back into productive lives. He is roughly 95 percent successful. And Al and Darcy Pavich, I want to thank you not only for everything you do for San Diego, but for the model for programs for around the Nation.

Mr. SIMMONS. Please proceed.

Dr. MACKAY. I am also very pleased to point out that they are grantees of the Department, so we partner with them as well.

While we fully acknowledge that we have had strong concerns about the Multifamily Housing Loan Guarantee Program, we have been aggressively working to meet Secretary Principi's commitment that was made here last September. By the end of fiscal year 2003, we hope to have three to five pilot sites identified and with a VA loan guarantee commitment.

Partnership is our primary emphasis. While VA has many excellent programs and services, we recognize that assisting veterans is something that we do best when we collaborate and seek advice from others.

The Secretary announced the Advisory Committee on Homeless Veterans some 13 months ago. They have met and submitted their first report. There are 30 areas and more than 60 recommendations contained in their report. As I look at your committee's witness list, I see you have recognized a number of experts from our advisory committee who will testify here today. We have a good record of working with a wide variety of service providers. We think this is both healthy and productive. And while some may be critical, we continue to try to ensure that our focus is on quality care.

We have always worked with a variety of organizations, State, local and territorial government, Native American tribal governments, veterans service organizations, and community and faith-based service providers. While we are extremely pleased and proud of our work with these organizations, our intention and effort will continue to be to maintain our focus on the needs of the veteran, not the type of organization that provides service to that veteran. Regardless of the provider, we will demand quality service and accountability for results from all.

There really is never enough that we can do to support homeless veterans.

Mr. Chairman, that concludes my oral statement, and I ask that my entire statement be entered into the report.

Mr. SIMMONS. Without objection.

[The prepared statement of Dr. Mackay appears on p. 66.]

Mr. SIMMONS. I also have a statement from our full committee chairman Chris Smith that he has asked be made a part of this record. If there is no objection, his statement will be made part of this record.

[The prepared statement of Chairman Smith appears on p. 64.]

Mr. SIMMONS. Mr. Secretary, I have one question, at which point I will defer to my colleagues. I am just intrigued by the numbers. In my opening statement I made mention of the fact that upwards of a quarter of a million veterans find themselves on the street on any given night, and, of course, we don't know exactly what the numbers are, but that kind of creeps into the conversation, about a quarter of a million.

In your testimony we are talking about 5,000 beds. In your testimony you are also talking about other providers and how the VA leverages its own resources with other providers to provide, hopefully, additional beds. The comment was made from the dais about the fact that it really is not just about beds and bricks and mortar, but it is about what is going on in the mind of the veteran, what illness, what chronic condition, what addiction, what nightmares may be going on in that person's life that makes a bed and a home uninhabitable and unsleepable.

How does your organization work with the larger group of service providers? Is there any way of tabulating or adding those beds and those resources so we are closer to the quarter-of-a-million-dollar figure? I wonder if you could respond to that question—the quarter-of-a-million bed figure.

Dr. MACKAY. I would like to make some initial remarks and then ask Gay or Pete to flesh those out. The 5,000 beds that we talked about and the other programs, domiciliary program, health care for homeless veterans, when you look at the number of veterans that we will serve or touch this year, that figure for fiscal year 2003 is about 84,000 veterans, and that consists of about 64,000 veterans that will be helped in some way, shape or form through health care for homeless veterans through the work of our employees as they give dental care and medical care to veterans that are found homeless. Those 5,000 beds translate into about 11,000 veterans that over the course of a year will be served in the Grant and Per Diem Program, and another 5,000 or the balance in terms of the domiciliary program. So we are able to leverage the resources that we do bring.

Pete.

Mr. DOUGHERTY. Mr. Chairman, I think your question goes beyond what the Department itself is doing and what we are doing with others. Secretary Principi has been very active with the U.S. Interagency Council on the Homeless. HUD is a major player in homeless assistance, as is the Department of Health and Human Services. The Department of Housing and Urban Development has developed a management information system. We have been working with them on that information system. We are trying to ensure that those community service providers who are serving veterans are properly accounting them. We think that is helpful for us on both of us. It identifies that veterans are getting assistance from other programs, but it also tells us that we would be able to, with verified information systems that are compatible, to know whether our health care and benefits assistance programs are also working in that wider community.

HUD released a report about a year ago that said there were about 160,000 veterans who received assistance through HUD

housing programs as well. The problem is we have to a certain extent, there isn't a verification, that those are, in fact, veterans or they are, the same veteran, if it is the same veteran perhaps counted repeatedly.

We are committed to working through the Interagency Council to make sure we have both a coordinated system of care as well as a better accounting of the care provided.

Dr. MACKAY. I would like to point out, I know your question talked about quantities, but one of the things that is important—I think is that the committee understand is some of the qualitative changes that are happening in the program right now. The fire and safety grants and the technical assistance grants are part of that broadening and deepening. The ability to target, to try to give priority to these seven States that don't have any sort of—that aren't touched by our Grant and Per Diem Program, and also Native American tribal governments, and to look at other and a wider array of community and faith-based organizations, those are all part and parcel of what I regard as qualitative improvement and I think bear on your concern on meeting the needs of homeless veterans.

Mr. SIMMONS. And those seven States, Mr. Secretary.

Dr. MACKAY. Let me read them again. It starts with Alaska. Alaska, Idaho, Kansas, Montana, North Dakota, New Hampshire and Wyoming. Of the 800 beds in the current NOFA, 140 of will be prioritized for those seven States. So if they meet our threshold requirements and our evaluation process, then they will get funding under the Grant and Per Diem Program in our next round.

Mr. SIMMONS. Mr. Rodriguez.

Mr. RODRIGUEZ. Dr. Mackay, you haven't forgotten where you came from, right? San Antonio. Welcome.

Let me—I was pleased you mentioned the mentally ill, fragile and the chronically mentally ill. Let me ask you—and I didn't pick up on how much—you indicated that you are going to start looking at those populations. Do you have, number one, a timetable; number two, have you looked in terms of the amount of resources that you are going to put in these areas?

Dr. MACKAY. What we have done in our last round, the last round of regulations that we released provided for these special and targeted populations. It is our intention in the fiscal year 2004 funding cycle to target that $5 million target for the special categories.

Mr. RODRIGUEZ. Five million?

Dr. MACKAY. That is our objective.

Mr. RODRIGUEZ. Because that is a very small amount in comparison, because you look in terms of actually trying to provide good quality of care, and it is difficult, because I know this can be a very costly population because of the resources.

Also, I would—in reference to the homeless, I know they exist throughout, but a lot of them exist in urban areas such as San Antonio and elsewhere. So that prioritization that was done for those areas was based on what, the fact that there wasn't services available in those areas?

Dr. MACKAY. Yes, sir. Those are the seven States that currently are not touched by the Grant and Per Diem Program. And, of

course, we only have two programs that are in all of Indian country, all of the Native American tribal governments. So we looked to prioritize—on a prioritized basis we are going to consider grant requests from those places.

I would point out the $5 million figure is the authorization level in Public Law 107–95. So we are targeting at the authorization level.

Mr. SIMMONS. Mr. Boozman?

Mr. BOOZMAN. No questions.

Mr. SIMMONS. Mr. Beauprez.

Mr. BEAUPREZ. Thank you, Mr. Chairman.

Dr. Mackay, good to see you again.

I am struck by a couple of statistics that I see in your testimony; one, that approximately 23 percent of the chronically homeless are veterans. I am going to assume that is a much higher percentage than—percentage of veterans for the general population. Does anyone know what the percentage of the general population would be that is veterans about?

Mr. DOUGHERTY. Based on our work with the Department of Housing and Urban Development and the Samaritan Initiative the belief is within the entire homeless population, about 10 percent of that homeless population fits in the definition of the "chronically homeless." The VA says 23 percent of homeless veterans treated are chronically homeless based upon clinical assessment. Using his information VA estimates veterans are almost two and a half times more likely to be chronically homeless.

Mr. BEAUPREZ. The entire population, what would be veterans; not just homeless, entire population?

Mr. DOUGHERTY. On the entire population, there is about 25 million veterans in the country.

Mr. BEAUPREZ. So 9 percent roughly. So this percentage is alarmingly high. And I notice in your testimony reference to veterans that are released from penal institutions and those challenges. What I would like to probe or hear you probe, I guess, a little bit, I am quite certain we don't want more homelessness. The objective would be to have zero. At the same time, compassionate and reasonable, decent people want to address this problem so we try to strike some balance, if you will, of serving the need and making sure that we are not also having somehow that continued dilemma or problem.

And where is that balance? How do we—I guess the best, or at least one way to address that, to eventually get to zero, would be to go at the source. What is it that we are doing or not doing for the sake of our veterans once they are discharged to integrate them back into society? For the sake of those who do find themselves incarcerated and are released that they can't again integrate into society, what should we be doing better at that level?

I don't want to minimize this challenge. As the chairman pointed out, we have a quarter of a million veterans that are homeless, but how do we avoid getting them there in the first place?

Dr. MACKAY. Well, it is a challenge—there is a very significant component of this that is based in mental illness and in mental difficulties. So many veterans, whether they face combat, even the rigors of operational training, can induce post-traumatic stress

disorder, and it is an illness that we understand better every year. I would say we understand incompletely the stresses and the strains and the ways it manifests over the years. It is not very well understood, and I think it is a significant component in the elevated numbers of homeless that we see with regard to the veteran population.

I think that the site program, the six-site demonstration program, that we have with the Department of Justice is part of an effort to interdict, if you will, a particularly high-risk group. Veterans who have been incarcerated that are coming back and transitioning out of course have all of the potential illnesses and injuries of veterans, plus their incarceration experience that they are dealing with. This effort to especially get incarcerated veterans that are at risk for homelessness into programs of case management and other kinds of medical care and mental health care is a way to try to short-stop some readily anticipatable difficulties that we can see.

Other than that, that is about as good an accounting I can give you right on the spot.

Mr. BEAUPREZ. And I appreciate that, and I appreciated your testimony. Obviously there is much to be done, maybe much you have already done. This committee is, I think, understandably frustrated that things can't always go faster, quicker, better, but I hope we always pay some attention to the real source, the front end of the challenge. Whatever we are—thinking of an analogy, if I can, early childhood education, if we are not sending our young people out of the school systems prepared to be productive citizens, to run their own lives, their own families, take care of themselves, then kind of shame on us in charge of that system.

I think we have to look critically at our whole military infrastructure and how we are dealing with our veterans or not dealing with them to prepare them to go back into the private sector, because this problem seems to persist.

Dr. MACKAY. Congressman, I couldn't agree with you more, and the transition assistance and other benefits that we have are a critical part of that. Taking young men and women from Active Duty military service and getting them back into the private sector in terms of the educational benefits, the loan guarantees, the insurance and other programs, those are robust programs that need to be continually looked at to see if they are up to the real demands that we have.

Sadly, one of the things that I see is that when I talk to private sector peers and colleagues that I have, that there is not the kind of an appreciation that perhaps there used to be when the private sector was more leavened with veterans for exactly the kind of skills, the determination, the talents and other attributes that military veterans bring to employers. That is something that we are working on at the Department with the national veterans business development cooperation to educate employers as to the real resource that they have and to give veterans a chance to be some of their best and most productive employees.

Mr. BEAUPREZ. Thank you, Mr. Chairman.

Mr. SIMMONS. Thank you.

Ms. Brown-Waite.

Ms. BROWN-WAITE OF FLORIDA. I don't have any questions.

Mr. SIMMONS. No questions.

Let me—yes, Mr. Filner.

Mr. FILNER. Thank you, Mr. Chairman. I apologize for stepping out, and if anything I say has been asked, just say it has been asked, and I will just move on, okay?

Mr. SIMMONS. It depends on what you ask.

Dr. FILNER. What has struck me about what we have been doing, we have authorized, I think, a pittance in some of these programs, and yet the authorized level has not even been reached in the appropriations. So you are not given enough to deal with all these needs that we know about. The commitment that the folks who are going to testify to us is just incredible. And they have found answers. When we have the Stand-Downs in various communities, which started in San Diego, we show we know what to do. We bring together a comprehensive approach, and those homeless vets for 3 days have safety, they have counseling, they have haircuts, they have dental care. They get clothes, they get good food, they get friendship, they get support, they get some stability, and then after 3 days it stops. We can do that for 365 days because we know how to do it, and I know Al Pavich in San Diego has shown us how to do it.

And so, when we get a program like the Homeless Vets Reintegration Program, which is very cost-effective—the administration request is for $19 million, but we have authorized it for $50 million. The Work Force Investment Program gets less than $17 million or so, even though it is authorized for millions above that.

The Per Diem Program, you were talking about this, sir. The folks in the field are not sure there is going to be any competitive grants that you are going to do after the existing Per Diem. Maybe you can comment on that. And they are afraid that if the money goes into the same VERA model that we have been using—it loses its focus, and they want the Per Diem money, I think, segregated from the VERA kind of model.

So these are some of the issues that we are going to have brought up to us, Mr. Chairman and Dr. Mackay. I don't know if you want to comment on any of that. And again, I appreciate your indulgence, Mr. Chairman.

Dr. MACKAY. Mr. Congressman, I would like to comment just a little bit. First of all, we have had some significant gains in the appropriate levels of funding. Whereas we were at $25 million in fiscal year 2002 for the Grant and Per Diem Program, we are going to be at $50 million here in fiscal year 2003. The submitted budget was for $69 million in fiscal year 2004. So we are making some real progress toward what I know is the authorized level of $75 million.

The Grant and Per Diem Program is a competitive program, and funding is not allowed through VERA. It is a completely different process where the grant applications are submitted, and we evaluate them based on the ability of the program providers to provide good services, and several other factors that Gay or Pete could go into more detail, if that's desired, and then we make decisions. We are trying to get more evenly distributed, as I talked about, I think you may have been out of the room, where we are targeting on a priority basis places—seven States, Native American tribal govern-

ment authorities and others that have not traditionally been participants with us. So we are making some real improvements to the program.

You also asked to talk about our other granting activity in the balance of the year. We just released regulations, and we will have in the June time frame another round that is about, $8 million in June. We hope to end the fiscal year with one more round that would fund about an additional 1,000 beds under Per Diem only awards. That will be a Per Diem money, and it will be funded with fiscal year 2004 funds. We are really moving out from about 5,000 beds currently. As I covered briefly in my statement, we hope to have about another 2,500 beds authorized in this fiscal year because we are going to have a good number of notices of funding availability this year, three to my recollection, as well as other funding availabilities for fire and safety money, about $3.5 million for those, for grantees that need that kind of help.

Mr. FILNER. But you are saying you are going to do this funding outside the VERA model segregated for the homeless veteran.

Dr. MACKAY. Yes, sir, that is where the program has run. So we have a good deal of activity. We are really changing the program, and we are at a real shift in gears, if I could describe it that way. Where there is more funding available, we are changing some of the methodologies in the way we look at some of our grant providers. We are trying to do a much better job, getting it to a much broader range of providers, keeping our connections to our quality providers that we have, different types of funding, like that fire and safety funding and the technical assistance grants that will allow smaller providers that don't have grant writers on their staff to participate in this, people that are community-based and close to the homeless veteran and can really serve them and attend to their needs. So I am very optimistic.

With that said, I share your concern about where we are versus the numbers that we have out here. We could always use more money, more funding for these programs. I think the quality of the programs is significantly being improved here in the last 18 months or so.

Mr. FILNER. I just want you to take as your motto something like: we can do Stand-Down 365 days a year, meaning we can provide the comprehensive services to these veterans who, in my mind, are heroes, and yet they are on the streets of our country. And it can't be tolerated. We passed a law that said we were going to end homelessness. I am not sure there has been that much progress made, but I hope—I think you take it seriously, and I know you know the commitment of these folks who are going to testify to us. It is just incredible. They have a passion, they are serving these folks, and they want to see a similar passion and a similar commitment from our VA.

Thank you, Mr. Chairman.

Mr. SIMMONS. I thank the gentleman. Mr. Strickland.

OPENING STATEMENT OF HON. TED STRICKLAND

Mr. STRICKLAND. Thank you, Mr. Chairman. And I want to apologize for having to go in and out, and you understand what it is like here, and I apologize to the witnesses as well.

I just have one comment, sort of a question, I guess. And we have been concerned that these mandates were provided through legislation. And there has been concern that there may not have been the kind of implementation that we had hoped for in part at least because of lack of funding. But why has the administration not requested additional funding for this purpose, for these purposes, in the 2004 budget? Would that be helpful if there was a specific budgetary request in the budget so that we could follow through with these mandates?

I mean, this is my point, I guess. On the one hand, we are saying that certain things should be done, and we are asking that you do them. And we have authorized resources for that purpose. You don't have the money you need. Isn't it—wouldn't it be helpful if there was a request for additional funds for this purpose?

Dr. MACKAY. Congressman, you are right. We could always use more dollars. I will not be the first deputy Cabinet member on record to say that we have got as much money as we could ever hope for. But, all and the same, you realize, as we all do, that we have many things that we must do with the funds that we have provided in our budget. We are stepping out purposefully to get to that authorized level of $75 million. As I just pointed out, we doubled the budget from 2002 to 2003, and there is another 38 percent requested increase from 50 million to 69 million for this Grant and Per Diem Program. So there are significant new monies being made available.

At the same time I think that we are making some significant progress toward qualitatively not only making our own program inside VA, but also partnering through the Samaritan Project is a real good example with HHS and with HUD to get those kind of comprehensive services that Representative Filner talked about, the Stand-Down 365-day-type ethic.

So I am very hopeful that we are making real progress, and even though we plan to touch 84,000 different veterans in different ways with all the programs during this year, we think that we are going to increase that by about 10,000 in fiscal year 2004. There are about 95,000 veterans that will be touched that are homeless either with health care, with dental care, with transitional housing services or with these case management services that we will be doing with the Samaritan Project.

So while we can never rest, while we have not fulfilled that mandate to end chronically—chronic homelessness, I think there are reasons for hope, and there are new monies that are being put to this task.

Mr. STRICKLAND. Thank you. You know, I was just sitting here listening and thinking, I wish every homeless veteran had a military uniform to wear, because I think if we could see these homeless people on the streets in military garb, it would really bring to us in a way that probably we don't fully understand. I don't fully understand the breadth of this problem. And I will just——

Mr. FILNER. Would you yield to me before you finish?

Mr. STRICKLAND. Sure. I just want to make a comment, and then I yield to my friend.

This need seems so inconsistent with what I frequently talk about, and that is what I call the VA's gag order regarding the

marketing of VA services. It really seems so inconsistent to me that on the one hand we would want to reach out to this vulnerable population, and on the other hand we would place any limits at all on the marketing and the outreach, which seems to have been limited by the memo that went out from Laura Miller.

But anyway, I yield whatever remaining time I have to Mr. Filner.

Mr. FILNER. Thank you, Mr. Strickland.

You know, what strikes me—you're talking about $75 million. And if we pass the Filipino veterans bill, it is going to be on the order of $30 million. We just finished a war on which we spent about $1 billion every 2 days. A billion! Now, we want to give our Active Duty everything they need to conduct their war, but when they come home, what do we have? $75 million is crumbs; $35 million is crumbs relative to what this Nation has as its resource. We just showed we are the most powerful Nation in the history of the world, and yet we have this picture. Not only are we laying off teachers in every State, but we are asking our veterans to do more with less—I mean, and our VA to do more with less.

We have the money. It is the will and the sense of priorities, and people in this country have got to see that picture. You are struggling just to get $75 million and yet we just spent $70 billion in a few months. It is that distinction that ought to be made clear to all the American people who would then say we can do this for our veterans. I thank the gentleman.

Mr. SIMMONS. Mr. Stearns.

Mr. STEARNS. I thank you, Mr. Chairman, and I am pleased to be here and participate, although a little bit late, but it looks like I got near the end here.

So, Dr. Mackay, I can ask you a question. Is there any conflict in funding priorities, because the VA homeless programs are funded by health care funds. So the fact that we had health care funds, and is there a conflict because VA programs coming out of the health care funds, and what should we as legislators do? Does that make sense?

Dr. MACKAY. Yes, sir, it does. I wouldn't describe it as a conflict. I think it is something that we both get paid to do. We have to set priorities and to set limits and amounts. It is an issue of priorities that this money does come out of medical care. But I think that is the task that is in front of all of us, both in the executive and in the legislative branch.

Mr. STEARNS. Well, let's say—let me get more specific. Let's say where do the VA homeless programs come in your priorities?

Dr. MACKAY. Well, it is a very high priority.

Mr. STEARNS. What is higher?

Dr. MACKAY. Well, we have stated goals by—priorities by statute we have to deliver health care and also benefit services.

Mr. STEARNS. Health care in the hospitals.

Dr. MACKAY. But health care, of course, is—we pride ourselves on a continuum of care, Congressman. And, of course, homeless care, because it is almost always intimately bound up with health care, is part of a continuum of health care. It is very hard to separate these programs from other parts of our health care continuum.

Mr. STEARNS. Well, I guess we spend $25 billion for health care, and of that, 25 million, staff has pointed out, is for homeless. So that is 1/1000. So there has got to be a priority here. So what I am trying to see if within that 25 billion is homeless—you say it's under a continuum of health care, but obviously you have a very small amount of money. Is that 25 million that you have for homeless adequate?

Dr. MACKAY. Well, it—actually, if you want to be fair, we have gone from 25 million, that is the figure for fiscal year 2002, and now in fiscal year 2003 we have doubled that to 50 million. But your point is taken. Against the quarter million veterans that are homeless on any night, it is not a figure that is equal to the task of all that quarter million. But there is some good news, a lot of good news in that not only are resources increasing, but also, as I have covered in my answers to other questions, there are significant qualitative improvements in the program that I regard that are going to allow us to touch this year about 84,000 veterans, and we hope next year in fiscal year 2004, 94,000.

Mr. STEARNS. Well, you have indicated that the $25 million is rising, and you are saying now we have 50 million. And I am sure that you have already covered this, so just for my own edification, in your opinion is that $50 million enough to solve the problem?

Dr. MACKAY. Congressman, obviously it is not enough to cover the whole needs of those quarter million veterans that are out there.

Mr. STEARNS. Okay. And what would you say the funding that would be required to make this a solution that is solvable?

Dr. MACKAY. I don't——

Mr. STEARNS. No projection?

Dr. MACKAY. I don't know.

Mr. STEARNS. I mean, is it 100 million or 200 million. Is it 10 percent higher, 55 million. Are we talking about proportionality to solve a problem? Do we have to double again, or do you think that there is some kind of increase every year that should be expected? In other words, I am trying to get a feel for you of how comfortable you feel with $50 million to solve the homeless problem.

Dr. MACKAY. Well, you know, I feel much more comfortable than I did with 25 million. But your point is well taken. I don't know what the figure would be to totally solve the problem.

Mr. STEARNS. Dr. Mackay, I don't know if anybody else on your staff—having served on this committee—this is starting the 15th year. Every year, you know, we are talking about the homeless, so I am just trying to get at the bottom line here, what would we have to spend, and perhaps you could give us an analysis and come back to the chairman of what you think is the ceiling here, or what under, if you will, funding could be done, or what should be done. And I think your staff should look at this and provide an analysis for the subcommittee on what funding, how much funding is necessary to solve this problem. Is that feasible?

Dr. MACKAY. We would be happy to give you the benefit of an analysis, yes, sir.

Mr. STEARNS. Okay. And perhaps anybody else would like to comment.

Ms. KOERBER. Yes. I just wanted to mention that when we talk about 50 million this year and 69- next year, that really is limited to the Grant and Per Diem Program. And if you look at VA's estimates for total health care costs associated with services to homeless veterans for fiscal year 2003, it is above $1.3 billion. And for those specialized programs for homeless veterans, including the Grant and Per Diem Program, we are closer to about $159 million.

Mr. STEARNS. And I thank you.

My time has expired, Mr. Chair. Thank you.

Mr. SIMMONS. Thank you. Mr. Ryan.

Mr. RYAN. I don't have any questions at this point. Thank you, Mr. Chairman.

Mr. SIMMONS. Thank you.

It is my understanding, Dr. Mackay, that you were a top gun in the Navy, and I congratulate you on that service. I think that perhaps negotiating the halls of this Congress and some of the subcommittee takes the same skills that helped you land on an aircraft carrier, I think over 200 times.

Dr. MACKAY. Yes, sir. There are some expert dogfighters up on Capitol Hill.

Mr. Chairman, I have to testify tomorrow in some other business back at the Department, I am going to, with your permission, excuse myself. But my staff will remain to hear the testimony of the other panel members.

Mr. SIMMONS. I look forward to it. Just by way of closing, before the next panel, I represent a district in eastern Connecticut. I have a common border with the State of Rhode Island and the State of Massachusetts, and many of my veterans serve or seek services in both of those States. Interestingly enough, this spring the headlines out of Massachusetts went to the issue of a lack of Federal funds forcing a veterans shelter to close 60 beds. These articles went on to say that changes at VA vex advocates for homeless.

My colleague, Representative Neal, invited the Secretary up to discuss the Leeds shelter issue and so on and so forth. Mr. Dougherty apparently spoke to the press and said the problem was that 2 years ago there were 67 applicants for 53 awards, and this time around there were over 270 groups seeking grants and awards.

I guess my comment is this: The Leeds facility has been operating for a decade, as I recall, and stability, I think, is an important value in providing quality care to veterans, whether it be the homeless population or others. And running a competition may disrupt that stability, may cause problems. I just raise that because there has just been a huge amount of disruptive press on this particular issue, and whether or not that facility eventually closes, and I hope it doesn't, certainly the process of having competitive grants has been disruptive.

So I just share that thought with you. I think this may be an issue that we will hear about again this year, maybe we will hear from the next panel. But I think especially when we are trying to provide services to our homeless veterans, we need to focus on the stability of the program and the fact that certain facilities, certain people, or certain programs are there year in and year out, and I just leave you with that thought.

I want to thank the whole panel for appearing this afternoon, and we will now welcome panel number two. Our second panel today—is made up of two individuals. One hails from my home State of Connecticut, and the other is a nearby neighbor from Massachusetts. We are heavy on New England on this panel, and I apologize, but we did have Texas in the last panel.

Dr. Ned Cooney is the Director of the Mental Health Programs at VA Connecticut Health Care System; and Mr. Jack Downing is the Executive Director of the United Veterans of America Western Massachusetts Shelter for Homeless Veterans. And again, I will ask the gentlemen to make their statements, after which we will have questions. I believe we have statements for the record, so if you wish to summarize, feel free. Gentlemen. Thank you.

Dr. Cooney.

STATEMENTS OF NED COONEY, Ph.D., DIRECTOR, NEWINGTON CAMPUS, MENTAL HEALTH PROGRAMS, VA CONNECTICUT HEALTH CARE SYSTEM; AND JOHN F. DOWNING, EXECUTIVE DIRECTOR, UNITED VETERANS OF AMERICA, INC., WESTERN MASSACHUSETTS SHELTER FOR HOMELESS VETERANS

STATEMENT OF NED COONEY

Mr. COONEY. Okay. Yes, I am the director of the mental health and substance abuse programs at the Newington campus, which is the northern facility in Connecticut. And I was asked to testify because I manage treatment programs that provide care for veterans and many of them being homeless, not all of them certainly. And I will speak as a VA clinician and a clinical administrator sharing my experience with the daily challenge of promoting recovery for homeless veterans with substance use disorders.

The Mental Health Care Line at the Newington Campus provides standard and intensive out-patient services for veterans with psychiatric and substance use disorders, and we estimate that about 43 percent of the clients who come to us in our intensive program in substance abuse are homeless, could be classified homeless on admission.

And treating homeless patients in an out-patient setting is difficult. Homeless patients often are living in shelters or on the streets where alcohol and drugs are readily available, and most have concurrent severe and persistent mental illnesses. They have limited abilities to cope with the drinking and drug use situations and urges to use, and they are often in danger of relapse when they try to stop using.

You know, programs that first address clients' subsistence needs and then provide long-term treatment in progressive stages are necessary for treating homeless substance abusers. So one of the things that we do in Connecticut, we have a brief residential support that is provided to patients that are enrolled in our intensive treatment programs by having them stay in a unit at the West Haven Campus, which is in the southern part of the State, called the Quarterway House. And the patients take a daily 45-minute shuttle between the West Haven Campus and the Newington Campus to come to our intensive treatment programs.

The bed capacity at this Quarterway House is limited, so this is really just for the very initial stage of treatment, for about a 14-day length of stay. But it does provide a safe and substance-free residential support for homeless patients without requiring any period of sobriety prior to admission. So it is kind of a housing first program, and it is very important to provide initial stability.

So most homeless patients need much more than 2 weeks of inpatient or residential intensive treatment to stabilize. And so we rely on our partnerships with programs outside of VA Connecticut, and these include the Western Massachusetts Shelter for Homeless Veterans at Leeds and also the veterans domiciliary run by the State of Connecticut at Rocky Hill. These facilities provide stable and substance-free housing for our patients and the opportunity for them to receive rehabilitation, including continuing care and employment services.

Now, the Leeds shelter is further away—it is about an hour and 10 minutes—than the Rocky Hill, which is just a few minutes away, but the Leeds shelter is good in that it has the same eligibility criteria as the VA, while the Rocky Hill, the State-run facility, will only accept wartime veterans. So that excludes a number of the folks that are coming to us for services.

Combining the services, our intensive programs, with these residential supports has been fairly successful. We have about 80 percent of the veterans who come to our intensive treatment program successfully completing that phase of treatment. And when we first started the program, we didn't have these kinds of supports in place, and at that time only 5 out of the first 12 homeless veterans that we saw in the program successfully completed the program, so that is about a 40 percent rate. So it makes a big difference.

Now, funding cuts have been looming at the Leeds shelter and at the State facility as well, the Rocky Hill veterans home, and those would threaten our ability to provide residential support necessary for treating homeless veterans. There are a few smaller facilities that also provide residential supports, but none have the capacity to handle the number of referrals generated by our program. And the local homeless shelters will provide emergency shelter, but they don't provide the structure and substance-free environment needed to support abstinence in these patients.

We also have some beds that are funded by the Grant and Per Diem Program. There is a small number in northern Connecticut. Right now it is 10 beds. We are going to be adding nine more soon. There are about 50 beds in the southern half of the State, but that is a small number compared to the need—in the north there is estimated to be over 500 homeless veterans that stayed in shelters last year.

So to summarize, the VA Connecticut is committed to providing high-quality, accessible mental health and substance abuse treatment to homeless veterans, and we have really made a strong effort to create a seamless kind of one-stop continuum of care for homeless veterans in northern Connecticut. And this is accomplished with minimal residential support provided directly by VA Connecticut, and we rely very heavily on partnerships with the State and nonprofit agencies. If our community partners lose funding or have inadequate funding, it threatens our ability to provide

quality care to homeless veterans, and that ultimately means that fewer of these veterans break the cycle of homelessness and addiction and mental disorder.

Thank you. That concludes my testimony.

Mr. SIMMONS. Thank you. Just right down to the red light. Thank you.

[The prepared statement of Mr. Cooney appears on p. 75.]

Mr. SIMMONS. Mr. Downing.

STATEMENT OF JOHN F. DOWNING

Mr. DOWNING. Chairman Simmons and members of the committee, I am honored to be here today on behalf of the 120 homeless veterans at the United Veterans Shelter in Leeds, MA. The United Veterans of America——

Mr. SIMMONS. Jack, could you push your microphone?

Thank you.

Mr. DOWNING. The United Veterans of America entered into a partnership agreement with the Department of Veterans Affairs in 1994. Since that time there has been a series of contracts and grants through the VA Grant and Per Diem Program that has allowed this partnership to effectively, compassionately and creatively meet the needs of homeless veterans who served our Nation. Shelter, substance abuse treatment, anger management, criminal justice outreach, reintegration, aftercare services have evolved from this partnership that now includes the VA Connecticut, and the VA Massachusetts, and the Grant and Per Diem, and the VA Health Care.

The United Veterans Homeless Shelter is located on the campus of the Veterans Administration Medical Center in Leeds, in buildings 6 and 26. During fiscal year 2001/2002, we served 509 homeless veterans: 265 from Massachusetts, 204 from Connecticut, 40 from Rhode Island, New Hampshire and Vermont. The average age of a homeless veteran in our program is 53 ½ years old. Approximately 85 percent of all our clients are alcohol or drug abusers; 5 percent are elderly, and by elderly we mean over 70; 4 percent are female; 20 percent have been diagnosed with post-traumatic stress disorder. Twenty-eight percent of the total men and women in our program are on parole or probation, and 38 percent are nonwhite.

The VA Grant and Per Diem decision to deny funding to grant number 02–106MA for 40 additional beds was difficult for us to understand because the reality was the UVA was operating every day with a waiting list of 51 more vets waiting to come in. So when we got the denial on it, while we realized we were in competition, we had a documented need of men and women lined up in mental health facilities, in clinics, in jails and prisons waiting to come to us.

The VA Grant Per Diem decision to deny at the same time grant number 02–98MA was devastating. The loss of 60 beds for homeless veterans at the UVA Shelter/Program could cause the weakening of the partnership between VA Grant and Per Diem, VA Connecticut and VA Massachusetts.

The partnership was built on trust, integrity and a commitment to the dignity of each homeless veteran. The long-term security of this partnership was underwritten by the VA Grant and Per Diem

Program and the VA Connecticut and the VA Massachusetts health systems. The U.S. Department of Housing and Urban Development, the Department of Labor, the Federal Emergency Management Agency, and the Massachusetts Division of Veterans Services all provide support to these programs we operate with through grants.

The elimination of the funding for 60 beds created an environment filled with anxiety and fear for all 120 veterans in our care. The UVA's responses—our response to that crisis was to continue to operate the beds after April 1 until we had depleted all our financial resources. We immediately began to downsize our staff. We eliminated five full-time positions. Transportation for recreation was eliminated, and requests for emergency funding have been sent out to all the veterans service organizations, trying to get more dollars in the door to fund this hole so that we are trying to get into the next round, which we believe and hope will have funding available by, let's say, July 31.

The UVA immediately contacted the Massachusetts congressional delegation and Connecticut congressional delegation. Local and national media coverage started to take shape, and the public interest story really became how are we conducting a war with Iraq and not living up to our commitment to veterans at home. And that's the story that really generated us and pushed us forward on this issue.

As a result of an April 3, 2003, meeting with the New England delegation and Secretary of the VA Principi, the new—a committee was made to provide technical assistance to us in the next round of VA Grant and Per Diem funding.

The National Coalition for Homeless Veterans has been extremely supportive to the United Veterans of America's efforts to bring our funding crisis to a successful conclusion. The VA Grant and Per Diem Program in our local VAMC sees the United Veterans of America as a subservient partner, and it has continuously brought about needless misunderstandings and tensions in the day-to-day working of the relationships. The implementation and funding of Public Law 107–95 would certainly send the message that the National Coalition for Homeless Veterans is to be an equal and trusted advocate for homeless veterans across the board and a voice to be reckoned with.

I want to acknowledge the strength and wisdom and support that we have received during this time from the congressional staffs, from Richard Neal, from John Olver, from Chairman Simmons, from Senators Kerry and Kennedy and Christopher Dodd in Connecticut. I want to thank Assistant Secretary for Congressional Affairs Gordon Mansfield, who has accepted my phone calls and worked with me to keep my beds open by starting to move at health care, not to take the rent and utilities that I pay the VA now.

Just so you are aware, in the year 2001, 2002, 46 cents of every dollar I got for homeless funds was returned to my VA hospital for rent utilities. I got $660,000, and I paid back 246,000 in rent and utilities. So it is a—so I am now not paying my rent as another way of holding my beds. Thank you.

Mr. SIMMONS. Thank you.

[The prepared statement of Mr. Downing, with attachments, appears on p. 78.]

Mr. SIMMONS. I have a couple of questions. First of all, as you probably heard, I raised this issue with the Secretary before his departure. It seems to me that consistency, stability, and security are all values that we would extend to programs dealing with homeless veterans for all the reasons that we understand. I guess I have a couple of questions that I will put on the table, and you gentlemen can answer them as you see fit.

My question for Dr. Cooney is, were you consulted as a part of the grant decision that Mr. Downing described? If so, what was your reaction? If not, should you have been? Hold that answer for one moment.

And then to Mr. Downing, you have described a relationship which has continued since, I believe, 1994, a 10-year relationship where presumably in each cycle you requested grants, and in each cycle services were provided. Speaking from my perspective as a veteran from Connecticut, we thought it was a good program. It doesn't matter whether it is in the State or not. It is close by, and so it worked. And it worked for us.

Did VA give you any warning that, in the past, any of your applications for grants were deficient or that your program was in jeopardy, or did all of this just come crashing down on you?

The third question is, if, in fact, that hypothesis is correct, what can this subcommittee or the Congress do to ensure that these types of things don't happen elsewhere in the country now and into the future?

Mr. COONEY. Okay. No, I was not consulted regarding the decision-making about the funding of the Leeds shelter. And I think it would be helpful to be in the loop in terms of decisions about Grant and Per Diem beds. I think that the State line might have been one reason why people didn't consider VA Connecticut for a Massachusetts shelter, but it would still have been useful.

Mr. SIMMONS. Thank you. I think it is a VISN line, or at least I assume it is not a State line. So the political border should not be an issue. But I thank you for that response.

Mr. DOWNING. It was a shock to us. We came into the round assuming we were going to be renewed. I knew the 40 additional beds were going to be competitive, and I expected them to be competitive, but the 60 beds I was under the impression were going to be renewed, so that when we found out after the fact that this—there were no automatic renewals, and you were given no points for 2 years or 4 years of good service, you know, that, you know, we will just move the beds, and I—you know, and it just threw me. I mean, you talk about creating instability with the people you most want to stabilize and creating insecurity with people who don't know how to trust and don't want to trust, and that is the population we work with. And what—and so that is the piece. So I—none of us saw it coming that way.

Then I think the second part that frustrates me in this as we play it out was originally the grants were going to be announced around Veterans Day, and then it is going to be announced then. And then finally December 11, or just before the congressional break, that is when it gets announced. And truly, from my view

point, if it hadn't been for congressional staffers taking our phone calls and taking our faxes and saying, wait until you read this, okay, this would have kicked over into January, February, and at that point we have lost our audience.

So we were very fortunate for the congressional impact on this process, number one, and number two, the congressional staffers had the energy and the time to support us all the way through. I mean, it is the factor that saved us. So I have become a believer. I am a convert to fencing that budget, fencing the job titles, with it this concept of, gee, you are half-time homeless and you are half-time outreach. Okay. I say to myself, would I want that? If my son or my daughter is that veteran in that chair, do I want a part-time person taking care of them, or do I want full-time attention? Do I want—so what we do in our program is we say to our staff, if you won't do it for your son or your daughter in that chair, don't do it for the veteran. Demand the best. They gave their best. Many people may not have thought it was best, but it was their best.

We will give them their best. We must bring intensity and passion to this. I worked 30 years in substance abuse and in the jails and prisons doing reintegration aftercare. I learned one thing: Unless you love the people you work with, you can't touch their wounds. You have to love them. And the men and women that I work with, the noble people that do this, whether they are doctors, whether they are case managers, whether they are voc ed, if you love them, you do it well.

I worked with an old corrections officers years ago in my first class. He said to me, Jack, if you are going to be a car mechanic, I tell you you have got to like cars. If you are going to work with inmates, you had better love them, otherwise you will make them the enemy.

We want the veterans to know they have great dignity and great respect, and that is the reason we have kept the 60 beds open with the help of Assistant Secretary Mansfield and the congressional people. We have had the courage to keep it open, and we are just burning up the few bucks we saved getting there. But I want those vets to know they come before process, they come before dollars, they come before people's paychecks, and we are going to put their heads on a clean bed every night. That is what we are about. That is the first thing we do. Once we have them stabilized, then these great clinicians and talented and gifted people can start to work their magic. But we have got to have them stable first, and we have got to have them safe. Per Diem is about safety.

Mr. SIMMONS. Thank you very much for your response to my question. I appreciate it. And I agree you have got to have passion.

Mr. DOWNING. Thank you.

Mr. SIMMONS. Mr. Rodriguez.

Mr. RODRIGUEZ. Thank you, Mr. Downing, and thank you, Mr. Cooney. I think that there is no doubt that you have got plenty of passion there, and I want to thank you for providing that and the insistence.

Let me ask you, how much money were you asking on the program for the program process that you didn't get?

Mr. DOWNING. The one that didn't fly, sir, was around, I think, $600,000.

Mr. RODRIGUEZ. Six hundred thousand.

Mr. DOWNING. And when I started to chase this down, I talked to somebody on the Interagency Council for Homelessness at the White House, and he said to me, hey, Jack, that is decimal dust, okay? And I said, you are right, it is. It is decimal dust. But you know what? It is the future for 60 men and women 365 days of the next year.

Mr. RODRIGUEZ. And you service how many—how many beds did that account for?

Mr. DOWNING. Sixty, sir.

Mr. RODRIGUEZ. Sixty?

Do you know how many—and you had been in existence for how long there?

Mr. DOWNING. Ten years, sir.

Mr. RODRIGUEZ. Ten years?

And you had been getting that, the resources, and you indicated that you almost didn't have any notice, and at least you indicated you felt that you were—you might—you were competing for the second part, but not—but you didn't expect to lose the initial one?

Mr. DOWNING. I would say this to you, sir, so that I am fair in my answer to that, too, and I can clarify the point. I think that the National VA and Per Diem Office is tremendously—has grown tremendously in the last few years, the programs and all that they do, and I think there was a communication process here that could have been better. But it was really not to any bad will or ill will. I just think people were overworked trying to handle a multitude of things, and I think issues were slipping by everyone at that point, and we certainly weren't any more aware than they were.

Mr. RODRIGUEZ. Yeah. Because I can understand, you know, if there was only, you know, the number of programs, and then they had to jump on about, what was it, 200 something request proposals, 270 proposals, because I can also see the importance of funding existing programs, but also looking at new programs, but not necessarily at the expense of programs that are doing well. And so somehow we have got to look at that. And I know, Mr. Chairman, I know that I had an amendment before the House last time because of those 80 billion that went to Iraq. Two billion of that went for health care for Iraqis at the same time that we are looking at some of the needs for our own veterans. So thank you for your testimony.

Mr. DOWNING. Amen.

Thank you Mr. Rodriguez.

Mr. SIMMONS. Ms. Brown-Waite.

Ms. BROWNE-WAITE OF FLORIDA. Thank you. I have a question. What is the average length of stay of the veteran in your shelter?

Mr. DOWNING. Right now it is averaging about 7 months. They can stay up to a maximum of 2 years.

Ms. BROWN-WAITE OF FLORIDA. What sort of counseling is offered?

Mr. DOWNING. Okay. All my case managers on my staff are what we call CADAC certified, certified alcohol and drugs. So we have that piece. And then I have a clinical director who has got 25 years experience in the substance abuse issue. We then interface with the VIC at the Northampton Hospital, and they get all their case

management. They can go to the PTSD unit, the psychiatrist, psychologist, the 21-day intensive substance abuse. They are going down to Dr. Cooney and to the 21-day program at the Newington Hospital. So, you know, there is all kinds of counseling that way.

I also—we do job counseling. We have an HVRP contractor that comes in and does the skill development job counseling, that type of thing. And we do a lot of work on responses to anger.

Ms. BROWN-WAITE OF FLORIDA. Two other questions. One is how many veterans have actually stayed for 2 years? Because I have been involved in homeless shelters, and that seems to be an inordinate amount of time.

Mr. DOWNING. I probably, on the average, if I had—right now I probably have six to eight veterans that are with me for 2 years, ma'am. Okay. That would be—you know, what happens normally is once—for many of them, once we get them stabilized, they are in treatment and things are going well, they will move into some type of transitional housing that is closer to their home base, closer to friends and relatives, that type of thing. And so we work with a number of veteran-specific programs in both Connecticut and Massachusetts to reintegrate them that way.

Ms. BROWN-WAITE OF FLORIDA. Okay. And the third question is there was a newspaper article attached to your testimony that it appeared as if the funding went to faith-based organizations. Do you still feel that way?

Mr. DOWNING. I don't feel it was as intentionally as originally we thought it was. And I don't have a problem with faith-based getting money, okay? I just felt that I certainly should have been given more consideration for having a history than somebody new on the block. That is all I was really trying to say in that. And probably in my frustration and anxiety to get my message out, I wish I could rephrase it differently, okay?

Ms. BROWNE-WAITE. I think we have all had times like that. Thank you, sir.

Mr. DOWNING. Thank you, ma'am.

Mr. SIMMONS. I thank you.

Mr. Filner, any questions?

Mr. FILNER. No. I think you said it all, Mr. Downing. But Mr. Stearns had asked a question earlier—how much money should we be trying to get? Would it be fair at all, sir, just to extrapolate what you cost for 60? And that would come out to, I don't know, $2 ½ billion, you know, which is a week of the war that we just bought.

Mr. DOWNING. In 1969, I started in the poverty program, and after the War on Poverty there were more poor people, okay? I then got involved with the drug war, and there were more drug addicts at the end of the drug war than when I started. And now I am into the veterans homeless, and it is mushrooming.

Mr. FILNER. You have got to get out of this stuff!

Mr. DOWNING. That is right. I think I am the curse.

But honestly, what you have to look at with the men and women we work with, family has failed, faith community has failed, the military experience has failed, the support system in the communities have failed. Standard psychosocial agencies don't work effectively with them. And so what we have to do is constantly get out-

side the box and find creative ways to entice them to come in and get sober so we can start the process of sanity. And so what we are constantly trying to do is say, what does draw them? And we are not always sure. We know this: If we keep drawing you in, eventually people change.

And so at this point I can't really give you great, great statistical analysis information. I can tell you this: Just like people getting sober, the more often you go to detox, the more likely you are to finally hit that one time that you don't pick up again. That is really what I think we are trying to do. This is a very difficult population, and when we hear success rates, we really need to look at real numbers, because real numbers tell us that about 20 percent of the people identified as chronically homeless in any 10-year period seem to move out of the system and become unhomeless and become more stable and live in safer places. We are trying to raise the bar on that, but it is a very difficult process, and it requires tremendous dedication and commitment.

And to Ms. Brown-Waite's question, I would also say at times I think, boy, if I could keep them here 50 years, maybe I could help more people. Sometimes time is just a great thing and—time and a safe place where you become secure. Remember, now, the people that we work with don't have significant others, don't have families as we would know them. So they are not attached to an anchor every day, like you or I may be. And so we need to get them attached as well. And so we get them attached at first to their sobriety, and then we try to get them attached to the kindness, the care, the dedication, the respectful ways we talk to them. Then we try to draw them into the service and see if that will click. But it is a repetitive, difficult process, and I don't have a better answer than that. I am sorry.

Mr. FILNER. Thank you, sir.

Mr. SIMMONS. Mr. Strickland.

Mr. STRICKLAND. Thank you, Mr. Chairman.

I just want to thank you, Mr. Downing, for your testimony and for your willingness to use the word "love" when it came to describing the people that you are serving. I think it is an appropriate—I think it is rather unusual in the halls of Congress to hear that word used, but I do think it is appropriate. We love those who serve our country, and we should love those who have served our country. And so I am going to thank you both for your testimony. Thank you.

Mr. DOWNING. Thank you, Mr. Strickland.

Mr. SIMMONS. Mr. Ryan.

Mr. RYAN. Thank you, Mr. Chairman.

I was listening to your testimony, Mr. Downing, and also reading through it, the statistic that 85 percent of your clients are alcohol and drug abusers, I think, clearly identifies the problem that we need to get to the next step, and how you are a critical first step to get there, and also just join with other members of the committee to just thank you, because we sit through a lot of committee meetings and listen to a lot of testimony, but to feel the passion come from you is a motivating factor for us.

Two questions—actually, one question. Can you just tell us—you said you downsized the staff by five. Can you give us an example

of a day in your facility with and a day without those five staff workers?

Mr. DOWNING. Yes, sir. The difference is that, first of all, we run four groups every day in our facility. Each case worker would run a group with their members. Now, instead of there being 12 to 15 people in a group, there is 25 to 30. That is the first significant difference.

The second significant difference, all of us administrators are now running groups. I run a group every Monday night from 5:30 to 7:30 called Foundations for Life for seven veterans who are trying to make a long-term commitment to a sane lifestyle.

The third thing is that we no longer are taking our people all over the place for recreation. When people have appointments for Social Security, Housing Authority and that, we used to throw you in a van and run you wherever you had to go. Now we have to bulk load up the vans. We only go to Social Security once a week. We go to DTA once a week. We go to the Housing Authority once a week. We have had to eliminate all that. I had to eliminate all the recreation, the cookouts and softball games and that sort of thing, because I don't have dollars. Beds are more important than that, and they understand it. So that is what I have done.

Mr. RYAN. I would imagine that those programs—the softball, the cookouts—those are instrumental in helping the process along.

Well, thank you very much again for your testimony.

Also, I think it was in your packet that you gave us—you cited a statistic that 32 cents of every tax dollar paid by western Massachusetts residents this year went directly to the military or to pay for military-related debt, 32 cents on the dollar; and only three cents of every dollar went to veterans' services. Just on a personal note, I think we really need—we understand we need a strong military and we understand there are certain obligations we have around the world, but I think until this fact takes the center stage in our political debate today, I think that is the real disconnect we have. I think that is why people don't vote, is because we have these priorities, but we are not giving them just due, and, ultimately, it results in the kind of cuts that you are talking about.

So thank you for being on the front lines and all of your service, both to Dr. Cooney and yourself.

Mr. SIMMONS. I want to thank you two gentlemen and thank the members for their questions. I realize this is a snapshot of a problem, but to the extent that this snapshot replicates similar conditions elsewhere in the country, I think it is a problem and I think it is important for the members to know. I thank you very much for your testimony and wish you a safe journey back to God's green acre, New England.

We are prepared now for the third panel. To help me introduce one of the members of the third panel, I understand that Representative Brown-Waite would like to make a comment. I believe she will introduce Ms. Kathryn Spearman from Tampa, FL—Tampa being the home of U.S. Central Command where a few years ago I did my Reserve duty, a wonderful place, Ybor City, where they roll the best cigars in America.

Ms. Brown-Waite, the floor is yours.

Ms. BROWN-WAITE. Thank you very much, Mr. Chairman; and you are absolutely right about the Tampa, FL, area.

I wanted to introduce Kathy Spearman, who was one of the 15 members appointed by Secretary Principi for a 3-year term to the Volunteers of America of Florida—to the Volunteers of America. The Advisory Committee has been meeting since June, 2002, and has prepared its first report to be presented to the Secretary in the near future.

Ms. Spearman was appointed in April, 2002; and her term will end in 2005. I'm sorry. I misread that. She has been appointed by Secretary Principi to the Advisory Committee. Ms. Spearman has been the Chief Executive of the Volunteers of America of Florida, Inc. Organization for 15 years, actually, since its inception. Volunteers of America Florida is a Statewide, faith-based organization that operates five Veterans' Affairs Grants and Per Diem funded transitional housing programs for homeless veterans and two Veterans' Affairs funded multi-service centers.

Today she has brought up to Washington a full-service mobile medical and benefits vehicle which is an innovative means of targeting homeless veterans with critical support services. In other words, she goes out and she finds them.

Volunteers of America of Florida is a direct service provider for veterans, the elderly, mentally ill and developmentally disabled populations. The agency has been a Veterans' Affairs grantee for 5 consecutive years.

Mr. SIMMONS. Thank you, Representative Brown-Waite.

The other members of the panel include:

Executive Director of the National Coalition for Homeless Veterans, a true winter soldier and a friend of this committee, Ms. Linda Boone—good to have you here—Mr. Ralph Cooper, Veterans Benefits Clearing House from Roxbury, MA; and Mr. Michael Blecker, the Executive Director of Swords to Plowshares, all the way in from San Francisco, CA. We have your statements in the book. I would suggest that the members of the panel summarize their comments for sake of timeliness, and I would ask you to proceed.

STATEMENTS OF LINDA BOONE, EXECUTIVE DIRECTOR, NATIONAL COALITION FOR HOMELESS VETERANS; KATHRYN E. SPEARMAN, PRESIDENT AND CEO, VOLUNTEERS OF AMERICA, FLORIDA; RALPH COOPER, EXECUTIVE DIRECTOR, VETERANS BENEFITS CLEARING HOUSE, INC., ROXBURY, MA; AND MICHAEL BLECKER, EXECUTIVE DIRECTOR, SWORDS TO PLOWSHARES, SAN FRANCISCO, CA

STATEMENT OF LINDA BOONE

Ms. BOONE. Mr. Chairman and committee members, the National Coalition for Homeless Veterans is a nonprofit corporation established by community-based veterans' service providers to educate America's people about the extraordinarily high percentage of veterans among the homeless and place homeless veterans on the national public policy agenda.

This week, the National Coalition for Homeless Veterans is holding its seventh annual conference; and we have over 300 partici-

pants from 38 States, the District of Columbia and Puerto Rico attending.

Of primary concern to our coalition is the implementation of Public Law 107–95, the Homeless Veterans Assistance Act. The VA has the primary role for responsibility for provisions in this law for implementing.

While some pieces of the legislation are being implemented, there are still a number of pieces needing to be addressed. The VA has expressed concern that Public Law 107–95 is an unfunded mandate, and they do not have the resources to implement its provisions. The House Veterans' Affairs Committee in their report to the House Committee on Budget for 2004 requested $75 million for implementation of certain provisions in this law and noted that the VA did not request additional funding to implement provisions in this law.

In reviewing the history of the VA budget request compared to congressional appropriations since 1997, each year Congress has provided the VA more funding than they requested. Again, for 2004, the President's budget requested $61.5 billion; and the congressional conference report is providing $63.8 billion.

So what is the real issue? Perhaps the internal priorities of the VA need adjustment.

Even if funds were appropriated by Congress specific for homeless veterans' programs, how would the money be internally allocated? The VA projects that by the end of 2003 there will be almost 7,000 transitional housing beds available through the homeless providers Grant and Per Diem program. The need for increased funding for beds through this program has never diminished since its inception. These beds funded by the program at the current rate of approximately $27 per day will require about $65 million funding for 2004. To add new beds will require an additional investment. In fiscal year 2002, the VA only offered $45 million in grants when the authorized level was $60 million. What will be the internal level of allocations for this program for 2003 and 2004 when the authorization level is $75 million?

Public Law 104–262 enacted in October of 1996 required the VA to maintain capacity to provide for specialized treatment and rehabilitation needs of disabled veterans, including those with mental illness. However, the VA has not maintained that capacity to serve these veterans; and Public Law 107–95 is even more specific. How will the VA respond?

The reductions in curtailment of services are drastic in mental health and substance abuse disorder programs. Seventy-six percent of homeless veterans have mental health and/or substance abuse issues. It is shocking to hear from the VA Advisory Committee on Seriously and Mentally Ill Veterans an estimate of over $600 million has been diverted from mental health programs over the last few years.

What type of veteran should the VA be serving? Public Law 104–262 specified seven priority categories. At the time of the law's enactment, Priority 7 veterans made up 3 percent of those who used the health care system. The VA's budget for 2003 discloses that Priority 7 veterans are expected to make up 33 percent of the enrollees.

Earlier this year, a new Priority Group 8 was established, which appears to be a marketing move to have a method to not enroll veterans that are non-service-connected and higher income, but the VA still continues to serve those Priority 7 veterans enrolled prior to this new category being established. These veterans often have other health care coverage, but the VA is redirecting the resources to serve these veterans, while VA mental health and substance abuse, which overwhelmingly serve service connected and low income veterans, have suffered severe cost cutting.

The VA has allowed a redirection of funds to nonmental health care in a clear violation of the law. It is shocking to realize that the VA has diminished its support to veterans who are most vulnerable and most in need and in doing so has altered its mission to serve an ever-growing number of those with the lowest claim to VA care.

NCHV is extremely pleased that Representative Evans has introduced H.R. 1906, the Service Members Transition Assistance Program and Services Enhancement Act. This bill will take advantage of the successful transition assistance program by making it a mandatory process and adds a piece on homelessness risk awareness.

Newly released information from the VA points out the increased risk for becoming homeless among veterans. Male veterans are 1.3 times more likely to become homeless than their nonveteran counterpart. Female veterans are 3.6 times more likely to become homeless. Prevention of homelessness among veterans should be a top priority if our Nation is going to really end homelessness among veterans. Providing mandatory transition assistance coupled with homelessness information is a step in the right direction.

Thank you, Mr. Chairman and the committee, for this opportunity.

Mr. MILLER (presiding). Thank you very much, Ms. Boone.

[The prepared statement of Ms. Boone appears on p. 101.]

Mr. MILLER. Mr. Blecker? Ms. Spearman?

STATEMENT OF KATHRYN E. SPEARMAN

Ms. SPEARMAN. We need $600 million. If you are going to ask me how much, we know.

I am here today testifying specifically from my experience with Volunteers of America of Florida and the work we have done there through a lot of outreach and provision of housing with supports. We have had a lot of success, and we have a lot to do. This subcommittee as well as all of us have quite a challenge ahead of us.

I really appreciate the opportunity for the subcommittee to hear my testimony today. As Representative Brown-Waite was so nice to introduce and to tell a little bit about our organization, I won't repeat any of that but appreciate that introduction.

We have been focusing on the outreach to veterans I guess now for 5 years. That was the time of our first Grant and Per Diem that we have received, and we have had a marvelous outreach opportunity. We really do invite everybody to come and see the mobile vehicle. It is a very successful outreach program which takes a lot of commitment and needs a lot more funding.

Let me just tell you a little bit about our emphasis. Our service is housing and supportive services and the emphasis is on moving people to independent living, whatever that might be for each individual.

VOA has five VA grant and per diems grants, and three HUD McKinney-Vento grants that are targeted just for homeless vets. We reach about 6,000 veterans during the year with our multi-service centers and our outreach program. We house and provide supportive services to 167 veterans; and we are in the State of Florida from the Keys up to Jacksonville, not anything in the Panhandle at this time except for our mobile outreach, which often does end up in the Panhandle because of that very rural area.

As I mentioned, the mobile unit was our first grant and is our most innovative program. It is a 40-foot, state-of-the-art vehicle which is a fully contained medical, dental and health facility. It is targeted for the real resistant, and that is a population of homeless veterans that I think is very underserved, and they are all around Florida. We find them in encampments in Ocala National Forest, the Florida Everglades, and on abandoned boats off the Keys. We have often taken a boat out to derelict boats to tell vets when the mobile unit is going to be in an area off the Florida Keys, and they have been very receptive to that outreach.

The action steps that are important to Volunteers of America of Florida as we have looked at the gaps and the barriers while doing this program of outreach and support services for homeless veterans include:

Develop and support more creative funding specifically to address the homeless population, the homeless veterans.

Place VA Medical Center staff working with homeless veterans on site in community veteran homeless programs or change some of them—I assure you that some do not have the compassion that they need to have and cannot address the problem.

Provide prevention and mental health services for returning veterans so they do not have an attached stigma.

Issue directives with incentives for the VA Medical Centers to reach out and plan for homeless veterans' reintegration into the whole care system.

Reduce the bureaucracy to get things done in a timely manner for all concerned, particularly in the areas of benefits and medical care.

Educate the community on eligibility of veterans for all entitlements and services. We find this is a very significant barrier. The community does not know how the combination of resources could be put to better use.

Continue to look at what works and collect and analyze data.

Increase support services and to get real on what the costs are. It really is an issue. The mobile unit costs us $1,000 a day to have it on the road, and it does good stuff. It does stuff that is not being done that needs to be done. It is done night and day and weekends, and it is done when a veteran is more likely to come out of the woods and receive services, and it is done in an outreach method that is slow and progressive and builds trust. To do just services, it ranges anywhere from—Grant and Per Diem is paying $26, $27 a day now; and the cost is more in the range of—most of the veter-

ans that we outreach to, it is up to like a hundred dollars a day. Who is paying for it? Not VA. Volunteers of America is looking continuously for resources to supplement what the VA is not doing.

Use only those providers who can demonstrate that they are deeply concerned about homeless. This is a big issue, and I think you will find over and over again that we need a lot of providers and a lot of resources, but we need to look at who is more compassionate about and knows how to reach out to this particular population.

And support fully our Public Law 107–95. It is—for the first time, really addressing some special needs and looking at that the funding requirements.

The gaps and barriers are many: emergency care; timely benefits provision; consistent and specific outreach to service the homeless vets, including veteran women; dental care; veteran shelters that take in the inebriated; immediate detox services; inpatient services for PTSD; adequate support for veterans unable to stay in gainful employment due to health issues; adequate community education; substance abuse and mental health access.

The funding concerns are in four areas. One that I would like to mention is, as interagency efforts in Washington shift funding collaborations and responsibilities, attention must be given to the outcome of increased services specifically to the homeless veterans, that that doesn't get lost in that whole process, which I feel like it has this first time around with the collaboration.

Second, our emphasis is resistant veterans especially from the Vietnam era. This group needs—they take more time, they take more money, and they need funding services and support services that offset the many years of isolation, rejection and VA neglect. You have to have the right staff. It is crucial. It is a slow process, and it is costly, but these veterans deserve it.

The other is the maximum funding for the special needs category of Public Law 107–95, the first attempt to start to get near to what it costs.

And then, fourthly, rental assistance vouchers.

Thank you very much.

Mr. MILLER. Thank you very much, Ms. Spearman.

[The prepared statement of Ms. Spearman appears on p. 112.]

Mr. MILLER. I would like to recognize Mr. Cooper, if I might, for some comments.

STATEMENT OF RALPH COOPER

Mr. COOPER. Thank you very much, Mr. Chairman. It is an honor that I am here before you, and I humbly submit my testimony.

As I was looking over it, I realized that I am not really used to writing testimony for such august bodies as the Congress of the United States; and I made quite a few errors. One of them is a fellow by the name of Charles Brown, who happens to be dead; and his sister, when I told her I was coming to testify, told me that she wanted me to tell his story and use his name, because you know that we can't give names of individuals who we service because of confidentiality.

Veterans Benefits Clearing House has been around a long time, incorporated in 1977. We service about 4,000 homeless veterans—well, not just homeless veterans but veterans and their families annually. And we have a Stand-Down that we are getting ready to celebrate, our 11th Stand-Down in which we never had less than 500 homeless veterans at, and—you know, just to point out that I have heard that the funding for the Stand-Downs through the VA might be cut out.

But Charles Brown was one of our very early clients. He overdosed on heroin, and he died homeless in 1987. I remember the struggle for a job and readjustment after Nam. I remember the horror stories he told me and nightmares and how he got addicted trying to self-medicate for a few hours of peaceful sleep. How the faces and mangled bodies would be entering his dreams, his sleep, disturbing his sleep; and those faces that are dead, they wouldn't go away. I remember his sister who always tried to understand what happened to little Charles that caused him to come back to us like this.

I know—I remember when VBC got him his first job with an employer who was sympathetic to returning vets who overlooked his criminal record.

You know, right now we are going through—around this CORI thing. No one wants to hire a person who has been incarcerated.

You know, if we had H.R. 1906 for the TAP services so servicemen could get the homelessness risk awareness counseling, maybe Charles would be alive today. Maybe he wouldn't be dead.

Then there was also Al, who is still living. Now he was from the first Gulf War struggle. I know that—he told us about how he was on a truck and it got hit, it got zapped. Everybody on the truck turned to charcoal. He went over to help one of the fellow veterans, and the guy's arm snapped off in his hand. He came in to us, and he said I don't know. I am going nuts. He tried to work, but he couldn't hold down a job too well.

We finally got him into some counseling and got him stabilized, and all of a sudden he had a real problem. He wanted to kill one of his coworkers for saying something to him that made him angry. So he went into the hospital and said, I am going to bring myself in. Help me out. I am having these terrible thoughts. They put him under lock and key and said, you are a danger to yourself and others; and he called me.

Fortunately, we have one of our Congressman that I could talk to; and we were able to get the hospital people to realize that all he needed was a little help and get squared away.

Now this is a good story because he right now works for AMTRAK, and he is doing fabulous, and he just bought a new home in Rhode Island. So this means that intervention and treatment works. But if we don't have intervention and treatment, if we don't have housing—reintergration won't work.

Claude Hutchinson is here from the VA, and he is trying to help put 5,000 units of affordable housing all across this country for homeless veterans. That is the kind of thing that we really need. And we need to make sure that it is not only housing but support so that the veterans can stay in the housing.

I know the President's initiative to end chronic homelessness, there was $35 million for the entire country, $35 million for the entire country in which HUD, HHS and VA were there and involved in; and I happen to be fortunate enough to have helped Massachusetts put forth a proposal to get about 70 of these chronic homeless folks off of the streets. But you know what the figure was to do that with? Less than—for the whole State, for the whole State, less than $3 million.

So, you know, it seems to me that we need to make sure that we do what George Washington, the Nation's first Commander in Chief, said: The willingness with which our young people are likely to serve, no matter how justified, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by this Nation.

You know, a grateful Nation in appreciation of our Armed Forces for a job well done, the funds for homeless assistance for veterans should be our first priority because, if we don't make it our priority, the cost is absolutely too high for us not to do anything.

You know, Charles Brown and Al are fortunate that they had a place to go to like Veterans Benefits Clearing House. But if we can't get the funding to put up the beds, if we can't get the funding to supply the counseling and direct treatment to these men and women, you know—and I am mentioning women because it says here that the female veterans are almost four times as likely to become homeless as people who are nonveterans.

You know, men and women are coming back to this country after putting their lives on the line, after some of them paying the ultimate price; and we have to be there for them and their families. We can't leave any of them. We can't leave no veteran out on the field; and, in this case, this field is the streets of our Nation. We can't leave them out there at all. We have to bring them home.

Mr. MILLER. Thank you, Mr. Cooper.

Let me say that you mentioned about addressing this august body. Let us say, and I think my colleagues agree, that we are honored to have you testify to this committee today. It is we that are humbled by your service.

Thank you, Mr. Cooper.

[The prepared statement of Mr. Cooper appears on p. 119.]

Mr. MILLER. Mr. Blecker.

STATEMENT OF MICHAEL BLECKER

Mr. BLECKER. I am here representing really the same basic community-based system of care.

I am a local operator in San Francisco. We started in 1974, called Swords to Plowshares. I have been there since 1976.

At Swords, we have always been, you know, in the field helping the vets most in need; and we have various services.

We have a supportive service unit that is funded by the Department of Public Health.

We have a legal services unit that is fairly unique because oftentimes Vietnam veterans have never had their day in court, so to speak. Many veterans have issues that could receive claims from the Veterans' Administration on post-traumatic stress or disability

compensation claims, but they don't have adequate representation with their claims. So we have a legal services unit.

We have an employment and training unit. We provide 300 veterans every year—place them in jobs, and it averages out about $13 an hour.

And we have housing programs.

And, again, we are representative of a lot of members of the National Coalition for Homeless Veterans. In a sense, we are a local provider.

I think unique about Swords is that we took advantage of some of the decommissioned bases. We have a housing program on the Presidio. We have one on Treasure Island, and we have two group homes near City College. So a lot of this stuff is laid out.

We are talking about a population of veterans in need, and in the year 2003 we are talking again about an urban underclass in San Francisco. Racially, their age group is between 45 and 55. Fifty-five percent are African American. We have over 30 percent served in combat. Sixty percent suffer from mental health disorders, including PTSD, issues around depression, which is a big-time issue. Seventy percent have substance abuse issue. We know the issues.

We can't forget the primary health care needs. Many of them are Vietnam era vets. They are between 50 and 55 years, and they have lots of problems with hepatitis C. In fact, that is rampant with Vietnam veterans; and there is lots of good reasons for that. There are HIV problems, diabetes, high blood pressure, et cetera. So you are dealing with a population of veterans who served and gave it their all, and now they need help.

When we talk about the topic for this discussion is the veterans homeless programs, what I would say is the homeless programs are great, but they are just outmanned. The need is overwhelming. I think that has been a message you heard from the very beginning, and it is a message that you brought to the table here. That quick and ready recognition. What does that mean on the local level?

In San Francisco, there is probably 3,000 homeless veterans; and I would 75 percent of them have issues around substance abuse and mental health. They need treatment and residential care. Now what is out there? We have 10 social detox beds through the Salvation Army that the VA funds. They have 35 Section 8 housing vouchers. And then there is Swords for Plowshares program that is funded for Treasure island for 56 beds.

Recently, we lost funding for our contract residential treatment beds because the VA has made a decision to collapse the contract care beds into the Per Diem beds. I assume the committee has some knowledge of what that means. For us, what it means is that the contract care beds, which paid $55 a day, is now reduced to the level of the Per Diem beds, which went from 16 to 19 to 26.95. What I think it means is that lots of veterans who have serious mental health issues are going to be left out because it is difficult to run a program on that level of Per Diem.

What it also means as a provider, what you have to do is you have to go outside the VA health care system. You have to get mental health care. You have to go to the county. You have to go to HUD and bring everything to the table. And that is what the successful CBO, community-based organization, has to do and does.

The VA programs can only be as good as I think residential capacity and meaningful treatment, and one of the problems—and, again, it has been articulated by Linda and others—is this whole issue with cuts in VA mental health care. What does that mean on the local level? It is very difficult, for instance, to get individual therapy the veterans may need. There is lots of group counseling. There is counseling around taking medications, but it is very difficult to see a caregiver for individual counseling. So what we have to do is, as a nonprofit, we had to take our one mental health budget from the county, and we hired a part-time psychiatrist because this was a need.

I want to talk about employment and training, because, you know, that has always been one of the key answers, is getting the guys back on their feet and getting them employed.

The HVRP program is a remarkable program. You know, all of us have been fighting that program for years since the earliest days. I remember when it was $1.1 million for the entire country; and now it is up to 17 or $19 million, even though we asked it to be as much as $50 million, and it has been authorized for $50 million but not appropriated.

I think it is crucial. It is one of the programs that is funded because employment and training—HVRP takes into consideration that when you are working with homeless veterans it can't just be job placement. It has to include housing, mental health care, a range of support services. I don't know any other employment program that allows you to do that. Many of these employment programs are very data driven.

I want to say two quick things. Here is the one thing. There is the thing called the Federal contractor compliance, and what that means is those Federal contractors who have contracts over $25,000 are supposed to do the right thing and hire veterans. Yet that has been shamefully unenforced forever since I remember.

Here we are today. We have lots of private military contractors. We have homeland security. We have national defense. I wonder how many veterans are going to be hired by those contractors.

When I was in the transition commission, we made a recommendation that said, at the procurement stage those contractors had to demonstrate a commitment to hire veterans in order to be awarded some of those contracts. It is very important for that to be enforced.

I want to say the second thing is I think the TAP program is very important, that idea of early intervention.

The third thing is the soldiers of Iraq have all the ingredients of having serious post-traumatic stress disorder. There has been lots of terrible issues that happened in the Iraq war. Those soldiers were put in impossible situations, and they are going to be hurting and suffering, and I don't want to have them wait 10 years like we had to wait in Vietnam. I don't want those men and women soldiers to wait in line to be put aside or be backdrops in political campaigns. They need our utmost attention. I think we need to do planning now, and that planning has to go beyond the Pentagon medical establishment and the VA medical establishment and should take into consideration those of us who have been in the field for 30 years that know something about healing and caring.

Mr. MILLER. I thank you for participating in this panel.

[The prepared statement of Mr. Blecker appears on p. 129.]

Mr. MILLER. I have a couple of questions, and we will allow the members that are still with us to also ask questions.

My first one is to you, Ms. Boone, since you have been sitting there patiently listening to the rest of the testimony. What would you say VA needs to do to get on top of homelessness that it is not doing today?

Ms. BOONE. It certainly needs to become a higher priority, and the members have already discussed that today that it is very low on the priority list. Even though Secretary Principi himself has a great understanding and sensitivity to the issue, that does not resonate throughout the VA medical system. If you go hospital by hospital, you will find a wide range of commitment to treating homeless veterans.

So, first of all, they need to make it a priority. Put more money into it. Allocate the money to implement Public Law 107–95. At a minimum, that is what needs to happen, and the Secretary can do that, and we feel he should do that. That would send a message that he is committed and he is committing resources and not just words to that.

Mr. MILLER. Ms. Spearman, if I could ask you a question, what other services does your organization supply to the homeless, whether veterans or not?

Ms. SPEARMAN. We do some substance abuse treatment. We do mental health services—we have a whole clinical staff that provides home-based care. We have a transportation and basic support system.

Every single person in our program, we are moving them to independence—most all have special needs, as we have indicated, whether they are elderly, mentally ill; and very many of those are veterans as well. So all of the support services in the home in the community are helping with life's basic daily living skill development as well as getting vets back into the community with case management for a period of years. We do a continuum of care and housing which goes all the way to permanent housing.

So that is one advantage we do have with being able to work so well with the VA system. We then can follow with the permanent housing which we continue to develop along with the support services. Support services are any intervention that can take a person—which can include medical care and so forth, depending on the population, to independence.

Mr. MILLER. Do you know when the last time the mobile van was in the Panhandle of Florida?

Ms. SPEARMAN. Probably a month ago.

Mr. MILLER. I am glad. I missed it.

Ms. SPEARMAN. It is very rural; and we go in some very interesting, scary places. It takes a real dedicated staff.

Mr. MILLER. Be careful. I represent the Panhandle. I represent the first district. It is not scary at all.

Mr. Filner.

Mr. FILNER. Again, I want to thank all of you for your commitment and work and love as we have heard the word used.

Mr. Stearns asked earlier how much is this going to cost to solve it. If you extrapolate Mr. Downing's figures, you get $2.5 billion. If you take Ms. Spearman's $600 million for Florida, imagine what that would mean for the whole country. These are not beyond our ability to pay. I mean, we have the resources. It is a question of commitment.

You don't have to be a great pundit to understand that what you are asking for isn't going to happen in this Congress. This Congress will vote on the same day, and in concurrent resolutions we will support our troops in one resolution and then cut $25 billion in the next resolution. This Congress will pass $70 billion for the war and then cut a million other programs. We have laid off in California, I think, 25,000 teachers; and we could talk for hours about the needs of this Nation. I think you all have to elevate your commitment to a more public—maybe more dramatic level.

Forgive me. I am a child of the 1960s, and I started my career in jail, so I figure everybody else did, also. I mean, I would bring the homeless to Washington and surround the Capitol and not move until we funded these veterans. I mean, these are veterans of the United States of America. Take Mr. Strickland's idea and issue a uniform and dare the Capitol Police or anybody to move them out—and we congressman should stay there with them.

I am sort of brainstorming here. We can talk about your needs and assistance grants and all that, but the fact of the matter is the political system, as constituted right now, isn't going to match your passion and your commitment and your needs. That is the reality. But we have the resources to do it, so how do you deal with it?

I have become far more public, I have become far more obnoxious, and I have become far more confrontational in that this system ought to respond, and it isn't responding. So I would participate with you, but you all have to use your programs and your clients. I would bring them all to Washington and make us very uncomfortable and challenge us to meet your commitment and your passion.

I know your being here, I am sure I speak for all of us—has reinforced our own commitment. And I promise you that we will bring to the floor amendments that would actually do what you need to do; and they will be ruled out of order, they will be voted down, they will be dismissed. We are going to do it, as we have done this in the past.

Every person who gave a great speech on Memorial Day or Veterans Day saying that they support veterans then voted to make my veterans support amendments out of order. Of course, no press ever reports because it is a procedural item; and nobody ever knows about it.

But I think you have to make this country uncomfortable in what it is doing. People don't look homeless people in the eye. They try to avoid it. They call the police when they are messing up their property. If we can't do for our homeless, especially our veterans homeless, when we have got the resources, we don't deserve to be considered a moral nation.

So I just throw out these ideas. Are you thinking about things like this or are you struggling with your own programs to survive

and meet the needs of your clients. Any thoughts? I don't want you to lose your funding because you became a revolutionary.

Ms. BOONE. Well, we don't have any funding. The National Coalition for Homeless Veterans is here, and our 300 attendees at our conference are all very concerned, and they are concerned about the veterans that don't often vote and have no power, so we are here to try to speak for them.

But I think, Mr. Filner, what you bring up is a really good point, to be more in the face of the public. Because the public doesn't know about homeless veterans as much as they should, and so we agree with you. It is tough to organize a bunch of homeless veterans, but we might think about that.

Mr. COOPER. Mr. Filner, I just wanted to share something with you that Congresswoman Maxine Waters said to a group of us. Said you are the most quiet bunch of warriors I have ever seen. You are fighters who don't make noise.

What I shared with her was is that is what veterans have learned and are programmed to do. We are programmed to sustain all kinds of injury, problems. We are programmed to survive and to do—to sustain all kinds of fire and not complain. Complaining oftentimes is not rewarded if you are a person in the military.

So we learned—you ask a veteran who is in a little lean-to, he is homeless and say, how you doing, man? He said, I am doing okay. I got my lean-to here. I had a little something to eat. I am doing great. That will lead someone to say he is happy being homeless, but does that deobligate us to let this person know that you are having an American dream of owning your own home?

Mr. FILNER. I would argue, though, to have a political purpose would become a part of the treatment. I watched people who didn't complain who had no hope, and given things to do in the first Stand-Down, they became warriors again because they had a purpose. They brought blankets. They organized this and provided that. They got people back into the mainstream because they had a purpose, and they were successful. And maybe that political aim will do more than the counseling.

I am sorry, Mr. Chairman.

Mr. MILLER. Mr. Strickland.

Mr. STRICKLAND. Thank you, Mr. Chairman.

I also want to thank the panelists.

I am going to pick a fight with Ms. Boone, and I really hate to do that because she is one of the people I most admire. But as I listened to your testimony and you described Priority 7 and then Priority Group 8 and I think the implication was that our priorities may be a little off. And I concur with you that we should help those that are the most in need first, but I think we should help Priority Group 7 veterans.

I am really troubled by Priority Group 8 which my understanding is you can make as little as $24,000 and be deprived of the availability to enroll in the VA health care system, and the reason that troubles me is because it is unnecessary. It is just unnecessary.

The issue is, do we care enough about our veterans to care for all of them who are in need? And the truth is we don't. We don't.

And all the words we utter are empty words until we are willing to use our resources where they are most needed.

Now Bob wants us to go to jail. I don't want to do that. I worked in a maximum security prison, and I have been there, Bob's been there, and I can tell you something that may be more effective—and I hope you agree with me, Mr. Filner—than marching or getting arrested.

If we could just convince every veteran in this country to refuse to pose in a picture with any politician who did not support their needs—because we all love—I will tell you, I love to get my picture made with you guys. Your uniform is on, the flag is flying behind us, it is good politics, but you are too easy on us. You are too easy on us. And you should not listen to our words, but you should look at our votes. That is what you should do.

I think if the veterans and the advocates of veterans in this country did that, then things would change. And until they do—you know, until you are not willing to settle for a congressman or a congresswoman who will put their arm around your shoulder and thank you with words for what you have done and then will not vote to make sure that your legitimate needs are met and the promises that we have made are kept, things will not change.

That doesn't mean that you shouldn't continue to do what you do because you are making a difference in individual lives and in certain localities. But in terms of the overall national needs that are confronting our veterans, I don't think things are going to change until there is a will to change; and I don't think that will happen until there is a demand from the grassroots veterans around this country.

I worked in a maximum security prison for almost 10 years, and I can tell you there were lots of veterans in there. I never served in the military, but we had veterans in the maximum security prison. Most of them that I had contact with, because I am a psychologist and I work with the mentally ill, were individuals with very serious mental illnesses—PTSD, schizophrenia, major depressions. You know, I guess maybe being homeless on the streets is a little better than being in a maximum security prison, but they are not appropriate settings for those who served this country honorably, especially when their legal problems, many of them I am convinced come directly from untreated mental illness and substance abuse. So there is a lot of work that confronts us.

This is a great committee, and I think most of what you are advocating for people on this committee are going to, you know, Stand-Downs behind very substantially and support it, but we have got to get the message out to the larger body in the House of Representatives and in the Senate and, ultimately, across the country.

So I didn't ask a question; and, Ms. Boone, you are an asset. Thank you all very much; and thank you, Mr. Chairman, for this opportunity.

Mr. MILLER. Thank you, Mr. Strickland. Mr. Ryan.

Mr. RYAN. Thank you, Mr. Chairman.

Mr. Cooper, just a comment about what you said. I do agree with my colleague regarding the mobilization effort not only with veterans but I think with all interest groups right now that I think have been disconnected from the political process. But you are absolutely

right when you say that veterans—the ones who have been in combat inevitably will never say "I was in combat." I mean, you have to hear it through a friend or a family member, because they don't really talk about it.

I had an uncle that was in Vietnam, and he was on the front lines and, you know, it wasn't until I was 25 years old until I found out some of the real stories, you know, because he would never ever talk about them. And he lost numerous friends when he was there. So it is not flippant to say we need you to mobilize, and I think we need you to understand or try to understand what you have been through.

If we want to solve the problem, there is only one way in a democracy that works. You either have a lot of money and you get what you want, or you have a lot of votes and you get what you want; and until we get the message out and have the real-life stories, I think we are going to continue to confront these problems.

One question I do have for Mr. Blecker. You stated something about the Gulf War veterans, and I assume you were talking about the 1991 war.

Mr. BLECKER. Well, I was thinking about the Iraqi—the soldiers who just fought in Iraq.

Mr. RYAN. What percent—given the amount of troops, what percent would you say would come back with post-traumatic stress?

Mr. BLECKER. Well, you know, they are all subjected to issues, whether they were directly in combat or in supplies. Look at some of those who were taken prisoners and some of the convoys that were shot up. But there were situations where it was incredibly stressful, separating those who were friendly from those who were not. There are issues around family members of the civilians who were killed, and they were right there, and they were sort of participating while there were funeral rites going on. There were shootings in buildings.

The fear of their own safety, the fear of the safety of their friends and the quickness, the way all of this transpired, it reminds me of Vietnam. A lot of Vietnam vets have talked about that. It reminds so much of that, being in villages, who was friendly, who was not, the quickness and explosiveness of the danger and the suffering that occurred.

I just see it written all over the place. You have lance corporals that perhaps are 19, 20, 21 who have gone through this now and they are back and they are disfigured and going to the hospital for rehabilitation. How are they going to get on with their lives? They never thought about—because when you are that young you figure you are invincible. So all those issues we suffered with, we see that happening with this new generation of war soldiers.

Mr. RYAN. Do you have an idea of a percentage—just a ballpark figure that you say that that would affect?

Mr. BLECKER. It is hard for me to say that. That is why I called the beginning of a plan or a pilot project that brings people together who know the situation. I mean, you had firefighters in 9/11 that were traumatized. We are learning more about crises, about trauma and about the stress that it imposes to how it affects our health and with that knowledge we can help the soldiers. That is why I thought about having a project or planning process that

goes beyond—again, beyond just the VA or Department of Defense medical establishment and brings in the expertise of those who have been working with veterans and others who are suffering. I don't know if it would take a lot of money or anything, but we need to start the planning now.

Mr. RYAN. I thank the gentleman, and I yield to the gentleman from Ohio.

Mr. STRICKLAND. I also think we have learned that timely intervention is important and that we need to be thinking now about these problems so that we can deal with them now rather than wait until they fester for months or years and dysfunctional behaviors and habits have developed. I think what you have shared with us is very important, but now is the time we ought to be thinking about how to provide the kind of intervention that is needed in order to keep later problems from developing.

Mr. BLECKER. You have National Guard and Reserves. They are coming back very quickly. You are right. Timely intervention is crucial.

Mr. STRICKLAND. This is upon us, and this is happening as we speak.

Mr. COOPER. May I respond to Mr. Ryan?

I didn't want to imply I am against any kind of mass action. How the VA got started is that World War II veterans came in and marched on Washington for housing. How we got to be able to have a National Coalition for Homeless Veterans is because a bunch of us Vietnam veterans sat right out there overnight in fatigues and in bases.

I am not saying that we shouldn't, but the reality is that we persevere under extreme circumstances. So, oftentimes, we are not prone to move until it is really, really, too late. And with the climate that is in this Nation now, homeland security and such, a bunch of veterans moving in on the Capitol or on this building could create a real, rather difficult situation. So we need to talk about—this is a time that is not like when World War II or even when Vietnam was over. This is a different kind of time. We are never going to go back to those days again—you know, it is a different kind of situation now after 9/11.

Mr. MILLER. Thank you very much.

Having all time expired I want to say thank you to the panelists. Certainly, your experience, your words, your wisdom that you have imparted to this committee is important; and I think if there is one thing we have proven today, it probably happens at the VA committees. There is a lot of work that we need to solve.

Mr. MILLER. With that, this hearing is adjourned.

[Whereupon, at 4 p.m., the subcommittee was adjourned.]

APPENDIX

PUBLIC LAW 107-95 – DEC. 21, 2001

HOMELESS VETERANS COMPREHENSIVE ASSISTANCE ACT OF 2001

Prime Sponsor: Mr. Christopher H. Smith (NJ)
H.R. 2716 – Signed by President Bush on December 21, 2001

Public Law 107–95
107th Congress

An Act

To amend title 38, United States Code, to revise, improve, and consolidate provisions of law providing benefits and services for homeless veterans.

Dec. 21, 2001
[H.R. 2716]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Homeless Veterans Comprehensive Assistance Act of 2001.
38 USC 101 note.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS; REFERENCES TO TITLE 38, UNITED STATES CODE.

(a) SHORT TITLE.—This Act may be cited as the "Homeless Veterans Comprehensive Assistance Act of 2001".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents; references to title 38, United States Code.
Sec. 2. Definitions.
Sec. 3. National goal to end homelessness among veterans.
Sec. 4. Sense of the Congress regarding the needs of homeless veterans and the responsibility of Federal agencies.
Sec. 5. Consolidation and improvement of provisions of law relating to homeless veterans.
Sec. 6. Evaluation centers for homeless veterans programs.
Sec. 7. Study of outcome effectiveness of grant program for homeless veterans with special needs.
Sec. 8. Expansion of other programs.
Sec. 9. Coordination of employment services.
Sec. 10. Use of real property.
Sec. 11. Meetings of Interagency Council on Homeless.
Sec. 12. Rental assistance vouchers for HUD Veterans Affairs Supported Housing program.

(c) REFERENCES TO TITLE 38, UNITED STATES CODE.—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 2. DEFINITIONS.

38 USC 2001 note.

For purposes of this Act:

(1) The term "homeless veteran" has the meaning given such term in section 2002 of title 38, United States Code, as added by section 5(a)(1).

(2) The term "grant and per diem provider" means an entity in receipt of a grant under section 2011 or 2012 of title 38, United States Code, as so added.

SEC. 3. NATIONAL GOAL TO END HOMELESSNESS AMONG VETERANS.

38 USC 2001 note.

(a) NATIONAL GOAL.—Congress hereby declares it to be a national goal to end chronic homelessness among veterans within a decade of the enactment of this Act.

(b) COOPERATIVE EFFORTS ENCOURAGED.—Congress hereby encourages all departments and agencies of Federal, State, and local governments, quasi-governmental organizations, private and public sector entities, including community-based organizations, faith-based organizations, and individuals to work cooperatively to end chronic homelessness among veterans within a decade.

38 USC 2001 note.

SEC. 4. SENSE OF THE CONGRESS REGARDING THE NEEDS OF HOMELESS VETERANS AND THE RESPONSIBILITY OF FEDERAL AGENCIES.

It is the sense of the Congress that—

(1) homelessness is a significant problem in the veterans community and veterans are disproportionately represented among homeless men;

(2) while many effective programs assist homeless veterans to again become productive and self-sufficient members of society, current resources provided to such programs and other activities that assist homeless veterans are inadequate to provide all needed essential services, assistance, and support to homeless veterans;

(3) the most effective programs for the assistance of homeless veterans should be identified and expanded;

(4) federally funded programs for homeless veterans should be held accountable for achieving clearly defined results;

(5) Federal efforts to assist homeless veterans should include prevention of homelessness; and

(6) Federal agencies, particularly the Department of Veterans Affairs, the Department of Housing and Urban Development, and the Department of Labor, should cooperate more fully to address the problem of homelessness among veterans.

SEC. 5. CONSOLIDATION AND IMPROVEMENT OF PROVISIONS OF LAW RELATING TO HOMELESS VETERANS.

(a) IN GENERAL.—(1) Part II is amended by inserting after chapter 19 the following new chapter:

"CHAPTER 20—BENEFITS FOR HOMELESS VETERANS

"SUBCHAPTER I—PURPOSE; DEFINITIONS; ADMINISTRATIVE MATTERS

"Sec.
"2001. Purpose.
"2002. Definitions.
"2003. Staffing requirements.

"SUBCHAPTER II—COMPREHENSIVE SERVICE PROGRAMS

"2011. Grants.
"2012. Per diem payments.
"2013. Authorization of appropriations.

"SUBCHAPTER III—TRAINING AND OUTREACH

"2021. Homeless veterans reintegration programs.
"2022. Coordination of outreach services for veterans at risk of homelessness.
"2023. Demonstration program of referral and counseling for veterans transitioning from certain institutions who are at risk for homelessness.

"SUBCHAPTER IV—TREATMENT AND REHABILITATION FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS

"2031. General treatment.
"2032. Therapeutic housing.
"2033. Additional services at certain locations.
"2034. Coordination with other agencies and organizations.

"SUBCHAPTER V—HOUSING ASSISTANCE

"2041. Housing assistance for homeless veterans.
"2042. Supported housing for veterans participating in compensated work therapies.
"2043. Domiciliary care programs.

"SUBCHAPTER VI—LOAN GUARANTEE FOR MULTIFAMILY TRANSITIONAL HOUSING

"2051. General authority.
"2052. Requirements.
"2053. Default.
"2054. Audit.

"SUBCHAPTER VII—OTHER PROVISIONS

"2061. Grant program for homeless veterans with special needs.
"2062. Dental care.
"2063. Employment assistance.
"2064. Technical assistance grants for nonprofit community-based groups.
"2065. Annual report on assistance to homeless veterans.
"2066. Advisory Committee on Homeless Veterans.

"SUBCHAPTER I—PURPOSE; DEFINITIONS; ADMINISTRATIVE MATTERS

"§ 2001. Purpose

"The purpose of this chapter is to provide for the special needs of homeless veterans.

"§ 2002. Definitions

"In this chapter:

"(1) The term 'homeless veteran' means a veteran who is homeless (as that term is defined in section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a)).

"(2) The term 'grant and per diem provider' means an entity in receipt of a grant under section 2011 or 2012 of this title.

"§ 2003. Staffing requirements

"(a) VBA STAFFING AT REGIONAL OFFICES.—The Secretary shall ensure that there is at least one full-time employee assigned to oversee and coordinate homeless veterans programs at each of the 20 Veterans Benefits Administration regional offices that the Secretary determines have the largest homeless veteran populations within the regions of the Administration. The programs covered by such oversight and coordination include the following:

"(1) Housing programs administered by the Secretary under this title or any other provision of law.

"(2) Compensation, pension, vocational rehabilitation, and education benefits programs administered by the Secretary under this title or any other provision of law.

"(3) The housing program for veterans supported by the Department of Housing and Urban Development.

"(4) The homeless veterans reintegration program of the Department of Labor under section 2021 of this title.

"(5) The programs under section 2033 of this title.

"(6) The assessments required by section 2034 of this title.

"(7) Such other programs relating to homeless veterans as may be specified by the Secretary.

"(b) VHA CASE MANAGERS.—The Secretary shall ensure that the number of case managers in the Veterans Health Administration is sufficient to assure that every veteran who is provided a housing voucher through section 8(o) of the United States Housing

Act of 1937 (42 U.S.C. 1437f(o)) is assigned to, and is seen as needed by, a case manager.

"SUBCHAPTER II—COMPREHENSIVE SERVICE PROGRAMS

"§ 2011. Grants

"(a) AUTHORITY TO MAKE GRANTS.—(1) Subject to the availability of appropriations provided for such purpose, the Secretary shall make grants to assist eligible entities in establishing programs to furnish, and expanding or modifying existing programs for furnishing, the following to homeless veterans:

"(A) Outreach.

"(B) Rehabilitative services.

"(C) Vocational counseling and training

"(D) Transitional housing assistance.

Expiration date.

"(2) The authority of the Secretary to make grants under this section expires on September 30, 2005.

Federal Register, publication.

"(b) CRITERIA FOR GRANTS.—The Secretary shall establish criteria and requirements for grants under this section, including criteria for entities eligible to receive grants, and shall publish such criteria and requirements in the Federal Register. The criteria established under this subsection shall include the following:

"(1) Specification as to the kinds of projects for which grants are available, which shall include—

"(A) expansion, remodeling, or alteration of existing buildings, or acquisition of facilities, for use as service centers, transitional housing, or other facilities to serve homeless veterans; and

"(B) procurement of vans for use in outreach to and transportation for homeless veterans for purposes of a program referred to in subsection (a).

"(2) Specification as to the number of projects for which grants are available.

"(3) Criteria for staffing for the provision of services under a project for which grants are made.

"(4) Provisions to ensure that grants under this section—

"(A) shall not result in duplication of ongoing services; and

"(B) to the maximum extent practicable, shall reflect appropriate geographic dispersion and an appropriate balance between urban and other locations.

"(5) Provisions to ensure that an entity receiving a grant shall meet fire and safety requirements established by the Secretary, which shall include—

"(A) such State and local requirements that may apply; and

"(B) fire and safety requirements applicable under the Life Safety Code of the National Fire Protection Association or such other comparable fire and safety requirements as the Secretary may specify.

"(6) Specification as to the means by which an entity receiving a grant may contribute in-kind services to the start-up costs of a project for which a grant is sought and the methodology for assigning a cost to that contribution for purposes of subsection (c).

"(c) FUNDING LIMITATIONS.—A grant under this section may not be used to support operational costs. The amount of a grant

under this section may not exceed 65 percent of the estimated cost of the project concerned.

"(d) ELIGIBLE ENTITIES.—The Secretary may make a grant under this section to an entity applying for such a grant only if the applicant for the grant—

"(1) is a public or nonprofit private entity with the capacity (as determined by the Secretary) to effectively administer a grant under this section;

"(2) demonstrates that adequate financial support will be available to carry out the project for which the grant is sought consistent with the plans, specifications, and schedule submitted by the applicant; and

"(3) agrees to meet the applicable criteria and requirements established under subsections (b) and (g) and has, as determined by the Secretary, the capacity to meet such criteria and requirements.

"(e) APPLICATION REQUIREMENT.—An entity seeking a grant for a project under this section shall submit to the Secretary an application for the grant. The application shall set forth the following:

"(1) The amount of the grant sought for the project.

"(2) A description of the site for the project.

"(3) Plans, specifications, and the schedule for implementation of the project in accordance with criteria and requirements prescribed by the Secretary under subsection (b).

"(4) Reasonable assurance that upon completion of the work for which the grant is sought, the project will become operational and the facilities will be used principally to provide to veterans the services for which the project was designed, and that not more than 25 percent of the services provided under the project will be provided to individuals who are not veterans.

"(f) PROGRAM REQUIREMENTS.—The Secretary may not make a grant for a project to an applicant under this section unless the applicant in the application for the grant agrees to each of the following requirements:

"(1) To provide the services for which the grant is made at locations accessible to homeless veterans.

"(2) To maintain referral networks for homeless veterans for establishing eligibility for assistance and obtaining services, under available entitlement and assistance programs, and to aid such veterans in establishing eligibility for and obtaining such services.

"(3) To ensure the confidentiality of records maintained on homeless veterans receiving services through the project.

"(4) To establish such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the grant and to such payments as may be made under section 2012 of this title.

"(5) To seek to employ homeless veterans and formerly homeless veterans in positions created for purposes of the grant for which those veterans are qualified.

"(g) SERVICE CENTER REQUIREMENTS.—In addition to criteria and requirements established under subsection (b), in the case of an application for a grant under this section for a service center for homeless veterans, the Secretary shall require each of the following:

"(1) That such center provide services to homeless veterans during such hours as the Secretary may specify and be open to such veterans on an as-needed, unscheduled basis.

"(2) That space at such center be made available, as mutually agreeable, for use by staff of the Department of Veterans Affairs, the Department of Labor, and other appropriate agencies and organizations in assisting homeless veterans served by such center.

"(3) That such center be equipped and staffed to provide or to assist in providing health care, mental health services, hygiene facilities, benefits and employment counseling, meals, transportation assistance, and such other services as the Secretary determines necessary.

"(4) That such center be equipped and staffed to provide, or to assist in providing, job training, counseling, and placement services (including job readiness and literacy and skills training), as well as any outreach and case management services that may be necessary to carry out this paragraph.

"(h) RECOVERY OF UNUSED GRANT FUNDS.—(1) If a grant recipient under this section does not establish a program in accordance with this section or ceases to furnish services under such a program for which the grant was made, the United States shall be entitled to recover from such recipient the total of all unused grant amounts made under this section to such recipient in connection with such program.

"(2) Any amount recovered by the United States under paragraph (1) may be obligated by the Secretary without fiscal year limitation to carry out provisions of this subchapter.

"(3) An amount may not be recovered under paragraph (1) as an unused grant amount before the end of the three-year period beginning on the date on which the grant is made.

"§ 2012. Per diem payments

"(a) PER DIEM PAYMENTS FOR FURNISHING SERVICES TO HOMELESS VETERANS.—(1) Subject to the availability of appropriations provided for such purpose, the Secretary, pursuant to such criteria as the Secretary shall prescribe, shall provide to a recipient of a grant under section 2011 of this title (or an entity eligible to receive a grant under that section which after November 10, 1992, establishes a program that the Secretary determines carries out the purposes described in that section) per diem payments for services furnished to any homeless veteran—

"(A) whom the Secretary has referred to the grant recipient (or entity eligible for such a grant); or

"(B) for whom the Secretary has authorized the provision of services.

"(2)(A) The rate for such per diem payments shall be the daily cost of care estimated by the grant recipient or eligible entity adjusted by the Secretary under subparagraph (B). In no case may the rate determined under this paragraph exceed the rate authorized for State homes for domiciliary care under subsection (a)(1)(A) of section 1741 of this title, as the Secretary may increase from time to time under subsection (c) of that section.

"(B) The Secretary shall adjust the rate estimated by the grant recipient or eligible entity under subparagraph (A) to exclude other sources of income described in subparagraph (D) that the grant recipient or eligible entity certifies to be correct.

"(C) Each grant recipient or eligible entity shall provide to the Secretary such information with respect to other sources of income as the Secretary may require to make the adjustment under subparagraph (B).

"(D) The other sources of income referred to in subparagraphs (B) and (C) are payments to the grant recipient or eligible entity for furnishing services to homeless veterans under programs other than under this subchapter, including payments and grants from other departments and agencies of the United States, from departments or agencies of State or local government, and from private entities or organizations.

"(3) In a case in which the Secretary has authorized the provision of services, per diem payments under paragraph (1) may be paid retroactively for services provided not more than three days before the authorization was provided.

"(b) INSPECTIONS.—The Secretary may inspect any facility of a grant recipient or entity eligible for payments under subsection (a) at such times as the Secretary considers necessary. No per diem payment may be provided to a grant recipient or eligible entity under this section unless the facilities of the grant recipient or eligible entity meet such standards as the Secretary shall prescribe.

"(c) LIFE SAFETY CODE.—(1) Except as provided in paragraph (2), a per diem payment may not be provided under this section to a grant recipient or eligible entity unless the facilities of the grant recipient or eligible entity, as the case may be, meet applicable fire and safety requirements under the Life Safety Code of the National Fire Protection Association or such other comparable fire and safety requirements as the Secretary may specify.

"(2) During the five-year period beginning on the date of the enactment of this section, paragraph (1) shall not apply to an entity that received a grant under section 3 of the Homeless Veterans Comprehensive Service Programs Act of 1992 (Public Law 102–590; 38 U.S.C. 7721 note) before that date if the entity meets fire and safety requirements established by the Secretary.

"(3) From amounts available for purposes of this section, not less than $5,000,000 shall be used only for grants to assist entities covered by paragraph (2) in meeting the Life Safety Code of the National Fire Protection Association or such other comparable fire and safety requirements as the Secretary may specify.

"§ 2013. Authorization of appropriations

"There are authorized to be appropriated to carry out this subchapter amounts as follows:

"(1) $60,000,000 for fiscal year 2002.
"(2) $75,000,000 for fiscal year 2003.
"(3) $75,000,000 for fiscal year 2004.
"(4) $75,000,000 for fiscal year 2005.

"SUBCHAPTER III—TRAINING AND OUTREACH

"§ 2021. Homeless veterans reintegration programs

"(a) IN GENERAL.—Subject to the availability of appropriations provided for such purpose, the Secretary of Labor shall conduct, directly or through grant or contract, such programs as the Secretary determines appropriate to provide job training, counseling, and placement services (including job readiness and literacy and

skills training) to expedite the reintegration of homeless veterans into the labor force.

"(b) REQUIREMENT TO MONITOR EXPENDITURES OF FUNDS.—(1) The Secretary of Labor shall collect such information as that Secretary considers appropriate to monitor and evaluate the distribution and expenditure of funds appropriated to carry out this section. The information shall include data with respect to the results or outcomes of the services provided to each homeless veteran under this section.

"(2) Information under paragraph (1) shall be furnished in such form and manner as the Secretary of Labor may specify.

"(c) ADMINISTRATION THROUGH THE ASSISTANT SECRETARY OF LABOR FOR VETERANS' EMPLOYMENT AND TRAINING.—The Secretary of Labor shall carry out this section through the Assistant Secretary of Labor for Veterans' Employment and Training.

"(d) BIENNIAL REPORT TO CONGRESS.—Not less than every two years, the Secretary of Labor shall submit to Congress a report on the programs conducted under this section. The Secretary of Labor shall include in the report an evaluation of services furnished to veterans under this section and an analysis of the information collected under subsection (b).

"(e) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated to carry out this section amounts as follows:

"(A) $50,000,000 for fiscal year 2002.

"(B) $50,000,000 for fiscal year 2003.

"(C) $50,000,000 for fiscal year 2004.

"(D) $50,000,000 for fiscal year 2005.

"(E) $50,000,000 for fiscal year 2006.

"(2) Funds appropriated to carry out this section shall remain available until expended. Funds obligated in any fiscal year to carry out this section may be expended in that fiscal year and the succeeding fiscal year.

"§ 2022. Coordination of outreach services for veterans at risk of homelessness

"(a) OUTREACH PLAN.—The Secretary, acting through the Under Secretary for Health, shall provide for appropriate officials of the Mental Health Service and the Readjustment Counseling Service of the Veterans Health Administration to develop a coordinated plan for joint outreach by the two Services to veterans at risk of homelessness, including particularly veterans who are being discharged or released from institutions after inpatient psychiatric care, substance abuse treatment, or imprisonment.

"(b) MATTERS TO BE INCLUDED.—The outreach plan under subsection (a) shall include the following:

"(1) Strategies to identify and collaborate with non-Department entities used by veterans who have not traditionally used Department services to further outreach efforts.

"(2) Strategies to ensure that mentoring programs, recovery support groups, and other appropriate support networks are optimally available to veterans.

"(3) Appropriate programs or referrals to family support programs.

"(4) Means to increase access to case management services.

"(5) Plans for making additional employment services accessible to veterans.

"(6) Appropriate referral sources for mental health and substance abuse services.

"(c) COOPERATIVE RELATIONSHIPS.—The outreach plan under subsection (a) shall identify strategies for the Department to enter into formal cooperative relationships with entities outside the Department to facilitate making services and resources optimally available to veterans.

"(d) REVIEW OF PLAN.—The Secretary shall submit the outreach plan under subsection (a) to the Advisory Committee on Homeless Veterans for its review and consultation.

"(e) OUTREACH PROGRAM.—(1) The Secretary shall carry out an outreach program to provide information to homeless veterans and veterans at risk of homelessness. The program shall include at a minimum—

"(A) provision of information about benefits available to eligible veterans from the Department; and

"(B) contact information for local Department facilities, including medical facilities, regional offices, and veterans centers.

"(2) In developing and carrying out the program under paragraph (1), the Secretary shall, to the extent practicable, consult with appropriate public and private organizations, including the Bureau of Prisons, State social service agencies, the Department of Defense, and mental health, veterans, and homeless advocates—

"(A) for assistance in identifying and contacting veterans who are homeless or at risk of homelessness;

"(B) to coordinate appropriate outreach activities with those organizations; and

"(C) to coordinate services provided to veterans with services provided by those organizations.

"(f) REPORTS.—(1) Not later than October 1, 2002, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives an initial report that contains an evaluation of outreach activities carried out by the Secretary with respect to homeless veterans, including outreach regarding clinical issues and other benefits administered under this title. The Secretary shall conduct the evaluation in consultation with the Under Secretary for Benefits, the Department of Veterans Affairs central office official responsible for the administration of the Readjustment Counseling Service, the Director of Homeless Veterans Programs, and the Department of Veterans Affairs central office official responsible for the administration of the Mental Health Strategic Health Care Group. Deadlines.

"(2) Not later than December 31, 2005, the Secretary shall submit to the committees referred to in paragraph (1) an interim report on outreach activities carried out by the Secretary with respect to homeless veterans. The report shall include the following:

"(A) The Secretary's outreach plan under subsection (a), including goals and time lines for implementation of the plan for particular facilities and service networks.

"(B) A description of the implementation and operation of the outreach program under subsection (e).

"(C) A description of the implementation and operation of the demonstration program under section 2023 of this title.

"(3) Not later than July 1, 2007, the Secretary shall submit to the committees referred to in paragraph (1) a final report on

outreach activities carried out by the Secretary with respect to homeless veterans. The report shall include the following:

"(A) An evaluation of the effectiveness of the outreach plan under subsection (a).

"(B) An evaluation of the effectiveness of the outreach program under subsection (e).

"(C) An evaluation of the effectiveness of the demonstration program under section 2023 of this title.

"(D) Recommendations, if any, regarding an extension or modification of such outreach plan, such outreach program, and such demonstration program.

"§ 2023. Demonstration program of referral and counseling for veterans transitioning from certain institutions who are at risk for homelessness

"(a) PROGRAM AUTHORITY.—The Secretary and the Secretary of Labor (hereinafter in this section referred to as the 'Secretaries') shall carry out a demonstration program for the purpose of determining the costs and benefits of providing referral and counseling services to eligible veterans with respect to benefits and services available to such veterans under this title and under State law.

"(b) LOCATION OF DEMONSTRATION PROGRAM.—The demonstration program shall be carried out in at least six locations. One location shall be a penal institution under the jurisdiction of the Bureau of Prisons.

"(c) SCOPE OF PROGRAM.—(1) To the extent practicable, the demonstration program shall provide both referral and counseling services, and in the case of counseling services, shall include counseling with respect to job training and placement (including job readiness), housing, health care, and other benefits to assist the eligible veteran in the transition from institutional living.

"(2)(A) To the extent that referral or counseling services are provided at a location under the program, referral services shall be provided in person during such period of time that the Secretaries may specify that precedes the date of release or discharge of the eligible veteran, and counseling services shall be furnished after such date.

"(B) The Secretaries may, as part of the program, furnish to officials of penal institutions outreach information with respect to referral and counseling services for presentation to veterans in the custody of such officials during the 18-month period that precedes such date of release or discharge.

"(3) The Secretaries may enter into contracts to carry out the referral and counseling services required under the program with entities or organizations that meet such requirements as the Secretaries may establish.

"(4) In developing the program, the Secretaries shall consult with officials of the Bureau of Prisons, officials of penal institutions of States and political subdivisions of States, and such other officials as the Secretaries determine appropriate.

"(d) DURATION.—The authority of the Secretaries to provide referral and counseling services under the demonstration program shall cease on the date that is four years after the date of the commencement of the program.

"(e) DEFINITION.—In this section, the term 'eligible veteran' means a veteran who—

"(1) is a resident of a penal institution or an institution that provides long-term care for mental illness; and

"(2) is at risk for homelessness absent referral and counseling services provided under the demonstration program (as determined under guidelines established by the Secretaries).

"SUBCHAPTER V—HOUSING ASSISTANCE

"§ 2042. Supported housing for veterans participating in compensated work therapies

"The Secretary may authorize homeless veterans in the compensated work therapy program to be provided housing through the therapeutic residence program under section 2032 of this title or through grant and per diem providers under subchapter II of this chapter.

"§ 2043. Domiciliary care programs

"(a) AUTHORITY.—The Secretary may establish up to 10 programs under section 1710(b) of this title (in addition to any program that is established as of the date of the enactment of this section) to provide domiciliary services under such section to homeless veterans.

"(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary $5,000,000 for each of fiscal years 2003 and 2004 to establish the programs referred to in subsection (a).

"SUBCHAPTER VII—OTHER PROVISIONS

"§ 2061. Grant program for homeless veterans with special needs

"(a) ESTABLISHMENT.—The Secretary shall carry out a program to make grants to health care facilities of the Department and to grant and per diem providers in order to encourage development by those facilities and providers of programs for homeless veterans with special needs.

"(b) HOMELESS VETERANS WITH SPECIAL NEEDS.—For purposes of this section, homeless veterans with special needs include homeless veterans who are—

"(1) women, including women who have care of minor dependents;

"(2) frail elderly;

"(3) terminally ill; or

"(4) chronically mentally ill.

"(c) FUNDING.—(1) From amounts appropriated to the Department for 'Medical Care' for each of fiscal years 2003, 2004, and 2005, $5,000,000 shall be available for each such fiscal year for the purposes of the program under this section.

"(2) The Secretary shall ensure that funds for grants under this section are designated for the first three years of operation of the program under this section as a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.

"§ 2062. Dental care

"(a) IN GENERAL.—For purposes of section 1712(a)(1)(H) of this title, outpatient dental services and treatment of a dental condition

or disability of a veteran described in subsection (b) shall be considered to be medically necessary, subject to subsection (c), if—

"(1) the dental services and treatment are necessary for the veteran to successfully gain or regain employment;

"(2) the dental services and treatment are necessary to alleviate pain; or

"(3) the dental services and treatment are necessary for treatment of moderate, severe, or severe and complicated gingival and periodontal pathology.

Applicability.

"(b) ELIGIBLE VETERANS.—Subsection (a) applies to a veteran—

"(1) who is enrolled for care under section 1705(a) of this title; and

"(2) who, for a period of 60 consecutive days, is receiving care (directly or by contract) in any of the following settings:

"(A) A domiciliary under section 1710 of this title.

"(B) A therapeutic residence under section 2032 of this title.

"(C) Community residential care coordinated by the Secretary under section 1730 of this title.

"(D) A setting for which the Secretary provides funds for a grant and per diem provider.

"(3) For purposes of paragraph (2), in determining whether a veteran has received treatment for a period of 60 consecutive days, the Secretary may disregard breaks in the continuity of treatment for which the veteran is not responsible.

"(c) LIMITATION.—Dental benefits provided by reason of this section shall be a one-time course of dental care provided in the same manner as the dental benefits provided to a newly discharged veteran.

"§ 2063. Employment assistance

"The Secretary may authorize homeless veterans receiving care through vocational rehabilitation programs to participate in the compensated work therapy program under section 1718 of this title.

"§ 2064. Technical assistance grants for nonprofit community-based groups

"(a) GRANT PROGRAM.—The Secretary shall carry out a program to make grants to entities or organizations with expertise in preparing grant applications. Under the program, the entities or organizations receiving grants shall provide technical assistance to nonprofit community-based groups with experience in providing assistance to homeless veterans in order to assist such groups in applying for grants under this chapter and other grants relating to addressing problems of homeless veterans.

"(b) FUNDING.—There is authorized to be appropriated $750,000 for each of fiscal years 2002 through 2005 to carry out the program under this section.

"§ 2065. Annual report on assistance to homeless veterans

Deadline.

"(a) ANNUAL REPORT.—Not later than April 15 of each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the activities of the Department during the calendar year preceding the report under programs of the Department under this chapter and other

programs of the Department for the provision of assistance to homeless veterans.

"(b) GENERAL CONTENTS OF REPORT.—Each report under subsection (a) shall include the following:

"(1) The number of homeless veterans provided assistance under the programs referred to in subsection (a).

"(2) The cost to the Department of providing such assistance under those programs.

"(3) The Secretary's evaluation of the effectiveness of the programs of the Department in providing assistance to homeless veterans, including—

"(A) residential work-therapy programs;

"(B) programs combining outreach, community-based residential treatment, and case-management; and

"(C) contract care programs for alcohol and drug-dependence or use disabilities).

"(4) The Secretary's evaluation of the effectiveness of programs established by recipients of grants under section 2011 of this title and a description of the experience of those recipients in applying for and receiving grants from the Secretary of Housing and Urban Development to serve primarily homeless persons who are veterans.

"(5) Any other information on those programs and on the provision of such assistance that the Secretary considers appropriate.

"(c) HEALTH CARE CONTENTS OF REPORT.—Each report under subsection (a) shall include, with respect to programs of the Department addressing health care needs of homeless veterans, the following:

"(1) Information about expenditures, costs, and workload under the program of the Department known as the Health Care for Homeless Veterans program (HCHV).

"(2) Information about the veterans contacted through that program.

"(3) Information about program treatment outcomes under that program.

"(4) Information about supported housing programs.

"(5) Information about the Department's grant and per diem provider program under subchapter II of this chapter.

"(6) The findings and conclusions of the assessments of the medical needs of homeless veterans conducted under section 2034(b) of this title.

"(7) Other information the Secretary considers relevant in assessing those programs.

"(d) BENEFITS CONTENT OF REPORT.—Each report under subsection (a) shall include, with respect to programs and activities of the Veterans Benefits Administration in processing of claims for benefits of homeless veterans during the preceding year, the following:

"(1) Information on costs, expenditures, and workload of Veterans Benefits Administration claims evaluators in processing claims for benefits of homeless veterans.

"(2) Information on the filing of claims for benefits by homeless veterans.

"(3) Information on efforts undertaken to expedite the processing of claims for benefits of homeless veterans.

"(4) Other information that the Secretary considers relevant in assessing the programs and activities.

"§ 2066. Advisory Committee on Homeless Veterans

"(a) ESTABLISHMENT.—(1) There is established in the Department the Advisory Committee on Homeless Veterans (hereinafter in this section referred to as the 'Committee').

"(2) The Committee shall consist of not more than 15 members appointed by the Secretary from among the following:

"(A) Veterans service organizations.

"(B) Advocates of homeless veterans and other homeless individuals.

"(C) Community-based providers of services to homeless individuals.

"(D) Previously homeless veterans.

"(E) State veterans affairs officials.

"(F) Experts in the treatment of individuals with mental illness.

"(G) Experts in the treatment of substance use disorders.

"(H) Experts in the development of permanent housing alternatives for lower income populations.

"(I) Experts in vocational rehabilitation.

"(J) Such other organizations or groups as the Secretary considers appropriate.

"(3) The Committee shall include, as ex officio members, the following:

"(A) The Secretary of Labor (or a representative of the Secretary selected after consultation with the Assistant Secretary of Labor for Veterans' Employment).

"(B) The Secretary of Defense (or a representative of the Secretary).

"(C) The Secretary of Health and Human Services (or a representative of the Secretary).

"(D) The Secretary of Housing and Urban Development (or a representative of the Secretary).

"(4)(A) The Secretary shall determine the terms of service and allowances of the members of the Committee, except that a term of service may not exceed three years. The Secretary may reappoint any member for additional terms of service.

"(B) Members of the Committee shall serve without pay. Members may receive travel expenses, including per diem in lieu of subsistence for travel in connection with their duties as members of the Committee.

"(b) DUTIES.—(1) The Secretary shall consult with and seek the advice of the Committee on a regular basis with respect to the provision by the Department of benefits and services to homeless veterans.

"(2) In providing advice to the Secretary under this subsection, the Committee shall—

"(A) assemble and review information relating to the needs of homeless veterans;

"(B) provide an on-going assessment of the effectiveness of the policies, organizational structures, and services of the Department in assisting homeless veterans; and

"(C) provide on-going advice on the most appropriate means of providing assistance to homeless veterans.

"(3) The Committee shall—

"(A) review the continuum of services provided by the Department directly or by contract in order to define cross-cutting issues and to improve coordination of all services with the Department that are involved in addressing the special needs of homeless veterans;

"(B) identify (through the annual assessments under section 2034 of this title and other available resources) gaps in programs of the Department in serving homeless veterans, including identification of geographic areas with unmet needs, and provide recommendations to address those gaps;

"(C) identify gaps in existing information systems on homeless veterans, both within and outside the Department, and provide recommendations about redressing problems in data collection;

"(D) identify barriers under existing laws and policies to effective coordination by the Department with other Federal agencies and with State and local agencies addressing homeless populations;

"(E) identify opportunities for increased liaison by the Department with nongovernmental organizations and individual groups providing services to homeless populations;

"(F) with appropriate officials of the Department designated by the Secretary, participate with the Interagency Council on the Homeless under title II of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11311 et seq.);

"(G) recommend appropriate funding levels for specialized programs for homeless veterans provided or funded by the Department;

"(H) recommend appropriate placement options for veterans who, because of advanced age, frailty, or severe mental illness, may not be appropriate candidates for vocational rehabilitation or independent living; and

"(I) perform such other functions as the Secretary may direct.

"(c) REPORTS.—(1) Not later than March 31 of each year, the Committee shall submit to the Secretary a report on the programs and activities of the Department that relate to homeless veterans. Each such report shall include— Deadline.

"(A) an assessment of the needs of homeless veterans;

"(B) a review of the programs and activities of the Department designed to meet such needs;

"(C) a review of the activities of the Committee; and

"(D) such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate.

"(2) Not later than 90 days after the receipt of a report under paragraph (1), the Secretary shall transmit to the Committees on Veterans' Affairs of the Senate and House of Representatives a copy of the report, together with any comments and recommendations concerning the report that the Secretary considers appropriate. Deadline.

"(3) The Committee may also submit to the Secretary such other reports and recommendations as the Committee considers appropriate.

"(4) The Secretary shall submit with each annual report submitted to the Congress pursuant to section 529 of this title a summary of all reports and recommendations of the Committee

submitted to the Secretary since the previous annual report of the Secretary submitted pursuant to that section.

"(d) TERMINATION.—The Committee shall cease to exist December 31, 2006.".

(2) The tables of chapters before part I and at the beginning of part II are each amended by inserting after the item relating to chapter 19 the following new item:

"20. Benefits for Homeless Veterans ..... 2001".

(b) HEALTH CARE.—(1) Subchapter VII of chapter 17 is transferred to chapter 20 (as added by subsection (a)), inserted after section 2023 (as so added), and redesignated as subchapter IV, and sections 1771, 1772, 1773, and 1774 therein are redesignated as sections 2031, 2032, 2033, and 2034, respectively.

(2) Subsection (a)(3) of section 2031, as so transferred and redesignated, is amended by striking "section 1772 of this title" and inserting "section 2032 of this title".

(c) HOUSING ASSISTANCE.—Section 3735 is transferred to chapter 20 (as added by subsection (a)), inserted after the heading for subchapter V, and redesignated as section 2041.

(d) MULTIFAMILY TRANSITIONAL HOUSING.—(1) Subchapter VI of chapter 37 (other than section 3771) is transferred to chapter 20 (as added by subsection (a)) and inserted after section 2043 (as so added), and sections 3772, 3773, 3774, and 3775 therein are redesignated as sections 2051, 2052, 2053, and 2054, respectively.

(2) Such subchapter is amended—

(A) in the heading, by striking "FOR HOMELESS VETERANS";

(B) in subsection (d)(1) of section 2051, as so transferred and redesignated, by striking "section 3773 of this title" and inserting "section 2052 of this title"; and

(C) in subsection (a) of section 2052, as so transferred and redesignated, by striking "section 3772 of this title" and inserting "section 2051 of this title".

(3) Section 3771 is repealed.

(e) REPEAL OF CODIFIED PROVISIONS.—The following provisions of law are repealed:

(1) Sections 3, 4, and 12 of the Homeless Veterans Comprehensive Service Programs Act of 1992 (Public Law 102–590; 38 U.S.C. 7721 note).

(2) Section 1001 of the Veterans' Benefits Improvements Act of 1994 (Public Law 103–446; 38 U.S.C. 7721 note).

(3) Section 4111.

(4) Section 738 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11448).

(f) EXTENSION OF EXPIRING AUTHORITIES.—Subsection (b) of section 2031, as redesignated by subsection (b)(1), and subsection (d) of section 2033, as so redesignated, are amended by striking "December 31, 2001" and inserting "December 31, 2006".

(g) CLERICAL AMENDMENTS.—(1) The table of sections at the beginning of chapter 17 is amended by striking the item relating to subchapter VII and the items relating to sections 1771, 1772, 1773, and 1774.

(2) The table of sections at the beginning of chapter 37 is amended—

(A) by striking the item relating to section 3735; and

(B) by striking the item relating to subchapter VI and the items relating to sections 3771, 3772, 3773, 3774, and 3775.

(3) The table of sections at the beginning of chapter 41 is amended by striking the item relating to section 4111.

SEC. 6. EVALUATION CENTERS FOR HOMELESS VETERANS PROGRAMS.

(a) EVALUATION CENTERS.—The Secretary of Veterans Affairs shall support the continuation within the Department of Veterans Affairs of at least one center for evaluation to monitor the structure, process, and outcome of programs of the Department of Veterans Affairs that address homeless veterans. 38 USC 2001 note.

(b) ANNUAL PROGRAM ASSESSMENT.—Section 2034(b), as transferred and redesignated by section 5(b)(1), is amended—

(1) by inserting "annual" in paragraph (1) after "to make an"; and

(2) by adding at the end the following new paragraph:

"(6) The Secretary shall review each annual assessment under this subsection and shall consolidate the findings and conclusions of each such assessment into the next annual report submitted to Congress under section 2065 of this title.".

SEC. 7. STUDY OF OUTCOME EFFECTIVENESS OF GRANT PROGRAM FOR HOMELESS VETERANS WITH SPECIAL NEEDS. 38 USC 2061 note.

(a) STUDY.—The Secretary of Veterans Affairs shall conduct a study of the effectiveness during fiscal year 2002 through fiscal year 2004 of the grant program under section 2061 of title 38, United States Code, as added by section 5(a), in meeting the needs of homeless veterans with special needs (as specified in that section). As part of the study, the Secretary shall compare the results of programs carried out under that section, in terms of veterans' satisfaction, health status, reduction in addiction severity, housing, and encouragement of productive activity, with results for similar veterans in programs of the Department or of grant and per diem providers that are designed to meet the general needs of homeless veterans.

(b) REPORT.—Not later than March 31, 2005, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report setting forth the results of the study under subsection (a). Deadline.

SEC. 8. EXPANSION OF OTHER PROGRAMS.

(a) ACCESS TO MENTAL HEALTH SERVICES.—Section 1706 is amended by adding at the end the following new subsection:

"(c) The Secretary shall ensure that each primary care health care facility of the Department develops and carries out a plan to provide mental health services, either through referral or direct provision of services, to veterans who require such services.".

(b) COMPREHENSIVE HOMELESS SERVICES PROGRAM.—Subsection (b) of section 2033, as transferred and redesignated by section 5(b)(1), is amended—

(1) by striking "not fewer" in the first sentence and all that follows through "services) at"; and

(2) by adding at the end the following new sentence: "The Secretary shall carry out the program under this section in sites in at least each of the 20 largest metropolitan statistical areas.".

(c) ACCESS TO SUBSTANCE USE DISORDER SERVICES.—Section 1720A is amended by adding at the end the following new subsection:

"(d)(1) The Secretary shall ensure that each medical center of the Department develops and carries out a plan to provide treatment for substance use disorders, either through referral or direct provision of services, to veterans who require such treatment.

"(2) Each plan under paragraph (1) shall make available clinically proven substance abuse treatment methods, including opioid substitution therapy, to veterans with respect to whom a qualified medical professional has determined such treatment methods to be appropriate.".

SEC. 9. COORDINATION OF EMPLOYMENT SERVICES.

(a) DISABLED VETERANS' OUTREACH PROGRAM.—Section 4103A(c) is amended by adding at the end the following new paragraph:

"(11) Coordination of employment services with training assistance provided to veterans by entities receiving funds under section 2021 of this title.".

(b) LOCAL VETERANS' EMPLOYMENT REPRESENTATIVES.—Section 4104(b) is amended—

(1) by striking "and" at the end of paragraph (11);

(2) by striking the period at the end of paragraph (12) and inserting "; and"; and

(3) by adding at the end the following new paragraph:

"(13) coordinate employment services with training assistance provided to veterans by entities receiving funds under section 2021 of this title.".

SEC. 10. USE OF REAL PROPERTY.

(a) LIMITATION ON DECLARING PROPERTY EXCESS TO THE NEEDS OF THE DEPARTMENT.—Section 8122(d) is amended by inserting before the period at the end the following: "and is not suitable for use for the provision of services to homeless veterans by the Department or by another entity under an enhanced-use lease of such property under section 8162 of this title".

(b) WAIVER OF COMPETITIVE SELECTION PROCESS FOR ENHANCED-USE LEASES FOR PROPERTIES USED TO SERVE HOMELESS VETERANS.—Section 8162(b)(1) is amended—

(1) by inserting "(A)" after "(b)(1)"; and

(2) by adding at the end the following:

"(B) In the case of a property that the Secretary determines is appropriate for use as a facility to furnish services to homeless veterans under chapter 20 of this title, the Secretary may enter into an enhanced-use lease with a provider of homeless services without regard to the selection procedures required under subparagraph (A).".

Applicability. 38 USC 8162 note.

(c) EFFECTIVE DATE.—The amendments made by subsection (b) shall apply to leases entered into on or after the date of the enactment of this Act.

SEC. 11. MEETINGS OF INTERAGENCY COUNCIL ON HOMELESS.

Section 202(c) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11312(c)) is amended to read as follows:

"(c) MEETINGS.—The Council shall meet at the call of its Chairperson or a majority of its members, but not less often than annually.".

SEC. 12. RENTAL ASSISTANCE VOUCHERS FOR HUD VETERANS AFFAIRS SUPPORTED HOUSING PROGRAM.

Section 8(o) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)) is amended by adding at the end the following new paragraph:

"(19) RENTAL VOUCHERS FOR VETERANS AFFAIRS SUPPORTED HOUSING PROGRAM.—

"(A) SET ASIDE.—Subject to subparagraph (C), the Secretary shall set aside, from amounts made available for rental assistance under this subsection, the amounts specified in subparagraph (B) for use only for providing such assistance through a supported housing program administered in conjunction with the Department of Veterans Affairs. Such program shall provide rental assistance on behalf of homeless veterans who have chronic mental illnesses or chronic substance use disorders, shall require agreement of the veteran to continued treatment for such mental illness or substance use disorder as a condition of receipt of such rental assistance, and shall ensure such treatment and appropriate case management for each veteran receiving such rental assistance.

"(B) AMOUNT.—The amount specified in this subparagraph is—

"(i) for fiscal year 2003, the amount necessary to provide 500 vouchers for rental assistance under this subsection;

"(ii) for fiscal year 2004, the amount necessary to provide 1,000 vouchers for rental assistance under this subsection;

"(iii) for fiscal year 2005, the amount necessary to provide 1,500 vouchers for rental assistance under this subsection; and

"(iv) for fiscal year 2006, the amount necessary to provide 2,000 vouchers for rental assistance under this subsection.

"(C) FUNDING THROUGH INCREMENTAL ASSISTANCE.—In any fiscal year, to the extent that this paragraph requires the Secretary to set aside rental assistance amounts for use under this paragraph in an amount that exceeds the amount set aside in the preceding fiscal year, such requirement shall be effective only to such extent

or in such amounts as are or have been provided in appropriation Acts for such fiscal year for incremental rental assistance under this subsection.".

Approved December 21, 2001.

LEGISLATIVE HISTORY—H.R. 2716 (S. 739):

HOUSE REPORTS: No. 107–241, Pt. 1 (Comm. on Veterans' Affairs).
SENATE REPORTS: No. 107–82 accompanying S. 739 (Comm. on Veterans' Affairs).
CONGRESSIONAL RECORD, Vol. 147 (2001):
Oct. 16, considered and passed House.
Dec. 6, considered and passed Senate, amended.
Dec. 11, House concurred in Senate amendment.

○

STATEMENT OF CIRO RODRIGUEZ
RANKING MEMBER
HEALTH SUBCOMMITTEE
MAY 6, 2003

Status of Homeless Assistance Programs for Veterans Conducted by the Department of Veterans Affairs, Including its Coordination with Community Based Providers and Other Agencies

Thank you, Mr. Chairman. I appreciate the opportunity to have Deputy Secretary MacKay here to fill us in on the status of implementation of Public Law 107-95, the Homeless Veterans Comprehensive Assistance Act. I am proud of the legislation that we passed a year and ½ ago and am committed to seeing it through to full implementation.

I know that there is some good news. We have a dynamic and passionate Advisory Committee on Homelessness that has made its first report to the Secretary. I am looking forward to receiving the Secretary's responses to its first series of recommendations next month. I am also pleased that VA has offered guidance to the field about implementation of dental health care benefits for veterans, although I would like to find out if VA is aware of how its directive has resulted in more care for veterans.

Many of our panelists who provide care to veterans in communities across the nation are also inspirational. They have dedicated their lives to helping their fallen comrades. I applaud Linda Boone and the National Coalition of Homeless Veterans and its members who are joining us today. Thank you for your many combined years of dedicated service to our veterans.

Unfortunately, we still have a long way to go. I don't think the VA will be able to tell us we are well on our way toward meeting the legislation's stated goal of ending chronic homelessness within a decade. There has simply not been as much progress as one might have hoped to meet the urgent goals of the veterans' community. Effective programs are not duplicated, even with Congress' express authority. Innovations in programs, such as the special needs grants for women, the chronically mentally ill, frail elderly and terminally ill have not yet been designed, not to mention funded. Worse, we understand that the programs that once served these veterans needs have been combined with funding for homeless grant and per diem providers who might not necessarily meet the same needs. Even with the funding shift, VA

still falls well short of the $75 million Congress authorized for these programs in FY 2004. Funds have also not allowed enough growth in domiciliaries or homeless vocational reintegration programs. There are no HUD vouchers designated for veterans nor has VA yet to spend a single dollar for the multifamily transitional housing grants we approved in 1998.

VA estimates it treated about 10,000 veterans in rehabilitative residential settings last year, but that is simply too few veterans when we have a quarter of a million veterans estimated to be on the streets each night. If these numbers stay constant it would take us 25 more years to meet all the need. Soon the quarter of a million deployed troops will return to us. To add to the challenge, we need to ensure that there are safety nets in the form of prevention programs and early detection to intervene on their behalf.

Mr. Chairman, I think you will share my view that there is much progress yet to be made. I look forward to continuing to ensure this progress in future hearings.

STATEMENT OF THE HONORABLE CHRISTOPHER H. SMITH
CHAIRMAN, COMMITTEE ON VETERANS' AFFAIRS

ON THE STATUS OF HOMELESS ASSISTANCE PROGRAMS IN THE DEPARTMENT OF VETERANS AFFAIRS

May 6, 2003

I want to thank Chairman Simmons for conducting this oversight hearing today on the status of homeless assistance programs for veterans. There are a handful of topics that I hold very near and dear to me – and homelessness among our veterans is one of those topics that until we can honestly say it is no longer a problem in this great country—will remain front and center on my radar screen.

While in London last week, Defense Secretary Donald Rumsfeld said that the number of American and British forces needed to secure Iraq in the long and short term is "not knowable." The terminology he used, "not knowable," seems a truism when put in the context of the subject of this hearing. As we gather here today, there are many former soldiers, sailors, airmen and marines in America who are homeless, sleeping in doorways, in boxes, on grates or on the street. The Department of Veterans Affairs estimates that 250,000 homeless veterans are on the streets of this country any given night. Some of you here today may have higher estimates, but regardless, any estimate is "not knowable," but far too high and completely unacceptable.

Think about it, over a quarter million military veterans, two-thirds of whom served for three or more years in the military, and one-third of whom served in combat zones, are sleeping on our streets every night. That is essentially the equivalent of 17 infantry divisions. In my home state of New Jersey, it is estimated that there are more than 8,000 homeless veterans struggling every day just to achieve one of life's basic needs – having a place to live.

Fortunately, there are people and organizations, like those of you here today, working tirelessly on behalf of homeless veterans. As you know, in the last Congress, we made historic strides two years ago. In consultation with the National Coalition for Homeless Veterans and other organizations and experts, I introduced legislation to end chronic homelessness among our veterans within ten years.

H.R. 2716 was truly bipartisan legislation, cosponsored by my good friend Lane Evans, the Ranking Democratic Member of the Committee, approved by

both houses of Congress in December 2001 and signed into law by President Bush.

This landmark legislation, now known as Public Law 107-95, is among the most comprehensive approaches to ending homelessness ever attempted in our nation's history, authorizing almost $1 billion in programs over five years, including historic increases in VA's grant and per diem program, substantial new funding for the Homeless Veterans Reintegration Program, or HVRP; demonstration projects that deal with the most seriously mentally ill homeless veterans; approaches for homeless veterans with special needs, such as female veterans with dependent children; projects that focus on jailed or imprisoned veterans; a supported-housing voucher program administered jointly by VA and the US Department of Housing and Urban Development; technical assistance grants to community based provider organizations, and a number of other matters of importance to me, to this Congress and to the American people.

I conducted a full Committee oversight hearing last September to follow-up on implementation of this ground-breaking legislation, and that is why we are all here again today -- to share our experiences and our ideas on how we should best move forward to help homeless veterans. I am interested to hear from the experts in the field, what you are seeing, what you find that works best and what recommendations you have for changes that will help you do your work.

Again, thank you for your commitment and the great work you do helping veterans. Working together, we can continue to make a difference for a group of veterans that deserves a hand up, and other efforts so that they may help themselves return to a normal life.

Statement of
The Honorable Leo S. Mackay, Jr., Ph.D.
Deputy Secretary for Veterans Affairs
Department of Veterans Affairs
Before the
House of Representatives
Committee on Veterans' Affairs
Subcommittee on Health
On
VA's Programs and Services for Homeless Veterans

May 6, 2003

Mr. Chairman and Members of the Committee:

I am pleased to be here today to discuss the Department of Veterans Affairs' (VA's) programs and services for homeless veterans. As you requested, I will focus on the progress VA has made in implementing programs and services authorized by the Homeless Veterans Comprehensive Assistance Act of 2001, Public Law 107-95, and on our implementation of the Loan Guaranty for Multifamily Transitional Housing for Homeless Veterans Program.

Public Law 107-95 is the most comprehensive law that has been enacted to address the needs of homeless veterans. It has given VA tools to improve our existing programs for homeless veterans and provides for new joint Federal initiatives targeted at preventing homelessness among our most vulnerable veterans. Congress and the Administration have both identified ending chronic homelessness among veterans within the decade as a national goal. The authorities provided by Public Law 107-95 will greatly assist in that effort. While all efforts of this magnitude take some time to fully implement, great progress is being made in activating and enhancing the programs authorized by this law.

Homeless Advisory Committee

Thirteen months ago Secretary Principi announced the creation of VA's Advisory Committee on Homeless Veterans. The members of this committee bring together a wide range of knowledge and experience in serving homeless veterans. They represent Veterans Service Organizations and faith-based and community-based service providers, and they have years of experience in mental health and substance abuse treatment, employment training, and vocational rehabilitation. The Committee has already held three meetings and is scheduled to meet here in Washington tomorrow. The Committee submitted its first report with recommendations to VA last month. The report contained findings and recommendations in 30 discrete areas. We look forward to reviewing the Committee's first annual report and will forward that report and the Secretary's comments to Congress by June 30, 2003.

Interagency Council on Homeless – Federal Relationships

President Bush has revitalized the United States Interagency Council on Homelessness (ICH), and VA is a major participant. Department of Health and Human Services (HHS) Secretary Tommy Thompson serves as chair of the ICH, and VA Secretary Principi is the vice-chair.

VA, HHS, and the Department of Housing and Urban Development (HUD) have developed a working definition of chronic homelessness as "an unaccompanied adult homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years". This definition focuses national attention on those with the greatest needs. Approximately 23 percent of the chronically homeless are veterans.

HUD, HHS, and VA collaborated under a joint funding effort to provide permanent housing, comprehensive health care and supportive services for chronically homeless persons. Since homeless veterans are far more likely to be chronically homeless, we believe this effort will help to bring significant resources to veterans. All applications for this funding must address how homeless veterans will be served. VA's Northeast Program Evaluation Center (NEPEC), which has extensive program monitoring and evaluation capabilities, will lead the effort to evaluate this joint initiative.

The deadline for funding under the joint Notice of Funding Availability (NOFA) was April 14, 2003. The ICH has completed a threshold review of the more than 100 applications. VA and other agencies are completing their agency reviews, and HUD, HHS, and VA will hold a comprehensive review to complete a final ranking of applicants. Funding awards will be made this summer, and we are hopeful that this effort will have a strong positive impact by next winter.

VA is actively working with HUD, HHS, and other Federal departments and agencies on a variety of issues to improve veterans' access to homeless related services and homeless prevention services. For example, we have been working closely with HHS and HUD to sponsor Federal and state efforts to assist homeless persons through state-level policy academies that bring decision makers together to plan comprehensive strategies to aid all homeless persons in their states. A national meeting involving representatives from all states and most Federal agencies is also being planned. This national meeting is intended to identify barriers that prevent chronically homeless individuals from gaining access to mainstream services and promote the development of comprehensive strategies to overcome those barriers.

VA Involvement in Stand-Downs

VA, together with hundreds of veteran service organizations, community homeless service providers, state and local governments, faith based organizations and health and social service providers, joined in more than 100 stand-down events across the nation last year to provide assistance to veterans who find themselves homeless in

America. For the past nine years VA has collected annual information about these events. We would like to share some of our findings from last year.

During calendar year 2002, stand-downs recorded more than 19,000 veterans coming to acquire services, including more than 1,000 women veterans. Over 2,200 spouses and over 1,500 children of veterans also attended these events, which were held in 38 states, the District of Columbia, and Puerto Rico. While providing services to more than 23,000 veterans and family members is impressive, it is the kind of care and active community involvement that makes these events truly impressive. More than 14,000 volunteers and VA employees attended these events during the past year and more than 130,000 volunteers and VA employees have participated since we began tracking these events in 1994.

The types of veterans services offered at these events include, among others, veterans benefits counseling, housing and shelter referral health services, mental health services, referrals to job training programs, substance abuse services, legal services, and hepatitis C services. VA is the largest provider of services at these events, and we hope to continue to be a good partner in these community efforts.

Merger of the Health Care for Homeless Veterans (HCHV) Contract Residential Treatment Program and the Grant and Per Diem Program.

Early in FY 2002 VA decided to consolidate funding for the contract residential treatment component of the Health Care for Homeless Veterans (HCHV) Program and the Grant and Per Diem Program. This decision was based on FY 2001 data from NEPEC showing that the demographic and clinical characteristics of homeless veterans served in both programs were similar. In addition, housing and employment outcomes for veterans who successfully completed one or the other of these programs were virtually identical.

Data from NEPEC for FY 2002 show that 97 percent of veterans served in both programs were male. The average age of veterans served in the HCHV Program was 48. The average age of veterans served in grant and per diem funded programs was 47. Approximately 81 percent of veterans served in the HCHV Program had a serious psychiatric or substance abuse disorder. Similarly, 83 percent of veterans served in grant and per diem funded programs had a severe psychiatric or substance abuse disorder.

For veterans who successfully completed contract residential treatment in the HCHV Program, 65 percent were housed at discharge and 66 percent were employed at discharge. For veterans who completed supported housing programs under the Grant and Per Diem Program, 54 percent were housed at discharge and 55 percent were employed at discharge. While there is about a 10 percent difference in housing and employment outcomes for veterans treated in HCHV Programs versus veterans in

Grant and Per Diem Programs, it is clear that both programs are delivering effective services to homeless veterans.

On average, the length of stay for veterans in contract residential care was 73 days and the average cost for an episode of care was $2,880. In contrast, the average length of stay for veterans in grant and per diem funded programs was 93 days and the average cost for an episode of care was $1,674. For FY 2002, there were 4,611 episodes of residential care provided homeless veterans in HCHV contract programs and 11,013 episodes of care provided for homeless veterans in grant and per diem funded programs.

Given the relative comparability of outcomes, shifting HCHV Programs resources from contract residential treatment to the grant and per diem program will allow VA to support an even greater number of homeless veterans in community-based transitional housing programs in the future.

Homeless Providers Grant and Per Diem Program

The Homeless Providers Grant and Per Diem Program has been one of VA's most successful programs in addressing the needs of homeless veterans. This program allows VA to assist state and local governments and non-profit organizations in developing supportive transitional housing programs and supportive service centers for homeless veterans. These organizations may also use VA funds to purchase vans to conduct outreach and provide transportation for homeless veterans.

Since the program was authorized in 1992, VA has obligated $63 million to the grant component of the program. These funds are helping both to develop 5,500 transitional housing beds and 17 independent service centers and to purchase 128 vans. There are projects in 43 states and the District of Columbia. To date, 3,800 of the 5,500 grant-funded beds (69 percent) have become operational.

VA also supported the dedication of existing community-based beds for homeless veterans through a 2-year "Per Diem Only" award in FY 2000. Approximately 1,200 beds in 47 existing community-based programs were supported under this initiative, for the two-year period covered by the first "Per Diem Only" award. Funding for these awards expired in late 2002; however, VA provided transitional funding for these original "Per Diem Only" programs through March 31, 2003.

In June 2002, VA announced the availability of three-year "Per Diem Only" funding. Over 270 applications for funding were submitted from applicants in 45 states and the District of Columbia. Funding was requested to support approximately 5,800 beds for homeless veterans. It is clear from this response that there continues to be a great need to work with our community partners to develop transitional housing for homeless veterans across the country. The Per Diem Only Awards were announced in December 2002 and funding began in February 2003. These funds are supporting 1,378 beds in 53 programs.

Public Law 107-95 has made significant changes to the Homeless Providers Grant and Per Diem Program and has given VA additional grant authorities. Specifically under the law, VA can:

- recapture unused grant funds;
- pay for the full cost of a day of care, not otherwise covered by non-VA funding, up to the State Home Domiciliary rate;
- offer technical assistance grants to assist eligible organizations apply for VA grants and grants from other Federal and state agencies in order to develop programs for homeless veterans;
- offer grants to grant and per diem recipients to assist them in serving segments of the homeless veteran population with special needs (women, including women with children, chronically mentally ill, frail elderly and terminally ill); and
- offer grants to existing grant recipients to assist them in meeting national fire and safety codes.

Regulations that address changes to the existing program and set forth the rules that will govern the new grant programs were published in the Federal Register on March 19, 2003.

VA medical centers' Fire and Safety Engineers have worked with our existing grant recipients to identify lack of compliance with national fire and safety standards and the cost of correcting any such deficiencies. A report of these findings has been forwarded to the national Grant and Per Diem Office and VA's Office of Facilities Management for final review. This information will assist in preparation of the grant offering to assure that existing grantees can improve their programs to meet Federal fire and safety standards. A preliminary review of the information by existing grant recipients suggests that approximately $3.5 million in grant funds will be required to assist the effort. We expect to announce a Notice of Funding Availability for the Fire and Safety Grant in June 2003.

We are also making internal changes to improve our management and oversight of the services provided by our grant and per diem recipients. VA has taken the following actions:

- VHA has issued a Directive that outlines administrative and clinical responsibilities for VA medical center staff that are assigned as liaisons to grant and per diem funded programs. This directive also outlines annual inspection procedures to include fiscal, clinical, and safety reviews of operational community-based programs.
- VA medical center staff that serve as liaisons will be required to file annual financial disclosure statements, which includes an ethics training requirement.

Yesterday, two NOFAs were published in the Federal Register announcing "Per Diem Only" funding for community providers to support and operate transitional housing or service centers and "Technical Assistance" funds for non-profit organizations to establish grant application preparation training to assist providers in applying for grants to assist homeless veterans. VA also intends to announce two additional NOFAs before the end of the fiscal year. These NOFAs will provide funding for capital grants that will be utilized for the renovation, construction, or acquisition of facilities for homeless veterans and another "Per Diem Only" award to allow existing community-based beds to be dedicated to homeless veterans.

Coordination of Outreach Services for Veterans At Risk of Homelessness

Both internal and external efforts are underway to address the needs of veterans at risk for homelessness who are being released from institutions after inpatient psychiatric care, substance abuse treatment, or imprisonment. VA's Director of Homeless Veterans Programs is involved in regular meetings with staff from the Department of Justice and the Department of Labor to develop a coordinated plan to assist incarcerated veterans transition from jails or prisons. VA has signed a Memorandum of Understanding (MOU) that allows VA staff to provide technical assistance to the Department of Justice on matters relating to release of veterans from penal institutions. VA and DOL have been working for months on a plan to implement 38 U.S.C. § 2023, which was added by § 5(a) of Public Law 107-95. This section of the law calls for demonstration programs of referral and counseling for veterans transitioning from certain institutions who are at risk of homelessness. We hope that the first three sites will be announced within the next two months and begin operations this summer and that the remaining three sites become operational next fiscal year.

Access to health care and education and training improves employment prospects and keeps a higher proportion of individuals from returning to incarceration. Therefore, the Departments of Justice, Health and Human Services, and Labor are implementing actions to assist veterans who have been incarcerated. While the number of incarcerated veterans is, comparatively, not large (approximately 10-15 percent of the prison population), it is expected that joint Federal efforts will assist many veterans who would be at risk for homelessness upon release from jails and prisons. VA expects to assist incarcerated veterans primarily through the provision of transitional housing made available through the Homeless Providers Grant and Per Diem Program. DOL will provide funding under its Homeless Veterans Reintegration Programs (HVRP).

VA's HCHV Programs staff is conducting outreach to veterans who recently spent time in inpatient treatment settings or in penal institutions. In FY 2002, HCHV staff contacted 42,668 veterans through outreach. Of those contacted, 18.3 percent (approximately 7,800 veterans) had spent time in a hospital or residential treatment facility in the 30 days immediately prior to the outreach contact. In addition, about 7.3

percent (approximately 3,100 veterans) contacted had spent time in prison or jail during the 30 days prior to outreach.

Several of the HCHV programs, including those at Greater Los Angeles Health Care System, Hudson Valley and New York Harbor Health Care Systems, VAMC Albany, N.Y., and VAMC Columbia, S.C., have initiated formal outreach initiatives to incarcerated veterans. In a very unique initiative, the Los Angeles County Sheriff established a 96-bed unit for veterans within the Los Angeles County Jail. VA staff work with veterans in this unit to assist with their transition to the community and to link them to VA health care services upon release.

To facilitate services to homeless veterans, each of VA's 206 Vet Centers has an identified staff person who functions as a homeless veterans coordinator. In FY 2001, the Vet Centers saw approximately 130,000 veterans and approximately 10,000 of the total veterans seen (eight percent) were homeless. In addition, Vet Center staffs made over 31,000 referrals on behalf of homeless veterans to VA and non-VA mental health and primary care services, VA and non-VA employment services, family support services and community programs that provide shelter and other basic services.

Domiciliary Care Programs

VA's Domiciliary Care for Homeless Veterans (DCHV) Programs is an important component in VA's continuum of care for homeless veterans. Over the past 15 years, VA has established 35 DCHV programs with a total of 1873 beds. These programs are designed to provide biopsychosocial rehabilitation to homeless veterans who have medical problems, psychiatric disorders, or both. In FY 2002, 5,145 homeless veterans were treated in and discharged from DCHV programs. Of these, 82 percent were either housed at discharge or placed in another residential care program and 54 percent were either competitively employed or engaged in a Compensated Work Therapy (CWT) Program at discharge.

However, even with very good national outcomes associated with the DCHV programs, we are taking steps to identify and correct programmatic concerns. For example, we have established a Board of Advisors made up of service chiefs and former chiefs of domiciliary care programs to serve as consultants and advisors to VACO, VISN Directors, and new chiefs of domiciliary care programs. A Task Force with members representing appropriate clinical, administrative, and organizational areas has been created and charged with reviewing Domiciliary Care to determine the most efficient and effective programming to meet the needs of the veterans. In addition, domiciliary chiefs are involved in a variety of educational endeavors designed to address rehabilitation, long term care, and safety, and security issues in the Domiciliary programs.

HUD – VASH Program

In 1992, VA joined with HUD to launch the HUD-VASH program. HUD-VASH was initiated to further the objectives of serving the homeless mentally ill veteran through two closely linked interventions: (1) a housing subsidy provided through HUD's Section 8 voucher program, and (2) a community-oriented clinical case management effort. The goal of the program is to offer the homeless veteran an opportunity to rejoin the mainstream of community life, to the fullest extent possible. HUD funded three rounds of almost 600 vouchers each (a total of 1,753) for this program. At the same time VA medical centers formed clinical case management teams, usually social workers or nurses.

Through the end of FY 2002, 4,300 veterans had been served by the program, and had participated for an average of 4.1 years. Currently, 1,408 are active in the program. Of veterans enrolled in the program, 90 percent successfully obtained vouchers and 87 percent moved into an apartment of their own. A rigorous experimental, 3-year follow up study found that HUD-VASH veterans had 25 percent more nights housed than veterans receiving standard VA care and had 36 percent fewer nights homeless. Three years after entering the program 80 percent of veterans remained housed in the program.

This partnership highlights the success of linking ongoing clinical care to permanent housing to assist homeless chronically mentally ill veterans. HUD and VA have agreed to continue and, to the extent that resources will permit, expand this valuable partnership as directed by section 12 of Public Law 107-95.

Veterans Benefits Administration (VBA) Staffing at Regional Offices

Homeless veterans outreach coordinators at all VA regional offices work in their communities to identify homeless veterans, advise them of VA benefits and services, and assist them with claims. The coordinators also network with other VA entities, local government, social service agencies and other service providers to the homeless in order to link homeless veterans to other benefits and services available to them. During FY 2002, the coordinators visited 1,820 shelters and made 4,009 referrals to community agencies and 7,883 referrals to VHA and the DOL Homeless Veterans Reintegration programs.

Effective October 1, 2002, each of the 20 regional offices with the largest veteran populations designated full-time homeless veterans outreach coordinators, thus complying with 38 U.S.C., § 2003(a), as added by section 5 of Public Law 107-95. At the same time, all regional offices began maintaining an active record of all compensation and pension claims received from homeless veterans. Each record documents the date received, the type of claim, whether it is an initial or reopened claim, the final decision, the basis for any denial that is made, and date of the final

decision. The data will assist VBA in determining the average claim processing time, ratio of granted to denied claims, and reasons for denial.

Loan Guaranty for Multifamily Housing for Homeless Veterans Program

This innovative program to provide long-term transitional housing with support services for formerly homeless veterans was authorized by Public Law 105-368. Many complex issues, often varying from jurisdiction to jurisdiction, surround implementation of this program. Therefore initiation of this program has taken far longer than we anticipated. However, following Secretary Principi's appearance before the full Committee last September, VA has made significant progress in implementation.

Last September Secretary Principi asked Claude Hutchinson, Director of VA's Asset Enterprise Management Office, to take the lead for the Department in implementing the Loan Guaranty for Multifamily Transitional Housing for Homeless Veterans Program. We are also using the BearingPoint Inc. as our consultant and their work has been exceptional. We are fully utilizing their expertise to assist us in our evaluation of potential sites and providers of housing services.

Under Mr. Hutchinson's leadership, VA has met with representatives of veteran specific housing providers, clinical support service programs, VA medical care staff, state, city and county representatives and homeless service providers, and finance and housing experts. Our efforts are having positive results and we are hopeful that, as the Secretary stated last September, within a year we will have commitments to several multifamily housing projects.

Summary

In the relatively brief time since Public Law 107-95 was enacted, VA has made significant progress in implementing or enhancing its programs and services for homeless veterans. In addition, VA is collaborating closely with other Federal agencies, state and local governments and community-based organizations to assure that homeless veterans have access to a full range of health care, benefits and support services. However, we still have much to do to end chronic homelessness among veterans in America. We are eager to work with you to meet the challenge.

Mr. Chairman, this concludes my statement, I will now be happy to answer any questions that members of the Subcommittee may have.

Testimony of
Ned L. Cooney, Ph.D.
Hearing on the Status of Homeless Assistance Programs for Veterans
Before the
Subcommittee on Health
Committee on Veterans' Affairs
U.S. House of Representatives
May 6, 2003

I am Dr. Ned Cooney, a clinical psychologist and Director of Mental Health and Substance Abuse at the Newington Campus of the VA Connecticut Healthcare System, and Associate Professor of Psychiatry at Yale University School of Medicine. My area of expertise is substance abuse treatment and clinical research. I was asked to testify because I manage treatment programs that provide care for veterans, many of them homeless, in the northern half of Connecticut. I will speak as a VA clinician and clinical administrator sharing my first-hand experience with the daily challenge of promoting recovery for homeless veterans with substance use disorders.

The Mental Health Care Line at the Newington Campus provides standard and intensive outpatient services for veterans with psychiatric and substance use disorders. Our intensive substance abuse clinic is fairly typical of VA clinics, with 43% of our clients classified as homeless on admission.

Treating homeless patients in an outpatient setting is difficult. Homeless patients often stay in shelters or on the streets where many of their cohorts actively abuse alcohol and drugs, or where alcohol and drugs are readily available. Few homeless patients have supportive family or friends, and few are employed. Most have concurrent severe and persistent mental illness. They have limited skills to cope with drinking and drug situations and urges to use. They are often in imminent danger of relapse, with dangerous medical, emotional, and legal consequences and need 24-hour structure to help them apply recovery or coping skills. When we try to treat homeless veterans without residential supports, they often continue to use alcohol or other drugs, and deteriorate psychiatrically with imminent serious consequences. Therefore, programs that first address the clients' subsistence needs and then provide long-term treatment in progressive stages are necessary for homeless substance abusers (Drake et al. 1994; Oakley & Dennis, 1996).

Using criteria developed by the American Society of Addiction Medicine (2001), 22 out of 29 substance abuse patients recently admitted to our intensive program needed residential support during treatment. That's 76% of patients meeting ASAM criteria for residential treatment.

Brief residential support is provided to patients enrolled in our intensive treatment programs by concurrent admission to a unit known as the Quarterway House at the West Haven Campus. Patients from the Newington area ride a daily 45-minute VA shuttle

from the Q-house to the Newington Campus. Bed capacity is limited, so most patients are allowed only a 14-day stay at the Q-house during the beginning of intensive treatment. The Q-house could be called a "housing first" program because it provides safe and substance-free residential support for homeless patients without requiring a period of sobriety prior to admission.

Because most homeless patients need more than two weeks of residential intensive treatment to stabilize and to be connected to a longer-term safe and sober residence, we must rely on referrals to other programs outside of VA Connecticut. These include the Western Massachusetts Shelter for Homeless Veterans in Leeds and the veterans domiciliary operated by the State of Connecticut at Rocky Hill. These facilities provide stable and substance-free housing for our patients, and opportunities for them to receive needed rehabilitation including continuing care, and employment. Although the Leeds shelter is further away, their eligibility criteria match those of the VA, while the nearby Rocky Hill domiciliary accepts only wartime veterans, excluding many of the veterans that we serve. In the past few months, 25 out of 54 veterans that were treated in the Newington intensive substance abuse program were referred to Leeds (7 veterans) or Rocky Hill (18 veterans). A shuttle provides daily transportation from these facilities. To date, this residential support arrangement has been effective, with 43 out of 54 veterans (that's 80%) successfully completing the intensive phase of substance abuse rehabilitation in the Newington program. It is notable that prior to establishing these community housing and transportation supports, only 5 out of 12 homeless veterans successfully completed the substance abuse intensive treatment program.

Funding cuts often loom at the Leeds shelter and at the Rocky Hill State Veteran's Home, and greatly threaten our ability to provide the residential support necessary to our homeless veterans. Although there are a few smaller facilities that also provide residential support, none have the capacity to handle the number of referrals generated by our program. Local area homeless shelters, while supplying emergency shelter, do not provide the structure and substance-free environment needed to support abstinence and recovery in these patients.

Supported housing and residential case management are also critical after the acute phase of treatment. The VA Connecticut's Health Care for Homeless Veterans (HCHV) Program oversees our VA Grant and Per Diem Program. With funding support from this program, VA provides longer-term transitional housing services through partnership with several community-based agencies. While this is a good program, currently only 10 beds are funded in northern Connecticut. One facility with 4 G&PD beds recently lost funding, but 9 beds are expected to open up at another facility in the near future. According to the Connecticut Department of Social Services, there were 544 veterans in homeless shelters in northern Connecticut last year, so the number of transitional housing beds is far short of the need.

The HCHV program at VA Connecticut has developed a larger network of transitional housing options in south central Connecticut, providing 51 transitional housing beds for

homeless veterans where stay is allowed for up to 2 years, and 16 treatment beds where veterans may remain for up to 90 days.

The HCHV Program also operates an outreach team that serves veterans who are homeless, and who may not come to the VA medical center on their own. The team works in urban, suburban and rural areas, traveling the daily pathways of homeless individuals. The team has established strong linkages with emergency shelters, soup kitchens, churches, local mental health and substance abuse providers, veterans' service officers, and VA Community Based Outpatient Clinics, and works to bring homeless veterans into the VA system.

In summary, VA Connecticut Healthcare System is committed to providing high quality, accessible mental health and substance abuse treatment to homeless veterans. We have led the effort to create a seamless, one-stop continuum of care for homeless veterans throughout northern Connecticut. This is accomplished with minimal residential support provided directly by VA Connecticut. We rely heavily on partnerships with State and not-for-profit agencies. When our community partners lose financial support, it threatens our ability to provide quality care to homeless veterans. Furthermore, such losses may ultimately mean that fewer veterans will break the cycle of homelessness, addiction and mental disorder.

I want to thank Congressman Simmons and Staff Director John Bradley for giving me the opportunity to address this Subcommittee. This concludes my prepared testimony.

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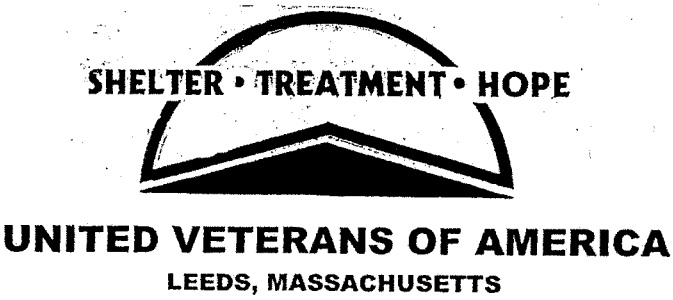
STATEMENT

of

JOHN F. DOWNING
Executive Director
of the



before the

Committee on Veterans Affairs
Subcommittee on Health
United States House of Representatives

The Honorable Rob Simmons
Chairman

May 6, 2003
Washington, DC

Chairman Simmons and members of the Committee, I am honored to be here today on behalf of the one hundred twenty (120) homeless veterans in the United Veterans of America, Inc., Shelter/Substance Abuse Program. The United Veterans of America, Inc., entered into a partnership agreement with the Department of Veterans Affairs in 1994. Since that time there has been a series of contracts/grants through the VA Grant and Per Diem Program that has allowed this partnership to effectively, compassionately, and creatively meet the needs of the homeless veterans who served our nation. Shelter – Substance Abuse Treatment – Anger Management – Criminal Justice Outreach – Reintegration – Aftercare Services have evolved from this partnership that now includes VA Connecticut and VA Massachusetts.

The UVA Homeless Shelter is located on the campus of the Veterans Administration Medical Center in Leeds, Massachusetts, in buildings six (6) and twenty-six (26). During Fiscal Year 2001-2002 we served five hundred nine (509) homeless veterans:

265	Massachusetts
204	Connecticut
40	Rhode Island, New Hampshire, Vermont
509	Total

The average age of a homeless veteran in our program is fifty-three and one-half (53 ½) years old. Approximately eighty-five percent (85%) of our clients are alcohol/drug abusers, five percent (5%) are elderly (age seventy [70]) or over, four percent (4%) are female, twenty percent (20%) are post-traumatic stress disorder, twenty-eight percent (28%) are parole/probation, and thirty-eight percent (38%) are non-white.

The VA Grant Per Diem decision to deny funding #02-106MA for forty (40) additional beds was difficult to understand with the reality that the UVA has a daily waiting list of fifty-one (51) homeless veterans. The veterans on the waiting list are exiting the jails or prisons of

Connecticut and Massachusetts, Q House at VAMC West Haven, the Substance Abuse Day Program at West Haven, Intensive Substance Treatment Program at VAMC Newington, and detox and mental health treatment units in our are of service.

The VA Grant Per Diem decision to deny Grant #02-98MA was devastating. The loss of sixty (60) beds for homeless veterans at the UVA Shelter/Program could cause the weakening of the partnership with VA Grant and Per Diem, the VA Connecticut, and the VA Massachusetts.

This partnership was built on trust, integrity, and a commitment to the dignity of each homeless veteran. The long-term security of this partnership was underwritten by the VA Grant and Per Diem Program and the VA Connecticut and VA Massachusetts Health Care Systems. The US Department of Housing and Urban Development, the US Department of Labor, the Federal Emergency Management Agency, and the Massachusetts Division of Veterans Services, all provide support to this partnership through grants.

The elimination of the funding for sixty (60) beds created an environment filled with anxiety and fear for all of our one hundred twenty (120) homeless veterans. The UVA's response to this crisis was to continue to operate the sixty (60) beds until we had depleted all of our resources. We immediately began to down-size staff by five full-time positions. The transportation for recreation was eliminated and requests for emergency funding were sent out to veterans' service organizations.

The UVA immediately contacted the Massachusetts and Connecticut Congressional Delegations. Local and national media coverage began to take shape and the public interest story of war with Iraq and the lack of commitment to America's veterans came into focus.

As the result of the April 3, 2003, meeting between VA Secretary Principi and the New England Congressional Delegation, a commitment was made to provide technical assistance to the UVA in the next round of VA Grant and Per Diem funding.

The reality that ten years of building a partnership to serve homeless veterans is jeopardized by a system that seems more concerned with process and appearance rather than substance and accomplishment is disturbing.

The historical development and impact of a program cannot be reduced to a written document. There must be a program outcome evaluation system that documents the restoration and reclamation of the broken lives of the chronically homeless veteran.

The National Coalition for Homeless Veterans has been extremely supportive in the United Veterans of America, Inc., efforts to bring our funding crisis to a successful conclusion. The VA Grant and Per Diem Program and our local VAMC see the United Veterans of America, Inc. as a subservient partner this has continuously brought about needless misunderstandings and tensions. The implementation and funding of Public Law 107-95 would enable the National Coalition for Homeless Veterans to be an equal and trusted advocate for homeless veterans.

I must acknowledge the strength, wisdom, and support the United Veterans of America, Inc., has received through this difficult period from Congressmen Richard Neal and John Olver and Senators John Kerry, Ted Kennedy, and Christopher Dodd.

I want to thank the New England Congressional Delegation for recognizing the viability of the partnership that exists with the United Veterans of America, VA Connecticut, and VA Massachusetts.

Chairman Simmons and members of the Committee, my heartfelt thanks and respect for your commitment to homeless veterans.

05/01/2003 16:44 4135823075 UVA INC PAGE 02

LOCAL NEWS

Support Our Vets

Funding for Local VA Shelter Cut, Defense Budget Swells

By Andrea Burns, Jo Comerford and Sasha Kopf

The following is the first in a series of articles which will examine the meaning of supporting our troops.

Thirty-two cents of every tax dollar paid by western Massachusetts residents this year went directly to the military or to pay for military-related debt. Only three cents of every dollar supported veterans' services.

These figures highlight the current disparity in federal funding for war versus veterans' affairs. In 2002, even as the Veteran's Administration faced a $400 million deficit, President Bush pushed this nation to war with Iraq at an initial cost of $75 billion. This means that cities and towns are forced to pay even more than the $45 million U.S. taxpayers feed the Pentagon every hour, every day.

Along with an escalating military budget, President Bush has proposed enormous tax cuts for the wealthy at a time when our economy is struggling and unemployment is high, creating a national revenue crisis. To balance the budget, the Administration proposed massive cuts to health, human services and veterans' affairs programs.

These disparities are now emerging here in Massachusetts. Northampton weapons manufacturer, Kollmorgen, with $80.4 million worth of government contracts since March 2002, plans to expand into a new 105,000 square foot facility. Meanwhile the state-wide public health program Mass Health Basic came to an end, and the Western Massachusetts Shelter for Homeless Veterans in Leeds lost a $415,000 federal grant which would force the shelter to close 60 of its 120 beds.

Because of this, Jack Downing, the executive director of this private shelter run by the United Veterans of America, has been operating on emergency reserves which will dry up by April 30. Cost of living, health care prices, and the number of aging vets have skyrocketed, and the current budget neglects the needs of the majority of the valley's homeless veterans (one-third of the total homeless population). When funding is inadequate, and people are pushed out by bureaucratic regulations, "the human need is not met," Downing laments.

Many veterans joined the military believing that the government would always provide the services they need. "They're not fulfilling the promises they made to take care of us," says Vivian Colter, a vet staying at the shelter. While Colter supports the war in Iraq, she also says that vets and their children see the irony when the administration slashes aid for those who have served. She remembers that after the news of the budget cuts, some men at the shelter packed their bags, fearing they would be tossed out on the street.

Like many veterans of the Vietnam War, Ernie Mitchell suffers from post traumatic stress disorder and has undergone substance abuse treatment at the shelter. He believes that everyone must take responsibility for his mistakes but that the nation as a whole must bear some responsibility for the particular needs of vets. While he says that the U.S. is "the best country in the world to live in," he fears what this war will do to the troops overseas. "There's no way you're going to send people over there - 18, 19, 20 years old - and expect that they're going to come back normal," and since the current budget is insufficient to care for vets from past wars, Mitchell and others foresee a crisis when today's troops become tomorrow's vets.

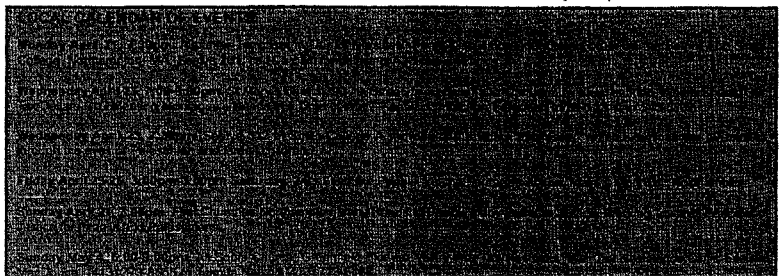
TAKE ACTION

Oppose Cuts to Veterans' Programs

While Congress recently passed a resolution of support for our troops in Iraq, the House voted to cut benefits to veterans by nearly $25 billion over ten years. This included an immediate cut of $844 million from veterans' health care, with a total of $9.7 billion in cuts over the next ten years. These cuts were included in the FY2004 budget resolution, which was passed by a vote of 215 to 212.

Win Without War, a coalition of national organization advocating alternatives to war with Iraq, supports the US servicemen and women who have been put into harms way by a policy we oppose. We believe that Members of Congress who voted to cut veterans' benefits should be held accountable.

"At a time when U.S. troops are fighting in the Gulf, it is political hypocrisy for the House to slash benefits for veterans," says Tom Andrews, Win Without War national director. To call Members of Congress who voted to cut veterans benefits and express your opposition, click on the Hall of Shame: http://www.winwithoutwar.info/html/action.shame.html



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Sunday magazine
TRAVEL • ARTS • HEALTH • BOOKS
The Berkshire Eagle
Sunday, April 27, 2003

After the shooting stops

For some veterans, postwar life remains a battle

By Adam Goriick
Associated Press

NORTHAMPTON

rnest Mitchell left the fighting in Vietnam in 1967 with flashbacks and nightmares that led to a nervous breakdown. Now living in a shelter
nomeless veterans where his post
matic stress disorder is being treat-
he 54-year-old ex-Marine worries
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fighting in Iraq.
e blames combat for the mental
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d relationships with his wife and
dy, and he's upset that the shelter
ing piece his life back together may
to eliminate 60 beds because of
in federal funding.
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n you go to battle, then you have to
like hell for things when you get
," said Mitchell, who is from
ford, Conn.
tchell doesn't support the war. But
the 120 men and women staying at
Western Massachusetts Shelter for
eless Veterans, he's proud of the
s who are fighting.
me of the homeless veterans spend
of their free time watching tele-
l war coverage in the shelter's com-
areas. Others can't even bear to
n reruns of MASH.
ere are tremendous moments of
na and personal terror that you see
me of their faces when there's any
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' said John Downing, the shelter's
tive director. "You look at them
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thing they don't even want to talk
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hard Halgin, a psychology profes-
the University of Massachusetts
as worked with Korea and
am war veterans, said combat's
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ppreciated," Halgin said. "After
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id Balanda is one of them. The 52-
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liberate the people who are suffer-
der him."
nda is thankful for the treatment
partment of Veterans Affairs has
him for the post-traumatic stress
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took years after the war for the
ment and doctors to recognize
agnose the disorder, and Balanda
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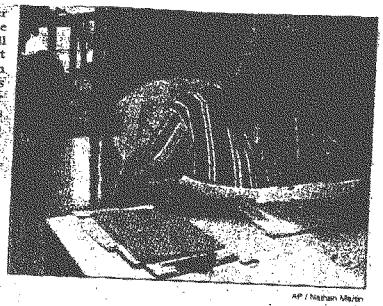
oldiers at risk of chemical
n attacks with a new set of prob-



RIGHT: Former U.S. Marine Ernest Mitchell pulls desk duty at the Western Massachusetts Shelter for Homeless Veterans in Northampton. Due to uncertainty in its funding, the shelter may be forced to cut its current capacity by nearly 50 percent.

AP / Nathan Martin

'The government cheers you on when you go to battle, then you have to fight like hell for things when you get back.'

— Ernest Mitchell, Vietnam veteran

m worried they're not going to get
ight kind of help they need," he
"We're dealing with cutbacks here,
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135 beds unless the government
s their budget gap. The shelter,
h also gives veterans counseling to
with mental illness, fight sub-
e abuse, find a job and save
y, already has a waiting list of
t 50 people.

e funding cuts come from a federal
program for shelters for homeless
ans. This year, grants were award-
53 of the 270 groups that applied
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mbers of New England's congres-
l delegation met with VA Secretary
ony Principi earlier this month to
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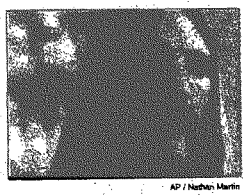
budget request for the VA.
h proposed an increase for veter-
medical care, but is also requesting
creases, higher co-payments and



AP / Nathan Martin

ABOVE: Vietnam veteran David Balanda talks about how potential budget cutbacks at the Western Massachusetts Shelter for Homeless Veterans could affect him.

limits on access to medical care.

The government gives veterans job-hunting and career training skills they may need when they return to civilian life. The military also gives them information on financial assistance and medical benefits before they leave active duty, and makes sure veterans have free medical care for two years after leaving the service.

None of those programs are facing federal cuts, officials said.

"There are programs to help get people into productive, self-sustaining lives after separating from the military," said VA spokesman Willie Alexander.

But Linda Boone, executive director for the National Coalition for Homeless Veterans, said veterans are more likely to become homeless than nonveterans, although it takes an average of 12 years for a discharged soldier to become destitute. Difficulty moving from military to civilian life makes veterans more vulnerable to substance abuse and mental problems that can lead to homelessness, she said.

"People go into the military to be all they can be, but that doesn't mean the military prepares them for life after the military," Boone said.

Vivian Colter, a 48-year-old Air Force veteran staying at the shelter, thinks the Bush administration made the right choice to go to war. She says it sickens her to see veterans protesting the military action.

But the support she's given to the government as a patriot and a Vietnam-era veteran needs to be returned.

"Here we are sending our children off to fight a war," she said. "But government needs to be sure to treat the vets of past wars right."

On the Net:

National Coalition for Homeless Veterans: http://www.nchv.org/

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BOSTON Herald

TUESDAY, APRIL 8, 2003 • 50 CENTS

Vet fears for today's troops' tomorrows

NORTHAMPTON, Mass. — Ernest Mitchell left the fighting in Vietnam in 1967 with flashbacks and nightmares that led to a nervous breakdown.

Now living in a shelter for homeless veterans where his post traumatic stress disorder is being treated, the 54-year-old ex-Marine worries about the next generation of war veterans fighting in Iraq.

He blames combat for the mental anguish and substance abuse that fractured relationships with his wife and family, and he's upset the shelter helping piece his life back together may have to lose 60 beds because of cuts in federal funding.

"The government cheers you on when you go to battle, then you have to fight like hell for things when you get back," said Mitchell, who is from Hartford, Conn. Mitchell doesn't support the war. But like the 120 men and women staying at the Western Massachusetts Shelter for Homeless Veterans, he's proud of the troops fighting.

The private shelter on the grounds of the Veterans Affairs Medical Center is losing about $415,000 in federal funds, forcing the facility to eliminate 60 of its 135 beds unless the government plugs the gap. The shelter, which also gives veterans counseling to deal with mental illness, fight substance abuse, find a job and save money, has a waiting list of about 50 people.

Vivian Colter, a 48-year-old Air Force veteran staying at the shelter, thinks the Bush administration made the right choice to go to war. She says it sickens her to see veterans protesting the military action.

But the support she's given to the government as a patriot and a Vietnam-era veteran needs to be returned. "Here we are sending our children off to fight a war," she said. "But government needs to be sure to treat the vets of past wars right."

—ASSOCIATED PRESS

LOCAL

Union-News FRANKLIN COUNTY HAMPSHIRE COUNTY

FRIDAY, APRIL 4, 2003 SECTION B

VA shelter has chance to get funding

The New England Congressional Caucus expressed optimism after a meeting with the U.S. Veterans affairs secretary.

By JO-ANN MORIARTY
Staff Writer

WASHINGTON – The Western Massachusetts Shelter for Homeless Veterans will have two more opportunities this year to keep all of its 120 beds, U.S. Veterans Affairs Secretary Anthony J. Principi said yesterday.

The secretary's news comes as the shelter is relying on private donations and gifts to maintain all of its beds, Executive Director Jack F. Downing said. As of last night, there was a waiting list of more than 50 veterans seeking shelter.

Downing said his agency should know by early next week what the final effect of losing a $115,000 VA grant will be on the number of beds and staff. The shelter is on the grounds of the U.S. Veterans Affairs Medical Center in the Leeds section of Northampton.

"I am going day-to-day with 120 beds," Downing said. He and the shelter's directors are looking at the finances to determine how much longer all of the beds can continue. Loss of the grant was expected to make it necessary to close one of the two, 60-bed buildings on March 31.

As of last night, according to Downing, all 120 beds were occupied in by veterans, one of them a woman who is seven months pregnant.

Downing said he is heartened by the news of additional grants and by reports given to him by the offices of U.S. Reps. Richard E. Neal, D-Springfield, and John W. Olver, D-Amherst.

"I feel very good about today's meetings," Downing said. "My sense is that the VA is trying to figure out strategies to keep us open." He said he feels the agency is aware of the congressional delegation's interest in keeping the beds available to veterans.

"Richie Neal and John Olver have walked the walk on this," Downing said. If beds must be cut in the immediate future, Downing said he hopes to "be back to 120 beds no later than June or July."

An interim plan to deal with the situation if the number of beds is cut is being prepared. "Hopefully, by Monday or Tuesday, we'll know if we have to phase out the numbers of beds," he said. "The beds we cannot sustain (will be phased out) as slowly and as humanely as possible."

Principi, emerging from an hour meeting with the New England Congressional Caucus arranged by Neal, the co-chair of the caucus, said he expects to announce a new round of funding availability by the end of the month and again in October.

"It is certainly my hope that the organization will, in fact, request funding, submit a grant and hopefully we will be optimistic that the organization will be able to continue to serve veterans in the Northampton area, absolutely," Principi said.

Neal and Olver said their staffs will work with the VA to define what information will be critical for a grant application to be competitive. In turn, the congressional offices will advise Downing's staff in preparing the application, they said.

Aides to U.S. Sens. Edward M. Kennedy and John F. Kerry also attended the private briefing. Kennedy later called the meeting "a step in the right direction." He said he considers funding for such shelters critical.

Jo-Ann Moriarty may be reached at jo-ann.moriarty@newhouse.com

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CHICOPEE Union News

©2003 The Republican Company THURSDAY, MARCH 27, 2003

NORTHAMPTON

Neal to invite VA head to visit Leeds shelter

U.S. Rep. Richard E. Neal, D-Springfield, will invite Secretary of Veterans Affairs Anthony J. Principi to visit the United Veterans of America homeless shelter, according to Neal's office.

Principi is scheduled to meet with members of the New England congressional delegation next week to discuss the VA's decision not to renew a grant to the shelter. As a result, it will have to close half of its 120 beds.

Neal, who also arranged that meeting, ran into Principi this week in Washington and the secretary expressed a willingness to help the shelter, according to Neal aide William Tranghese. Neal hopes to bring Principi to Northampton in the late spring or early summer.

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Union News. FRANKLIN
The Republican Company WEDNESDAY, MARCH 26, 2003

Fund restoration sought for veterans shelter

U.S. Rep. Richard E. Neal believes that regional shelters for veterans are not getting a fair shake from Washington.

BY FRED CONTRADA
Staff writer

NORTHAMPTON — With the deployment of troops in Iraq as a backdrop, local congressional members will try to persuade the Department of Veterans Affairs to restore funding for the United Veterans of America homeless shelter.

The shelter, sited on the grounds of the VA Medical Center in Leeds, is scheduled to close half its 120 beds by March 31 because the VA did not renew a grant. Shelter officials have said that the cuts will force veterans, many of whom are in substance-abuse treatment programs, on to the streets.

U.S. Rep. Richard E. Neal, D-Springfield, has arranged an April 3 meeting with Secretary of Veterans Affairs Anthony J. Principi and the New England congressional delegation to discuss the cut and what is perceived as a general lack of VA funding for area facilities.

Echoing remarks he made on the House floor last week, Neal said this week that cutting benefits for veterans sends a bad signal at a time when the country is asking a new generation of soldiers to fight a war.

"It's more than a little ironic that homeless veterans are struggling at the same time that we are adding a lot of veterans to our history," he said.

Last Thursday, Neal referred to the situation at the UVA shelter during a speech on the House floor while decrying a Republican proposal to cut almost $15 billion from mandatory benefit payments to veterans. The proposal passed by a narrow margin.

"It's more than a little ironic that homeless veterans are struggling at the same time that we are adding a lot of veterans to our history."

U.S. Rep. Richard E. Neal

Neal said he plans to make the same point to Principi.

Jack F. Downing, executive director of the shelter, said he will keep the 60 beds open for at least a few days beyond March 31 to see if anything arises from the parley with Principi.

"My hope would be that the VA gives us the money we were denied in our request for funding, and gives us a contract for the 60 beds," he said.

Neal said the local delegation is also concerned that New England is not getting its fair share from the VA. Of 53 organizations that received funding through the grant program, none was in Massachusetts.

"The idea that the entire state of Massachusetts was shut out of funding doesn't make any sense," Neal said.

Fred Contrada can be reached at fcontrada@union-news.com.

washingtonpost.com

Changes at VA Vex Advocates For Homeless

More Veterans' Programs Compete for Federal Funds

By Edward Walsh
Washington Post Staff Writer
Thursday, March 20, 2003; Page A27

John F. Downing doesn't understand why he was turned down for federal funds.

Eighteen months ago, he took over a successful program that every night provides shelter and counseling to as many as 120 homeless veterans in western Massachusetts. When United Veterans of America, where he is the executive director, applied last year for renewal of a federal grant that subsidizes the cost of half of the 120 beds at the facility, he thought it would sail through. It didn't, leaving Downing angry and perplexed.

"The whole thing is preposterous to us," he said.

Peter H. Dougherty understands why Downing is miffed. As director of homeless programs at the Department of Veterans Affairs, Dougherty is positioned at the other end of the bureaucratic process that decides such matters. But while Dougherty has sympathy for the complaints from Massachusetts, from where he sits in Washington, the VA's program for homeless veterans is doing just fine.

"I don't blame them, but in the meantime thousands more homeless vets are getting services," Dougherty said. Recent research suggests that veterans account for about 23 percent, or 460,000, of the 2 million adults who experience homelessness over the course of a year.

These competing perspectives -- one from the nation's capital, the other from Northampton, Mass. -- are the result of policy decisions that had nothing to do with the 60 beds that Downing is fighting to preserve. The private facility on the grounds of a VA medical center in Northampton was not so much rejected for renewed federal funding as it fell victim to vastly increased competition for a limited amount of money that the VA made available for the homeless veterans program.

The key step that threatens the federal subsidy to half of the beds at the facility was the VA's decision to merge two programs for homeless veterans into one. Two years ago, the VA received 67 requests for the operating subsidies, known as the "per diem only program," and approved 53 of the applications. The grants provided $19 per bed per night to help run homeless shelters.

But in the most recent round of awards of operating subsidies, announced in December, 252 private agencies, including United Veterans of America, sought help from the VA, but again only 53 were approved. More than one third of the applicants had previously operated with help from the other VA homeless program that was merged with the per diem only program. There was also a sharp increase in interest in the program, with 125 new agencies for the first time seeking a VA operating subsidy.

More than half of the homeless shelters that applied for renewal of existing VA subsidies were turned down in the latest round. This has led to suspicions among some that the administration gave preference to shelters run by "faith-based" organizations, furthering President Bush's goal of boosting the role of such organizations. The VA added to this impression by boasting, in its announcement of the new awards, that more than 40 percent of the recipients were faith-based organizations.

But Dougherty and other VA officials deny that faith-based organizations were given any advantage.

"What we're doing is what the administration asked for, and that is to have a level playing field," Dougherty said. When per diem only subsidies were awarded in 2000, faith-based organizations accounted for 35 percent of the recipients, he said.

But the "level playing field" meant that homeless programs already operating with VA subsidies also did not receive any special consideration, although Dougherty said the panels of VA officials who made the selections would be aware if an application was for a renewal and would probably factor that into their decisions.

VA officials defend the decision to merge the two homeless programs. Under the second program, known as Health Care for Homeless Veterans, VA medical facilities contracted with local residential facilities to take in homeless veterans. But officials said that program was more expensive, costing an average of $39 per day per veteran, than the per diem only subsidies and essentially served the same population.

"We looked to see if there were any distinctions between veterans in both programs," said Gay Koerber, VA's associate chief consultant for health care for homeless veterans. "There was no difference in their health problems, substance abuse problems; they were about the same age. Based on that, it seemed much more cost-effective to shift resources into the per diem program."

Koerber and Dougherty also note that, under a variety of VA programs, the number of beds available continues to grow and that the operating subsidy is scheduled to increase from $19 to $26.95 a day. The other 60 beds at the Northampton facility, for example, continue to be supported under a VA program designed to enlarge the number of beds available nationwide.

Downing and others have complained that not a single application from Massachusetts was approved by the VA in the latest round, but, according to Koerber, the agency is helping to operate 247 beds for homeless veterans in the state (not counting the 60 that will lose the subsidy at the end of this month), the fourth-highest total among the 50 states.

All of this is scant comfort to Downing, who views the program from Northampton, not Washington.

"I have a commitment to veterans and to this facility to keep as many people safe and sober as we can," he said. "Our issue has been we don't want to put anybody back on the streets."

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s U.S. prepares for war, eterans get cold shoulder

As young U.S. military personnel converge near the Persian Gulf for an increasingly unpopular but probable war with Iraq, some ag- American veterans are facing an unex- ed enemy here at home.

omelessness – not Saddam Hussein – is enemy for the veterans who live in a ter operated by the U.S. Veterans Af- Medical Center in Northampton. Last th the shelter learned that the Veterans inistration had not renewed the per grant that has funded its beds since it ed in 1995.

e shelter is scheduled to lose half of its eds by the end of the winter – forcing 60 veterans to fend for themselves.

even E. Como, director of government ions for the United Veterans' shelter, ed a grim assessment of the situation. e start putting people on the streets, le are going to die," he said. Veterans at the Northampton shelter – includ- hose suffering from alcoholism and ance abuse – also receive treatment ounseling on the campus.

ring one of the coldest Januarys on re- the Northampton shelter has been op- ng at capacity. The facility hoped to add ds to accommodate the dozens of peo- its waiting list. Instead, the cold, hard y hit. The Northampton shelter, the hington House in Springfield, which typically accommodates about 30 veterans in its 110-bed facility, and every other facility in Massachusetts that applied to the VA program, was shut out.

There is no acceptable answer for these actions. But Como believes the decision was prompted by the VA's attempt to comply with President Bush's initiative to funnel money into faith-based programs. A spokesman for the Per Diem Program acknowledged that the VA has been encouraging more faith-based organizations to apply, but said the office does not keep statistics on how many such organizations have received grants.

It is unclear if any intervention can prevent the shelter's closing. But the region's congressional delegation, which has long supported veterans, has pledged to help. We hope their pleas will be heard. If the U.S. can budget for war, it can budget for veterans in need.

No veteran should ever go homeless. As the richest, most powerful nation in the world is poised for war, the U.S. must continue to honor and provide for those who put themselves in harm's way to serve their country. Veterans must continue to have faith in that commitment.

It is a pledge that must stay strong for generations to come.

05/01/2003 15:44 4135923075 UVA INC PAGE 12

Veterans shelter budget cut another broken promis

BOSTON Herald
WEDNESDAY, FEBRUARY 19, 2003 ■ 50 CENTS

It was an easy story to miss in the hysteria over Monday's walloping snowfall, but to a 76-year-old Dedham veteran, it was yesterday's meanest bit of news.

It told of the federal government's intention to reduce its funding of the Western Massachusetts Shelter for Homeless Veterans in Northampton by $415,000, beginning next month, which most likely will result in the elimination of 40 of the 135 beds the facility now has to offer, particularly to vets struggling with issues of substance abuse.

"Because he's in recovery himself, we'll call him what his friends do, Chief, referring to the 26 years I sailed all over the world on tin cans, cruisers, a couple of battle wagons, and, at the end, an old tanker. And, I'd do it again in a minute. I loved the Navy. But I also thought into the promises made to us. Rah, rah, we'll never forget you.

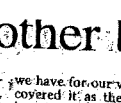
"We were given the assurance that when we got old our needs would be met because of our service to our country. But now, little by little, everything's being taken away. We're no one's priority anymore. It's like, 'Are you guys still around? Sit over there, and we'll get to you when we can.'"

Chief made those remarks here a couple of years ago, when his latest wife was forced into a last-minute cancellation of surgery because his insurance didn't apply.

This Northampton story, both ered him for different reasons, however, including its timing.

"I'm seeing pictures in your paper of Massachusetts kids shipping out to Afghanistan and the Persian Gulf," he said. "At least, when I was their age, we shipped out to cheers, tears and assurances that our country would always be grateful to us. But these kids are seeing firsthand how little regard we have for our veterans. We discovered it as the years went by, but they're discovering it before they even leave. Boy, that's got to be an eye-opener.

So often, it seems, veteran services now embrace the parallel issues of homelessness and addictions, not as easy to revere as lost limbs and combat ribbons but every bit as legitimate.



Joe FITZGERALD

"Everyone understands a war-related injury," Chief points out, "but addictions can be service-related, too, only nobody wants to hear about them. It's very easy for a young guy with no problems to join the military, see the world and return home with all kinds of problems he didn't have when he left. There are lots of ways and lots of reasons it can happen. Believe me, I've seen them all and experienced more than a few.

"It could be loneliness. A kid packs up, leaves home, leaves friends and loved ones and gets lonely. It happens. Peer pressure's part of it, too. You want to be a regular guy, just like the guys you're hanging out with. When you all get ashore, there's booze, and when you're on the base, there's a PX and a beer hall.

"You want to fit in with the guys. In my day, that's how a lot of kids began their drinking. They learned to drink in the military. Booze was the big problem then. Now they're dealing with all kinds of stuff never heard about, yet the end result is the same. It's easy to come home with your body unharmed and the rest of you screwed up beyond time. I know, it happened to me.

They say the Northampton shelter saw its share of success stories, vets who arrived battling demons but left clean and sober after six months of treatment. If that's so, the $415,000 cut is unconscionable in light of the vast sums government squanders through waste, corruption and inefficiency.

If you believe, and it is believed here, that "where our treasure is, there our hearts will be also," a decision like this is a devastating betrayal of what we as a people are supposed to be all about.

"I'll tell you what else worries me about this story," Chief said. "Nobody knows better than I do that if you're looking for an excuse to pick up again, any excuse will do. I still think about it after 14 years. It's sick thinking, but we're sick people. That's why we live one day at a time.

"So my heart goes out to those vets who may find themselves back on the street again, thinking, 'I might as well pick up again because nobody gives a damn.' I'd like to tell them, 'Hey, shipmates, I give a damn, OK? But the point is, you've got to give a damn, too, because that's something no one can take away from you, not even a government that's supposedly so grateful

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College of Art and the Massachusetts Maritime Academy would be spun off and independently run and UMass Medical School in Worcester would be privatized.

On March 10, Bulger, who is paid $309,000 a year, denounced the governor's plan as a "corporate takeover" of public higher education.

met with Romney Tuesday, said they were encouraged by his remarks, specifically about mergers not being his priority. State college presidents, including Frederick Woodward of Westfield State College, are invited to meet with Romney on Monday.

Cheryl B. Wilson can be reached at cwilson@gazettenet.com.

AP Photo

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VA shelter cuts deferred pending D.C. meeting

By MARY CAREY
Staff Writer

NORTHAMPTON — Sixty beds slated to close Monday at the United Veterans of America homeless shelter will remain open in the hope that a meeting between New England congressmen and the U.S. secretary of veterans affairs will produce federal money.

U.S. Rep. Richard Neal, D-Springfield, arranged the meeting next Thursday in Washington, D.C., with Secretary of Veteran Affairs Anthony J. Principi in an attempt to restore a $531,000 appropriation for each of the next three years cut from the budget earlier this year by the Congress.

The private, not-for-profit shelter provides 120 beds and substance-abuse treatment for veterans. It is funded by the federal government.

Located on the grounds of the U.S. Department of Veterans Affairs Medical Center in Leeds, it is one of three such shelters in the state and serves western Massachusetts and Connecticut veterans who served on active duty for at least two years.

Jack F. Downing, executive director of the shelter, said he is hopeful that the meeting with Principi will result in restoration of the funding. The beds will remain open for an unspecified time, while Downing and others wait to see if the money is forthcoming.

It will be the second time in the past year that Principi has met with the New England delegation on funding for veterans programs.

Neal said he spoke with Principi on Wednesday and invited him to visit the Leeds shelter in coming weeks.

In the conversation, Neal said, the secretary encouraged the VA shelter to apply for a new round of grants that recently became available.

"I used the opportunity to question briefly how the last round of allocations took place, including the faith-based proposals, which some in the VA believe were disproportionately considered," Neal said.

Neal said that in his testimony on the budget on the House floor last week, he questioned how Congress could consider cutting veterans programs even as the war in Iraq creates new veterans.

"I think that this is archly inadequate," Neal said of the funding cuts.

Money for the shelter's other 80 beds has not been cut.

Downing said all beds are filled, and a waiting list had 51 names on Tuesday night. The youngest person at the shelter this week was 34 years old and the oldest was 62.

The shelter is open 24 hours a day and employs five full-time substance-abuse intervention specialists, a clinical director and 14 support staff.

The state's other veterans' shelters are the Massachusetts Shelter in Worcester, which has 120 beds, and the New England Shelter in Boston, with 200 beds.

Downing said emotions are running high at the shelter, with veterans upset about the war in Iraq.

"It's very difficult when you see people standing in front of TVs with their own post-traumatic stress syndrome watching the war coverage," Downing said. "It's kind of a vivid moment at the facility, because we work with the people whose lives have been broken and who have been left vulnerable because of their service."

DIGEST

Hart to talk at Amherst

AMHERST — Former senator and potential presidential candidate Gary Hart will discuss the war in Iraq and

"It's hard to celebrate today knowing that young men and women from America, our boys and girls, are half a world away in battle," said Sen. Robert Havern, D-Andover, who led

Lack of federal funds forcing veterans shelter to close 60 beds

By ADAM GORLICK
The Associated Press
2/18/03 2:01 AM

NORTHAMPTON, Mass. (AP) -- Jim Murphy went to Vietnam in 1970 with a gun and a drinking problem. When he got out of the Marine Corps in 1975, he still had the drinking problem and little else.

During the next three decades, alcoholism was the only constant in his life -- always there to wreck his jobs, ruin his relationships and get him in trouble with the law.

About a year ago, he found something else: help at the Western Massachusetts Shelter for Homeless Veterans. He thought it would always be there for him, but now it looks like it might be taken away from him and other veterans trying to turn around their lives.

The private shelter on the grounds of the Veterans Affairs Medical Center is losing about $415,000 in federal funding for the coming fiscal year, forcing the facility to eliminate 60 of its 135 beds by the end of March. The shelter, which also gives veterans counseling to deal with mental illness, fight substance abuse, find a job and save money, already has a waiting list of about 50 people.

"How could our government forget about us like that?" Murphy, 48, said this week sitting on the edge of his bed at the shelter run by the United Veterans of America. "This place got me sober and got me working. Without it, I'd be out on the streets and I wouldn't have any sobriety."

The 10-year-old shelter was relying on a $415,000 grant from the Department of Veterans Affairs to help fund it's $1.4 million budget. Two months ago, organizers were told they weren't getting the money.

The reason, VA officials say, is growing competition for the grants. Grants were awarded to 53 of the 270 groups that applied for the pool of $13 million. Two years ago, the only other time the grant was available, there were just 67 applicants and 53 of them were awarded roughly $4 million, according to Pete Dougherty, the VA's director of homeless veterans programs.

Some say the surge in applicants comes from the Bush Administration's efforts to increase faith-based groups' involvement in providing social services.

Dougherty said about 40 percent of applicants -- up from about 35 percent in the last round -- were faith-based groups. The real reason for the increase in overall applicants, he said, is that

more agencies are becoming aware of the VA's programs for the homeless.

"There's just a greater degree of recognition that the VA is an agency that is interested and committed to working with homeless veterans," Dougherty said.

Outside advocates say the VA isn't doing enough for the country's 250,000 veterans without a home every night.

"This administration is bringing more competition to the pot of money, so obviously, somebody is going to lose out," said Linda Boone, executive director for the National Coalition for Homeless Veterans, which represents about 100 organizations that provide shelter exclusively for vets. "They're not putting enough money into the program, and the veterans are being screwed out of mental health and substance abuse problems like crazy."

But Dougherty said the VA plans to increase the total amount of money spent on homeless veterans: Last year, about $40 million was spent on programs. This year, the agency expects to spend more than $50 million, he said.

That's little comfort at the Northampton shelter, where a cut of $415,000 means about half of the occupants there are facing an uncertain future.

"If that money doesn't come through somehow, we're going to be stuck having to turn people out on the streets," said John Downing, the shelter's executive director.

Meanwhile, the state's congressional delegation is pushing VA Secretary Anthony Principi to find the money to fund the shelter.

"The entire delegation is sending a letter to the secretary asking him to re-look at the issue," said Michael Vito, a regional director for Sen. John Kerry, D-Mass. "We also know there will be another round of grants coming up in the spring, so we're urging the shelter to go after that money as well."

To the troubled veterans who have sobered up and found their bearings during the average six-month stay at the shelter, the prospect of losing the support system is baffling – especially now, with the country on the brink of war.

"What are those guys going to do when they come back from this war and develop an alcohol problem and have no one to help them?" said Eric Barnes. The 38-year-old retired Navy radioman spent seven months at the shelter before walking out clean and sober earlier this week.

"We're ready to fight and kill for our country," he said. "Now vets have to fight for housing and help? It's a shame."

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Shelter for vets fights for lost grant

By ELIZABETH BIGWOOD
Staff Writer

NORTHAMPTON — Advocates of a private homeless shelter on the grounds of the VA hospital in Leeds are scrambling to regain a $416,000 federal grant they learned late last year they were about to lose.

If the 10-year-old shelter fails to regain the grant, it may lose nearly half — or 60 — of its beds by the end of March.

The threat comes as a waiting list exists at the 135-bed shelter, the advocates say.

"There is a waiting list of 40 to 70 homeless vets every day who are looking for a chance to apply to our program," said James Mahoney, coordinator for homeless services at the U.S Department of Veterans Affairs Medical Center, and himself a Vietnam veteran. "Our hope had been to increase the number of available beds by 40, so when we heard we might lose 60 of the existing beds, it was a real blow."

Though the shelter is situated on the grounds of the federal veterans hospital, it is independent of the hospital. The shelter, a private nonprofit organization called the Western Massachusetts Shelter for Homeless Veterans, leases two buildings on the hospital property.

John F. Downing, executive director of the shelter that is run by the United Veterans of America Inc., said he learned in an announcement made Dec. 11 by the U.S. Department of Veteran Affairs in Washington, D.C., that the Leeds shelter was not included in the list of 53 groups that would be receiving awards. The shelter had received the grant in the previous two years, and officials assumed they would get it for another year.

The shelter operates on a budget of about $1 million, funded by a mix of state and federal grants, fees and private donations.

Alan Taylor, a spokesman for the U.S. Department of Veteran Affairs, which awards the grants, said Friday that only $13 million was available, and only 53 of the 270 programs that applied for

■ See SHELTER/Page A4

Shelter battles for lost grant

■ Continued from Page A1

funding received grants.

Downing has been meeting with representatives of U.S. Sens. Edward M. Kennedy and John F. Kerry and U.S. Rep. Stephen Lynch to see if they help restore the grant.

A prepared statement from Kennedy's office Thursday said: "I will continue to do everything I can to ensure that the Massachusetts veterans receive the care and shelter they need and deserve. Protecting and providing for the men and women who fought to protect our freedom and liberty should be a top priority for every American."

Downing said he hasn't given up hope.

"We hope to have some news about the grant early next week," said Downing. "Essentially, we believe that if the Department of Veteran Affairs wanted to fund us they could underwrite our grant."

The Leeds shelter provides counseling, job training and help in finding housing for male and female veterans.

The shelter, which opened in 1993 and is one of 200 nationwide, serves veterans who otherwise might fall through the cracks, according to Coalition for Homeless Veterans in Washington.

"Community-based organizations play a key role in putting things together for homeless veterans," said Boone. "In many communities, there is no organization to help."

Applicants to the shelter must be drug-free, sober, able to work and demonstrate acceptable social skills suitable to group living, according to the agency's literature.

"This is a clean and sober environment. I don't know where I would be without it," said Steven Hodgson, 48, a Vietnam vet, originally from this area, who returned two weeks ago from California and sought help at the shelter. "It is a very safe place to be."

Veteran Vernon Coss, 49, who has stayed at the shelter for the past seven months, said his time there has helped him "identify the stumbling blocks I had previously encountered and really helped me with goal-setting, housing and job opportunities."

He is currently working at the VA as part of a program called Compensated Work Training, which he said, gives him both the confidence and income to help him prepare for the future.

Five female vets live at the shelter out of 135 residents, according to the shelter's clinical

The Boston Globe

MONDAY, JANUARY 13, 2003

State veterans' shelters losing faith

Religious groups get more grants from US

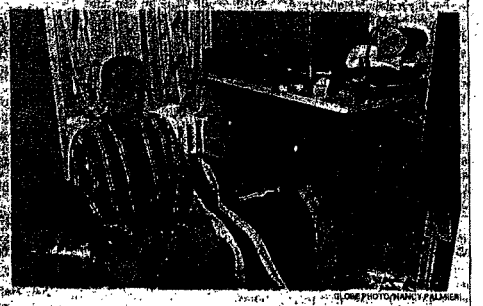
By David Abel
GLOBE STAFF

NORTHAMPTON — At the same time the US Department of Veterans Affairs told one of the state's largest homeless shelters it would lose money for nearly half its beds, veterans officials made an unprecedented announcement. In a press release, the department touted that of 53 homeless programs it awarded grants to this year, 40 percent were religious groups.

Though the department maintains the grant process is free of political bias, officials at the United Veterans of America shelter here don't think it's a coincidence that so many of the awards went to faith-based organizations promoted by the Bush administration.

"We feel there wasn't a fair playing field in the grant process, and it's clear that points were given to faith-based groups," said Steven Como, a spokesman for United Veterans, which sought an additional 60 beds this year to cover its waiting list. "Politics shouldn't play a role in this kind of decision, but it seems that the veterans' department now asks applicants to check a box indicating whether they're a faith-based organization."

Since taking office, the administration has publicly prodded the bureaucracy to channel more tax dollars for social services through religious groups, including the one from the veterans' department, which sought applications for some federal grant dollars.



GLOBE PHOTO/NANCY PALMIERI

Michael Habenstreit has lived at the United Veterans of America shelter for three months, but financial cutbacks could soon leave him homeless.

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ON GLOBE

MONDAY, JANUARY 13, 2003

Veterans' shelters in Mass. lose faith

▶ HOMELESS
Continued from Page B1

The only reason the shelter here lost out, department officials insist, is because it competed against 270 other groups for $13 million, which supports fewer than 1,400 beds nationally.

"Faith-based organizations do an enormous amount of the heavy lifting with the homeless, and the administration has made it rather clear in encouraging faith-based organizations," said Phil Budahn, a spokesman for the veterans department, which has seen its budget rise by $6 billion in the last year. "But our system is governed by federal regulations and the only criteria is what's best for the vets."

Still, officials at some of the religious groups that received the grants say veterans officials not only encouraged them to apply, but told them their religious roots would help.

At the Open Door Ministries of High Point, N.C., which won a three-year grant worth about $90,000 to house homeless veterans, administrators say "national trends" worked in their favor.

"The president has certainly made his position clear about faith-based organizations," said Bruce Burch, the group's transitional housing director. "Also, I was told by a VA official we probably had a good chance because we're faith-based."

At Catholic Community Services of Utah, which includes optional Bible study classes in its substance-abuse program, officials say they won a three-year, $207,000 grant because of the efficacy of their treatment. But they also acknowledge, given the competition, that they probably benefited from the new box on the department's application.

"It certainly didn't hurt us," [illegible] more boxes you can check, the more favorable it is to you. They're usually looking for what they ask, or they wouldn't ask it in the first place."

In a time of steep budget cuts and looming deficits, the loss of beds at a homeless shelter might seem just another victim of the nation's economic woes. But officials here at the United Veterans shelter argue that with budgets at the Pentagon and the veterans department rising by billions, and a possible war with Iraq costing billions more, there should be more than enough money to cover their beds.

Instead, the department has slashed more than one-third of the shelter's $1.4 million budget, and it's set to lose 60 of its 135 beds by the end of March.

With the 40 adult emergency shelter beds here already full, and nearly all the other shelters in Western Massachusetts operating over capacity, local homeless advocates are wondering where the veterans will go.

"Basically, this means more people will be sleeping on the streets and more people will die," said David Foster, program director of Jessie's House, a family shelter in Northampton.

The effects go beyond Western Massachusetts. Many of the veterans were referred here from other shelters across New England.

For those who might seek a bed in Boston's New England Shelter [illegible] a loss of $450,000 in state dollars, the city's veterans shelter is 120 percent above capacity.

"We never turn away a sober veteran, and if we have to, we'll pack them in," said James McIsaac, the shelter's director. "But there aren't any beds left, and we can't indefinitely operate this way. Something has to give."

Shelter officials say they're now seeking congressional help.

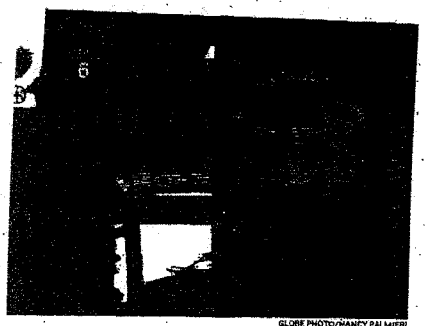
For Michael Habenstreit, 48, who served as a seaman in Vietnam and is one of the nation's estimated 275,000 vets who are homeless, the daily struggle has eased up since he landed a bed at United Veterans. A one-time barber, he now helps cut other vets' hair and drives the shelter's truck to run errands.

But the stability of having his own room, where he keeps a TV and VCR, an assortment of books, and the rest of his remaining possessions, could soon end.

"Thank you, Mr. Bush," said Habenstreit. "As you send off troops to the Middle East with guarantees of veterans benefits, you're taking away our benefits."

With the shelter's beds doled out by seniority, Habenstreit, who has lived here three months, may be forced to move. If that happens, where would he go? "Jail, probably," he said. "So the government would end up picking up the tab anyway."

David Abel can be reached at [illegible]



GLOBE PHOTO/NANCY PALMIERI

Federal funding cuts might cost this veterans shelter in Northampton 60 of its 135 beds by the end of March.

Union News. HAMPSHIRE FRANKLIN

2003 The Republican Company

MONDAY, JANUARY 27, 2003

Veterans shelter denied grant funds

helter officials fear that eterans will die on the streets f the United Veterans of merica homeless shelter loses alf its beds.

By FRED CONTRADA

Staff writer

NORTHAMPTON – It reads like promise: "Every veteran has a ome, and it's called America."

The words painted on the wall f the common room in Building 6 at the United Veterans of Amer-a shelter are taken from the peech given by former U.S. Vet-rans Affairs Secretary Jesse rown when he dedicated this omeless shelter on the grounds of e U.S. Veterans Affairs Medical Center here in March 1995.

At the time, Brown vowed to make the facility "a model for the nation."

Before this winter is out, the 60 veterans who live in this building may have to find a different part of America to call home – the back of a car, perhaps, or a cardboard box near some loading dock. Others will search for beds in already overcrowded shelters where a night out of the cold will have to substitute for a future.

The writing is again on the wall here, but this time the message is that the shelter will lose half of its 120 beds.

The bad news arrived earlier this month when the shelter learned that the VA had not renewed the grant from its Per Diem Program that has funded its beds since it opened. Because the shel-

Please see Vets, Page A4

Staff photo by BOB STERN

Joseph M. Kuzniar, 38, an Army and Coast Guard veteran, sits in one of the Building 6 dorm rooms at the United Veterans of America shelter in Northampton.

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could lose half its beds

Continued from Page A1

ter staggers the funding for its two buildings, only half of the beds are affected.

Still, barring some last minute intervention, it means that 60 veterans will have to leave the facility by the end of March.

"You'll probably find a lot of vets freezing to death out there," said Joseph M. Kuzniar, an Army and Coast Guard veteran who transferred here two weeks ago from Worthington House, a shelter for the homeless in Springfield. "Despite our survival skills, you can't beat the cold," said Kuzniar.

Steven E. Como, the director of government relations for the United Veterans' shelter, has no words of solace.

"If we start putting people on the streets, people are going to die," Como said. "And we thought this was going to be a good time for us."

In fact, the shelter, which often operates above capacity and has dozens of people on its waiting list, had sought an additional grant this year to fund 40 new beds. Instead, like every other facility in Massachusetts that applied to the VA program, it was shut out.

The reason, Como believes, is that the VA is complying with President Bush's initiative to funnel money into faith-based programs.

Malcolm E. Holmes

grants when the shelter applied for its last contract two years ago, 35 of which were funded. This year, he said, the pool grew to 270 applicants, 53 of which received grants.

Philip Budahn, director of media relations for the Per Diem Program, acknowledged that the VA has been encouraging more faith-based organizations to apply, but said his office does not keep statistics on how many such organizations have received grants from year to year.

The United Veterans of America shelter is not affiliated with any religion, but everyone – from the residents to the administrators – says faith is the cornerstone of the operation.

"We live it here," said Executive Director John F. Downing.

Kuzniar, who is starting his second term at the shelter, believes much of its success derives from a basic soldiers' principle: "We never leave one of our own behind."

"We're all brothers in arms," he said. "We look out for each other, which you don't find in very many places."

Like many of the veterans at the facility, Kuzniar, 38, is trying to cope with a substance abuse problem that pushed him into the streets. The shelter is well-suited to such veterans because it is on the grounds of the medical center where treatment and counseling are available.

"Coming up here gives you time to get yourself straight," he said.

[illegible] before coming to Northampton to address a chronic drug problem. Without the services at the medical center, he said, "I'd most likely have been out on the streets doing the same thing."

Within the next year, Holmes hopes to get his driver's license back and find an apartment with someone who is clean and sober. "I want to be a productive citizen," he said, "not just someone who's sucking air and using space."

Kuzniar said he made progress during his last stay at the shelter but relapsed when he returned to Springfield to be close to his family. With no place else to sleep, he sought refuge at the Worthington House, but, unlike the veterans shelter, which takes in residents only after they sober up, it is a last-resort facility that accepts virtually anyone who needs a place to sleep.

"This is like a top-notch hotel compared to some of these shelters," Kuzniar said.

Still wearing his wool cap, Kuzniar sat on the bed he hopes to sleep in until he begins taking classes in environmental technology at Springfield Technical Community College. The dresser that comes with the bed is piled with books. Kuzniar said he reads a book every two days on average. He does not what he would do if this bed were not available.

"I'd be lost," he said. "I'd try to find someplace warm, I guess, but there's really nothing."

Como pointed out that in past years his facility has eased the pressure on other area shelters by plucking veterans from them and freeing up beds for others. Worthington House, on average, has some 30 veterans among its guests for its 110 beds, according to Executive Director Francis G. Keough III. To accommodate them, the shelter made a first-time application to the VA Per Diem Program. Like the United Veterans of America request, it was turned down.

"It's disappointing," Keough said. "We felt we were a worthy recipient."

[illegible] veterans, [illegible] has pledged to help, according to Downing.

"Olver, Neal, Kennedy, those three staffs have stood up strong," he said. "They just haven't wavered."

U.S. Rep Richard E. Neal, D-Springfield, has written a letter to VA Secretary Anthony Principi in which he calls the failure to fund the shelter "a grave oversight which I hope can be corrected." The congressman is still awaiting a reply, said Neal aide William E. Tranghese.

Michael Spahn, a spokesman for U.S. Sen. Edward M. Kennedy, said the senator's office is also looking for answers.

"This is certainly very important to the senator," he said. "It's a program that has worked, and we would like to see it continue to be funded."

U.S. Rep. John W. Olver, D-Amherst, believes Bush's faith-based initiative is a bad policy move, according to spokeswoman Nicole Letourneau. "It hasn't been shown that the shift in funding is going to help more homeless people," she said.

[illegible] that it might be a climb in light of the general crisis.

In the meantime, veteran Donald N. Miller are just h[illegible] keep warm until spring. [illegible] 59-year-old Navy veteran [illegible] mer commercial fisherman [illegible] ing hard to find an aff[illegible] place to live after cleaning [illegible] a drug and alcohol probl[illegible] though he acknowledges h[illegible] pects are less than rosy, [illegible] worries more about the ve[illegible] who follow him.

"What's happening to [illegible] guys going to war now?" he [illegible]

"What's left for them when [illegible] come back? They promis[illegible] these things and they get not[illegible]

Fred Contrada can be reach[illegible]
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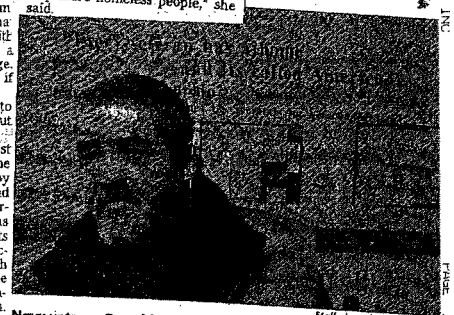

Staff photo by BOB STERN

Navy veteran Donald N. Miller, 59, shown here in the lobby of Building 26 at the United Veterans of America shelter in Northampton, is searching for an affordable place to live after cleaning up from a drug and alcohol problem.

STATEMENT

of

Linda Boone
Executive Director

of the

NATIONAL COALITION
***for* HOMELESS VETERANS**

before the

United States House of Representatives
Committee on Veterans Affairs
Subcommittee on Health

The Honorable Rob Simmons
Chairman

May 6, 2003
Washington, DC

Chairman Simmons and Committee members:

The National Coalition for Homeless Veterans (NCHV) is a nonprofit 501(c)(3) corporation, established in 1990 by a group of community based veteran service providers to educate America's people about the extraordinarily high percentage of veterans among the homeless and to place homeless veterans on the national public policy agenda.

These providers, all former military men, were concerned that policy makers did not understand the unique reasons why veterans become homeless and the fact that these veterans, men and women who defended America's freedom, were being dramatically under served in a time of personal crisis.

In the years since its founding, NCHV's membership has grown to almost 250 organizations in 42 states and the District of Columbia.

The majority of NCHV's members provide front line housing and supportive services to homeless veterans and their families. Services fall within the full continuum of care system including drop-in centers, emergency shelters, transitional supportive housing, and permanent housing.

The mission of NCHV is to end homelessness among veterans by shaping public policy, promoting collaboration, and building the capacity of service providers.

This week NCHV is holding its seventh annual conference, "Shaping America's Agenda for Homeless Veterans", and we have over 270 participants from 38 states, the District of Columbia and Puerto Rico attending.

The National Coalition for Homeless Veterans (NCHV) is committed to assisting the men and women who have served our Nation well to have decent shelter, adequate nutrition, and acute medical care when needed. NCHV is committed to doing all we can to help ensure that the organizations, agencies, and groups who assist veterans with these most fundamental human needs receive the resources adequate to provide these services to perform this task. Our veterans served us faithfully, often heroically. Each of us can do no less than to do our part to ensure that these men and women are treated with dignity and respect.

NCHV believes that "homeless veterans" is not a generic and separate group of people who are homeless as a permanent characteristic. Rather, NCHV takes the position that there are veterans who have problems that have become so acute that a veteran becomes homeless for a time. In a great many cases these problems and difficulties are directly traceable to that individual's experience in military service or his or her return to civilian society.

The specific sequences of events that led to these American veterans being in the state of homelessness are as varied as there are veterans who find themselves in this condition.

It is clear that the present way of organizing the delivery of vitally needed services has failed to assist the veterans who are so overwhelmed by their problems and difficulties that they find themselves homeless for at least part of the year.

Mr. Chairman, on behalf of the National Coalition for Homeless Veterans, I thank you for the opportunity to present our views here today on the status of homeless assistance programs for veterans conducted by the Department of Veterans' Affairs, including its coordination with community-based providers and other agencies.

Of primary concern to our organization is the .....
IMPLEMENTATION OF PL107-95 HOMELESS VETERANS ASSISTANCE ACT
The President signed this law on December 21, 2001 and it is NCHV and Congress' expectations this will be implemented. The Department of Veterans Affairs has the primary role in the responsibilities for provisions in this law.

The VA has expressed concern that PL107-95 is an unfunded mandate and they do not have the resources to implement its provisions. The House Veterans' Affairs Committee in their Report to the House Committee on Budget for FY2004 requested $75 million for implementation of certain provisions in this law and noted that the VA did not request additional funding to implement provisions in this law.

In reviewing the history of VHA budget requests compared to Congressional appropriations since 1997, each year Congress has **provided VHA more funding than they requested. Again for FY2004 the President's Budget has requested $61.5 billion and the Conference report is providing $63.8 billion.** So what is the real issue? Perhaps the internal priorities of the VA need adjustment. Since VHA resists having special purpose funding requirements made on the Department in order for them to have maximum flexibility to determine internal and local VISN priorities, even if funds were appropriated by Congress specific for homeless programs how would the money be internally allocated?

NCHV is pleased that Secretary Principi has implemented one piece of the legislation dealing with the establishment of an advisory committee on homeless veterans. He has assembled a knowledgeable committee who has just submitted their draft recommendations to the Department.

Here we are highlighting sections of the law that are critical to community based homeless veteran providers and our comments.

Section 5 Improvement and consolidation of provisions of law relating to homeless veterans.

2013 Transitional Housing Funding Homeless Providers Grant and Per Diem Program appropriation authorizing: $75m FY03, $75m FY04, $75m FY05 in expenditures. *The VA Secretary needs to allocate these amounts in the internal budget priorities.*

The VA projects that by the end of FY2003 there will be 6,615 transitional housing beds available funded through the Homeless Providers Grant and Per Diem program. The need for increased funding for beds through this program has never diminished since its inception. There is an un-addressed need for housing that is safe, clean, sober and has responsible staff to ensure that it stays that way, and that supportive services are regularly provided as to be sufficient to help veterans fully recover as much independence and autonomy as possible.

In FY02 the most recent "notice of funds available" the VA only offered $13.5 for new per diem grantees and no funds were made available for the "grant" piece of bricks and mortar for new or expansion of programs. Approximately $32 million was allocated for continuation funding of previous per diem grantees. This is $45 million when the authorized level is $60 million What will be the internal level allocated for FY03 while the authorization is $75 million?

VHA made a policy decision to terminate contracts with community-based providers under a "per diem" process (Health Care for Homeless Veterans) that had provided operating expenses, outside the Homeless Providers Grant and Per Diem Program, which was approximately $15 million annually. These contracts were to provide services that were similar to the Grant and Per Diem Program, but often more intensive for veterans that often are sicker and employment is not a realistic outcome expectation. The "per diem" rate average was approximately $39 per day, compared to the anticipated per diem rate in FY03 of approximately $27. The contract "per diem" providers must now compete within the Homeless Providers Grant and Per Diem Program process which focuses on employment as an expected outcome.

The melding of the contract "per diem" with the Homeless Providers Grant and Per Diem Program has created an illusion of sorts that the VA is allocating more resources to the Homeless Providers Grant and Per Diem Program, when actually total resources for homeless veteran grants to community based organizations has decreased.

In December 2002, February and April 2003, we have requested bed count information and spending levels for both of these programs in order to determine the actual impact on number of beds but have yet to receive a reply from the program manager.

As NCHV predicted in our testimony before this committee in September 2001 and again in September 2002, that when the new per diem rate became effective that was part of this

bill, that there would be a decrease in the beds funded if the VA did not allocate the full authorized amount to this program. ***The 6,615 beds funded by this program at the current rate of approximately $27 per day will require over $65,000,000 in funding in FY2004. To add new beds will require an additional investment.***

NCHV calls on Congress to insure implementation of this provision of this law and direct the Department of Veterans Affairs to insure funding is ***segregated outside the VERA model****, as special purpose funding for homeless veterans.*

2021 Homeless Veterans Reintegration Programs
Authorization of appropriations: FY02 through FY05, $50million

The Homeless Veteran Reintegration Program (HVRP) managed through the US Department of Labor, Veterans Employment and Training Service is virtually the only program that focuses on employment of veterans who are homeless. Since other resources that should be available to our member organizations to fund activities that result in gainful employment are not generally available, HVRP takes on an importance far beyond the very small dollar amounts involved.

Work is the key to helping homeless veterans rejoin American society. As important as quality clinical care, other supportive services, and transitional housing may be, the fact remains that helping veterans get and keep a job can be the most essential element in their recovery and reintegration for those that work is a realistic outcome.

The Homeless Veteran Reintegration Program is a job placement program begun in 1989 to provide grants to community-based organizations that employ flexible and innovative approaches to assist homeless, unemployed veterans reenter the workforce. Local programs offer employment and job-readiness services to place these veterans directly into paying jobs. HVRP provides the key element often missing from most homeless programming.....job placement.

HVRP programs work with veterans who have special needs and are shunned by other programs and services, veterans who have hit the very bottom, including those with long histories of substance abuse, severe PTSD, serious social problems, those who have legal issues, and those who are HIV positive. These veterans require more time consuming, specialized, intensive assessment, referrals, and counseling than is possible in other programs that work with other veterans seeking employment.

This program has suffered since its inception because it is small and an easy target for elimination or reduced appropriations. **DOL does not ask for the full appropriation for HVRP in the budget they submit to OMB. Leaving money on the table that could translate into decreasing the number of homeless veterans across our nation is unconscionable in NCHV's viewpoint.**

NCHV would also ask members of this committee to appeal to their fellow Representatives on the House Appropriations Committee to appropriate the amount you recommended.

2022 Coordination of outreach services for veterans at risk of homelessness. Focus on discharge from mental health programs, substance abuse and penal institutions. Development of plan from Readjustment Counseling Services and Mental Health Services calling for coordination of services with other entities and an annual report to Congress. *VA needs to develop the plan working with community based organizations, and fund this through internal budget priorities.*

2023 Demonstration program relating to referral and counseling for veterans transitioning from certain institutions who are at risk for homelessness. Authorizes "at least six locations" one which shall be Federal penal institution over 4 year period.

Requirements of sections 2022 and 2023 are prime opportunities to work on **prevention** of homelessness among veterans that has long been ignored. It we are to reach the goal of ending homelessness among veterans resources need to be focused on prevention efforts.

We have received a progress report from the Department of Labor's Office of Veterans Employment and Training (DOL/VETS), that in partnership with the Department of Veterans Affairs, has approved concept plans for the first three (of six) Incarcerated Veteran Transition Demonstration Programs. A federal prison program is planned in Oregon, a state prison program is planned in Colorado and a county/municipal prison program is planned in Los Angeles. Proposals by the state of Colorado and Los Angeles County have been received and are under review. The proposal from the state of Oregon is in the final stages of development. It is expected that all three demonstration programs will be running by July 2003. The Veterans Employment and Training Service is also working with the National Veterans Training Institute to develop a training program for Disabled Veteran Outreach Program Specialists (DVOPs), Local Veteran Employment Representatives (LVERs) and service providers, which focuses on transition assistance for Incarcerated veterans. The program of instruction is expected to become available in July 2003. DOL/VETS expects to publish a solicitation for grant award for the remaining three demonstration programs by September 2003.

2061 Grant program for homeless veterans with special needs.
Grants ($5m, FY03-05) to health care facilities and grant and per diem providers for programs that target: women; frail elderly, terminally ill, chronically mentally ill. *The VA Secretary needs to allocate these amounts in the internal budget priorities.*

2062 Dental Care
Adds criteria for care to homeless veterans.
VHA distributed a directive (2002-080) providing treatment guidelines for homeless veterans. We have no varied data about the actual implementation of homeless veterans

being treated. Dental treatment is critical for homeless veterans in terms of health issues and being able to obtain employment. *We ask that this Committee obtain data about the actual number of veterans being served and at what locations the VHA directive has been implemented.*

2064 Technical Assistance
Competitive grant to provide technical assistance to community based groups applying for grant and per diem grants. $750,000 per FY02-05. *The VA Secretary needs to allocate these amounts in the internal budget priorities.*

It is very clear that it takes a network of partnerships to be able to provide a full range of services to homeless veterans. No one entity can provide this complex set of requirements without developing relationships with others in the community.

Community-based nonprofit organizations are most often the coordinator of services because they house the veterans during their transition. These community-based organizations ***must orchestrate a complex set of funding and service delivery streams with multiple agencies*** in which each one plays a key critical role.

There is a wide variety of Federal, state and private funds that veteran service providers are eligible for in the course of serving homeless veterans. The challenge is in accessing them. Many veteran specific providers lose several years before being able to position themselves to successfully compete and receive ANY federal, state or local agency funds.

The veteran community-based organization system faces a capacity gap around managing this complexity in order to respond successfully to the distribution system for accessing funds and then if awarded the resources to pay for management and financial reporting systems to properly service those funds.

The goal for this technical assistance allocation, for community based homeless veteran service providers, is to significantly increase their ability to access federal, state and private funding streams and to enhance the efficiency of utilization of theses funds and their organizations.

We understand that VA will be releasing a grant solicitation notice this month and we look forward to implementation.

Section 8 Programmatic Expansions
(a) Access to Mental Health Services – VA to develop standards to ensure mental health services available to veterans in a manner similar to primary care.

Public Law 104-262 enacted in October 1996, required the VA to "maintain capacity to provide for specialized treatment and rehabilitative needs of disabled veterans (including

veterans with spinal cord dysfunction, blindness, amputations, and mental illness) within distinct programs or facilities of the Department…."

However the VA has not maintained that capacity to serve these veterans and PL107-95 is even more specific……how will the VA respond? The reductions and curtailment of services are drastic in mental health and substance abuse disorder programs which concerns NCHV. In the December 1999 report issued by the Interagency Council on the Homeless, found that ***76% of homeless veterans have a mental health and/or substance abuse issue***. It is shocking to hear from the VA Advisory Committee on Seriously and Mental Ill Veterans an estimate that over $600 million has been diverted from mental health programs over the last few years. ***An April 2000 GAO (HEHS-00-57) report concluded that between 1996-1998 inpatient services to serious mental ill patients decreased by 19%. Substance abuse disorder inpatient treatment was reportedly decreased by 41% in the same GAO report.***

That same GAO report reported that the VA generally believed that alternative care settings developed to move patients to an out patient treatment setting were appropriate for special disability populations, although no clear evidence exists to support this position. ***Many communities do not have adequate resources to support this increase in demand that had once been provided by the VA*** and homeless veterans need safe and sober housing to go to when receiving treatment in an out patient model.

Additionally this GAO report concluded that VA managers are not specifically accountable for special disability programs and that responsibility for maintaining capacity is fragmented among organizational units. NCHV is concerned that the funding Congress intends to have used serving this vulnerable population has been redirected and VA accountability is lacking and veterans are suffering as a result. How many veterans are not receiving assistance? How many get turned away or virtually turned away by not having services available?

In a Senate hearing last fall, testimony was provided that stated "total per capita expenditures for veteran mental health patients has declined by 20.6% since 1995. Between 1995 and 2001, the number of veterans in need of mental health service has increased 26%, yet mental health expenditures have increased only 9%."

What types of veterans should the VA be serving? In PL104-262 it specified seven priority categories. At the time of this law's enactment, priority 7 veterans (non-service connected and typically higher income) made up 3% of those who used the health care system. The VA's budget for FY03 discloses that **priority 7 veterans are expected to make up 33%** of VA enrollees. Earlier this year a new Priority Group 8 was established which appears to be a marketing move to have a method to not enroll any more veterans that are non-service connected and higher income, but the VA still continues to serve those Priority 7 veterans enrolled prior to this new category being created.

These veterans often have other health care coverage but the VA is redirecting resources to serve these veterans. While VA mental health and substance abuse programs, which overwhelmingly serve service connected and low income veterans, have suffered severe cost cutting. The VA has allowed a redirection of funds to non-mental health care in clear violation of the capacity law. It is shocking to realize the VA has diminished its support to veterans who are most vulnerable and most in need and in doing so **has altered its mission to serve an ever-growing number of those with the lowest claim to VA care**.

Section 10 Use of Real Property
(a) Limitation of declaring property excess to the needs of the department – adds wording specific to homeless veteran services.
(b) Waiver of competitive selection process for enhanced-use leases for properties used to serve homeless veterans.
The VA seems to be waiting for the CARES process to be completed before making properties available, while six million square feet of underutilized VA space sits waiting that in many cases could be used for homeless veteran community based programs.

NCHV members that have entered into enhanced sharing agreements for use of VA space to provide services to homeless veterans are reporting that hospital directors are significantly increasing the reimbursement rates for use of that space. The hospital directors are citing VHA Directive 1660.1, August 3, 2000 as the authorizing authority to **charge these homeless veteran service providers local fair market rates**.

Less than full cost may be considered only when the VA decides the contract is necessary to maintain the level of quality or to keep a program in existence for veteran use. However, since the VA has been shifting their service to "priority 7" veterans, and the need to offset their local hospital budget requirements has increased, services to homeless veterans are not seen as in their mission. Even though homeless veteran service providers are most often supplying services the VA does not provide such as housing, counseling, employment services, family reunification, and legal counseling that homeless veterans need to complete their transition out of homelessness.

Homeless veteran providers are being **required to decrease services in order to increase rent payments to the VA or close down their programs. Often the money that is used for rent has been procured through a grant from another Federal agency. How much sense does this make when we are spending tax dollars?**

Section 12 Rental Assistance vouchers for HUD - Veterans Affairs supported housing program.
Increase in number of vouchers: FY03 500, FY04 1000, FY05 1500, FY06 2000.
No new vouchers have been designated for veterans in the FY03 or in the FY04 HUD budgets. The Administration intends to completely change the HUD voucher system and it is unlikely veterans will receive special consideration or set asides within that proposal.

The House Veterans' Affairs Committee will need to work with their authorizing counterparts on the Committee for Financial Services, to negotiate opportunities for veterans within HUD.

H.R.1906

NCHV is extremely pleased that Representative Evans has introduced H.R.1906, "Servicemembers' Transition Assistance Program and Services Enhancement Act of 2003". As individuals leave the military, particularly those who do not have transferable job skills becoming a civilian with all the responsibilities (of budgets, rents, jobs, child care, housing, etc.) may put them at risk for homelessness.

This bill will take advantage of the successful Transition Assistance Program (TAP) jointly administered by Departments of Defense, Labor and Veterans Affairs by making it a mandatory process and inclusion of the homelessness risk awareness.

Newly released information from the Department of Veterans Affairs points out the increased risk for becoming homeless among veterans. Male veterans are 1.3 times more likely to become homeless than their nonveteran counterpart and female veterans are 3.6 times more likely to become homeless than their nonveteran counterpart.

Prevention of homelessness among veterans should be a top priority if our nation is going to really end homelessness among veterans. Providing mandatory transition assistance coupled with homelessness information is a step in that direction.

NCHV looks forward to working with this committee and its staff on solutions that will lead to the end of homelessness among veterans.

Mr. Chairman, thank you for this opportunity.

CURRICULUM VITAE

Linda Boone, Executive Director, National Coalition *for* Homeless Veterans took over the management of this national advocacy organization in April 1996. Linda's activities on veteran issues started in 1969 as a volunteer in her local community. Her advocacy for homeless veterans began in 1990 after meeting veterans living under a boardwalk near her home.

Prior to becoming executive director for NCHV Boone spent over 20 years in materials management positions at high tech manufacturing companies and as a consultant to companies and organizations for competitive management practices.

The National Coalition for Homeless Veterans was founded in 1990 by a group of veteran service providers when they became frustrated with the growing numbers of homeless veterans that were coming into their facilities and the lack of resources to adequately provide services.

The mission of NCHV is to end homeless among veterans by shaping public policy, promoting collaboration, and building the capacity of service providers.

FEDERAL GRANT OR CONTRACT DISCLOSURE

The National Coalition for Homeless Veterans received an appropriation from Congress was provided to NCHV in the FY2001 budget for $399,120 to provide technical assistance for service providers. Through April 30, 2003, $375,000 of that appropriation has been accessed.

Testimony of
Kathryn E. Spearman, M.S.W.
President and CEO
Volunteers of America of Florida
Before the United States House of Representatives Committee on Veterans Affairs
Subcommittee on Health

May 6, 2003
Washington DC

Chairman Simmons and Subcommittee members:

Thank you for the invitation to testify today and for all you do to assist our nation's veterans. Volunteers of America of Florida is a statewide non-profit 501 (c) (3) faith-based social service community provider in Florida for 83 years. We are an affiliate of the prominent and well-known Volunteers of America national organization whose headquarters are located in the Washington D.C. area, in existence for 107 years, with affiliates in 45 states.

Volunteers of America of Florida specializes in offering hope and support to veterans, the elderly, the mentally ill and the developmentally disabled through providing mental health, substance abuse, health, and supported employment services and operating drop-in and multi-service centers. The agency is a statewide Medicaid and Medicare provider, accredited by the Joint Commission on Accreditation of Healthcare Organizations as a behavioral health care provider. Our emphasis is on housing and supportive services that lead persons with special needs to independent living, however that might look for each individual.

On any given night in Florida between 17,000 and 23,000 homeless veterans are living in shelters, on the streets, in encampments, on derelict boats or in other places not meant for human habitation. Volunteers of America of Florida has the largest number of Veterans Affairs Grant and Per Diem supportive housing and service programs in Florida, as well as the largest number of HUD McKinney-Vento Supported Housing Programs in the state.

Currently Volunteers of America of Florida provides outreach and support services to 6,000 veterans each year at Stand Downs and in encampments, through our multi-service centers and through our housing and support services programs. Currently we provide housing and support services to 125 veterans through 5 VA Grant and Per Diem programs totaling $956,662, and to an additional 42 veterans through its HUD McKinney-Vento programs, for a total of 167 veterans served. Outreach is provided throughout the state; housing programs are located in Miami, Key West, Jacksonville, Ft.

Lauderdale, Tampa and Cocoa, Florida. Veterans Multi-Service Centers are offered in Miami and Cocoa.

Our most innovative program (and first) Grant and Per Diem program is the Florida Veterans Mobile Service Center, a 40-foot state-of-the-art vehicle with a fully-contained medical, dental and health service facility that outreaches to homeless veterans throughout the state. Of the 20,000 + homeless veterans in Florida, an estimated one-third are very resistant to receiving services and living in the isolated encampments in places like the Florida Everglades, Ocala National Forest, on abandoned boats, and on isolated islands off the Florida Keys.

This outreach service offers immediate assistance of food and clothing, health screening, dental services, VA eligibility determination, and linkages with local service providers. The mobile unit is supported by Disabled American Veterans, Vietnam Veterans of America, AMVETS, Veterans of Foreign Wars, Paralyzed Veterans of America, Jewish War Veterans, VietNow, Marine Corps League, American Legion, Korean War Veterans, Non Commissioned Officers Association, and the U. S. Department of Veterans Affairs, as well as by corporate sponsors USAA, Eli Lilly, Harley Davison, Applied Geodentics, and individual contributions.

Florida was fortunate to have an innovative and creative VISN 8 homeless working group that developed the outreach plan, and Volunteers of America of Florida had the capacity and willingness to move the project forward. Dr. Roswell, then the VISN 8 Medical Director supported the project and encouraged the support of VA Medical Center directors.

The Mobile Service Center has some impressive statistics: it is on the road 200 days a year; has traveled more than 30,000 miles in 2 years, and has reached more than 4800 men and women. The unit uses a team approach including staff from Volunteers of America of Florida, the Veterans Administration Medical Centers, VISN 8 Veterans Benefits Administration, and a variety of community providers. Currently the unit is under funded and lacks Veteran Administration Medical Center support. This is a program that can really make a difference, yet requires enormous amounts of agency and staff time to find resources to keep it in operation. By now we expected to have more support and more vehicles on the road.

Because of our work in the Mobile Service Center and the first-hand knowledge we have gained and documented, not only of the severity of homeless veterans' needs, but of their complete lack of awareness that any benefits at all were available to them, we have been able to present their stories compellingly throughout Florida, resulting in Veterans Services Organizations' increased involvement with the program, greater community awareness of the underlying factors contributing to their needs, and state and corporate support for this initiative. It was also this first-hand knowledge that led us to apply for and obtain the VA Grant and Per Diem supported housing programs, and it has allowed us to successfully offer more specific services that lead to veterans transitioning to independent living.

We are especially appreciative of Retired General Norman Schwarzkopf, who narrated a public service video supporting the innovative Mobile Service Center outreach program, emphasizing both the need for such programs and our communal responsibility to provide these programs to the men and women who bravely served our country.

Volunteers of America of Florida's success with homeless veterans is due in part to its ability to work statewide, its continuum of housing options and array of support services, and the diligence in combining federal and local resources to get the job done.
Most importantly, we are dedicated to solving the problems of all homeless veterans, in spite of not only resistance from our communities to give up limited resources to serve veterans they feel the Veterans Administration should serve, but also resistance from homeless veterans themselves who do not want to trust a system that has been neglectful at best, and sometimes abusive to them.

Our five years of experience in working with homeless veterans, first in outreach and then in providing housing and support services including multi service centers, has led us to an increasing awareness of the gaps and barriers that severely impede the integration of homeless veterans into the community and the need to develop strategies to solve the problems. We recommend strongly the following action to smooth homeless veterans' return to active, productive lives.
Action supported by Volunteers of America of Florida

- Develop and support creative funding specifically to address needs of homeless veterans
- Place VA Medical Center staff working with homeless veterans on site in community veterans homeless programs, as well as in hospitals
- Provide prevention mental health services for returning veterans without the stigma of labeling them as psychiatrically unstable
- Issue directives with incentives for VA Medical Centers to reach out and plan for homeless veterans' reintegration into care in order to improve their chances for success
- Reduce bureaucracy to get things done in a timely manner for all concerned, including processing and releasing benefit entitlements for veterans, providing needed medical care, mental health care, and substance abuse treatment to veterans when they need them, rather than in months or years; improve the capacity of VA staff addressing homeless veterans' needs to travel throughout the state to work directly with homeless veterans and providers of services to homeless veterans; decrease the delays in releasing grant award dollars and providing the on-site visits required by VA before services can begin to be delivered to homeless veterans
- Educate the community on eligibility of veterans for all entitlements and services
- Continue to look at NEPEC's results and increase its capacity to collect and analyze data
- Increase support services

- Use only those providers who can demonstrate that they are deeply concerned about homeless veterans and their problems, and who can offer the services that are unique to the needs of homeless veterans, especially service-resistant veterans
- Support and fully fund PL 107-95 Homeless Veterans Assistance Act, with its focus on increased provision of individual, special needs services.

This above plan of action is formulated to respond to three identified needs: to address the gaps and barriers that impede homeless veterans' opportunities to succeed, to enhance existing services that are helpful but inadequate, and to improve funding streams to better address those needs that are specific to the homeless veteran population.

Gaps and Barriers to Services

- Emergency care
- Timely benefits provision
- Communities willing to set aside service or housing funds for veterans
- Consistent and specific outreach and service to homeless women veterans and their families
- Dental care
- Veterans shelters and emergency shelters that will include those inebriated
- Immediate detoxification services
- Inpatient services for PTSD
- Adequate mobile medical and general outreach to rural encampments
- Adequate support sources for veterans unable to stay in gainful employment due to health issues
- Substance abuse and mental health access and treatment
- Adequate community education with regard to veterans' entitlements

Services needing enhancement

- Supportive housing
- Service Centers
- Employment options for special needs homeless veterans, including supported employment, part time employment, mentoring and meaningful volunteer opportunities
- General access to health care, nutrition and medication which prepare homeless veterans for employment and create a greater feeling of well being
- Outreach to resistant veterans
- Rental assistance vouchers

Funding concerns and needs

- As interagency efforts in Washington such as the Collaborative Homeless Initiative Program shift funding collaborations and responsibilities, attention must be given to the outcome of increased services specifically for homeless veterans. The recent collaboration effort left many excellent veteran-specific service providers nothing to gain and the Department of Veterans Affair's role the same as always – limited resources and additional commitments to the community that are unlikely to have much impact on services. As competition for HUD McKinney-Vento Supportive Housing Program funds increases, veterans' service providers are less likely to gain top ranking because they are working with subsets

of populations. For example, in Florida most Continuums of Care generally identify gaps in services first by housing needs such as emergency shelters, transitional housing programs and permanent housing programs. Next in ranking come the populations in need such as mentally ill, substance abusers and persons with HIV/AIDS. Limiting persons served to a specific subset – Veterans – may result in those applications' receiving lower scores than one serving a population mix. While serving a mix of veterans and non-veterans may be a good long-term plan, in the short term it puts veterans at risk of not being given the special attention they need now.

- Service resistant veterans, especially from the Viet Nam era, need VA specific funding for services to offset their many years of isolation, rejection and VA neglect. This group takes more time and money than any other group of veterans, and, in fact, very often only their severe medical needs may push them to be willing to chance accepting services. The right staff are crucial. They must be patient, understanding and sometimes brave. In reality, outreach to this group often requires these 10 steps only to begin to work with them:
  1. locate them through local sources and build trust with the contacts;
  2. contact in advance through local residents;
  3. go in slowly - as directed by contacts;
  4. build trust;
  5. provide food, clothing and medical care to a few;
  6. build trust, wait, and come back;
  7. provide food, clothing and medical care to a few more;
  8. build trust, don't ask too many questions, come back;
  9. build rapport and begin to talk;
  10. establish trust to begin a future working relationship.

- Maximum funding is essential under the new special needs category for Grant and Per Diem as outlined in PL 107-95 (2061). This is the first attempt to cover the cost of care for special needs veterans and offer competitive payment for care in the community.

- Equally important is the provision of rental assistance vouchers, PL 107-95 (Section 12) which are and will remain greatly needed.

Thank you for your consideration and support in these important matters. Together we can make this work. Volunteers of America of Florida is proud to be associated with a group that is taking seriously the President's ten year plan designed to solve the problem of homelessness by ending it, especially among veterans in Florida.

Kathryn E. Spearman
President/CEO
Volunteers of America of Florida

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Volunteers of America of Florida

Homeless Federal Grants

VA Grant and Per Diem	Location	Since	Amount
1 Mobile Service Center	Statewide	1988	$195,000.00
15 transitional beds	Key West	2000	62,415.00
18 transitional beds 1 multi-service center	Miami	2000	650,000.00
80 transitional beds 1 service center	Cocoa	2001	851,857.00
12 transitional beds	Jacksonville	2003	159,575.00

HUD McKinney - Vento SHP	2002 Amount	2003 Amount
Jacksonville SHP #1	$ 325,652.00	$ 325,652.00
Jacksonville SHP #2	401,269.00	421,331.00
Jacksonville SHP #3	369,944.00	369,944.00
Jacksonville SHP #4 (veterans only)	-----	500,000.00
Tampa SHP #1 (5 veteran women)	335,000.00	341,465.00
Manasota SHP #1	83,333.00	83,333.00
Broward SHP #1	343,033.00	343,033.00
Broward SHP #2 (veterans only)	636,417.00	606,596.00
Broward SHP #3	212,211.00	216,455.00
Hogar I – Miami SHP #1	550,000.00	652,707.00
Hogar II – Miami SHP #2	827,157.00	847,836.00

TESTIMONY OF

RALPH COOPER, EXECUTIVE DIRECTOR
VETERANS BENEFITS CLEARINGHOUSE, INC.

TO

THE UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEES ON VETERANS AFFAIRS

SUBCOMMITTEE

ON

HEALTH HEARING

TUESDAY, MAY 6, 2003

NONGOVERNMENTAL WITNESS STATEMENT DISCLOSING FEDERAL FUNDS

- **HVRP (DOL) FY 02 - $299, 481**
- **HVRP (DOL) CURRENT- $149,741**
- **DVA READJUSTMENT FY 02 - $31,298**
- **DVA GRANT PER DIEM FY 02 - $69,000**

TESTIMONIES:

Mr. Chris Smith, Mr. Chairman of the esteemed House Committee on Veterans Affairs, Mr. Subcommittee Chairman, Mr. Bob Simmons Honorable Ranking member Mr. Evans, other Esteemed Committee members, Distinguished guests, fellow veterans, active duty military personnel (welcome home) ladies and gentlemen:

It is with great pride and is with an honor I humbly submit this testimony with hope that it informs, causes people to ponder, and that the recommendations are worthy of your review and possible action.

My director of Case Management said it so profoundly "America's pledge to its soldiers that "no one is left behind" should be as sacred to its returning soldiers as it to those who fall in battle. Yet to the thousands of veterans of all the wars after World War II the pledge has never been fulfilled. George Washington, the nations first Commander and Chief said "the willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their nation"

As a grateful nation in appreciation to our armed forces for a job well done the funds for homeless-assistance for veterans should be our first priority because if we don't make it our priority the cost is too high. The statistics and complete Black Legislation Veterans Homeless Resolutions which I've entered in it's entirely as part of my testimony and recommendations will speak for themselves as you real them, however there is a Vietnam vet that can't speak for himself named Charles Brown. He can't speak because he's deaf. He overdosed on heroin and died homeless in 1987r. I remember his struggle for a job and readjustment after Nam, I remember the horror stories he told and the nightmares he shared about what he had to do in the bush in Vietnam. I remember his story of how he got addicted tying to self medicate for a few hours of peaceful sleep…to make the mangled bodies and faces of the dead go away. I remember his sister who would always try to understand what happened to little Charles over there that caused him to come back to us…like this.

I remember when VBC got him his first job with an employer who was sympathetic to returning Vets, and over looked his criminal record and battle with substance abuse. How he raved about Charles work output when he came to work sober and clean. Yes there were periods of times when our intervention worked and Charles would be clean for months after detox and some counseling. But soon funding for detox beds were cut, Charles had burned too many bridges and many facilities would rather deal with people who were going to succeed and remain clean not be a revolving door like Charles.

However we didn't have anything like HR1906 were TAP services were a serviceman could get *Homelessness Risk Awareness Counseling* and benefits guidance

The last of my testimony which I'll iterate orally is Women Veterans and the issue of their homelessness.

According to a recent study from the Department of Veterans Affairs, veterans are about twice as likely to become homeless as their non-veteran counterpart, and female veterans are almost four times as likely to become homeless as their non-veteran counterpart.

The Women Veterans' Therapeutic Transitional Residence Program (a.k.a. the TRUST House) is located in a quiet Jamaica Plain neighborhood in a newly renovated house. The residence is home for 7 women veterans and 2 house managers. Each resident participates fully in the daily operations of the residence (including food shopping, cleaning, gardening, laundry, cooking).

TRUST specializes in the treatment of women with Post-traumatic Stress Disorder as well as depression, substance abuse, anxiety, dissociation, and homelessness. We provide safe, stable, and affordable housing within a treatment-focused community setting. Residents typically live in the residence for 6 to 12 months.

The Veterans Industries Vocational Program provides vocational evaluation, counseling, and paid work experiences for residents. These services are designed to help women develop solid work habits, build self-confidence, and acquire skills needed to obtain competitive employment in the community.

I've placed the National Black Caucus of State Legislators Resolution of December 2003 in its entirety as a part of my testimony and recommend this Sub-Committee please review the italicized comments and accept them as a part of this testifier's additional recommendations.

National Black Caucus of State Legislators

Homelessness Against Veterans Resolution

On September 13th 2002, Rep. Julia Carson (D-IN) convened a national issues forum titled: "Home of the Free, Land of the Brave: Homelessness among African American Veterans"
- To review and address homelessness among veterans across the nation.

Whereas, keynote speaker Honorable Leo S. Mackay, Jr., Ph.D., Deputy Secretary of the Department of Veteran Affairs in his remarks stated, America's homeless veterans are a priority for the Department of Veterans Affairs, and we owe these veterans both a debt of gratitude for their service, and a helping hand through services.

Whereas, America's homeless face many well-documented problems indicating that veterans and particularly, African American veterans, are especially vulnerable;

while separating form the military and where Charles could have learned about his addiction and been medically and psychologically referred for help before he got out. Just maybe he could have made it… back in the world, like a Gulf War Vet I know, which is alive and buying a home and working in a great job with one of our nations largest train systems. He like Charles saw combat in its rawest form, he saw his buddies burned to crisp and when he tried to assist one badly charred comrade his fellow combatant's arm snapped off in his hand. This memory still haunts Al but he fared better than Charles because his problems did not include substance addiction. However his anger and rage…his sleepless nights kept him from being able to work harmoniously with others and caused conflict with his bosses and supervisors so much so that on one occasion he called me from a hospital lock-down unit – thy had felt he was a threat to self and others.

It seemed he went to the hospital to get help because he was feeling anger at fellow workers and was afraid he might act out his anger with a weapon. Once again, intervention worked. Through my agency (VBC) and with the help of a congressman's office we were able to have him released to his wife and he returned home after 48 hours, to his family. He got the needed medical and psychological help through VA Outpatient Clinic. Through treatment, he could control his anger and could sleep through the night with minimal Vietnam intrusions.

He (Al) is a success story now some 8 or 9 years later but what if he had the help he needed before he got out and learned about PTSD and its' symptoms, that with treatment you can control the feelings associated with the disease – but your not crazy. Both men told me even though their Wars were years apart from each other they didn't remember getting any advise on benefits, medical assistance or any one on one readjustment support when the cleared they Post or Base to come home.

You know we already have the statistics: Vets comprise 23% of overall and 33% of male homeless in this country. 40% report mental health problem, 49% alcohol abuse, 31% drug use and 52% chronic medical condition most as a result of combat or military relatedness.

We could have gotten to Charles earlier and saved his life. "Al earlier and spared him and his children the anguish of a "crazy" man." Charles had a few months of work and this was during this time he had the best success battling his substance abuse; however, now a days as "my" employment specialist reminded me, to mention in this testimony that; Housing and Employment discrimination based upon criminal records is growing at a rapid pace and is having a severe impact on lower income and minority communities, as well as the Commonwealth of Massachusetts as a whole. Eighty-Five (85%) of ex offenders were denied employment because of (C.O.R.I.) regulations and are forcing ex offenders into low income, dead end jobs, or into the "Illegal Job Sector".

As you will later read in the Black Caucus of State Legislator Resolution that successful transitions from prison to work can only happen if the "criminal offender record identification" law known as CORI law is revisited and modified. Currently climate around safety and serenity often leads to discrimination of ex-offenders in getting housing, jobs, training and etc. I think most would agree a job is the best social medicine for readjusting and homeless veterans.

Whereas, the data show that veterans are twice as likely to be among the chronically homeless (i.e. homeless more than 1 year, or 4 or more times during the past 3 years);

Whereas, most disturbing is the fact that 81% of them suffer serious psychiatric, or substance abuse disorders, and thirty-three percent experience both (Health Care for Homeless Veterans Programs, Fifteenth Annual Report, 200 1);

Whereas, one recent study (Health Care for Homeless Veterans Programs, Fifteenth Annual Report, 2001) shows that 46% of homeless veterans assessed in 2001 were African Americans, in contrast to 10.9% in the general veterans population, indicating that African Americans were over 4 times more likely to be homeless than other veterans;

Whereas, this study also showed that African American veterans were 1.31 times more likely than African American non-veterans to be among the homeless. Thus, while African Americans, both veteran and non-veteran are far more likely to be homeless than whites, and the US veterans are somewhat more likely to be homeless than non-veterans, the risk of homelessness comparing veterans and non-veterans of the same race is about the same for blacks.

Whereas, an earlier study based on data from 1987 showed that considering only Americans living in poverty in cities greater than 100,000 population, African Americans were 2.11 times more likely than poor whites to be homeless. Among poor veterans, African Americans were 1.43 times more likely to be homeless, while among non-veterans, African Americans were 2.87 times more likely to be homeless. Thus, even among impoverished city dwellers, African Americans are far more likely to be homeless than whites, although the increased risk for African Americans is smaller among veterans than non-veteran African Americans.

Whereas, African American veterans are at much greater risk for homelessness than their non-African American counterparts;

Whereas, the bleak portrait of America's average homeless veteran, finds the veteran to be male in 98% of cases, most likely single, comes from a poor and/or disadvantaged background, average age is 48 years; a one third chance (33%) served during wartime; and probably lives either in a shelter, or on the streets (70%).

Whereas, the National Survey of Homeless Service Providers and Clients tells us that 57% of homeless veterans have gone to the Veterans Administration (VA) for needed health care;

Whereas, it is the sense of Congress that - veterans are disproportionately represented among homeless men; existing resources for programs are inadequate; that the most effective programs need to be identified and expanded; homeless veterans program should be accountable and include prevention. One of the most extensive acts passed by Congress to aid homeless veterans (The Homeless Veterans Comprehensive Assistance Act) gives VA the additional authority it needs to help veterans rebuild their lives.

Whereas, on yet another front in the war against homelessness, the VA has established a new Secretarial-level committee (a 15 members Advisory Committee on Homeless Veterans) reflecting its commitment to making a difference in the lives of homeless veterans. In addition, we are pleased that Ralph Cooper, a long time advocate in aiding the homeless is a committee member and look forward to his and others community based recommendations and guidance.

Whereas, the VA is also looking at opportunities for better liaison with their community partners; and bolstering, broadening and expanding the composition of its community-based service providers by including representatives from government, veterans' service organizations, faith based groups, state elected officials, state and city agencies and
experts in mental illness, substance abuse, vocational rehabilitation, and employment, etc.;

Whereas, what Stand Down events across the country have shown, among other things, is that many homeless veterans have nagging, minor legal problems, which are major barriers to accessing available services and to escaping homelessness. The legal problems of homeless veterans are compounded by the fact that homeless veterans have no money to address the problems, and by the fact that there are no permanently funded programs to provide access to adequate legal services (there are voluntary, pro bono efforts, which are hit and miss). Homeless veterans have twofold problems on the civil side of the law, including family problems (homeless fathers are often non-custodial parents), child support issues, credit and tax problems, debt relief problems, etc. Homeless veterans have problems on the criminal side of the law, most often, petty crime associated with being homeless, some of which are pending matters, but the majority of the matters are old probation cases, where the homeless veterans has failed to pay fines, or to comply with probation conditions, or matters in default with outstanding criminal arrest warrants. One constant complaint of homeless veterans at Stand Down is: *"if I could only get my drivers license back I could get a job driving, because I knew how to drive in the Army, and I was a driver in the Army."* This task is often impossible for a homeless veteran because of outstanding moving motor vehicle violations, old parking tickets, or outstanding excise taxes for vehicles owned long ago.

Whereas, single adult males are the overwhelming majority of the homeless veterans population and in most local communities they view veterans as being a federal responsibility, or issue, and the federal government should pick up the cost of serving this population. Thus, are afforded lower priority status by social service providers who must rely upon *federal* resources to operate local initiatives, or serve the general homeless and low income population (i.e. women and families with dependent children). Therefore adult males are less likely to receive a full array of services and/or an appropriate share of funding outside of federal resource allocations. The federal government must establish this special homeless group as a 'high priority population.' Further, the Interagency Council on Homelessness with the U. S. Department of Housing and Urban Development (HUD) as one of the lead agencies for homeless funding should eliminate the *'match requirement'* as a stipulation for funding homeless veterans programs. They should fund these programs outright (100%) and not as part of the overall continuum of care, but as separate funded entities. However, not as a set-aside!

Furthermore, HUD should encourage wherever possible the development of homeownership initiatives by non-profit service providers for this special homeless population.

Whereas, historically, African Americans have not had adequate access or quality care in the mental health system, a situation true for general health problems as well. African Americans have been more likely to be misdiagnosed: over diagnosed with psychosis and under diagnosed with affective, or anxiety disorders; to receive inpatient or emergency care rather than scheduled outpatient care; to be involuntarily committed; to receive excessive medication, especially anti-psychotic medications; to be placed in seclusion and restraints; to leave treatment against medical advise; to be referred to the least desirable dispositions; not to receive substance abuse treatment when treatment is needed; and to be incarcerated with substance abuse problems;

Whereas, the VA is shifting from inpatient to outpatient services much as state systems did decades ago and appears to be destined to make the same mistakes. Since African American families are more involved with their patients, but have 60% of the income of white families, such shifts will disproportionately affect them. In addition, African Americans are more likely to be referred to emergency room services rather than rehabilitation services when assigned to outpatient status. Substance abuse services are being made outpatient at a rapid rate without recognition that the dually diagnosed patient may not benefit from such a shift.

Furthermore, HMOs and state systems belatedly learned the value of long term outcomes, which many times indicated increased cost. For example: increased discharges may lead to increased suicides, use of more expensive general medicine beds, and extremely expensive jail or prison beds.

Whereas, the VA system is not perfect regarding care of the African American substance abusers, or mentally ill individuals, but it has provided a model for less racially disparate services and quality care for those with the most need. Changes in the system should be designed to enhance those strengths;

Whereas, a significant number of minority community based and faith based providers may welcome the opportunity to provide services to homeless veterans, but may lack the capacity and infrastructure necessary to provide the broad range, or array of services that comes part and parcel with the homeless veterans recovery process that they will often confront requires. Nor do many, if not most have the ability, as opposed to *'good intentions,'* to successfully compete in today's highly competitive social service delivery arena which demands outcome based performance.

Whereas, there are many self-help initiatives that veterans community based organizations can develop to create safe, clean, and affordable housing for veterans who are homeless. And that there are some set ways, or methods of affordable housing development that are tried and true. The Veterans Benefits Clearinghouse, or VBC can offer a 'How to List.' Further, VBC advocates believe, shelters do save lives, but 'good jobs' are critical to allowing homeless veterans a wider array of independent living options. While the VBC's unique approach of moving *'veterans from homelessness to*

homeownership' should be replicated as a national model (i.e. a continuum of housing). They are the one group in the northeast which has successfully applied this conceptual model as an overarching long-term strategy for wealth creation, and neighborhood revitalization;

Whereas, the population of those incarcerated across the United States continues to grow by leaps and bounds. And among this increasing population are a large number of African American veterans who in most cases will return to the community upon release. Yet, coming out of jail/prison continue to be just another invisible sub-population, permanently marginalized; while still suffering from prevailing anti-war sentiments on one hand, and institutional racism coupled with apathy on the other when seeking supportive services. Subsequently, released incarcerated veterans continue to take their chances on the streets, remaining vulnerable for return to prison/jail. Due in no small part to the absence of direct intervention services, and/or a lack of comprehensive transitional services being in place such as halfway houses, affordable housing, substance abuse, mental health and PTSD treatment, or counseling. However, paramount to successful transitioning is the very real need to revisit and modify the 'criminal offender record identification' law, known as the 'CORI' law. Due to political and community concerns about safety *open* access to this *criminal information* is frequently used to discriminate against ex-offenders in obtaining housing, jobs, education, and vocational training.

Locally community efforts are often hampered by a variety of factors such as: state budgetary cutbacks, limitations on existing funds, and ambiguity as to whether 'veterans' are a federal, state, or local responsibility (ie. as an appropriations issue in terms of considering homeless veterans as a special population.

Whereas, these men, and indeed some women veterans as well, were the subject of concern during an event sponsored at the 22nd Annual Congressional Black Caucus Legislative Conference, 1992 Veterans Braintrust forum exactly ten years ago when Hon. Charles B. Rangel (D-NY) called attention to one of our nations greatest failings: ***the plight of our homeless veterans.*** Indicating as many as 250,000 men, one in every three of the single homeless men sleeping on the streets, or in shelters on any given night, were veterans of the Armed Forces. With an estimated 40 to 60 percent of them having served during the Vietnam War. And Rangel saying, *"it is truly a tragedy that in our great country, many of yesterdays heroes - going back as far as World War I - are today's homeless. "*

Whereas, the following year's report on the sixth annual Congressional Black Caucus Veterans Braintrust (September 15, 16, & 17, 1993), sponsored by Hons. Charles B. Rangel (D-NY), Sanford Bishop, Jr., (D-GA) and Corrine Brown (D-FL) of Florida addressing ***health care issues facing African American veterans*** noted, "African *American veterans suffer at a disproportionate rate from tuberculosis, diabetes, heart disease, respiratory disease, substance abuse, HIVIAIDS, post traumatic stress disorder (PTSD), and other mental illnesses. Further, African American Vietnam veterans suffer an unemployment rate three times higher than most veterans of Vietnam."* And where there is high unemployment and homelessness health concerns prevail.

Whereas, Dr. Erwin Parson, Vietnam veteran and health care professional summarized the essence of the problem by acknowledging, we are aware that the stream of scientific studies on comparative health seem to always reach the same conclusion: *'race is a factor in access and quality care for many life - threatening medical conditions which afflict African Americans.'*

Whereas, despite these and other revelations a decade later health care concerns persist and are magnified with regard to not only the homeless, but African American veterans as well, and now include Hepatitis C, and Type I and 11 Diabetes; as well as veterans at risk of homelessness, particularly veterans being released from penal institutions, or imprisonment; along with homeless veterans with special needs (i.e. women, frail elderly, terminally ill, or chronically mentally ill).

Thus, the continued inability to access quality medical treatment, health care related services, and preventative health care often leads to prolonged suffering, chronic illnesses and/or ultimately disability determinations made only at time of death. Therefore, it is commonplace for these less than able veterans to go for unreasonably long periods of time untreated, under-treated and mistreated in all to many cases.

Whereas, in fact, the Home of the Brave, Land of the Free: Homelessness among African American veterans issue forum was an ironic reminder, with Ron Armstead, Executive Director for the Congressional Black Caucus Veterans Braintrust (CBCVB) saying, that approximately 47% of America's homeless veterans are African American, up from 40% nearly a decade ago. This constitutes nearly half of the general homeless single male veterans population. And a decade later speaks volumes about the urgent need to reduce African American veterans overrepresentation in the ranks of America's homeless and has lead the CBCVB to call for the creation of a national campaign to develop a series of legislative, policy, and programming recommendations to address the issue.

Now Therefore be it Resolved by the 26th Annual Legislative Conference of the National Black Caucus of State Legislators, Assembled in Indianapolis, Indiana, December 9 - 14, 2002, that the National Black Caucus of State Legislators seeks to affirm it is imperative that greater homeless research funding, health care related and supportive services; VA and community collaboration; affordable housing development (both transitional and permanent) and community development, or jobs; along with adequate community technical assistance resources that will eradicate the scourge of homelessness, and reverse the tragic waste of human life be made available. In addition, that research funding also be targeted to conduct a series of African American veterans homeless studies to determine homeless causation, risk factors, and relevant literature of importance for understanding socioeconomic, behavioral and environmental variables associated with the risk of homelessness among African American veterans.

And be it Further Resolved, State Representative Gloria Fox encourages all black state elected officials across the nation, their constituents, and every African American organization, institution, or group to think and act accordingly. Because this resolution is a living document dedicated to taking the necessary action to prevent, address and eliminate the current disparity in homelessness among veterans. **Sponsored by:** Rep. Gloria L. Fox, (Boston, MA)

Testimony of: Mr. Joseclyn H. Evering, President and CEO of Harvard Street Neighborhood Health Center, Inc.

In 2001, at the request and the persistent lobbing of Mr. Ralph Cooper, Executive Director of the Veteran Benefit Clearing House Inc., Harvard Street Neighborhood Health Center, Inc., subleased a portion of its space at 895 Blue Hill Avenue to the Veteran Administration, a federal agency, for the purpose of conducting a Community Base Outpatient clinic for veterans.

In Boston, veteran outpatient clinics are located on Causeway Street near North Station and at the VA facilities on South Huntington Avenue in Jamaica Plain and the VFW Parkway in West Roxbury. Two other CBOS operate at Quincy Hospital in Quincy and in Framingham.

This is the first time a community base health center has partner with the Veterans Administration to combine primary health care and referrals for specialty care. Dorchester was selected because of its large population of underserved veterans.

Mr. Joseclyn H. Evering, President and CEO of Harvard Street Neighborhood Health Center, Inc., said, "this is a good match for this community and the health center. "We presently have the Black Male Life Center, which was established in 1991, and the first of its kind in the nation. "We knew in 1991", says Mr. Evering "the importance of focusing on health care for men. From 1991 until 2000 we witness a massive increase of (500%) enrollment of male patients" and hope to replicate this endeavor with veterans.

Currently two of the health centers' doctors are providing the medical coverage for the VA clinic along with to a full time nurse practitioner. In less than a year they have established a 28% enrollment and are looking to increase the number of patients at the site through a summer registration drive.

STATEMENT

of

Michael Blecker
Executive Director

of

Swords to Plowshares: A Veterans Rights Organization
San Francisco, California

before the

Committee on Veterans Affairs
United States House of Representatives

Tuesday, May 6, 2003
Washington, DC

Agency Qualifications
Swords to Plowshares was founded in 1974 by a group of Vietnam veterans to help themselves and their peers reintegrate into civilian life. The organization's mission is to restore dignity, hope and self-sufficiency to veterans in need. To accomplish its mission, Swords to Plowshares provides direct services to help veterans gain re-entry into society and educates the public about the unmet needs of veterans. Using a vets-helping-vets approach, Swords to Plowshares tailors its services to assist veterans who are homeless, impoverished, and under- or unemployed.

An anchor agency in the community, Swords to Plowshares offers veterans assistance through a variety of innovative programs.

- The Supportive Services Unit operates a San Francisco Mental Health Outreach Clinic providing mental health counseling, income advocacy, case management and referrals to veterans.
- The Legal Services Unit provides free legal counseling and representation to homeless and low-income veterans seeking benefits and medical care from the Department of Veterans Affairs.
- The Employment Assistance and Training Unit provides job training and placement to veterans with multiple barriers to employment.
- The Residential Programs Unit offers transitional and permanent supportive housing combined with treatment and training programs at three geographically supportive sites outside of the inner city:
  - a 100-unit Veterans Academy at the Presidio, a decommissioned Army base;
  - a 56-unit Transitional Supportive Housing Program at Treasure Island, a former Navy base; and
  - 14 units at two group homes in the Balboa District, near City College of San Francisco.

Each year, Swords to Plowshares provides critical care and assistance to more than 1,200 veterans in need, most of whom first contact the organization by coming in its front door at 1063 Market Street, at the borders of San Francisco's most blighted inner-city neighborhoods, the Tenderloin and South of Market.

Mr. Chairman, I thank you for the opportunity to present our views here today. On behalf of Swords to Plowshares, a community-based veterans service provider in San Francisco, California, I speak in support of the implementation of PL107-95 Homeless Veterans Assistance Act. This legislation has the potential to eliminate homelessness among veterans as we know it now. A primary strength of the legislation is that it strengthens the community-based service delivery model – which provides successful, peer-to-peer assistance to our country's homeless and low-income veterans.

Michael Blecker, Executive Director, Swords to Plowshares
Testimony for May 6, 2003

A Dramatically Under-Served Population
Each day at Swords to Plowshares we see too many veterans in need of assistance. There are more than 2,500 homeless veterans in San Francisco.

- a majority of the veterans we serve are between the ages of 45 and 55 years old;
- more than half are Vietnam-era veterans;
- approximately 10% served during the Persian Gulf War;
- 30% served in combat;
- 55% are African American;
- 97% are male;
- more than 60% suffer from mental health disorders, including Post-Traumatic Stress Disorder, schizophrenia, depression, and psychosis;
- more than 70% have substance abuse issues;
- about 50% are dual diagnosed (experience substance abuse and a mental health disorder);
- more than half have physical or mental disabilities that are permanent;
- many of those we serve face chronic health problems, such as Hepatitis C, HIV, diabetes (some related to Agent Orange exposure from Vietnam experience), heart disease, and high blood pressure; and
- many are eligible for disability benefits but have never applied or been able to follow through with the complicated and protracted application process.

These veterans have lived in marginal circumstances with little or no access to health care over a considerable period of time, causing mental health, substance abuse, chronic physical impediments and isolation to become more entrenched. Combat veterans with undiagnosed and untreated Post-Traumatic Stress Disorder continue to present themselves for treatment. With the country concluding an armed conflict, we may soon need to help another generation of war veterans – Swords to Plowshares anticipates soon providing mental health and social services for veterans returning from the Iraqi War. The current service system still cannot adequately address the needs of veterans from previous years and war eras.

In the San Francisco Bay Area, the difficulties homeless veterans experience are compounded by the high cost of living. The economy is not strong, and rental rates remain high. In fact, a room in a single-room occupancy hotel (SRO) costs $600 a month. More than ever, agencies serving homeless persons are struggling with the extreme shortage of shelter space, low-income housing and residential treatment options.

The pressures on the homeless community in San Francisco have worsened:

- The July 2003 implementation of San Francisco's "Care Not Cash" voter initiative, which will reduce General Assistance Welfare (GA) from $346 per month to $59 per month plus "comparable" services, will have severe repercussions. More people will be forced into shelters, and severely mentally ill people, especially veterans who frequently do not need GA, will be displaced.
- There is heightened animosity against homeless persons. A $65,000 billboard campaign presents homeless people as drug users and criminals. Veterans, who comprise nearly one third of the homeless population, suffer from these portrayals.

- This struggle is aggravated by severe local and state budget cuts which have resulted in cutbacks to shelter and mental health services, further threatening an already burdened system.

At Swords to Plowshares, our experience shows that with support of the community, homeless veterans can turn their lives around and live again with dignity and hope. The National Coalition for Homeless Veterans identifies a top priority for helping veterans escape homelessness is providing a coordinated effort that includes housing and meals, physical health care, substance abuse aftercare, mental health counseling and personal empowerment skills, as well job training and placement assistance. PL107-95 calls for this coordinated effort.

Increasing Residential Capacity

In San Francisco, Swords to Plowshares enjoys a strong collaborative relationship with the VA. Their effectiveness – as is Swords to Plowshares' effectiveness – is limited by capacity.

In San Francisco, there are approximately 10,000 homeless people. Of these, approximately 3,000 are veterans. About 75% have mental health and/or substance abuse issues. This means there are close to 2,200 veterans in need of assistance in San Francisco. Yet, in San Francisco, the VA has the capacity to provide only:

- 10 social detoxification beds through the Salvation Army;
- 56 supportive housing beds (Per Diem) operated by Swords to Plowshares (In Menlo Park, CA there are approximately 100 beds); and
- 35 Section 8 housing vouchers.

Just recently, 14 contract residential treatment beds were collapsed into the 56 Per Diem units noted above. Per Diem beds do not provide the high-level support necessary for veterans suffering severe and chronic psychiatric disorders.

At the same time, the number of veterans suffering from mental health disorders and substance abuse continues to increase. Resources and programs to deal with this dual-diagnosis population are extremely limited, both in the community-based system and the VA structure. Funding reductions and health-care reorganization within the VA have dramatically reduced mental health and substance abuse treatment: hundreds of residential treatment beds have disappeared from the San Francisco VA hospital system in the past seven years. A GAO report notes that, from 1996-1998, substance abuse and inpatient care beds at the VA have been cut by 41%. Locally we know residential treatment has been cut – high-end beds for those most seriously mentally ill have been eliminated.

A local problem is that there is no individual therapy: psychiatric services within the VA do not provide individual therapy for veterans. They do offer PTSD groups and therapy around medication, but there is no individual therapy in our VISN.

With VA services limited, veterans are forced increasingly to rely on community services. Both systems are overloaded, and waiting lists can last weeks, even months. Unfortunately, many community providers believe the VA cares for all veterans. The staff at Swords to Plowshares must frequently advocate on behalf of veterans who are denied services within the San Francisco Department of Public Health due to their veteran status.

Clearly, there are not enough VA homeless assistance programs. We support this legislation because it authorizes funding of $75 million for the **Homeless Providers Grant and Per Diem Program** and directs the Department of Veterans Affairs to ensure funding is segregated outside the VERA model. The Per Diem Program increases housing capacity by helping CBOs to provide housing that is safe, appropriate and sober – critical for veterans to have a fair chance to exit homelessness. This is a good step to increasing much-needed housing capacity. I ask the Committee to remember that Per Diem housing does not provide the high-level support needed by those veterans with severe psychiatric disorders.

HVRP – An Effective Program to Employ Veterans

For nearly 25 years, Swords to Plowshares has been San Francisco's sole community-based provider of employment assistance and training *specifically* geared toward the unmet needs of veterans. Thanks to collaborations between government entities, community-based providers and the business community, Swords to Plowshares operates a crucial access point for veterans needing employment and training assistance.

In San Francisco, veterans comprise less than 5% of those served under the Workforce Investment Act (WIA) system. This is woefully inadequate.

While we applaud DOL-VETS' recent amendment to include the homeless and veterans in WIA re-authorization, we recognize that WIA is not the ideal funding stream for a healthy CBO system. It is bureaucratic and extremely data-driven, making it very difficult for CBOs to manage the funds. In addition, the WIA system is committed to the One-Stop Centers, and specific veterans' services tend to be short-changed in the process.

In contrast the Homeless Veterans Reintegration Program (HVRP) is far more effective at helping veterans with multiple barriers to employment gain the support, skills and jobs to bring them to gainful employment. PL107-95 authorizes $50 million for HVRP. Employment assistance specifically for veterans, HVRP recognizes that social services are critical for effective job placement, that more than just a job stands in the way to each veteran's chance for self-sufficiency. Plus, HVRP is less bureaucratically driven than WIA, allowing programs to focus their resources to the needs of the veterans.

I also ask that the Committee support incentives for federal contractors to hire veterans, as was contained in the Report of the Commission on Servicemembers and Veterans Transition Assistance. I served on this Commission. Given the scope of Homeland Security and the hiring of private military contractors through the Department of

Defense, we have an opportunity to ensure that federal contractors are "doing the right thing" and hiring veterans.

In addition, I would like you to know that we support HR1906, the Transition Assistance Program and Services Enhancement Act of 2003, which would improve servicemembers' transition to civilian life. Employment counseling, career assistance, and veterans' benefit guidance for recently separating and retiring servicemembers will have a significant impact on their chances for long term well-being. This legislation would encourage the military to recognize that they have a responsibility to former soldiers, and that is a good thing. The Commission on Servicemembers and Veterans Transition Assistance recognized the importance of these early interventions, and included these in its recommendations.

The VA remains an effective provider of assistance to homeless veterans. It must continue to work with and complement the services of CBOs, and it must have sufficient capacity to provide for veterans in need. We move that homeless veterans should have the highest priority within the VA health-care system, as they are without other health-care options. When homeless veterans are deprived of care, they decompensate and use costly emergency services. Screened out of other health providers due to the misconception that they are provided for by the VA, it is the individual veteran who suffers most.

Mr. Chairman, thank you for this opportunity to present our views on the above matters to you and your distinguished colleagues. Thank you for your leadership to meet the vital needs of veterans.

Testimony to be presented by Paul Errera, M.D. on May 6, 2003 before the House Committee on Veterans' Affairs Subcommittee on Health

Chairman Simmons, Members & Staff of the Subcommittee:

We are honored to be present at this hearing and grateful for the productive work of this Subcommittee and the superb leadership of Chairman Chris Smith and Congressman Lane Evans. The "we" I refer to are a special group of citizens who have served in our country's armed forces and who are homeless and afflicted with significant mental illnesses. We – this group – are in special need of your attention and concern if only to address and challenge – challenge the disproportionate shrinking resources made available for their care.

Our society has conflicted responses to the mentally ill. It is more comfortable when dealing with traditional medical or surgical symptomatology. Broken bones, heart disease, shrapnel wounds, infections – such symptoms get the therapeutic attention and resources that are required. However, when it comes to lack of housing and paralyzing fears, horrendous nightmares, depression, hallucinations, addictions, delusions – all possible aspects of mental illness – for these, we as a society are less compassionate, less likely to provide the necessary treatment and support options and more likely to denigrate or even ridicule the afflicted persons.

We bring flowers to the bedside of medical and surgical patients – why not for the psychiatric. We raise our voices before the legislature for the paralyzed, the blind and others physically disabled – much more hesitantly for the mentally ill.

As patients, we brag about our successful operation and the infection that has been subdued – not so for the hallucinations and delusions that have become less intrusive. We are proud of our good surgeon, our effective internist. We only whisper hesitantly to our closest confidant the name of our psychiatrist.

All of which reflects our discomfort with mental illness – providers as well as consumers -- and, hence, underscores the need for legislative support to assist those whose very disease makes them less likely to be offered help as well as less able to help themselves and may lead some of them into homelessness.

Testimony to be presented by Paul Errera, M.D. on May 6, 2003 before the House Committee on Veterans' Affairs Subcommittee on Health

Mr. Chairman, when I first appeared before this Committee in the mid-eighties, we protected enhanced mental health funding by fencing the money and, as a consequence, making it more difficult for the field to raid those coffers. Not surprisingly, throughout our nation, a significant number of medical center leaders objected to these central controls and over time were completely able to bypass them – hence, the disproportionate shrinking resources.

I remind us of this bit of history with the hope that, with your help, new structures may be put in place to protect and increase the chances that mental health treatment receives its fair and needed share of the available resources.

4/25/03

STATEMENT FOR THE RECORD

BY

BLAKE C. ORTNER

ASSOCIATE LEGISLATIVE DIRECTOR

PARALYZED VETERANS OF AMERICA TO THE

SUBCOMMITTEE ON HEALTH OF THE

HOUSE COMMITTEE ON VETERANS AFFAIRS

CONCERNING THE STATUS OF HOMELESS ASSISTANCE PROGRAMS

MAY 6, 2003

Chairman Simmons, Ranking Member Rodriguez, members of the Subcommittee, Paralyzed Veterans of America (PVA) appreciates this opportunity to submit for the record concerning the status of homeless assistance programs for veterans conducted by the Department of Veterans Affairs, particularly its coordination with community-based providers and other agencies which is critical to the success of helping our homeless veterans.

PVA is the only national veterans' service organization, chartered by Congress to represent and advocate on behalf of our members and all Americans with spinal cord injury or disease. All of PVA's members, in each of the fifty states and Puerto Rico, are veterans with spinal cord injury or dysfunction. These veterans suffer from catastrophic injury and disease and face challenges every day in their quest to survive and function fully in society. The effects of both physical and mental barriers to employment of veterans with catastrophic disabilities make these individuals very susceptible to becoming homeless.

America's veterans are unique members of society. In many cases they have faced challenges and witnessed horrors that non-serving members of society could never imagine. In many cases they have lost pace with their peers due to their service to this nation. Though military service offers training in many fields,

some military occupations do not easily translate to the civilian workforce. This together with the need to jumpstart their lives when leaving the military puts many of our veterans in a precarious environment. In many cases, these veterans may become homeless for a short period. The difference between this temporary homelessness and a chronic problem is often due to early intervention programs. So far, these programs have not always lived up to our expectations.

Last September, PVA testified on P.L. 107-95, the Comprehensive Veterans Homeless Assistance Act of 2001. At that time, we indicated that federal agencies were off to a slow start. We stated that "it is understood that just as a great ship takes a period of time to begin moving, so federal programs may begin slowly." Unfortunately the ship has barely left the dock. While we do applaud efforts taken by Secretary Principi, such as the establishment of an advisory committee on homeless veterans, it appears the Department still has not decided to aggressively attack the homeless veterans' problem. In government, often the signal of dedication to a program is the amount of funding provided. This Subcommittee and Congress have proven your commitment to our homeless veterans by consistently requesting funds for the VA budget for homeless programs. PVA's concern is why the Administration is not adequately requesting funding for these programs as well?

Successful homeless programs are provided at the local level. These community based approaches have been especially successful when they provide a continuum of care. Although these programs are very successful, they are also very expensive. The bulk of funding for these programs often comes from the Homeless Providers Grant and Per Diem Program. The level of funding for this program directly affects the number of homeless veterans that can be provided for. Though PVA understands the current challenges facing VA funding, it can not be overstated that these programs often provide the only hope for many of the most critically homeless veterans.

Additionally, the number of beds provided for the homeless are woefully inadequate, for veterans and non-veterans. Though recent funding provided an increase for new grantees, there was no funding to increase the number of beds or for the expansion of programs. Though the estimated number of homeless veterans on any given night has remained fairly constant, it has always been many times greater than the safe housing available. Without a location to provide for these veterans, the opportunity to provide services is diminished.

PVA is also disappointed that it appears the VA is using a "smoke and mirrors" approach to make it appear that funding is increasing. Combining contract "per diem" with the Homeless Providers Grant and Per Diem Program makes it appear that VA is providing a greater amount of funds to this program. PVA does not believe this is true and in actuality, the resources provided to community programs have gone down. PVA would welcome an explanation from the Secretary that this is not so.

As stated above, PVA views employment as the means to end a veteran's homelessness. Without employment, no individual or family can provide a home. The Department of Labor's Homeless Veteran Reintegration Program (HVRP) managed through the Veterans Employment and Training Service (VETS) is a valuable program focusing on employment of homeless veterans. This program has been a great success.

The HVRP provides help for those veterans with the most significant problems from substance abuse, severe PTSD, serious social problems, legal issues and HIV. The specialized services needed for these veterans are often the only hope.

But in spite of the success of HVRP, it remains underfunded and more tragically, DOL does not even ask for the full appropriation in their budget submission.

Again, funding indicates the support for a program. What does this say about the Department of Labor's support for our homeless veterans?

PVA fully supports the use of community providers to deliver the continuum of care that is the only successful way to provide for those who are homeless, especially the chronically homeless. But these programs can not deliver without adequate funding. We applaud the work that VA is doing to work with local providers, but more must be done. These local organizations are challenged by the multiple streams of funding they must pursue to meet the needs of the homeless. PVA hopes that the technical assistance allocation for community based homeless veteran providers will make it easier for these programs to acquire the funding to make available the much needed services to our homeless veterans.

The challenges facing our homeless veterans are incredible. It is impossible for many of us to even begin to understand what our most at risk veterans are going through. We can only try to do as much as we can to bring them back into normal society and help them become contributing members. We know the members of this Subcommittee are willing to provide this help. We would particularly like to recognize Mr. Evans for his introduction of H.R.1906, the "Servicemembers' Transition Assistance Program and Services Enhancement Act of 2003". The bill's requirement to include homelessness risk awareness training during the Transition Assistance Program (TAP) is a "common sense" approach to protecting our newly discharged veterans. With VA reporting male veterans 1.3 times and female veterans 3.6 times more likely to become homeless then non-veterans, this small amount of preventative medicine may help some of our most valuable members of society avoid this terrible outcome.

Homelessness has no place in a nation as wealthy as America. PVA understands the many challenges facing the veterans' population. The scourge

of substance abuse, PTSD, unemployment and HIV that faces many members of society is daunting. It can be overcome, but only with continued diligence on the part of homeless providers. This will be impossible without sufficient funding, and more importantly, continued efforts by the VA and oversight by this Subcommittee. We owe this to our veterans who have sacrificed so much for us all.

Mr. Chairman, Paralyzed Veterans of America appreciates this opportunity to express our views to the Subcommittee. Thank you.

STATEMENT OF
PETER S. GAYATAN, PRINCIPAL DEPUTY DIRECTOR
VETERANS AFFAIRS' AND REHABILITATION DIVISION
THE AMERICAN LEGION
TO THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
THE STATUS OF HOMELESS PROGRAMS
CONDUCTED BY THE DEPARTMENT OF VETERANS AFFAIRS' (VA)

MAY 6, 2003

The American Legion appreciates the opportunity to submit this statement for the record on the status of homeless assistance programs for veterans conducted by the Department of Veterans Affairs (VA), including its coordination with community based providers and other government agencies. The American Legion is a strong advocate for homeless veterans and continues to support programs that help eliminate this national tragedy facing so many of our indigent and destitute former service members.

In January of this year, The American Legion's National Economics Commission, endorsed by our National Commander, Ronald F. Conley, announced the formation of a Homeless Veterans Task Force. This addition to The American Legion Family is a clear example of Commander Conley's dedication to veterans and is evident in his role as Founder and President of The American Legion Department of Pennsylvania Housing for Homeless Veterans Corporation in 1988, which operates eight homes for indigent veterans.

The Congress passed legislation to fund the U.S. Department of Veterans Affairs Health Care for Homeless Veterans, the Homeless Domiciliary Care, and the Compensated Work Therapy (CWT) rehabilitation programs. Some of which have been in partnership with veteran's service organizations and other non-profit associations. The American Legion has been an active partner withthese programs and have proven the success in the rehabilitation of veterans to once again become productive citizens.

The American Legion at its National Convention in August 2002 renewed its commitment to assisting homeless veterans and their families. The American Legion supports the efforts of public and private sector agencies and organizations with the resources necessary to aid homeless veterans and their families.

Statistics from the VA's Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) estimate that 299,321 veterans were homeless on any given night during FY 2002, and that as many as 600,000 veterans may have been homeless during the year. As many as 23 percent of the homeless population are estimated to be veterans. While fewer than 9 percent of the country's population are veterans, 34 percent of homeless men are

veterans and three quarters of them served during wartime. It is well established that the most effective program for homeless and at-risk veterans is community-based, non-profit veteran helping veteran groups. The programs that seem to work best are those featuring transitional housing in structured, substance abuse free environments with veterans who are succeeding at bettering their lives due to the camaraderie and shared military experience. Because government money for homeless veterans reaches only about 18 percent of those in need, it is crucial that community based groups reach out to help provide them support, resources and opportunities most Americans take for granted: housing, employment and health care.

Joint Notice of Funds Available (NOFA) Collaborative Initiative

This is a $35 million initiative, coordinated by the U.S. Interagency Council on the Homeless (ICH), to help end chronic homelessness. This involves the participation of the Department of Housing and Urban Development, the Department of Health and Human Services, and the Department of Veterans Affairs, with the goal to end chronic homelessness through a collaborative and comprehensive approach. Although funds will not be awarded directly to the recipient of the grant, funding is available for the VA facility that partners with the applicant. This funding is intended to offset the costs of services provided to the veterans served by the grant recipient. The applicant is required to submit a plan that describes in detail how a collaborative relationship with VA will be created and sustained in an effort to provide services to chronically homeless veterans.

Pending the availability of funds, up to $5 million of approximately $1.12 billion HUD community assistance grants were made available for up to three years. Funds were available for each project and will be in an approximate amount equivalent to the proportionate yearly salary of full-time employees (FTE) to provide professional care or care-coordination/case management for chronically homeless veterans participating in the program and for FTE to assist in data collection and evaluation. A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition, who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years.

It is expected that these FTEs will provide necessary and appropriate care for chronically homeless veterans which can include, but is not limited to: case management; direct medical care, mental health or substance abuse treatment, and assistance with veterans benefits. The goal is to provide comprehensive, project- and community-linked substance abuse, mental health and primary care services for chronically homeless veterans.

In FY 2003 approximately $1.06 billion was made available in the HUD budget for the entire spectrum of HUD community development grants and activities. This "SuperNOFA" is designed to make it easier to find and apply for funding under a wide variety of HUD programs. By providing access to information about available funding at one time, HUD believes applicants are better able to coordinate services within communities, avoid duplication, and more efficiently serve those most in need of assistance. In the FY 2003 VA, HUD and Independent Agencies Appropriations Act, $60,000,000 was made available of which $54,642,500 is allocated for grants. VA's portion of this funding appears in the Medical Care Business Line Section of the Veteran's Health Care Administration as Homeless Transitional Housing.

The American Legion is concerned that no amounts appear to be earmarked for the homeless veteran population. In fact, this amount has declined steadily over the past years to where the VA's final budget proposal for FY 2004 is $787,000 less than FY 2003.

Homeless Providers Grant and Per Diem Program

In 1992, VA was given authority to establish the Homeless Providers Grant and Per Diem Program under the Homeless Veterans Comprehensive Services Programs Act of 1992 (Pub. L. 102-590). The Grant and Per Diem Program is offered annually (as funding permits) by the VA to fund community agencies providing services to homeless veterans. Currently grants of up to 65% of the project are awarded for the construction, acquisition, or renovation of facilities or to purchase vans to provide outreach and services to veterans. In FY 01, 65 grants were awarded to non-profit and local government agencies to develop or expand programs to assist homeless veterans. Total funding for these grants was approximately $10.5 million, which will be used to create approximately 874 additional beds, 2 independent service centers, and fund 43 new vans to conduct outreach or provide transportation for homeless veterans.

The American Legion is pleased that the funding for the Grant and Per Diem Program has tripled since FY 2002 from $22.4 million to $69.3 million.

Americorps

Working with VA staff, eligible VA beneficiary-students may receive funds to help defray school and living expenses. Veterans or a VA eligible beneficiaries, attending school and receiving VA education assistance, may be entitled to participate in this work-for-pay program authorized through the VA Work-Study in this work-for-pay program authorized through the VA Work-Study Allowance Program and the AmeriCorps Education Awards. The VA work-study allowance is available to persons training under the Montgomery GI Bill - Active and Reserve Programs, Post-Vietnam Era Veterans' Educational Assistance Program, Dependents' Educational Assistance Program (limited) and Vocational Rehabilitation.

The American Legion has previously testified that the key to ending homelessness among veterans lies in assisting those veterans in becoming job ready and then assisting them in securing and retaining substantially gainful employment.

Loan Guarantee Program for Homeless Veterans Multifamily Housing

This new initiative authorizes VA to guarantee no more than 15 loans with an aggregate value of $100 million within 5 years for construction, renovation of existing property, and refinancing of existing loans, facility furnishing or working capital. No more than 5 loans may be guaranteed under this program prior to November 11, 2001. The amount financed is a maximum of 90% of project costs. Legislation allows the Secretary to issue a loan guarantee for large-scale self-sustaining multifamily loans. Eligible transitional projects are those that: 1) provide supportive services, including job counseling; 2) require veteran to seek and maintain employment; 3)

require veteran to pay reasonable rent; 4) require sobriety as a condition of occupancy; and, 5) serves other veterans in need of housing on a space available basis.

VA Assistance to Stand Downs

VA programs and staff have actively participated in each of the Stand Downs for Homeless Veterans run by local coalitions in various cities each year. In wartime Stand Downs, front line troops are removed to a place of relative safety for rest and needed assistance before returning to combat. Similarly, peacetime Stand Downs give homeless veterans 1-3 days of safety and security where they can obtain food, shelter, clothing, and a range of other types of assistance, including VA provided health care, benefits certification, and linkages with other programs. Funding for Stand Downs is included in the Heath Care for Homeless Veterans (HCHV) budget line item.

The American Legion is concerned that this be adequately funded. We note that VA's FY 2004 request for HCHV is $15.2 million less than FY 2004.

Veterans Industries

Veterans Industries is a vocational rehabilitation program of the Department of Veterans Affairs that sub-contracts with many diverse industries. The Veterans Industries programs provide temporary and permanent staffing for information technology, manufacturing, warehousing, construction, office support, retail and the services delivery industry. Veterans Industries programs also provide outsource support in assembly, packaging, sorting, grading, reclaiming, and recycling.

In VA's Compensated Work Therapy/Transitional Residence (CWT/TR) Program, disadvantaged, at-risk, and homeless veterans live in CWT/TR community-based supervised group homes while working for pay in VA's Compensated Work Therapy Program. Veterans in the CWT/TR program work about 33 hours per week, with approximate earnings of $732 per month, and pay an average of $186 per month toward maintenance and up-keep of the residence. The average length of stay is about 174 days. VA contracts with private industry and the public sector for work done by these veterans, who learn new job skills, relearn successful work habits, and regain a sense of self-esteem and self-worth.

CHALENG The Community Homelessness Assessment, Local Education, and Networking Groups (CHALENG) for veterans is a nationwide initiative in which VA medical center and regional office directors work with other federal, state, and local agencies and nonprofit organizations to assess the needs of homeless veterans, develop action plans to meet identified needs, and develop directories that contain local community resources to be used by homeless veterans. More than 10,000 representatives from non-VA organizations have participated in Project CHALENG initiatives, which include holding conferences at VA medical centers to raise awareness of the needs of homeless veterans, creating new partnerships in the fight against homelessness, and developing new strategies for future action.

HCMI Program

VA's Homeless Chronically Mentally Ill (HCMI) Veterans Program provides extensive outreach, physical and psychiatric health exams, treatment, referrals, and ongoing case management to homeless veterans with mental health problems (including substance abuse). As appropriate, the HCMI program places homeless veterans needing longer-term treatment into community-based facilities. The program serves over 20,000 homeless veterans each year, with over 3,000 receiving residential treatment. The average length of stay is 73.5 days in a community-based residential care, and the average cost per day is approximately $39.

DCHV

The Domiciliary Care for Homeless Veterans (DCHV) Program provides biopsychosocial treatment and rehabilitation to homeless veterans. The program provides residential treatment to approximately 5,000 homeless veterans with health problems each year and the average length of stay in the program is 4 months. The centers conduct outreach and referral; vocational counseling and rehabilitation; and post-discharge community support. Funding for DCHV has remained level at just under $50 million for FY2004. The American Legion supports this effort.

HUD-VASH

This joint Supported Housing Program with the Department of Housing and Urban Development provides permanent housing and ongoing treatment services to the harder-to-serve homeless, mentally ill veterans and those suffering from substance abuse disorders. HUD's Section 8 Voucher Program has designated 1,780 vouchers worth $44.5 million for homeless chronically mentally ill veterans. VA staffs at 35 sites provide outreach, clinical care and ongoing case management services. Rigorous evaluation of this program indicates that this approach significantly reduces days of homelessness for veterans plagued by serious mental illness and substance abuse disorders.

Supported Housing

Like the HUD-VASH program identified above, staff in VA's Supported Housing Program provides ongoing case management services to homeless veterans. Emphasis is placed on helping veterans find permanent housing and providing clinical support needed to keep veterans in permanent housing. Staffs in these programs operate without benefit of the specially dedicated Section 8 housing vouchers available in the HUD-VASH program, but are often successful in locating transitional or permanent housing through local means, especially by collaborating with Veterans Service Organizations.

Drop-In Centers

These programs provide a daytime sanctuary where homeless veterans can clean up, wash their clothes, and participate in a variety of therapeutic and rehabilitative activities. Linkages with longer-term assistance are also available.

SSA-VA Outreach

In this pilot project with the Social Security Administration, HCMI and Homeless Domiciliary staff coordinates outreach and benefits certification with SSA staff to increase the number of veterans receiving SSA benefits and otherwise assist in their rehabilitation. In this demonstration project, both applications and benefits awards have increased significantly and the time to process applications has decreased dramatically.

Comprehensive Homeless Centers

VA's Comprehensive Homeless Centers (CHCs) place the full range of VA homeless efforts in a single medical center's catchment area and coordinate administration within a centralized framework. With extensive collaboration among non-VA service providers, VA's CHCs in Anchorage, AK; Brooklyn, NY; Cleveland, OH; Dallas, TX; Little Rock, AR; Pittsburgh, PA; San Francisco, CA; and West Los Angles, CA, provide a comprehensive continuum of care that reaches out to homeless veterans and helps them escape homelessness.

VBA-VHA Special Outreach and Benefits Assistance

VHA has provided specialized funding to support twelve Veterans Benefits Counselors as members of HCMI and Homeless Domiciliary Programs as authorized by Public Law 102-590. These specially funded staff provides dedicated outreach, benefits counseling, referral, and additional assistance to eligible veterans applying for VA benefits. This specially funded initiative complements VBA's ongoing efforts to target homeless veterans for special attention. To reach more homeless veterans, designated homeless veterans coordinators at VBA's 58 regional offices annually make over 4,700 visits to homeless facilities and over 9,000 contacts with non-VA agencies working with the homeless and provide over 24,000 homeless veterans with benefits counseling and referrals to other VA programs. These special outreach efforts are assumed as part of ongoing duties and responsibilities. VBA has also instituted new procedures to reduce the processing times for homeless veterans' benefits claims.

VBA's Acquired Property Sales for Homeless Providers

This program makes all the properties VA obtains through foreclosures on VA-insured mortgages available for sale to homeless provider organizations at a discount of 20 to 50 percent, depending on time of the market.

VA Excess Property for Homeless Veterans Initiative

This initiative provides for the distribution of federal excess personal property, such as hats, parkas, footwear, socks, sleeping bags and other items to homeless veterans and homeless veteran programs. A Compensated Work Therapy Program employing formerly homeless veterans has been established at the Medical Center in Lyons, NJ to receive, warehouse, and ship these goods to VA homeless programs across the country.

Program Monitoring and Evaluation

VA has built program monitoring and evaluation into all of its homeless veterans' treatment initiatives and it serves as an integral component of each program. Designed, implemented, and maintained by the Northeast Program Evaluation Center (NEPEC) at VAMC West Haven, CT, these evaluation efforts provide important information about the veterans served and the therapeutic value and cost effectiveness of the specialized programs. Information from these evaluations also helps program managers determine new directions to pursue in order to expand and improve services to homeless veterans.

Mr. Chairman and Members of the Subcommittee, The American Legion asks Congress to continue its support of these essential programs designed to help indigent veterans find avenues to again become contributing citizens of our country. The Congress needs to enhance these programs in coordination with other employment and training services like Veterans Employment and Training Services (VETS) that can help bridge the transition for these homeless veterans into the mainstream workforce. In addition, creating greater emphasis on mental health services and continued support for veterans' health care and other medical services that are often needed by this particular veteran's population. No one in America should be homeless; no veteran should find themselves on the streets without the support of their nation. The reasons for homelessness are many but it is within our power to end this indignity and provide for those who have defended this nation to ensure its prosperity.

STATEMENT FOR THE RECORD

Of

VIETNAM VETERANS OF AMERICA

Submitted

By

Sandra A. Miller
Chair
Vietnam Veterans of America
Homeless Task Force

Before the
House Veterans Affairs Subcommittee on Health

Regarding

The Status of Homeless-Assistance Programs for Veterans Conducted by the Department of Veterans Affairs, including its Coordination with Community-Based providers and Other Agencies

May 6, 2003

Vietnam Veterans of America

Statement for the Record
House Veterans Affairs Subcommittee on Health
May 6, 2003

Mr. Chairman, and members of the House Veterans Affairs Subcommittee on Health, my name is Sandra A. Miller, I served as a Senior Enlisted Woman in the U.S. Navy from 1975 until 1981 and am currently Chairwoman of Vietnam Veterans of America (VVA) Task Force on Homeless Veterans. I work with homeless veterans as the daily Program Coordinator of a transitional Residence, one of the many programs provided by The Philadelphia Veterans Multi-Service & Education Center. Our transitional residence receives funding from the Department of Veterans Affairs Homeless Grant and Per Diem Program (HGPD) and operates under a Shared Lease Agreement on the grounds of the Coatesville VA Medical Center.

On behalf of VVA, I thank you and your colleagues for this opportunity to submit testimony sharing our views on the status of homeless assistance programs for veterans conducted by the Department of Veterans Affairs (VA), including its coordination with community-based providers and other agencies.

VVA has long been a proponent of both Public Law 105-368 (The Pilot Programs for VA Guaranteed Loans for Multifamily Transitional Housing for Homeless Veterans) and Public Law 107-95 (The Homeless Veterans Comprehensive Assistance Act of 2001). The two laws cited above provide distinctive and innovative methods in addressing homelessness among veterans. However, without full and complete funding, set aside as a separate line item in the budget, neither will achieve full success.

The President has stated he wants to end chronic homelessness within 10 years. A commitment must be made and dollars must be allocated if the goal to end homelessness is ever to be achieved.

In Public Law 107-95, the Sense of Congress states:

> "(1) homelessness is a significant problem in the veterans community and veterans are disproportionately represented among homeless men;
> (2) while many effective programs assist homeless veterans to again become productive and self-sufficient members of society, current resources provided to such programs and other activities that assist homeless veterans are inadequate to provide all needed essential services, assistance, and support to homeless veterans;
> (3) the most effective programs for the assistance of homeless veterans should be identified and expanded;
> (4) federally funded programs for homeless veterans should be held accountable for achieving clearly defined results;
> (5) Federal efforts to assist homeless veterans should include prevention of homelessness; and
> (6) Federal agencies, particularly the Department of Veterans Affairs, the Department of Housing and Urban Development, and the Department of Labor, should cooperate more fully to address the problem of homelessness among veterans."

Vietnam Veterans of America

Statement for the Record
House Veterans Affairs Subcommittee on Health
May 6, 2003

FUNDING FOR P.L. 105-368 & P.L. 107-95

VVA believes the VA is long overdue in implementing Section 601 of P.L. 105-368. It has always been VVA's understanding that this program was to provide a housing option for a period longer that two (2) years, the average length of time a homeless veteran spends in a traditional transitional living arrangement. The intent, as VVA understands it, is to provide long-term housing options. VVA continues to object to language in the FY04 budget that would move this program from a loan program to a grant program and, in the process, change it from mandatory to discretionary funding. This alteration would change the original intent of the statute, which is to infuse private capital into the effort to solve the problem.

P.L. 107-95 is landmark legislation, passed by a bipartisan basis by Congress, to assist this nation's more than 250,000 homeless veterans. VVA applauds the increased VA budget funding request that is being considered.

However, with that said, presently VVA seeks $75 million to be made available in the Department of Veterans Affairs FY04 budget for the VA HGPD Program. We further ask that funding for all VA homeless programs be protected, for without protection these dollars stand exposed, vulnerable and may not meet their target. VVA does believe all VA health care dollars should be mandatory, not discretionary.

VVA also continues to urge full funding to the authorized level of $50 million for the Homeless Veterans Reintegration Program (HVRP) administered by the Department of Labor (DoL). This training and employment initiative has proven to be a cost-effective program. Only through re-training can we expect to place many of the homeless veterans in the employment market. Without re-training and employment, many of these veterans will not be able to regain a sense of self-worth, purpose and direction.

If the sense of Congress is to be met, VVA must ask for full funding of P.L. 105-368 and P.L. 107-95. Without full funding, achieving the sense of Congress cannot be met.

INTERAGENCY COUNCIL ON HOMELESS

The establishment the Presidential Interagency Council on the Homeless (ICH) was a welcomed event at the federal level. Those of us who anticipate enhanced communication and cooperation between federal agencies are waiting and watching for tangible evidence that interagency cooperation is, in fact, happening. We are hopeful that its most recent grant proposal, combining the efforts of the VA, the Department of Housing and Urban Development (HUD) and the Department of Health and Human Services (HHS), will produce strong homeless programs in the community.

The ICH Request for Funding Proposal (RFP) is a massive document and for most non-profit agencies, especially small local community providers, an award from this grant is far from their reach. This is unfortunate if it was intended to be utilized by those other than very large agencies and municipalities. It was also disappointing that portions of the grant specific to

agencies could not provide funding unless all three agency components were contained in the grant. An additional aspect of the HUD portion of this ICH proposal, as with HUD's annual McKinney – Vento Notice of Funding Availability (NOFA), dollars for transitional housing are essentially non-existent. Not only does VVA feel that there still exists a need for transitional housing, VVA recognizes the fact that HUD dollars are unobtainable as leveraging or enhancement funding to VA HGPD awards. The problem lies in fact that the VA homeless residential funding can only be for transitional housing.

VA HOMELESS GRANT & PER DIEM PROGRAM

The Department of Veterans Affairs Homeless Grant & Per Diem Program has been in existence since 1994. Since then, thousands of homeless veterans have availed themselves of the programs provided by community-based service providers. In some areas of this country the VA and community-based service providers work successfully in a collaborative effort to actively address homelessness among veterans. The community-based service providers are able to supply much needed services in a cost-effective and efficient manner. The VA recognizes this and encourages residential and service center programs in areas where homeless veterans would most benefit. The VA HGPD program offers funding in a highly competitive grant round. Because financial resources available to HGPD are limited, the number of grants awarded and the dollars granted are restrictive and hence many geographic areas in need suffer a loss that HGPD could address.

Since 1994, 306 grants have been awarded by program. These 306 grantees have provided more than 5,700 beds for homeless veterans. It is perplexing to those who have been a part of this grant program how dollars to cover the per diem portion of the program will be available in the future if increases to this portion of the program are not incrementally increased through time based on the number grants awarded.

VA HGPD PER DIEM ONLY GRANTS

Another component of the HGPD program is the award of Per Diem Only (PDO) grants. These grants do not contain any "bricks and mortar" dollars. The PDO grants must be renewed on a regular basis (currently, every three years). These renewals are not based on program outcomes or efficiencies. Renewal grants are pooled together, forcing existing, proven programs to compete with new, unproven conceptual programs. VVA suggests that PDO renewal grants be judged separately, on their merit and proven record of success.

SHARED LEASE AGREEMENTS

Some of the HGPD recipient programs have entered into Shared Lease Agreements with local VA Medical Centers, utilizing dormant, unoccupied space. The non-profit agency, for which I work, has taken advantage of this opportunity. We have a very good working relationship with the Coatesville VA Medical Center. It is a cooperative venture.

The strength of the VA – non-profit relationship is unique to each medical center and agency. Each must have a clear understanding of the services and assistance they can lend to each other to enhance local homeless veteran programs. VVA recognizes that a strong foundation between the VA and the non-profit collaboration brings greater resources to solving homeless veteran issues in their local community. The issue of shared lease agreements, however, does require attention. There is no uniform policy in the contractual VA Memorandums of Agreement leasing fees that community- based service providers pay for use of vacant VA spaces. The amounts range across a wide spectrum. Some pay much more than others. This is an inequitable procedure and requires immediate address for remedy. There needs to be a standard, set calculation, with built-in geographic considerations, on amounts community-based service providers pay for usage of otherwise vacant or unused facilities. This policy must also be driven, not entirely by money: the mission must be calculated into the equation. For many of the community-based service providers who are small non-profit agencies, this uniform calculation would provide additional funds to be utilized in the direct provision of services to homeless veterans. As determined by the VA's own calculations for per diem eligibility, non-profits can only obtain per diem equal to, but not in excess of, the cost of the program. Non-profits don't get rich off VA per diem dollars.

HOMELESS WOMEN VETERANS

The plight of the homeless woman veteran is one that is only recently being addressed by the VA in any specific fashion. VVA commends the VA for its FY2000 initiative for homeless women veterans, the first pilot program of its kind.

The pilot project program instituted with money in FY2000 will soon near the end of its initial completion date. The renewal of these programs is yet to seen and of course we realize continuance is heavily weighted by program outcomes. If proven successful, we urge the VA, more specifically the VISN Directors, to continue funding and we further look for an increase in the number of these women veteran-specific, homeless programs.

The profound significance of these pilot programs, as seen in the lives of the homeless women who are participants, begs serious consideration. Because VA homeless domiciliaries are primarily utilized by male veterans, women find it difficult to acclimate themselves to the male-dominated residential structure, not only in light of their small representation in the population, but also because of past personal histories which include a significant occurrence of sexual abuse and trauma.

VA continues to state that it is difficult to justify specific women veteran domiciliaries or portions of domiciliaries because of the low utilization numbers of women veterans. In some instances, we feel this is another self-perpetuating situation; the women veterans do not come because there is no place for them and there is no place for them because they do not come. For this reason we place the utmost importance upon the evaluation of these ten (10) homeless women veteran programs. With so few VA homeless women residential programs, VVA feels there should be a stronger movement to establish a community-based partnership for the institution of a cooperative residential program for homeless women veterans. We feel the funding or contract arrangement for them should be considered outside the HGPD program. Community-based partnerships are especially vital when we consider the number of dependent of children who factor into this equation.

VA HOMELESS DOMICILIARY PROGRAMS

Domiciliary programs located within various medical centers throughout the VA system have proven costly. As stand-alone programs, many do not display a high rate of long-term success. Additionally, not all VISNs even have Homeless Domiciliary programs.

During this time of fiscal restraint, programs assisting homeless veterans need to show a cost/benefit ratio in order to survive. Due to the federal pay scales and other indirect cost factors, VA Homeless Domiciliary programs generally cost twice as much per homeless veteran participant (often over $100 per day per veteran) as those programs of community-based organizations. If the operational cost of the VA Homeless Domiciliary program is to be justified, then an assurance of veteran success and a diminished rate of recidivism should be expected. This is not always the case and is especially true if the veteran has no linked transitional residential placement at discharge. A linkage with non-profit community programs will enhance outcomes in a cost-effective manner and openly speak to the belief in the "continuum of care" concept embraced by VA. HGPD has increased transitional placement possibilities in a number of areas, but more are desperately needed.

Where no VA Homeless Veteran Domiciliary exists, VVA urges the VA to contract with community-based programs for the management operation of homeless veteran residential programs. VVA further urges the VA to form an active linkage with community-based organizations for extended homeless veteran transitional services at the conclusion of VA Homeless Domiciliary care.

In closing, VVA recognizes the tremendous strides that have been made by Department of Veterans Affairs in addressing and providing services for homeless veterans. As with many profound problems, the road to solution and change is not without struggle. Much is left to be accomplished if we are to succeed in meeting the President's goal of ending chronic homelessness within 10 years. It is heartening to see the establishment of the VA's Homeless Veterans Advisory Committee. This action has given solid and substantial attention to the plight of veterans within the homeless population. This advisory committee will serve as a solid resource, providing recommendations to the Secretary of Veterans Affairs. VVA looks forward to this advisory committee's first report and anticipate the response of the VA in regard to it.

In conclusion, VVA thanks the Chairman and members of the Subcommittee on Health for the attention it gives to the needs of all our veterans and for allowing us to enter this statement for the record

STATEMENT OF
BRIAN E. LAWRENCE
ASSISTANT NATIONAL LEGISLATIVE DIRECTOR
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION
UNITED STATES HOUSE OF REPRESENTATIVES
MAY 6, 2003

Mr. Chairman and Members of the Subcommittee:

I am pleased to submit the views of the Disabled American Veterans (DAV) regarding the implementation of Public Law 107-95, the Homeless Veterans Comprehensive Assistance Act of 2001.

According to Department of Veterans Affairs (VA) estimates, more than 275,000 men and women who served our nation are homeless. As a matter of perspective, the number of homeless veterans is large enough to fill five large sports stadiums to capacity. Of these veterans, nearly a third incurred physical and mental conditions during active military duty.

Our nation came into existence through war. Great virtues can be established by winning wars, but war is also inherently brutal and destructive. Inevitably, a percentage of people exposed to such dark and twisted glimpses of humanity remain forever touched by the horrors they encountered. Until fairly recently, Post Traumatic Stress Disorder (PTSD) was a largely unacknowledged and untreated residual of war. Many veterans suffering from PTSD withdrew from society and turned to alcohol and illicit drugs to anesthetize themselves from intrusive thoughts and memories of battle. Added into the equation of despair and hopelessness associated with PTSD, intoxicating substances can be a quick ticket to life on the street.

With the vast array of opportunities available in the United States, it is easy to acquire the notion that everyone is capable of self-sufficiency. Often, the perception exists that a homeless person is a vagabond with a low level of motivation or drive to maintain employment. Perhaps some people are homeless for such reasons. But it is indeed a sad fact that many veterans face life on the streets as a direct result of the trauma of war. During my tenure as a DAV National Service Officer, I met homeless veterans who were verified Purple Heart and Silver Star recipients. It is bitter knowledge to realize that sometimes our most deserving citizens are forgotten by society.

The DAV is deeply committed to ensuring that homeless veterans receive basic health care, housing, financial counseling, and vocational training. With help, many homeless veterans will attain self-sufficiency, and become contributive members of the society they once helped defend.

The DAV does not believe the burden of helping homeless veterans rests solely on the Federal government. The DAV Homeless Veterans Initiative helps homeless veterans make the transition from life on the streets to one of productivity and normalcy. Our motto, "We don't leave our wounded behind," is a heartfelt principle and a promise we strive to uphold. The purpose of the DAV Homeless Veterans Initiative, which is supported by DAV's Charitable Service Trust and Colorado Trust, is to promote the development of transitional housing and supportive services needed to assist homeless veterans. Since 1989, DAV's Charitable Service Trust grants and allocations for homeless projects total $1,512,364.

Given our deep concern for homeless veterans, we were quite pleased last year when Public Law 107-95 was enacted. This commendable law is perhaps the most comprehensive effort ever made to improve existing programs for homeless veterans.

Public Law 107-95 establishes grant programs for homeless veterans with special needs, authorizes limited dental care for VA homeless programs, provides rental vouchers for homeless veteran housing programs, and increases funds to community providers for care of homeless veterans. When fully implemented, these provisions will provide meaningful steps toward accomplishing Congress' stated goal of ending chronic homelessness among veterans within a decade.

We are pleased that VA Secretary Anthony Principi has implemented a very important provision of Public Law 107-95—the Homeless Advisory Committee, a 15-member committee consisting of advocates for homeless veterans from a variety of backgrounds. The DAV is pleased with the Secretary's selections, and we are confident that the committee will fulfill its purpose and become a valuable source of expert advice on homeless veteran issues.

Transitional housing is vital to homeless veterans in their ascent to productive citizenship. The VA projects that by the end of fiscal year (FY) 2003, 6,615 transitional housing beds will be available through the Homeless Providers Grant and Per Diem program. The level of funding for this program corresponds directly with the number of homeless veterans receiving assistance. Clearly, the number of beds does not adequately meet the number of homeless veterans. The need remains for increased funding for the Homeless Providers Grant and Per Diem program.

Transitional housing provides temporary shelter to homeless veterans, but the key to successful rehabilitation is meaningful employment. The Homeless Veteran Reintegration Program (HVRP) managed through the US Department of Labor, focuses on helping homeless veterans find and maintain employment. HVRP programs work with veterans who have special needs in dealing with substance abuse, PTSD, legal issues, and those who are HIV positive. HVRP has demonstrated success in rehabilitating such veterans. Despite its success, HVRP has long suffered the consequences of limited funding. Public Law 107-95 authorized an increase for HVRP funding to $50 million, yet the program has not been funded accordingly.

More than a year has passed since Public Law 107-95 was enacted. Monumental goals set by the provisions of this law require commitment and resources. We strongly encourage full funding for the provisions of Public Law 107-95. With proper assistance—including health care, substance abuse treatment, mental health services, education, and job training—homeless veterans can improve their lives and become productive members of the society they once helped defend.

I will be happy to answer any questions you may have.

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STATEMENT FOR THE RECORD

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NON COMMISSIONED OFFICERS ASSOCIATION
OF THE UNITED STATES OF AMERICA

SUBCOMMITTEE ON HEALTH,
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

OVERSIGHT HEARING

ON

The Status of Homeless Assistance Programs for Veterans conducted by the Department of Veterans Affairs Including the Department's Coordination With Community Based Providers and other Agencies

May 6th, 2003

Chartered by the United States Congress

Recognition

Mr. Chairman and distinguished Members of the Subcommittee on Health:

The Non Commissioned Officers Association of the USA (NCOA) is most grateful that in the immediate aftermath of the United States declaration of victory in the Iraq War that significant numbers of America's land; sea and air military forces are enroute home. We note also that a significant number of military personnel will remain in Iraq for whatever time is necessary for that Nation's citizens to establish a lawful government and ensure its development at which time these peacekeeper forces likewise will return home.

America has reacted most appropriately since the September 11th Terrorist Attack on America demonstrating its resolve in major deployments and military intervention in the Global War against Terrorism.

It is appropriate for NCOA to recognize the Committee on Veterans Affairs, Subcommittee on Health, for its efforts to ensure the well-being of the active military, Guard and Reserve personnel but equally as important the legislative care of homeless veterans. In 1991, during the immediate week following 9/11 and almost exactly a year later in 1992 you met to focus on the effectiveness of programs designed to end veteran homelessness. Moreover, here you are again today, May 6th, 2003 to legislatively continue the examination on the status of homeless-assistance programs conducted and coordinated by the Department of Veterans Affairs. Your legislative efforts and commitment during a tumultuous period has truly earned the respect and admiration of this professional enlisted military association.

Tragically, the national stage is already set for you to meet again in 2004 to continue oversight review of programs and processes to **end chronic homelessness amongst veterans,** as the Administration has stated, ***in a decade***. NCOA believes that once this Nation has committed its resources to end chronic veteran homelessness it will happen! That commitment of resources has not yet been made. The Association believes that ending chronic homelessness can happen and within a forecasted decade. The question NCOA poises at the beginning of this Statement for the Record is:

When does the Decade Begin?
The issue is money –
Funding adequately and directly those vital programs that have been authorized to End Chronic Veteran Homelessness.

Programs and Initiatives

Interagency Council on Homelessness

NCOA is enthusiastic that the Interagency Council has energized itself over the past two years after a dormant period of inactivity and is now promoting efforts from the federal level to the community level to foster development of collaborative efforts that integrate the efforts of all Federal Departments. Fiscal grant program resources made available by the Interagency Council and the announced NOFA has move the Council to a new evolutionary plateau to foster the necessary partnership in national strategy to end homelessness from the policy makers to the program implementers.

VA Secretarial Advisory Committee on Homelessness

NCOA recognizes that the Secretary of Veterans Affairs quickly organized an Advisory Committee on the issue of homelessness. The Committee has met and traveled to visit both VA and community-provider programs and will release to the Secretary its first report on best practice programs and recommendations to further develop activities to end chronic homelessness among veterans.

Prerequisite Funding Requirement

NCOA believes that the Secretary of Veterans Affairs has the integrity, drive and determination to aggressively implement those programs authorized for America's veterans subject to the tough decisions to live within the fiscal constraint of the Department's budget authority. There is no doubt in this Association's perspective that the DVA budget, despite continual increases in annual fiscal budget authority, remains inadequately funded for its primary mission to provide health care, benefits, and memorial affairs. This Association has year after year addressed the deficiencies in the DVA Budget in testimony to the Committee on Veterans Affairs.

- DVA, like all Federal Agencies, is limited by the Administration to a level of budget authority for its mission.
- The nationwide program strategy to end veteran homelessness under the current budget authority competes with all programs of the Department. There simply is not enough money to fund program requirements.
- The Association's annual legislative presentation proposed DVA receive a separate line item budget authority to implement the national programs envisioned in P.L. 107-95.

It is also apparent that while DVA and other Federal agencies are inadequately funded to provide the national strategies to end veteran homelessness that the varied departments have not fully utilized the limited fiscal resources that have been approved. In that regard, NCOA requests that the Subcommittee on Health determine why programs have not been implemented to their funded levels or are not included in budget requests:

Department of Veterans Affairs

Mental Health Care

Substance abuse, alcohol, chemical dependency, posttraumatic stress disorder, and the myriad of social behavioral problems are prevalent factors in individual homelessness. There are insufficient mental health professionals assigned to the veteran's health administration to provide for homeless mental health needs. There are unmet mental health expertises needed in primary care clinics, inpatient treatment facilities, and providing direct support of veterans in tandem with other health care practitioners at community-based homeless residential, continuum of care facilities for both housing and employment readiness training activities. NCOA strongly opposes the prevailing notion at VA that homeless veteran substance abuse and mental health needs can be effectively treated through the outpatient program. This Association is strongly convinced that VHA is not achieving its potential in the delivery of effective health care by not fully using mental health care practitioners as an integral part of every primary care team. Current health care

research evidences that a mental health issue is the significant undiagnosed part of the presenting problem of all patients. Mental health intervention could, as documented in research, save significant fiscal resources in laboratory testing, treatment regimens, pharmaceuticals, and unnecessary follow up medical appointments. The issue for VA like all nationwide health care programs is the culture change in health care to adequately staff mental health professionals as part of the healing team. Significant up front expenditures for staffing requirements are required to realize the long-term reductions in cost traditionally associated with health care. Effective medicine today requires the use of the healing skills of both physician and mental health care professional.

- At issue for the Subcommittee is the question of adequacy in providing for the mental health care needs of homeless veterans at both VHA and related community-provider programs.

- Recommendation that the Subcommittee for Health direct research to determine the best practices in the mental health intervention for homeless veterans.

VA Educational Health Care Initiative

VA has published a series of publications available on the Internet that details medical intervention processes in the primary health care emphasis programs designed for America's veterans. This professional resource provides ten independent learning modules about important and unique health issues of veterans and subsequent health care needs. The Health Care Initiative is available to **all** health care professionals, workers, patients, and anyone interested the varied health issues related to: Agent Orange, Cold Injury, Post Traumatic Stress, Ex-Prisoner of War, Visual Impairment, and Hearing Impairment.

. Not included in the current Health Care Initiative is a resource dealing with the medical, mental health or physical aspects and needs of homeless veterans. NCOA communicated that such a resource would well serve both the VA and the Nation's homeless community-providers.

- Development of a Homeless topic in the Veterans Health Care Initiative could well serve both VA the community providers at low cost.

Transitional Housing

The DVA estimates the availability of 6,615 transitional housing beds through the Homeless Providers Grant and Per Diem Program at the conclusion of FY03 that was funded at $75 Million and continues straight lined through FY05. The FY2002 authorization utilized slightly more than 75 percent of the available $60 Million budget authority.

- VA should be accountable to obligate the Homeless Grant and Per Diem Program budget authority to the level authorized.

- Program Adjustment to the new Per Diem Rate in FY2003 will minimize the annual program growth by absorbing an estimated $15 Million of the FY 2003 budget authority. The straight lined FY2003-05 is inadequate sustain the necessary growth in this program.

- The estimate of over 250,000 homeless veterans on the streets of America warrants utilization of those funds that could provide shelter to begin their transition to a better life style.

Smoke and Mirrors: Another apparent fiscal transitional housing gain that is really a tragic loss for community providers was the termination of separately funded contracts under the Grant and Per Diem Program that allowed a per diem payment only in the amount of $39.00 per day to provide for those veterans whose health was a major issue and who would in all probability never be employability. The Budget Authority of Per Diem ($15 Million) was shifted into the Grant and Per Diem Program given the illusion of substantial growth.

- There is valid need of an increased per diem rate specifically to provide for the medical care and health needs, physical and mental, for veterans that will require long rehabilitative care and never return to either an independent life style or employability.

Capital Asset Realignment Enhanced Services (CARES)

NCOA corresponded with the DVA CARES program Manager early last year and noted that community-provider veteran programs (homeless or HVRP) should have priority access to enhanced use agreements that may become surplus on retained VA property. A number of Community-Providers of homeless veteran programs currently receive grants from the DVA for the management of their programs in space that is determined to be excess by DVA. These providers establish successful programs and build out their staffs with additional personnel resources to meet expanding program requirements.

At issue is the fact that annually when new leases are negotiated, DVA builds in cost increases that exceed the ability of a dedicated nonprofit entity to maintain their emerging program in the continuum of care of homeless veterans. Staff cuts limit homeless veteran program opportunities or the provider is forced to completely move from the grounds of the VA complex to a distant facility that becomes disruptive to the veterans access to services offered by the VAMC or health care complex.

- Community-based providers of needed veteran services are locked into long-term enhanced lease agreements that escalate by a factor of one-third the annual inflationary rate adjustment.

Department of Labor

HVRP - Opportunity for Employment

NCOA recognizes the absolute value of the Homeless Veteran Reintegration Program (HVRP) managed by the Department of Labor to be the most valued program available to move veterans along the continuum from homelessness though the transitional programs into the workplace, economic productivity, and independence. HVRP was funded in FY2002 and straight lined through FY2005 at $50 Million. Regrettably, DOL has never requested the maximum available appropriation to implement nationwide HVRP programs.

Veterans have not had the opportunity to participate in HVRP because its administrator has intentionally dampened the program over the years.

- DOL should be held accountable to build the infrastructure and implement HVRP to the authorized program appropriation.

Department of Housing and Urban Development

HUD Sponsored Community Based Senior and Disabled Housing

Uniquely, thousands of our nation's senior and disabled veterans age eligible for HUD sponsored senior and disabled housing in their communities may be at risk of homelessness in their senior years because their VA Disability Compensation disqualifies them for this housing. In determination of Income Eligibility for these programs, HUD regulations require local senior and disabled housing officials to count VA Disability Compensation as income. There is a reluctance to grant waivers authorized on an individual basis by program manager. . There is even great reluctance on the part of senior veterans to request special consideration through a waiver to qualify for such housing. Although waivers may be granted on an individual basis, NCOA is convinced that tax-exempt VA disability compensation should be legislative in the qualification criteria for HUD senior assisted living programs.

- Establish in Law the exemption of VA tax-free disability compensation from being included in the qualification of senior veterans for HUS senior assisted living programs.

Secondly, the HUD Veteran Resource Center has published a HUDVET Directory that provides an easy to use state-by-state directory of special organizations and services available to veterans, active duty, Guard and Reserve members. The Directory has provided a ready to use referral guide and has been instrumental in referring veterans to activities anywhere in the United States and its Territories. An administrative decision was made not to publish the 2003 Directory and save approximately $50,000.00 since the material is also available on the Internet. At issue are many activities and people that work with homeless veterans and others do not have access to the Internet and the HUDVET Directory provides ready reference and referral in their activities.

- Recommend publication and distribution of a printed version of the 2003 HUDVET Directory.

Homeless Prevention Programs

NCOA strongly supports the efforts of the Departments of Defense, Justice, Labor, and Labor to implement homeless veteran prevention programs NOW to provide educational and program awareness information for veterans who are separating from military service, being discharged from medical institutions, or even being released from penal institutions. The key to prevention is to begin working with the people before their discharge or release from their current status. It is essential that each veteran's needs and life style requirements including location, housing and support through groups and counselors be incorporated in the plan.

Public Law 105-368
Transitional Housing Pilot Program

Enacted Veterans Day 1998, the Department of Veterans Affairs is authorized to guarantee 15 loans to provide multifamily transitional housing projects for homeless veterans and other homeless people. To date VA has developed criteria and guidelines for the management of this program and are now working with five locations nationally for award of guaranty loans by the end of this fiscal year. The Secretary of Veterans Affairs reported to your Committee (March 2001) that considerable time and effort has been devoted by VA over the years to resolve funding levels associated with acquisition, to secure consulting and technical services to ensure the administrative criteria and process would result in the effective utilization of the $100 Million authorized for this program.

Transitional housing bed spaces are critical to provide the controlled environment to ensure that formerly homeless veterans being discharged from inpatient VA care programs and Domiciliaries have a safe and controlled place to complete reintegration into the community and workforce. It is also essential that planning be completed to ensure the necessary veteran support program elements are available to work with those who would be accommodated in transitional housing opportunity through this guaranty grant program.

- Ensure that the first Loan Guaranty Projects be awarded before the end of FY2003.

Dental Care

P.L. 107-95 included a one-time authorization for dental restoration for homeless veterans. VA is now in the process of implementing a limited pilot program to provide for this need. The Association applauds VA for putting the pilot on the street. NCOA also encourages the continued development of a dental referral service for homeless veteran's dental schools and teaching facilities.

Technical Assistance

VA is authorized to contract out competitive grants not to exceed $750,000 to provide technical assistance to community based groups applying for grants under the Grant and Per Diem Program. Community based providers need the assistance of experts to develop the competency to compete in this VA Grant Program.

- **Recommend VA make this funding available beginning in FY03 and continuing thereafter designating a sole source contract to the National Coalition for Homeless Veterans, the national advocate for homelessness, to provide technical assistance nationally to community based organizations.**

Conclusion

Mr. Chairman and Members of the Subcommittee: it has been a privilege to share this Statement for the Record in the name of the Non Commissioned Officers Association. I would conclude the statement with the observation that the Department of Veterans Affairs and other federal agencies are hard pressed to implement the strategic policies and programs of P.L. 107-95 because of the lack of fiscal appropriated resources. Many initiatives seem to be brought on line as token Pilot efforts to show movement in the homeless arena. It is obvious that the homeless veteran issue will take the collaborative effort of federal agencies, together with community partners, and adequate funding over a programming span of a decade. There is no doubt that the lack of fiscal resources limits the resolution of chronic veteran homelessness.

Again, thanks for the opportunity to share this perspective.

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The Honorable Rob Simmons
Chairman Subcommittee on Health
House Committee on Veterans Affairs
United States House of Representatives
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May 6, 2003

Dear Chairman Simmons:

On behalf of the Massachusetts Veterans Inc. (MVI), I would like to thank you for this opportunity to share MVI's experiences with VA Homeless Programs. The MVI has operated a successful VA funded Per Diem program for six years. This year MVI was instructed by the VA to participate in an application process as a "new" program. The outcome of this direction was devastating to MVI and the veterans it serves. Subsequent discussion with VA representatives has led MVI to believe its situation is not unique to the VA application process.

Since September 1996 MVI was a recipient of 15 Per Diem Beds at a rate of $15.00 per day through the VA Per Diem Program. In July 2002, the VA notified the MVI that its VA funded homeless program would be discontinued and it would have to apply for Per Diem funds as a "new program". MVI maintained that it was a renewal program and our application should reflect that fact. Conversations with the VA regarding MVI's status as "new" vs. "renewal" grew more and more puzzling. MVI's records indicate it was awarded Per Diem Beds; however, the VA informed MVI that its reimbursement came through separate VA program. MVI's application was not selected to receive Per Diem funding. Through follow-up conversation with VA representatives, it is MVI's understanding that "renewal" applications were funded and no "new" programs in New England received funds. After six successful years, the MVI VA Per Diem program has abruptly ended. MVI believes being required to apply as a "new" program seriously impacted our opportunity for funding. This loss of funding created a devastating void in service to the homeless veterans' community throughout Massachusetts.

MVI is in its 12th year of operation. Over the years, MVI built a strong collaboration of services for veterans who are homeless. The VA Per Diem Beds enabled MVI to provide a safe, drug and alcohol free emergency/transitional housing program to veterans living on the streets. Once admitted to MVI's housing program the veteran is assigned a Case Manager, funded through HUD Homeless Programs. The Case Manager works with the veteran in developing and implementing and Individual Treatment Plan aimed at addressing issues of health and recovery, employment and housing. MVI offers a comprehensive employment and training program funded through the Department of Labor. The Employment and Training Department consists of Employment Specialists, Job Developers, and an on- site Computer Academy offering a varied curriculum.

With the collaboration of funding from the VA, HUD and DOL MVI has successfully provided services to more than 1000 veterans each year. Unfortunately, this valuable collaboration has been broken due to the VA's discontinuation of Per Diem Beds.

Respectfully,

Tara M. O'Connor
Massachusetts Veterans Inc.

STATEMENT OF

JAMES N. MAGILL, DIRECTOR
NATIONAL EMPLOYMENT POLICY
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

STATUS OF HOMELESS-ASSISTANCE PROGRAMS FOR VETERANS

WASHINGTON, D.C. MAY 6, 2003

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the 2.6 million members of the Veterans of Foreign Wars of the United States (VFW) and our Ladies Auxiliary, I appreciate the opportunity to present our views on the status of Homeless-Assistance Programs for veterans.

Mr. Chairman, the Administration and Congress must provide adequate resources to expand the existing homeless veteran programs with the Department of Veterans Affairs (VA), Department of Labor (DOL), Department of Housing and Urban Development (HUD), and other government agencies.

Although accurate numbers are impossible to acquire, it is estimated that more than 275,000 veterans are homeless on any given night. More than half a million veterans experience homelessness over the course of a year.

Conservatively, one out of every three homeless males who is sleeping in a doorway, alley, or box in our cities and rural communities has put on a uniform and served our Nation. VA reports that homeless veterans are mostly male (2% are women). The majority of homeless veterans are single. Most come from poor, disadvantaged communities, 45% suffer from mental illness, and half have substance abuse problems. More than 67% served our country for at least three years.

Because the government money for homeless veterans is currently limited, it serves only one in ten of those in need. The VFW encourages Congress and its leaders to put forward practical, cost-effective proposals that will fill the serious gaps in services for the men and women who have served this Nation.

Mr. Chairman, the VFW fully supports PL 107-95 "The Homeless Veterans Comprehensive Assistance Act of 2001", which was introduced by Chairman Smith and seeks to end homelessness among America's veterans in the next decade. However, this program has

not been adequately funded. While the House Veterans' Affairs Committee has requested $75 million to fund certain provisions of the Act, the Administration has not requested additional funding to implement this law. PL 107-95 has the potential to make great strides in eliminating veterans' homelessness. But in order to do so it needs the full commitment and support of the Administration and that must be demonstrated by requesting full funding.

Having and keeping a job with a routine, decent pay, and benefits is the key to ending homelessness. The VFW recognizes sound employment programs as the ultimate priority. The Homeless Veterans Reintegration Program (HVRP) of DOL has been the paramount program of employment for homeless veterans. However, DOL must request the full appropriation to ensure the success of this valuable program.

Health care, both physical and mental, is vital for many homeless veterans to gain and hold employment. The VA mental health and substance abuse programs are essential to making many homeless veterans job ready. Currently it is unclear what the staffing and funding levels dedicated to homeless services are in each medical center. The VFW requests a reporting, by each medical center, of the current level of service and the plans each center has to build comprehensive services for homeless veterans.

Finally Mr. Chairman, the VFW applauds the Secretary of Veterans' Affairs for establishing an Advisory Committee on Homeless Veterans. We also welcome the re-establishment of the Presidential Interagency Council on the Homeless. Both of these initiatives hopefully will produce a dialogue, which can only enhance existing efforts to eliminate veteran homelessness.

Mr. Chairman, this concludes my statement. The VFW looks forward to working with you and the Subcommittee in eliminating a national tragedy -- homeless veterans.

WRITTEN COMMITTEE QUESTIONS AND THEIR RESPONSES

CHAIRMAN SIMMONS TO DEPARTMENT OF VETERANS AFFAIRS

Questions for the Record
Honorable Rob Simmons, Chairman
Subcommittee on Health
Committee on Veterans' Affairs
May 7, 2003

Oversight Hearing on Homeless Assistance Programs in the Department of Veterans Affairs

1. Fifty-eight percent of the community-based programs that were awarded grants in FY 2000 under the Per Diem Program were denied renewal grants in FY 2002. P.L. 107-95 specifically gave VA the authority to award technical assistance grants to help eligible organizations apply for the VA programs. Did VA provide any technical grants to any organizations?

Answer: VA recently published revised program rules for the Grant and Per Diem Program on March 19, 2003. With the publication of these rules, VA now has implemented the authority to award technical assistance grants to non-profit organizations. Those organizations can provide grant writing and technical assistance training to other organizations interested in applying for VA grants and grants from other federal agencies, state and local governments or other organizations in order to develop programs for homeless veterans. VA announced the Notice of Funding Availability (NOFA) for this technical assistance grant on May 5, 2003. Applications were due by June 4, 2003. VA received nine applications and is currently reviewing them. It is expected that awards will be announced in July 2003.

While technical assistance has not yet been made available through the technical assistance grant program, VA staff of the national Grant and Per Diem Office are available to answer questions from applicants about VA's Grant and Per Diem Program. Since February 1, 2003, this office has conducted over 75 application reviews with former applicants who have requested this assistance. The hour-long review sessions focus on the strengths and weaknesses of each application and should be helpful if former applicants choose to apply for VA funds under future NOFAs.

2. The current grant application rating system seems not to take into consideration whether an organization has an existing partnership with the VA to serve homeless veterans. It seems sensible to me that organizations that have made a commitment to serving homeless veterans, should be given consideration to continue successful programs. Are there any plans to change the current rating system to add weight for a history of effective service to veterans under the grant program?

Answer: The program rules published March 19, 2003, set forth criteria rating and ranking grant applications. Currently, there are no plans to change or revise this rating system to add weight for a history of effective services to veterans under the grant program. We believe the system used to rate and rank applications provides several

opportunities for organizations to offer information on effective services to veterans that have been previously provided. The extent and quality of the information submitted by the applicant in the proposal regarding past effective services to veterans can positively impact the applicant's ranking. In the application, applicants are asked to provide information regarding the organization's:

- Ability, the extent to which the organization has experience in activities similar to those proposed in the application. These activities include engaging homeless veterans, assessing supportive services needed, monitoring and evaluating participants, evaluating the effectiveness of the program, and making improvements based on that evaluation.

- Coordination, the extent to which applicants demonstrate that they have coordinated with Federal, State, local, private, and other entities serving homeless persons in the planning and operation of the project.

Additionally, in the criteria for ranking, those organizations that can demonstrate commitments from other community-based groups to provide supportive services for the project are given point advantages.

We believe that through the criteria discussed above, applicants that have served veterans in the past or that have positive working relationships with VA medical centers and regional offices, have an opportunity to sufficiently demonstrate these aspects of the program in the proposal and improve the competitiveness of their applications.

It is important to note that 36 of the 53 programs (68 percent) awarded funds under the FY 2002 NOFA had an existing partnership with VA to serve homeless veterans. VA previously funded these programs as either original "Per Diem Only" recipients or contract residential treatment programs under the Health Care for Homeless Veterans (HCHV) Program. These newly funded programs operate 1,060 of the 1,378 beds (77%) funded under the FY 2002 NOFA.

3. The Department testified in January that $10 million would be obligated for dental care for homeless veterans in FY 2003. Approximately how much has been allocated to date to provide dental services for homeless veterans? How many homeless veterans have been provided dental care under this program?

Answer: VA estimated that it would cost approximately $10 million to provide dental care to homeless veterans. VHA has issued Directive 2002-080, "Eligibility Guidelines for One-Time Course of Treatment for Certain Homeless and Other Enrolled Veterans," which outlines requirements for the provision of dental care for homeless veterans as specified in P.L. 107-95. Dental care will be provided from within existing resources. Information is not yet available on the number of homeless veterans who have received dental care as a result of this authority. At the end of FY 2003, VA's Northeast Program Evaluation Center (NEPEC) will conduct a retrospective review of the number of eligible

homeless veterans who received dental care in FY 2003, the type of dental care received, and the cost of such care.

4. Substance abuse/mental health treatment services and long-term case management are critical to helping homeless veterans make progress and transition into permanent housing and jobs. However, there are documented variances in the accessibility of such programs throughout the VA. Please describe how the VA monitors the quality and quantity of substance abuse/mental health treatment services offered throughout the system and what the Department is doing to improve programs in underserved areas.

Answer: The Mental Health Strategic Health Care Group carries out ongoing program evaluations of VA mental health and substance abuse programs through both NEPEC and the Program Evaluation and Resource Center (PERC). NEPEC includes some substance abuse workload data in its National Mental Health Program Performance Monitoring System Annual Reports and has annual reports on VHA's homeless veterans residential treatment and assistance programs. In general, the HCHV program employs case management for patients for a period of 3-6 months after which most veterans can participate in standard care. The VA Supported Housing (VASH) program is one part of VA's array of homeless care programs that does incorporate long-term intensive case management. VA is currently assessing the possibility of expansion of less intensive case management approaches in all its mental health programs by reviewing successful programs in the field. NEPEC's reports on homeless veterans care include outcome monitors such as number of veterans domiciled, number employed at discharge, and improvement in symptoms of mental disorders (which include substance abuse disorders).

PERC regularly conducts national surveys of every VA substance abuse treatment program to assess their structure, staffing, and services. PERC also calculates annually the number of substance abuse patients seen in every VA facility and network, the services they received, and conducts evaluations of the outcome of widely available modalities of VA substance abuse treatment. VA also mandates that all new substance abuse patients receive at intake and follow-up a structured assessment known as the Addiction Severity Index. National aggregation of the ASI data is conducted by the VA informatics center. The results are analyzed by PERC. This data shows how many veterans are benefiting from VA substance abuse treatment. Finally, in keeping with the requirements of capacity legislation, VA's Mental Health Strategic Health Care Group (MHSHG) coordinates annual reports on VA's capacity to treat patients who have substance use disorders.

Things VA Is Doing To Improve Programs:

- In general, VA's program development is based on Veterans Integrated Service Networks' (VISN)s' strategic plans. Further development of mental health capability for Community Based Outpatient Clinics (CBOCs) and enhancement of Mental

Health Intensive Care Management programs have been a feature of these plans over the past several years.

- The Veterans Millennium Health Care Act provided $15M for the expansion of Post Traumatic Stress Disorder (PTSD) and substance abuse treatment. Two-thirds of these funds were directed into the expansion of substance abuse treatment. The Program Evaluation and Resource Center intensively monitored all sites receiving these funds, working with MHSHG to resolve any implementation problems. As a result, the funds were expended as intended by the Congress, and the loss of substance abuse treatment capacity evident prior to 2000 began to stop. The PTSD programs established under the Millennium Act are similarly monitored by NEPEC and show consistent increased workloads.

- VHA has communicated a strong commitment to opiate substitution programs in written and oral form to the VA network directors. This may help explain why this type of substance abuse program is maintaining capacity better than others.

- VA's Research and Development Service has launched an initiative to improve practice through better use of scientific findings (The Quality Enhancement Research Initiative [QUERI] program). The mental health QUERI is focused on evidence-based practice in the treatment of depression and schizophrenia. The substance abuse QUERI includes a research grant awarded to the Minneapolis VA Medical Center to train VA clinicians nationwide to provide opiate substitution treatment more broadly, and at a higher level of quality. The effects of this initiative are reflected in the improvements of availability of Opiate Addiction Therapy in many networks.

- The VA has worked with the Department of Defense to develop clinical practice guidelines for Major Depression, Psychotic Disorders, and for substance abuse treatment, which emphasize evidence-based practice and teach clinicians how to provide it effectively. These guidelines have been widely distributed. The Psychoses Guideline is currently in revision and a PTSD guideline is under review.

5. Once your transition loan program awards loans, will the organizations receiving these loans continue to be eligible to participate in VA's grant and per diem program?

Answer: VA has approached the Loan Guarantee for Multifamily Transitional Housing for Veterans Program using a concept that would minimize the long-term financial obligation of this department. The purpose of the pilot program is to expand the supply of transitional housing for homeless veterans and provide a wide range of on-site supportive services. Simultaneous participation in VA's Grant and Per Diem Program would simply serve as the means for repaying a substantial portion of the VA guaranteed loan.

The commingling of these two programs would jeopardize the integrity of the Grant and Per Diem Program. The Grant and Per Diem Program is designed to be a program

based on fair and open competition that awards funding for homeless veterans program development to service providers that can demonstrate need in the community and ability to design a program to meet that need. Continued per diem payments are based on the organization's ability to provide effective services to homeless veterans. For programs that would receive both sources of VA financial support, any decision to withhold per diem payments because of poor services would have to be made within the context of a potential loan default. Grant and Per Diem Program selections could be compromised because of the distinct advantage that VA loan guarantee recipients have in showing pre-existing financial support. Finally, grant and per diem funds would be driven toward large urban areas since loan guarantee programs are targeted to those same areas.

6. The Veterans Comprehensive Homeless Assistance Act required HUD to set aside 500 rental assistance vouchers in FY 2003 and up to 2000 in FY 2006. However, no new vouchers have been designated for veterans. Please provide the Committee a status report on your actions to garner HUD commitments to provide these vouchers as required by law.

Answer: While Public Law 107-95 authorized the Department of Housing and Urban Development (HUD) to provide up to 500 Section 8 housing vouchers, specifically, for veterans in each year of four years, the provision has not been implemented, as Congress has not appropriated funds for the HUD VASH program. VA's Director of Homeless Programs has been in regular contact with various offices at HUD regarding this issue. VA has been and continues to be supportive of this joint initiative and urges implementation of this section. However, HUD, while supportive of the program, has advised VA that there is no provision in HUD's 2003 appropriation for implementation of these vouchers during the current fiscal year.

7. The Committee still awaits details from VA about plans for a national summit among HHS, HUD, and VA to establish better coordination between states and federal agencies to end chronic homelessness in the veteran population. What is the status of this national meeting, and when will it occur?

Answer: VA has been engaged with the Department of Health and Human Services (HHS) and HUD in an ongoing effort to bring state-level decision makers together at policy academy sessions to enhance the development of comprehensive state-level systems of care and services to end chronic homelessness.

The current plans include an opportunity for each of the states to attend a policy academy addressing the issue of chronic homelessness. On May 20-22, 2003, a policy academy session was held in Chicago, Illinois. Three additional state academies are scheduled, two of which will specifically address chronic homelessness.

A national academy with representatives from each state is tentatively planned for May 2004. We are very hopeful that this policy academy approach will be beneficial in aiding the effort to end chronic homelessness among veterans.

8. At our September hearing last year, the Department described a plan for VA, HHS and HUD staff to meet weekly to develop integrated initiatives on assistance for homeless veterans. As a result, VA stated it would commit up to $5 million, HHS would provide $10 million and HUD would provide $20 million. What is the status of this collaborative effort that seems promising, and your plans for activating the new facilities?

Answer: VA participated for more than six months in an effort to design an approach to offer funding to end chronic homelessness, including key components that would address the needs of veterans within that population. A joint NOFA was published and more than one hundred applications were received pursuant to the April 14, 2003, deadline.

The Interagency Council on the Homeless performed threshold reviews and each Department has performed a similar function. Each Department is conducting its evaluation of the appropriate component of each application. This summer a group comprised of HHS, HUD, and VA staff will review each application collaboratively for final ranking based upon a comprehensive review.

We are hopeful that decisions and a final announcement will be made by September 2003.

Of particular importance to VA is the concept that even if an applicant does not intend to primarily serve veterans, each applicant must present a plan that addresses the needs of veterans or the entire funding package will be denied.

9. Are there any existing conflicts in funding priorities because VA homeless programs are funded by health care funds from VA's Medical Care appropriation?

Answer: VA believes that its support of homeless programs has been robust, especially when one considers the $1.34 billion spent on all health care services for homeless veterans in FY 2002 (see also our response to question 10 below). Our FY 2004 budget indicates that total VA funding for specialized programs to assist homeless veterans will increase steadily from 2002 through 2004, as follows:

Obligations ($000)		
FY 2002	FY 2003	FY 2004
$137,187	$158,616	$174,001

10. In an exchange with Mr. Stearns during our hearing, you stated that VA puts only a miniscule fraction of its health care funding into homeless assistance programs - $25 *billion* or more is available for health care, but $25 *million* or slightly more is available for homeless programs. You acknowledged in that exchange that more funding is needed for those programs. Mr. Stearns requested an analysis describing this funding need. Please provide the Subcommittee with this analysis for Mr. Stearns.

Answer: It is important to note that VA spent nearly $1.34 billion on all health care services for homeless veterans in FY 2002. Within that amount, approximately $137 million was spent on specialized programs for homeless veterans, while another $1.2 billion was spent on treatment costs associated with homeless veterans' health care. Within funding made available for specialized programs for homeless veterans, $22.4 million was spent on the Homeless Providers Grant and Per Diem Program in FY 2002. In FY 2003, VA will spend approximately $50 million on the Grant and Per Diem program. In FY 2004, VA expects to spend approximately $69.4 million on the Grant and Per Diem Program. VA will continue to balance its priorities within the President's FY 2004 Budget request to implement the programs and services for homeless veterans authorized by Public Law 107-95.

11. Out of the recent sixty recommendations by the VA Homeless Advisory Committee, what recommendations will you implement? Please provide the Committee your rationale for not implementing the advisory committee's recommendations.

Answer: The Advisory Committee on Homeless Veterans Report identified thirty specific areas and 62 specific recommendations for VA to consider. The Department furnished the Committee on Veterans Affairs the first annual report as well as its replies to the Advisory Committee's recommendations on July 2, 2003. An additional copy of the report and VA's replies is enclosed with these questions.

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON
July 6, 2004

The Honorable Christopher H. Smith
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

In accordance with Public Law 107-95, the Homeless Veterans Comprehensive Assistance Act of 2001, enclosed is the Advisory Committee on Homeless Veterans' second annual report on its findings and recommendations on issues and problems affecting homeless veterans.

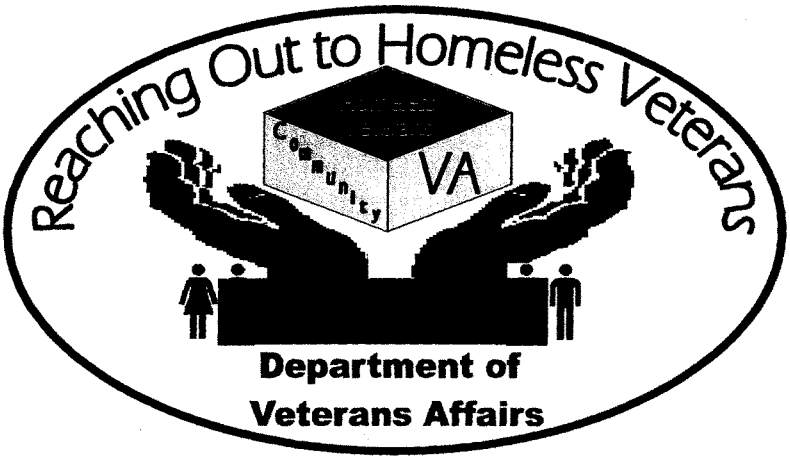
The report consists of biographical information on the committee members, summaries of committee meetings held throughout the year, and thirty findings and recommendations made by the committee. The Department's responses to those recommendations are also enclosed.

A copy of the report also has been sent to the leadership of the Senate Committee on Veterans' Affairs.

Sincerely yours,

Anthony J. Principi

Enclosure



2004 Annual Report of the Advisory Committee on Homeless Veterans

Robert Van Keuren, Chair

ADVISORY COMMITTEE ON HOMELESS VETERANS ANNUAL REPORT

HISTORY

On December 21, 2001, President George W. Bush signed Public Law 107-95, the Homeless Veterans Comprehensive Assistance Act of 2001. The Act's intent is to revise, improve and consolidate provisions of law providing benefits and services for homeless veterans. In response to its provisions, the Advisory Committee on Homeless Veterans (ACHV) was established on March 1, 2002, pursuant to section 2066 of Title 38, United States Code. The mission of the Advisory Committee on Homeless Veterans is to provide advice and make recommendations to the Secretary on issues and problems affecting homeless veterans, assess the needs of homeless veterans and determine if the Department of Veterans Affairs and other programs and services are meeting those needs.

MEMBERS

The members of the Advisory Committee on Homeless Veterans were selected by the Secretary of Veterans Affairs from knowledgeable candidates who are experts in the treatment of individuals with mental illness, experts in the treatment of substance abuse disorders, experts in the development of permanent housing alternatives for lower income populations, state veterans' affairs officials, community-based service providers, advocates of homeless veterans and other homeless individuals. The law also specified that the committee include a previously homeless veteran as a member. The members serve without pay; and in accordance with the committee's charter, may meet annually up to four times but not less than twice at the call of the Chair.

Below is a list of the committee members and a brief biographical summary:

Michael Blecker Executive Director of the Swords to Plowshares. Mr. Blecker operates programs for homeless veterans in the San Francisco Bay area. Swords to Plowshares is a direct service provider, and a VA grantee under VA's Homeless Grant and Per Diem Program. Mr. Blecker is a founding board member of the National Coalition for Homeless Veterans. Mr. Blecker is an Army veteran.

Raymond Boland Served as Secretary, Wisconsin Department of Veterans Affairs. Mr. Boland is a former board member of the National Coalition for Homeless Veterans. Mr. Boland is an Army veteran.

Ralph D. Cooper Executive Director, Veterans Benefits Clearinghouse, Inc. Roxbury, MA. His organization is a direct service provider operating a number of programs for homeless veterans and is also a VA grantee. Mr. Cooper is a former charter member of the National Coalition for Homeless Veterans. Mr. Cooper is an Air Force veteran.

Thomas Cray President, Veterans Outreach Center, Inc., Rochester, New York. The Veterans Outreach Center is a VA grantee that provides transitional housing and employment services to veterans in upstate New York. Mr. Cray is a former President of the Board of National Coalition for Homeless Veterans. Mr. Cray is a Navy Vietnam Veteran.

Dominic DiFrancesco Former National Commander, The American Legion. Mr. DiFrancesco is a past national commander of the American Legion. The American Legion is not a grantee or a service provider; however, Mr. DiFrancesco is a Navy veteran.

Paul Errera, M.D. Retired VA Physician. Dr. Errera served as VA's Director of Mental Health and Behavioral Sciences for nine years (1985-1994). Thereafter, he served as senior clinician at the VA Continuing Community Care Center and at the North East Program Evaluation Center.

Samuel C. Galbreath Jr. Principal, Sam Galbreath Associates; Housing & Community Development, Oregon. Mr. Galbreath is a developer in the Northwest whose organization develops low-income housing and community facilities. He has worked using VA's Enhanced Use Lease Program to develop 189 units of service enriched housing at VA's Vancouver and Roseburg Campuses. His company is not a direct services provider and is not a VA grantee. Mr. Galbreath served in the National Guard.

Carlos Martinez President & CEO, American GI Forum, National Veterans Outreach Program Inc., San Antonio, Texas. The American GI Forum is a direct service provider and a VA grantee that operates transitional housing programs for homeless and employment services. Mr. Martinez served on the Department of Labor's Veterans Employment and Training Services (VETS) Advisory Committee and is currently on the VA's Advisory Committee on Veterans Readjustment. Mr. Martinez is an Air Force veteran.

Sandra Miller Program Coordinator, LZII Transitional Residence for homeless veterans on the grounds of the Coatesville VA Medical Center. LZ II is a program of The Philadelphia Veterans Multi-Service & Education Center in Philadelphia, PA. Ms. Miller currently serves as the Chair of the Homeless Veterans Task Force for Vietnam Veterans of America and Vice Chair of the Women Veterans Committee of VVA. Ms. Miller is a Navy veteran.

Donald W. Moreau Consultant, Hoosier Veterans Assistance Foundation (HVAF), Indianapolis, IN. Colonel Moreau is retired from the U.S. Army. His last assignment was Commander, U.S. Armor Agency, U.S. Army Combat Development Command. He was an active member of HVAF and has previously worked for three Governors of Indiana on veterans' issues, welfare to work programs and homeless projects. Mr. Moreau is an Army veteran.

Al Pavich President & CEO, Vietnam Veterans of San Diego, San Diego, CA. Vietnam Veterans of San Diego provides transitional housing and employment services to successfully help homeless veterans and their children restore their lives and become productive citizens. Mr. Pavich is a retired Commander of the United States Navy.

Richard C. Schneider National Director, Veterans and State Veterans Affairs, Non Commissioned Officers Association of the United States of America. Mr. Schneider is the current Chair of the Veterans Organization Homeless Council. This organization is a coalition of veterans' service organizations and military organizations that meets regularly to coordinate a united effort on legislative and administrative activities in support of homeless veterans. Mr. Schneider is an Air Force veteran.

Kathryn E. Spearman President/CEO, Volunteers of America (VOA) of Florida, Inc., Tampa FL. Ms. Spearman is the CEO of Volunteers of America, Florida, a faith-based organization that operates a number of transitional housing programs in Florida for veterans and a one stop multi-service center as well as a full service mobile medical and benefits vehicle. VOA is a direct service provider and a VA grantee.

Roosevelt Thompson Systems Account Associate, Council for Early Childhood Professional Recognition, Washington, D.C. Mr. Thompson enrolled and completed VA's Compensated Work Therapy Program. He has successfully transitioned into the workforce at the Xerox Corporation. He has previously testified before Congress on his experiences as a homeless veteran. Mr. Thompson is an Air Force veteran.

Robert Van Keuren Homeless Veterans Program Coordinator, Veterans Integrated Systems Network 2, Behavioral VA Health Care Line. Mr. Van Keuren was appointed Chairman of the Advisory Committee on Homeless Veterans. He was a founding member of the National Coalition for Homeless Veterans and previously served as Executive Director of the Vietnam Veterans of San Diego. He was one of the creators of the Stand Down concept for reaching out to homeless veterans. Mr. Van Keuren is a Navy Vietnam Veteran.

Patricia A. Carlile, Ex-Officio Member, Department of Housing and Urban Development (HUD). Ms. Carlile is the Deputy Assistant Secretary for Special Needs in the Office of Community Planning and Development. She manages over $1 billion in HUD grants that serve homeless people and persons with HIV/AIDS.

Charles S. Ciccolella, Ex-Officio Member, Department of Labor (DOL). In addition to his role as Deputy Assistant Secretary for Veterans' Employment and Training Service (VETS), Mr. Ciccolella plays a vital role in the committee and is an active participant. He is an Army Vietnam veteran.

John M. Molino, Ex-Officio Member, Department of Defense (DOD). Mr. Molino is the Deputy Assistant Secretary of Defense for Military Community and Family Policy. He is the principal assistant and advisor to the Assistant Secretary of Defense for Force Management Policy on quality of life issues. Mr. Molino is a former Army veteran.

Don Winstead, Ex-Officio Member, Department of Health and Human Services (HHS). He is the Deputy Assistant Secretary for Human Services Policy in the Office of the Assistant Secretary for Planning and Evaluation. Mr. Winstead has served as Welfare Reform Administrator and coordinated the agency's implementation of the Temporary Assistance for Needy Families program.

Peter H. Dougherty Director of Homeless Veterans Programs Office, Department of Veterans Affairs, Washington D.C. Mr. Dougherty was appointed to serve as the Designated Federal Official for the Advisory Committee on Homeless Veterans.

COMMITTEE REPORT IN BRIEF

During the past two years the Department of Veterans Affairs has made many improvements outlined and requested by this Committee. For that progress we are grateful to the Secretary and many within the leadership of the nation's stewards of health care and benefits assistance to the 25 million veterans who honorably served our nation. As a committee we feel a particular duty to assist those few veterans who have become homeless.

We know, as all Americans know, that our nation has a special obligation to those who have worn our nation's military uniforms. The mission of this Committee and the Department is to assure that every veteran no matter age, race or disability be assured programs and services to aid their rehabilitation and reintegration back into society as a fully functioning citizen. This Department holds a sacred duty to find appropriate ways to reach out to and assist them in their immediate and long-term efforts to rejoin society.

The efforts of this Committee remain focused on improving the lives of those veterans who others have forgotten or fail to see. To the tens of thousands of veterans who need the high quality health care and benefits assistance this Department offers we continue to commit our energy to giving this Department our best advice to improve their lives.

The second annual report of this committee is shorter, more focused and hopefully clearer in the concerns raised and the recommendations offered. Many of the positive statements in this report are an acknowledgement to the priority Secretary Principi and many of his key leaders have made to address many of the recommendations made in last year's report.

While great strides have been made, we recognize many of the recommendations are not easy and in some cases will continue to be difficult to accomplish both in terms of funding, re-prioritizing and re-emphasizing the mission. Some of what is needed is beyond the ability of this Department to singularly accomplish.

The Committee is pleased that the Secretary has made working with others, not only other Federal partners, but regional, state, territorial, tribal and local governments as well as with local community and faith-based organizations a priority. The leadership of this Secretary, Deputy Secretary, Chief of Staff and others encourages us that assisting veterans who are homeless remains a priority of this Department.

Significant progress has been made in a number of areas. Numerous recommendations listed in last year's report have either been adequately answered or positively resolved. Therefore they may be briefly mentioned in this year's annual report but require no further answer.

The Secretary's charge to the Committee was to review what was out there, what worked and to give our best advice on what needs to be done to improve services. It is extremely positive to note that the number of items enumerated in this year's report is far less than last year's total. While there is much that needs to be done, significant progress is being made.

The Committee would like to make particular note of two actions by the Secretary:

1. It is clear that there is strong leadership and support at the top level of this Department and within the Office of Homeless Veterans Programs to assure that veterans who are homeless receive the attention needed to improve their situation, and
2. Appropriate action has been taken by appointing an excellent task force to take a full review of the very important recommendations raised by this Committee concerning the lack of mental health and substance abuse services particularly among veterans who are homeless.

While we will make further comments about these topics clearly we believe no staff level office in any Federal Department has better access to any Cabinet Secretary on this topic. We firmly believe this commitment and access granted the Director of Homeless Veterans Programs is having a positive difference each day for thousands of veterans.

There a number of areas raised last year where significant progress has been made or positive actions are being taken to achieve one or more recommendations suggested by this Committee:

1. The efforts to implement the multifamily housing loan guarantee program;
2. The appointment of 20 full-time Homeless Veterans Outreach Counselors (HVOCs) within the 20 largest Veterans Benefits Administration Regional Offices;
3. VA's active and substantial involvement in Policy Academies for state-level decision-making teams;
4. The ongoing efforts to assist veterans being released from jails and prisons, especially VA's efforts to partner with the US Departments of Justice and Labor;
5. HUD's acceptance of VA's request to urge local continuums of care to use VA's CHALENG for Veterans report as a significant source to establish the needs of homeless veterans in local areas;
6. While not fully met and still needing additional attention we are happy to see the continuing efforts to add transitional housing beds and commend the Department for using its targeting effectively, especially its efforts to bring services to states without any veteran specific transitional housing;
7. The effort albeit not yet effective to bring increased levels of services to women and Native American veterans.

It is worthy of our notice that this Committee has had strong support from the Departments of Defense, Health and Human Services, Housing and Urban Development, and Labor. Our work has been greatly enhanced by their efforts. We have been richly rewarded by two of these ex-officio members who have made concerted efforts to be active and a positive force. We would be remiss without identifying Patricia Carlile, Deputy Assistant Secretary, Office of Special Needs

Assistance, Department of Housing and Urban Development and Charles "Chick" Ciccolella, Deputy Assistant Secretary, Veterans Employment and Training Service, Department of Labor. Both have been regular attendees of Committee meetings and participants during subcommittee conference calls. Both have been both thoughtful and responsive to ideas and have offered valuable suggestions as this Committee has engaged in its work.

There are several issues that are identified below that are complex, sometimes costly and difficult to implement but highly important if we as a nation are to improve the lives of homeless veterans. These issues, including many where we note real progress, continue to remain high on our priorities of recommendations. Key among them is:

1. Access to mental health and substance abuse services in both inpatient and community settings;
2. Increasing community transitional housing beds for veterans;
3. Long-term and permanent beds for those veterans who will be unable due to disability from being able to return to gainful employment;
4. Increased affordable housing opportunities for those veterans who can return to gainful employment but simply cannot afford housing;
5. Leadership to focus and coordinate an increasingly complicated set of types of services is needed;
6. Greater flexibility to gain veterans' access to employment after proper training and placement with community partners is imperative.

One item not well-defined in last year's report and worthy of additional illumination this year, is the critical need to acquire directly or in partnership with others, long-term or permanent housing. Many homeless veterans need a safe and decent place to live where sustained long-term community oriented mental health services are provided. This committee believes that unless significant new sources of long-term or permanent housing with strong supportive services can be found the opportunity to end homelessness among veterans cannot be successful.

HUD-VASH is one such opportunity where VA's significant health care services can be applied with housing being supplied by others. However this option is only one of many that should be explored given the aging of the veteran population with increasing needs for mental health services, who lack employment options or who have aged out of the competitive job market. Permanent housing with robust services remains the best hope for these older veterans to live well in the community. Without this option many will have their health condition decline and will likely end up in need of far more intensive and expensive health care services.

This Committee is convinced that VA must undertake an effort to standardize data collection among providers of services to veterans who are homeless. We strongly believe that the homeless veteran population can be better defined and categorized to understand the underlying needs of the various sub-groups within this veteran population. Homelessness among veterans can be ended if given the proper amounts of time with a variety of services and programs in transitional, permanent and intensive rehabilitative residential settings.

The core understanding of who these veterans are, what their needs are and how those needs can best be addressed is crucial to this objective prior to the development of any long-term plan to end homelessness. VA needs to move out of a "one size fits all" concept and develop an array of services that will ensure that homelessness among veterans is attacked with an array of programs and services. Along with community partners offering assistance in a variety of settings with effective strategies.

While much good work has been done the mission continues. We urge a vigorous campaign to improve the lives of tens of thousands of Americans who have worn our nation's military uniforms to truly bring them home.

COMMITTEE FINDINGS AND RECOMMENDATIONS

1. MENTAL HEALTH SERVICES ARE INADEQUATE

Finding:

In this Committee's inaugural report we cited the actions of VA's Seriously Mentally Ill (SMI) Committee's reports which concluded over years that VA failed to meet its obligation to maintain its capacity to provide specialized services to SMI veterans under Public Law 104-262. We also noted that President Bush convened a high quality group of subject matter experts to look at the nation's capacity to address this issue and to make a series of recommendations to improve access to the types of treatment options for all Americans who suffer with mental illness. VA had Dr. Frances Murphy, Deputy Under Secretary for Health Policy Coordination, ably represent VA on the President New Freedom Commission. Much of the findings of that Commission were reviewed and turned into significant steps for this Department. Finally, Secretary Principi, as a direct result of the recommendation of this Committee, convened a task force to increase access to mental health and substance abuse services. He included this Advisory Committee's Designated Federal Official, Chairman and a Member as members of that task force. The Secretary's actions speak loudly to the need we expressed last year.

Last year we suggested that the answer was to increase or build a budget for restoring VA's capacity as required by the law. Our suggestion was somewhat naïve and this year the answer is really a matter of leadership, access and capacity in mental health services.

We note once again the critical lack of substance abuse services of all kinds, particularly detoxification treatment beds. The need for substance abuse services increases both in the number of treatment slots and the locations where services can be provided.

Present and future capacity must ensure core VA services needed by veterans for their mental health problems are adequate. To address homeless and at risk veterans, as well as the veterans' population in general, funding and service delivery for mental health services must be increased significantly. These services are inextricably tied to

the problems of homelessness and the ability of VHA to collaborate effectively in providing support services to community partners to meet the need.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Secretary review the Task Force on Availability and Access to Mental Health and Substance Abuse Services for Veterans and direct the Under Secretary for Health to ensure that both funding and access to services at reasonable times throughout the system be made available. Since this Committee has not had the opportunity to review the recommendations of the Task Force we would urge the Secretary to continue that Task Force reconvening them again after an appropriate length of time has passed to determine what efforts have been made to meet their mission as outlined in the Secretary's appointment memorandum.

Response:

VA welcomes input on ways to improve veterans' access to mental health and substance abuse treatment services. Secretary Principi's decision memorandum in response to the recommendations from the Task Force on Availability and Access to Mental Health and Substance Abuse Services for Veterans is attached at the end of this report.

There are numerous actions being taken to enhance services to veterans and a full review will be made at the next meeting of this Committee.

- VA performance measures for Network Directors at the VISN level and as appropriate facility level managers to better reflect access to and services provided to mentally ill and substance dependent veterans. Measures should be consistent and reflect the current general inadequacy in the mental health and in particular substance abuse treatment service delivery system and resist efforts to simply redesign measures that reflect past capacity that was never sufficient.

Response:

The Mental Health Strategic Health Care Group has been working for many years with the Office of Quality and Performance and VHA's Performance Measurement Work Group to develop appropriate measures. These measures include not only access to care and continued follow up for specific diagnoses such as depression and substance abuse, they also address general access to care in terms of waiting times for all mental health patients. Future measures will include screening for Post-Traumatic Stress Disorder (PTSD). This measure has been under development for six months and is currently being tested in the field.

2. GRANT + PER DIEM PROGRAMS REMAIN HIGHLY NEEDED

Finding:

Funding for VA's Homeless Grants & Per Diem has been vital to build and maintain a healthy system of services at the community level to assist homeless veterans. In less than a decade, nearly 10,000 high quality transitional beds have become operational or at least been authorized, nearly 100 service centers and more than 150 vans for transportation and outreach are being developed. The long-term commitment to funding this program is vital to homeless veteran service providers.

The Committee remains concerned that current per diem only providers who are making huge investments to keep programs operational have no priority as funding cycles end. We believe this matter is serious and should be examined. The Department of Veterans Affairs provide that programs previously awarded funding should be eligible for renewal if they are performing successfully. The Committee believes it is unwise to compete funds with successful programs against programs that have no experience or verified service record of providing transitional housing services for homeless veterans.

When VA discontinued contract residential care and shifted those funds to increase transitional housing under the Per Diem Only program. Significant improvements have been made to increase capacity across the nation and particularly in areas that had few if any veteran specific transitional housing services. While this effort has greatly aided some jurisdictions serious unmet needs it continues to exist in many parts of the country in both urban and rural areas.

We are very concerned that programs for the identified "special needs" groups, especially women veterans, have not materialized. There is an extensive evidence to show that women veterans are in even greater risk than male veterans and need homeless services. The Committee finds that women veteran only programs are a highly effective treatment option.

There is a continuing concern that the duties of VA employees that serve as "per diem liaisons" and the call for increased monitoring, inspection and evaluation of entities receiving funding under this program are overtaxing the system. This Committee believes that high quality monitoring is needed but the current funding for this effort does not appear to give appropriate value to VA per diem liaisons. Under VA's health care funding system the model does not fund much of the work performed by liaisons.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- Funding for the Grant and Per Diem Program either be separated from VA's medical care appropriation or become a separate line item in the Department's appropriation each year. The Department should request that the Congress allow these funds to be used over more than one fiscal year.

The current authorization of appropriations for this program should be increased to at least $125 - 150 million and funding of liaison duties outside of those activities reimbursable under VERA be funded as part of the cost of the per diem activities.

Response:

The House Committee on Veterans Affairs has introduced legislation (H.R. 4248) to extend temporary authority for the Homeless Providers Grant and Per Diem Program to September 30, 2008 and increase the authorized funding level to $100 million. The Deputy Secretary testified VA supports this legislation before the House Veterans Affairs Committee on May 6, 2004. This is in keeping with this Advisory Committee's recommendation in its first annual report.

Increasing the funding level to $100 million and making adequate funding available in FY 2006 through FY 2008 would allow VA to increase its payment to providers at the projected rate.

VHA funding is now separated into three separate appropriations: 1) medical services; 2) medical administration; and 3) medical facilities. Funding for the Grant and Per Diem Program is made available in a specific purpose account under the medical services appropriation and is fully protected and set aside for its intended use..

- VA should immediately add an additional 2,500 transitional beds, assuring that there is at least one grant funded project in each state. Targeted funding should be available for women veteran specific programs, and that targeted funding be offered to increase opportunities especially Puerto Rico, the US Virgin Islands and territorial areas.

Response:

VA has a mechanism to target both specific areas of the country and those programs developed to serve specific populations. During the last two years' funding rounds, VA has included priority funding categories in the Notices of Funding Availability (NOFAs) to states that never received funds, or received limited funds, and to programs developed by Native American Tribal Governments. In 2003, VA offered a "Per Diem Only" (PDO) and a Capital Grant. In 2005, VA may offer a Capital Grant NOFA and it is anticipated that specific states, Puerto Rico, the US Virgin Islands and territorial areas may be targeted through priorities.

Currently, 75 organizations funded under the GPD Program report that they have or will have the capacity to serve homeless women veterans. Program data shows that 3.3% of all veterans seeking services through GPD-funded community-based programs were women. From these data, it would appear that the GPD program, nationally, continues to increase its capacity to serve homeless women veterans.

VA is in the process of developing NOFAs to fund Special Need Grants. Under these Special Need NOFAs, existing GPD programs that provide services for homeless

women (a special population identified in P.L. 107-95) can seek additional resources that may be necessary to offer specialized care. VA intends to offer special needs funding to enhance existing services in order to provide the specialized care homeless women veterans need.

- Funding for grant programs for homeless veterans with special needs be offered immediately.

Response:

The Associate Chief Consultant Health Care for Homeless Veterans and VA's Director, Homeless Veterans Programs, are working out final details associated with offering Special Need Grants so that existing grant and per diem recipients can better address the needs of chronically mentally ill homeless veterans, homeless women veterans, including those with children, frail elderly and terminally ill homeless veterans. VA expects to publish the Special Need Grant NOFAs before the end of FY 2004.

- VA should provide at least one annual conference for each program in receipt of VA funding under the Grant and Per Diem program to improve communications, program compliance and improve treatment strategies.

Response:

VA agrees with implementing opportunities that can improve communication, compliance, and treatment strategies with/for Grant and Per Diem-funded organizations. VA has taken a number of new steps to enhance communication and improve program compliance within the last year. These efforts include: 1) developing a recipient handbook for Per Diem Only (PDO) funded programs; 2) revising the recipient handbook for Capital Grant-funded organizations; 3) revising the VA GPD Liaison Guide; 4) continuing operational-program conference calls; 5) initiating a monthly GPD Liaison conference call; and 6) establishing a fiscal audit plan. Additionally, for the 2004 PDO awards, VA and the National Coalition for Homeless Veterans, hosted a Post Award Conference on May 16, 2004. The National Coalition for Homeless Veterans was the recipient of VA's first Technical Assistance Grant and coordinated the logistics for this Conference as part of their technical assistance responsibilities. The purpose of the Post Award Conference was to introduce new PDO Awardees to the expectations and requirements of implementing and maintaining a successful program under GPD funding.

We also believe that a conference designed to improve communications, program compliance and improve treatment strategies is important and should include VA medical center staff members who serve as clinical liaisons to Grant And Per Diem-funded programs. We will be working toward organizing a conference or a series of conferences for Grant and Per Diem-funded programs and VAMC liaisons beginning in FY 2005.

- VA 's Grant and Per Diem Office should prepare an analysis of the best data available on the numbers of veterans homeless, the length and success of

- transitional housing service providers and then prepare a plan of service availability (number of beds needed versus the number of veterans needing services) to meet the need.

Response:

The Associate Chief Consultant, Health Care for Homeless Veterans and the Director, Grant and Per Diem Field Office in consultation with the Director, Northeast Program Evaluation Center (NEPEC) and the Director, Homeless Veterans Programs will work to identify the best data available on the number of homeless veterans and the length and success of transitional housing service providers in order to determine whether that information can help prepare a plan of service availability. They will also coordinate with the Mental Health Strategic Planning Committee. A report will be made available to the Secretary's Advisory Committee on Homeless Veterans by December 1, 2004.

3. LONG-TERM, PERMANENT HOUSING VITAL IF HOMELESSNESS IS TO BE RESOLVED

Finding:

VA has no authority to create long-term, permanent housing outside of its single-family home loan guaranty. However long-term, permanent housing is critical for veterans who are have been ravaged by mental illness and substance abuse disorders. The need for this housing, particularly for the chronically homeless must be found in large numbers if thousands of seriously mentally ill veterans including many who due to severe disability are not going to able to return to competitive employment are going to be afforded an opportunity to live out their lives with dignity. VA has an obligation to provide these men and women with appropriate supportive services in these long-term residences. There is ample evidence that mental disease does not end or even slow down as veterans grow older.

VA needs to assist efforts and if the current lack of availability of long-term or permanent housing does not improve should consider asking the Congress to set aside a percentage of housing units for veterans or seek legislative approval for VA to be a direct provider of housing for those homeless veterans who are seriously disabled and in need of long-term housing. VA should provide both appropriate medical assistance and benefits assistance to these veterans.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Department of Veterans Affairs should develop a strategic plan that would assess the need for permanent housing for mentally ill homeless veterans as well as design a plan to provide case management and other appropriate services to the severally mentally ill homeless veterans. This plan should be developed within six months, much of this information may be

derived from the CARES report and from the Secretary's Task Force on Availability of and Access to Mental Health and Substance Abuse Services for Veterans: A Review and Recommendations.

Response:

VA concurs with this recommendation and is willing to take the lead on developing such a plan or identify VA staff members who could contribute to the development of this plan. The availability of affordable housing should be a key component of this plan and we will invite representatives from HUD and other federal partners to participate in the development of this plan.

For the last 12 years, VA has successfully participated in a joint initiative with HUD that provides permanent housing to homeless veterans through dedicated Section 8 Housing Vouchers coupled with ongoing VA case management services. Under the HUD-VASH program, 1,753 Section 8 Housing Vouchers have been made available to homeless veterans. However, as these dedicated Section 8 Vouchers complete their 5 year funding cycles, they are being returned to the general pool of Section 8 Vouchers and most of them are no longer being made available to homeless veterans. VA is also participating with HUD and HHS in the recently established Collaborative Initiative to End Chronic Homelessness and expects to participate in the Samaritan Initiative in FY 2005. These last two initiatives may provide permanent housing, health care and support services for approximately 750 chronically homeless veterans. We believe that these programs provide a good start point for developing a strategic plan to assess the need for permanent housing and case management services for mentally ill homeless veterans as recommended by the Committee. This matter will be further reviewed with the Committee at its next meeting.

4. HOMELESS COORDINATORS NEED TIME TO WORK WITH COMMUNITY PARTNERS

Finding:

VHA Homeless Coordinators at the VISN and facility level have significant challenges in the performance of their ever-expanding responsibilities for both administrative duties (site inspections and monitoring) and clinical services (assisting veterans and service providers). These duties include not only outreach to individual homeless veterans, but helping to establish community partnerships and oversee community providers in their role as per diem liasions with programs that provide direct services to homeless veterans and family members. Coordinators participating in local and regional systems of care and their administrative assignments required and desired by the Homeless Grant and Per Diem program and the CHALENG for Veterans program are time consuming but vital if VA is going to intergrate its service delivery into community-wide plans and actions.

Recommendation:

The Advisory Committee on Homeless Veterans again recommends:

- VHA Directive 2002-072, 4.b(1) be revised to include FTE allocation of time to the appointment of full time positions of VISN Homeless Veterans Coordinators and include all aspects of their duties as homeless coordinators into their performance evaluations and that VA establish a fair and equitable system to make per diem liaisons appropriately funded out of the appropriations for the grant and per diem program for their administrative duties as liaisons.

Response:

VA does not support the Committee's recommendation for mandatory appointment of full-time positions of VISN Homeless Veterans Coordinators. We believe that each VISN Director is in the best position to determine whether the VISN requires a full-time or a part-time Homeless Veterans Coordinator.

We do agree with the Committee's recommendation that performance measures related to homeless services are important. We will work with VISN Directors to identify performance standards and continue to report back to the committee.

We will further review this issue to determine if funding used to establish and support community-based programs for homeless veterans should be used to cover administration oversight functions that fall within the purview of VA medical centers.

5. CARES PROCESS NEEDS TO CONSIDER HOMELESS NEEDS

Finding:

The Department of Veterans Affairs has just received its most significant review of facilities, by the Capital Asset Realignment for Enhanced Services (CARES) Commission. This is an unprecedented effort to realign services into areas needed. That report highlighted a number of excellent issues including access to mental health and substance abuse treatment, that demand models of service such as outreach to homeless and rehabilitative services have no corresponding data sources within the private sector and an issue that this Committee has repeatedly heard and sought to resolve that there is far too little interest and understanding of how to effectively partner with homeless service providers.

As this Committee said in our report last year "..There is a strong need to ensure that homeless veterans are fully afforded a benefit from this process. Homeless veterans' programs that provide little direct revenue, but provide considerable benefits in direct services to veterans, need to be adequately considered as this review process proceeds." There is a regularly used phrase that shows the concern articulated by many within the homeless system of care who are concerned that VA has no clear

understanding across the system of the value of its mission to homeless veterans versus the money that can be raised by leasing out its underutilized buildings. The CARES Commission Report relayed its concern that homeless service providers get access to property. The challenge is unchanged from last year's report; the opportunity to give homeless service providers access remains with the Department of Veterans Affairs.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The inclusion of homeless veterans service providers in the development of plans to use empty and underutilized property at VA Medical Centers where there is a need for transitional homeless housing services for veterans.

Response:

In the Secretary of Veterans Affairs CARES Decision of May 2004, it indicated that in cases where it is recommended that VA dispose of or realign under used property, VA will consider all options for disposal, but will always give priority consideration to use that supports the needs of veterans, particularly homeless veterans. VA will consider all appropriate uses of land and vacant buildings and will consider alternates that will enhance services to veterans such as community-based homeless veterans programs and assisted living programs. In conducting studies or developing plans for implementation of CARES, VA will, when appropriate, include homeless veterans service providers as stakeholders.

6. THERE REMAINS A NEED TO STANDARDIZE RENTAL CHARGES TO HOMELESS PROVIDERS

Finding:

In general local agreements have been made to allow homeless veteran specific transitional housing service providers with space on VA grounds to offer transitional housing. Many of these organizations are supported by VA Grant & Per Diem funding. Last year VA responded that a survey would be undertaken and completed by August 2003, we have not received that survey. We have seen no actions taken to date to take action to create a fair and equitable system of charges. The internal review of these agreements and charges conducted several years ago show space agreements that range from little or no charges to charges that reflect "fair market value" for the space occupied. Make no mistake if VA's policy is to charge fair market value for space without consideration for the value of services these non-profit entities provide there is little likelihood that property will become available.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The promised review of use of space and charges be completed immediately and a fair and equitable standard of charge for use of space be implemented. The use of space charge needs to be reasonable to encourage homeless veteran service providers to partner with VA in a relationship that this Committee believes is beneficial to veterans, service providers and the government.

Response:

While VA was to conduct a survey last year to determine how much VA medical centers are charging homeless veteran service providers to use space for transitional housing on the grounds of VA medical centers, a second review of information collected by VA's Grant and Per Diem Field Office in FY 2002 served to confirm that charges for use of space are variable across the country. A second survey did not appear necessary.

VA has taken action to improve information to VHA facility managers. The Capital Asset Management and Planning Service (CAMPS) Office within the Office of Facilities Management drafted a Handbook that provides policy on Sharing Use of Space. The following requirements have been incorporated into the final draft of the Sharing Use of Space Handbook: 1) consider the value that community-based service providers contribute in helping VA address the needs of homeless veterans and take that value into consideration when determining charges for organizations that are interested in developing transitional housing in buildings on the grounds of VA medical centers; 2) consider charging homeless veteran service providers an amount sufficient to cover the direct costs (i.e. maintenance, utilities, security) associated with making space available for transitional housing rather than charging an amount comparable to fair market value; 3) include the VA Medical Center's Homeless Veterans Program Coordinator on the Business Team responsible for developing a plan to make space available to a community-based homeless veteran service provider; and 4) include the Associate Chief Consultant, Health Care for Homeless Veterans as a member of the VA Central Office Team responsible for reviewing proposals from VA medical centers for sharing space with homeless veterans service providers.

We believe that the requirements set forth in VHA's Handbook do much to meet the spirit and intent of the Homeless Advisory Committee's recommendation and will further report on this topic at the Committee's next meeting.

7. DOMICILIARY CARE STUDY

Finding:

Domiciliary care for veterans, and specifically Domiciliary Care for Homeless Veterans (DCHV), is a valuable tool to assist many of the nation's sickest veterans who need significant access to VA health care services. Approximately 5,500 veterans benefit from this program annually and it is a valuable tool for returning veterans to community living. More than a year ago VA conducted an internal study of the domiciliary care

system. That review concluded that domiciliary care was a highly effective system particularly for veterans with serious mental illness and substance abuse disorder who needed intensive services prior to receiving transitional housing with supportive services in community environments.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- VA reviews its internal report on domiciliary care and take prompt action to implement its recommendations and with the conclusion of the CARES report review current alignment of domiciliary care to ensure there be at least one facility in each VISN without diminishment of existing services. The Committee further recommends that the VA ensure high quality services are available for veterans under this program.

Response:

The internal Domiciliary Task Force Report was approved by the Acting Under Secretary for Health and released to the field for appropriate action on April 27, 2004. The Acting Under Secretary for Health has also directed that Domiciliary Care Programs be re-titled as Residential Rehabilitation Treatment Programs (RRTPs). Actions have been taken in direct response to recommendations in that report that will be presented to the committee at its next meeting. Further refinement of the CARES study will indicate where Network sharing activities and transitioning current RTTP beds from areas that experience low utilization to areas of projected need may be considered in order to improve access to RRTPs for all VISNS and all veterans who need that rehabilitation.

8. DENTAL CARE FOR HOMELESS VETERANS

Finding:

The Committee continues to find as it did last year that dental care is one of the most difficult problems faced by homeless veterans. Diseased teeth are both a physical problem and a significant hindrance to economic reintegration. This Committee endorses and supports the requirement that eligibility of veterans to participate in this program be tied to their participation in an approved residential program and finds this approach is both an encouragement and a reward for veterans to complete a therapeutic residential treatment program.

Dental care is very important and needs to be implemented if VA's effort to provide health care and supportive transitional housing is to help improve the health and well being of homeless veterans. The Committee anxiously awaits the April 2004 report promised last year that will review utilization of dental services by veterans living in Grant and Per Diem funded programs

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Under Secretary for Health develop a plan to fully implement this program for all veterans eligible under Public Law 107-95.

Response:

Homeless veterans participating in approved VA programs are eligible for medically necessary dental care under PL 107-95. The legislation states that homeless veterans must meet a sixty consecutive day in program requirement before treatment beyond emergency care should be given. Patients must still be active in the program when scheduled for dental treatment. VHA Directive 2002-080, Eligibility Guidelines For A One-Time Course of Dental Care for Certain Homeless and Other Enrolled Veterans, December 9, 2002, has been sent to field Dental Services as guidance on how to implement PL 107-95. The Office of Dentistry is not aware of any veteran enrolled in a VA homeless program that has been denied emergency dental treatment.

A brief summary of the data shows interesting changes occurring in homeless dental care since the law was enacted:

- *The distribution of types of treatment (e.g., restorative, prosthodontics, periodontics, surgical, etc.) is very close to the national norm for all patients treated. This would indicate that homeless veterans are not being restricted in type of care provided.*

- *Approximately 7% of patients seen and 6% of the workload productivity performed by VA dentists in FY 03 was for homeless veterans.*

- *In FY 2003, the homeless veteran averaged 29.3 Composite Time Value (CTV)/patient (a weighted work unit) compared to 33.7 CTV's/patient for the national average of all patients treated. For homeless patients who by law are to receive only medically necessary care, being treated at 87% of the national norm demonstrates they are receiving a substantial amount of treatment.*

- *The amount of treatment or CTV total increased from 174,121 in FY 02 to 193,743 in FY 2004.*

The Office of Dentistry will continue to monitor the Homeless Dental Program. We are also actively involved in promoting the use of advanced clinical access for all dental programs. This will help with scheduling and increased efficiency in providing care. As we update our data collection system that will include fee basis care, we will have a much clearer picture on total care being provided to homeless patients. A full report will be provided to the Committee at its next meeting.

9. MULTIFAMILY HOUSING LOAN PROGRAM

Finding:

The concept of providing formerly homeless veterans with cost effective and cost efficient housing while they return to work, through the Multifamily Transitional Housing Loan Guarantee for Homeless Veterans program, is an excellent approach to allowing veterans returning to gainful employment to live in a below market cost sober residence. The Committee finds that this program is far more difficult to implement than many saw in the beginning but commend the continuing effort of this multifaceted working group.

The Committee has been very pleased to see the highly active stance taken in trying to establish these pilots. One area where this committee is concerned is the idea that this program is funded out of the general medical care appropriation and wonder if this program's administrative costs would not more appropriately be paid out of the general operating funds and be administered by the Veterans Benefits Administration or the Office of Homeless Veterans Programs since the loan being guaranteed seems more to be a economic benefit rather than a health care benefit.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The pilot programs should be implemented as pilots and be reviewed with actual experience and that VA should conduct a review to see if this program's administrative functions should reside outside the Veterans Health Administration.

Response:

VA agrees with the Committee's recommendation to continue to work toward implementation of the four pilot programs in Chicago, IL; Houston, TX; San Diego, CA; and Miami, FL. We also concur with the Committee's recommendation to conduct a review to determine if the administration of this program should reside outside of the Veterans Health Administration.

10. CWT NEEDS TO EXPAND COMMUNITY PARTNERSHIPS

Finding:

VA's Compensated Work Therapy (CWT) sometimes called "Veterans Industries" is one the programs that seems to offer a real potential to assist in bringing many unemployed veterans back into community employment. However, it seems to be tied into a complex web of requirements to satisfy the laws and policies it operates under and seems to fail to meet the mission of actively interacting with community service providers and employers in relationships that allow it to bring these veterans back to competitive employment. Many CWT programs are working under their potential and

each needs a strong component of community collaboration. This program has strong potential for enhancing veteran's reintegration back into community employment. However, in many locations, it fails to do such.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Department of Veterans Affairs review CWT's current regulatory and statutory requirements in context of its programmatic potential and develop a plan to actively expand collaborations with community partners. This review may require both regulatory and possibly legislative changes and both should be undertaken.

Response:

VA concurs with the Committee's recommendation and will take the following steps:

- *Establish a work group of CWT programs to review current regulatory and statutory structure for elements that restrict or inhibit provision of vocational services to homeless veterans served by community providers;*
- *Organize a focus group consisting of representatives from the service provider community;*
- *Develop contracts for use with community non-profit organizations to secure work sites; and*
- *Consider developing a mechanism for an alternative to medical center based and staffed vocational and employment services from CWT that utilizes the base of community service providers to establish CWT agreements with employers.*

VA will take additional actions to improve CWT services to homeless veterans that will be presented to the committee at its next committee meeting.

11. VBA HOMELESS EFFORTS NEED ENHANCED FOCUS AND TRAINING

Finding:

Pursuant to Public Law 107-95, VBA has made strong efforts to increase its efforts to assist homeless veterans without additional appropriations for Homeless Veteran Outreach Coordinators by placing full-time coordinators in the twenty largest offices and part-time coordinators in the smaller offices. This effort is commendable as is VBA's first-year effort to identify and expedite claims identified as claims being filed by homeless veterans. In addition the Veterans Benefits Administration is commended for the prompt actions taken to review and make appropriate determinations of claims for benefits by homeless veterans.

VBA needs to fully link its coordinators with the VHA healthcare system and into the larger systems of care in the country especially with transitional housing and service centers funded or supported by VA's health care system. There is a need to develop a clear plan to work with projects funded under the joint funding initiative with HUD-HHS and VA. Veterans residing in transitional housing under HUD's Continuum of Care also need these services. There are according to VA and HUD sources tens of thousands of homeless veterans receiving housing services each year, yet only a small fraction appear to have been identified for expedited claims. It appears that outreach is either far too limited or the process to encourage claims from those veterans who clearly are homeless is lacking.

VBA should develop clear and concise training on all of the expectations required by these coordinators under Public Law 107-95. The law requires a high level of knowledge from VBA staff about both VA and a host of other programs. It appears to this Committee that field-level staffs have not received sufficient information to be effective counselors to homeless veterans or homeless service providers across the nation.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Under Secretary for Benefits develops an on-going training program for both full-time and part-time HVOC coordinators. This training must be substantial and be more than a single conference; it needs to be on going and developed at a minimum with a comprehensive curriculum to assure that veterans in need are counseled properly.

Response:

The major duties of VBA Homeless Veterans Outreach Coordinators (HVOCs) are to assist homeless veterans in receiving the maximum VA benefits to which they are entitled and to link them to other service providers for further assistance (VA medical care, Social Security, employment services, etc.). HVOCs are knowledgeable and skilled on benefits issues and processes. Liaison and networking with service providers, as well as VHA counterparts, are an integral part of their work. Compensation and Pension Service (C&P) sponsors national quarterly telephone conferences with HVOCs that cover an array of issues on outreach to and claims processing for homeless veterans. Each call includes a training issue. After each call, conference notes are posted on the C&P Homeless Veterans Program Intranet web site, and HVOCs are notified when that is accomplished. The site also contains a reference resource element that provides HVOCs with a wide assortment of reference materials including legislation, VA directives, and Internet and Intranet links to pertinent resources. Informational and instructional electronic messages are routinely distributed to HVOCs including those generated by the Homeless Veterans Programs Office. The C&P Homeless Veterans Outreach Program Manager routinely interacts with HVOCs who contact her for guidance. For these reasons, we feel that a comprehensive curriculum is already in place.

- The Office of Policy, Planning and Preparedness, in consultation with the Veterans Benefits Administration and Office of Homeless Programs should initiate an analysis to design an integrated veterans benefits delivery system. The goal should be to provide uniform, standardized service for all veterans. The standards for this service should mirror those contained in the CARES plan for access to health care service.

Response:

Meetings are scheduled with appropriate staff and offices to review this recommendation. This recommendation will be reviewed and discussed with the Committee at the Committee's meeting scheduled after October 2004.

- VBA Outreach Service staff identify a comprehensive plan to assure that veterans who are seen in both the chronic homeless initiative program (jointly funded by HUD-HHS-VA) and veterans seen in VA's Grant and Per Diem Program be actively engaged, seen and assessed for expedited benefits claims processing.

Response:

VA's expedited processing procedures are used for compensation and pension claims received from homeless veterans. The special procedures also apply to requests for reevaluation of service-connected disabilities and the reopening of claims. VBA is involved in outreach to veterans who are seen in both the chronic homeless initiative program and in VA's Grant and Per Diem Program; however, because most VA regional office jurisdictions cover a large geographic area (typically an entire state), it is not feasible to assure that every homeless veteran in these programs is seen by a VBA representative. VBA regularly interacts with VHA staff in the claims process and believes that together VBA and VHA can cooperatively share the responsibility of personally contacting such veterans on a coordinated basis. That will result in efficient use of manpower and other resources while providing complete and expedited service to homeless veterans.

12. SERVICES TO INCARCERATED VETERANS

Finding:

Increased involvement with both male and female veterans coming out of jails/prisons needs to be improved in order to reduce recidivism and enhance the lives of veterans. VBA and VHA must be involved in discharge planning efforts for veterans who are leaving incarcerated status if we are to reduce homelessness and recidivism among veterans.

The Department of Veterans Affairs is to be commended for its efforts to partner with the Department of Justice and the Department of Labor for veterans who are departing from incarcerated status. Labor has done a commendable job in bringing forth pilot sites

in coordination with VA as called for under Public Law 107-95. VA efforts are good but there appears to be a lack of coordination to assure that veterans will get both the benefit and health care services needed. We will continue to monitor these pilots closely.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Veterans Benefits Administration (VBA) should be the first point of contact and be more proactive and work with prisons and jails to assure that service-connected and other eligible veterans are seen and assisted in their readjustment from incarcerated status. This proactive approach must include discharge planning services for health care and homeless services to be done in coordination with the Veterans Health Administration.

Response:

VBA should be involved in that outreach. VBA will be part of the outreach required by P.L. 107-95, but may not always serve as the primary contact for incarcerated veterans. Most VA regional office jurisdictions cover a large geographic area, and it is not feasible for VBA to personally visit all incarcerated veterans prior to their release. First point of contact responsibilities must be shared by the involved VA elements on a cooperative and coordinated basis in order to apply resources efficiently, meet program requirements, and provide complete and expedited service to incarcerated veterans.

13. COORDINATION OF VA'S HOMELESS EFFORTS NEEDS IMPROVEMENT

Finding:

The issues involved with homelessness are complex and multifaceted and are becoming more interdisciplinary in their approach. These efforts are becoming far more complicated in their relationships with multiple levels of governmental entities. VA's relationships with the partnerships of community and faith-based service providers, veteran service organizations, for and non-profit organizations, national and regional entities, the US Interagency Council on Homelessness and many interested groups and individuals make this effort effective but difficult to oversee.

VA has put forth good efforts in its approach with a system-wide coordinated approach to ensure that VA programs and services are effective and connected with other efforts assisting homeless persons. This comprehensive approach of VA's internal as well as external relationship is important particularly as federal efforts to expand and coordinate relationships at the national, state and local levels are aimed at being both horizontally and vertically integrated.

We are very pleased with the Secretary's Memorandum of June 19, 2003. It correctly notes that the director of the Office of Homeless Veteran Programs is to have direct access to the Secretary and other key leaders and we believe this director has excellent access to this Secretary. But he has no defined authority within the Administrations to be included on policy and programmatic determinations regarding homeless veterans. The office should always be included and sought out for guidance or comment on all VA homeless initiatives. VA's effort should be coordinated out of a office to assure that the limited resources available and the limited opportunities to achieve new partnerships; policies and programs are well developed and coordinated.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Secretary direct that the Director of the Homeless Veterans Program Office to have lead responsibility for all activities of VA related to homeless veterans and that by position the director have responsibility to oversee and participate in decisions related to all activities related to Title 38 Section 20.

Response:

Coordination of our efforts to assist veterans who are homeless has been very positive. Our efforts within this department have been very effective due to the collaborative efforts of all Administrations and staff offices. It has also allowed us to become a premier partner at the Federal and national level. While our efforts to coordinate services have been very effective we will continue to take action to insure that the coordination of efforts both within and outside the Department is clearly understood.

14. INTERAGENCY COUNCIL ON HOMELESSNESS

Finding:

The US Interagency Council on Homelessness (ICH) is a valuable resource and the committee is pleased that Secretary Principi and VA are active partners in its re-activation. The Committee applauds the Secretary taking the leadership role and looks forward to his installation as chair of the ICH this spring. The strong development of multiple partners at the federal level provides the best hope of resolving the issue of homelessness at the local level.

Last year this Committee asked that the ICH place an emphasis on veterans since this group of Americans are both highly represented among those who are chronically homeless and represent a disproportionate share of Americans who find themselves among our nation's homeless. We are disappointed that there appears to be little or no mention of veterans or identification of veterans in those in need, nor any identified call to partner with veterans or veterans service providers to develop strategies to improve regional and local efforts. The Executive Director of the ICH has not developed appropriate materials for this interagency effort and it appears that materials posted

have not been reviewed prior to be posted as a blueprint on how to effectively create local partnerships.

Secretary Principi in his role should be particularly sensitive that veterans appear to be disproportionately represented in the chronically homeless. The "veterans footprint" within ICH as this committee recommended last year has yet to be seen.

Recommendation:

The Advisory Committee on Homeless Veterans recommends the following:

- ICH's 10 Regional Homeless Coordinators should learn more about the unique needs and service availability of veterans; actively undertake a coordinated "veteran" focused effort with their regional councils; and in their efforts to educate both local, state and regional efforts make sure that veterans needs and services are addressed in state and in regional meetings.
- Regionally ICH should establish a veteran's "footprint" in the homeless strategies of governors and mayors.

Response:

Each Regional Coordinator has been directed to a one day tour of a designated VA center in their region with a VA Network Homeless Coordinator. The tours are intended to provide Regional Coordinators with an overview of VA health care and benefits availability and eligibility for veterans who are homeless, a tour of one or more of VA's homeless specific programs and one or more VA funded Grant and Per Diem programs, and a tour of a Vet Center, or a VA funded service center.

Finally, in continuing to evolve the work of the Council in the regions, we are further evolving the structure of our staff to recognize the progress made to date in developing State Councils and 10-Year Planning processes, and future needs for support for these entities and processes. To date, 46 Governors of states and territories have taken steps to develop State Interagency Councils on Homelessness, and over 110 cities and counties have initiated 10-Year Plans to End Chronic Homelessness.

Homeless veterans are benefiting from the briefing of Regional Coordinators on ongoing enhancements to basic Council materials that will direct attention to the role of veterans serving organizations and VA resources as part of their work with state and city partners in developing the broad partnership necessary for effective state and local plans. Their development of regional relationships with the VA increases their ability regionally to provide the support and direction to individual state council development processes to bring veterans oriented partners to the table and to ensure that city planning processes that have long been dominated by homeless specific programs are opened up to new partnerships and opportunities that benefit veterans.

Further, homeless veterans benefit from the Council's two electronic information resources, its central Federal Web site on homeless initiatives and its new e-newsletter issued weekly to 5,000 opinion makers on homelessness policy. We invite both the

Department and the Advisory Committee to contribute to these resources by providing examples of innovative initiatives that can be posted to the Web site and reported in the newsletter.

15. VETERANS NEED FURTHER EMPHASIS UNDER HUD PROGRAMS

Finding:

The lack of veteran specific data among the homeless has been a significant barrier to local and national efforts to gain resources to assist homeless veterans. Many communities have little veteran specific information; and many veteran specific service providers complain that little attention is paid to the needs of homeless veterans. We commend VA efforts and HUD's acceptance of including CHALENG information as a useful tool in having communities understand the needs of veterans as local continuums of care identify plans.

The lack of specific data about how many veterans are seen and served under HUD's funding leaves little doubt that after more than a decade, there is no reliable national and only sporadic reliable local data that clearly identify homeless veterans outside the Department of Veterans Affairs.

Recommendation:

The Advisory Committee on Homeless Veterans again recommends:

- Veteran specific data be collected through the Department of Housing and Urban Development's Homeless Management Information System (HMIS) and be reported under HUD's Annual Progress Reports.

- Veteran specific representation be included on local Continuum of Care boards.

Response:

This recommendation has been forwarded to the Ex-Officio representative from the Department of Housing and Urban Development. The ex-officio representative will provide the Committee with further information at its Fall 2004 meeting.

16. NEED TO IDENTIFY RISK FACTORS OF DEPARTING SERVICEMEMBERS

Finding:

The Departments of Veterans Affairs (VA) and Defense (DOD) have a moral obligation to the long-term health and vitality of person who have served in the military. Both have significant health care resources and an interest in the physical and mental well-being of those who wear or have worn our nation's military uniforms. Males who have served in

the military services are nearly twice as likely and women four times as likely to become homeless if they have served in the military service. An improved effort to reach active duty and departing service-members successfully transition back into society continues to be critical if the elimination of homelessness among veterans is to be achieved. While we understand there have been some discussions there has been no specific actions taken to try to develop a plan or even to research the hypothesis of that an effective homelessness prevention strategy can be developed by better understanding the childhood and family risk factors and the stressors evidenced by military service prior to the discharge of active duty military.

Recommendation:

The Advisory Committee on Homeless Veterans again recommends:

- VA join in an interagency prevention strategy with DOD to improve and provide a proactive review of separating service-members to determine if those at risk of homelessness are being provided appropriate counseling and access to services prior to and following release.

Response:

The Department of Defense (DoD) supports the recommendation to join the Department of Veterans Affairs (VA) in an interagency prevention strategy to improve and provide a proactive review of separating service members. The Department, however, shall review with VA the factors that determine what would make a service member at risk of homelessness.

- VA and DOD should participate in a research study to show if childhood risk factors and active duty experiences can be found to improve identification and treatment for active duty service-members and to enhance service delivery access once released from military service.

Response:

The Department supports the participation with VA in a research study. However, DoD has some concerns regarding using childhood risk factors and active duty experiences for identification of potential homeless veterans which we will fully discuss at the next committee meeting.

17. LABOR ISSUES

Finding:

Under the Joint Training Partnership Act, employment assistance to homeless individuals was specifically authorized. However, under the Workforce Act of 1998, the references to homeless individuals were removed and replaced by assistance to "at risk" populations. Given the emphasis on performance outcomes, the states under WIA, job assistance for homeless people, is often overlooked.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- Employment assistance for homeless persons be written into the Reauthorization of the Workforce Investment Act and that states which provide specific programs for assisting homeless people, including homeless veterans, be rewarded with performance incentive moneys.

Response:

The Department of Labor has taken action to ensure that employment assistance for homeless individuals is specifically provided for in the Workforce Investment Act Reauthorization, H.R. 1261. Under this proposed legislation, State plans will be required to address how employment services will be made available to difficult to serve populations, including homeless individuals. In addition, incentives will be available to states that operate effective, targeted employment-focused programs for hard to serve people, including homeless individuals. Both the House and the Senate have passed versions of the Workforce Investment Act Reauthorization. It is anticipated that a Conference Committee will convene later this year to address the differences in the two versions of the Bill.

18. DVOP/LVER OUTREACH TO HOMELESS VETERANS

Finding:

The Department of Labor Veterans Employment and Training Service provides grants to fund Disabled Veterans Outreach Program (DVOP) and Local Veterans Employment Representatives (LVER) at One Stop Job/Career centers in all the states. DVOP's in particular, are responsible for assisting disabled veterans and veterans with barriers to employment in finding good jobs and do assist in placing homeless veterans who are enrolled in DOL's HVRP program.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Secretary of Veterans Affairs encourages the Secretary of Labor to use incentive award moneys in the grants to reward DVOPs and LVERs who actively outreach and assist homeless veterans in becoming job ready and in finding good jobs.

Response:

The Department of Labor's Office of Veterans Employment and Training (DOL/VETS) has implemented guidance to all state workforce agencies encouraging that special consideration for performance incentive awards be given to DVOPs and LVERs who

demonstrate successful outreach to homeless veterans. DOL/VETS will begin receiving feedback from the States on the use of their incentive funds later this year (2004) and will evaluate the success of this program.

19. DOL HVRP PROGRAM

Finding:

The Department of Labor Homeless Veterans Reintegration Program (HVRP) is one of the most successful programs addressing the employment of homeless veterans. The entered employment rate for the HVRP approaches 54% and the job retention rated approach 70%. However, the funding for HVRP is at $18.25 million for FY 02 and $18.25 million for FY 03, even though the authorization under PL 107-95 is $50 million.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Secretary of Veterans Affairs and the Secretary of Labor, seek Congressional approval of the full $50 million authorized for HVRP in FY 05 and that a minimum Congress should appropriate an additional $6 million to this program allowing it to have at least half of its authorized funding.

Response:

The Department of Labor's Homeless Veterans Reintegration Program (HVRP) has seen steady increases in annual funding, from $3 Million in Fiscal Year 1999 to $19 Million in Fiscal Year 2004. While not yet funded at the authorized level of $50 Million, HVRP continues to be one of the most successful programs addressing the employment needs of homeless veterans. The entered employment rates for the HVRP grants for Fiscal year 2003 are projected to be nearly 68%, up from 54% in Fiscal Year 2002. Moreover, DOL/VETS continues to see an upward trend in the number of excellent HVRP grant applications each year.

20. HHS SHOULD OFFER PILOT FUNDING TO VETERAN SPECIFIC SERVICE PROVIDERS

Finding:

VA and the Department of Health and Human Services (HHS) share a mission to assist many of our nation's most vulnerable, including homeless veterans, with healthcare services. The committee sees HHS with its funding and service expertise as an excellent source to partner with veterans specific projects including partnerships that specifically assist community-based service providers in veteran specific that are geared toward services for family members of veterans.

It is impossible to tell and immeasurably inefficient to have the nation's two largest health care delivery systems unable to determine whom they serve with any reliable way to improve coordination of services. Veterans are first and foremost Americans and are eligible for services offered to homeless individuals like every other American. Neither HHS recipients of funding nor VA health care providers should look to the other entity as a way to avoid providing service. Too often this Committee has heard of efforts to avoid serving these veterans, both should engage them gladly and without reservation. These Americans among all are entitled to our best efforts.

Recommendation:

The Advisory Committee on Homeless Veterans recommends:

- The Department of Health & Human Services collect veteran specific data in all HHS funded programs.

Response:

HHS has identified more than 200 data systems that are potentially impacted by this recommendation and is working with a subcommittee of the Advisory Committee to identify the highest priority programs on which to focus this recommendation. In addition, HHS is analyzing other data sets to illuminate veteran's participation in HHS funded programs. The Advisory Committee will be kept informed of these developments.

- Develop some of pilot projects during FY 05 designed to enhance services to homeless veterans and family members, especially children of homeless veterans served in veteran specific programs.

Response:

HHS and VA are in discussion about the focus and funding of one such pilot program for FY 05.

Attachment

Secretary's decision memorandum of June 3, 2004 in response to the Task Force on Availability of and Access to Mental Health and Substance Abuse Services for Veterans March 11, 2004 report.

Department of Veterans Affairs

Memorandum

Date: June 3, 2004

From: Secretary (00)

Subj: Mental Health Task Force Report

To: Acting Under Secretary for Health (10)

1. The VA Mental Health Task Force has completed their report on "Availability and Access to Mental Health and Substance Abuse Services for Veterans". In charging this group I asked them to "...examine the availability and adequacy of mental health services VA provides across the country". I commend the Task Force members for the timely delivery of this important work and applaud their thorough and evidence-based approach in assessing VA's ability to provide services to veterans with mental illness, substance abuse, and homelessness. I value the quality and strength of their recommendations.

2. The Task Force identified four major deficiencies and gaps preventing veterans with mental illness and/or substance abuse from getting the care they need and deserve:
   - Variability and gaps in care;
   - Reduction of VA substance abuse treatment programs;
   - Lack of a national plan for consistent provision of a full complement of care and supportive services, and;
   - Lack of involvement and input of mental health leadership into decisions that affect the care of veterans with mental illness.

   VA must work diligently to correct these problems.

3. The Task Force presented four Goals and a focused set of recommendations to meet the challenges identified in the report. I support all of the goals and recommendations and request that you implement them according to the actions I have directed:

   GOAL 1: Provide a Full Continuum of Compassionate Care to Veterans with Mental Illness:

   - Mental health services, including adequate acute inpatient and outpatient services for mental illness and substance abuse, should be readily available at each medical center and outpatient clinic. The scope of care and services needs to cover the full continuum.

- Develop a robust performance measure system for mental health that will establish accountability for achieving the goals. Performance measures should include structure, process, and outcome measures. The Task Force recommends the following examples for FY 2004:
  - 75% of homeless veterans will receive at least one mental health or substance abuse visit and one primary care visit within six months of initial outreach.
  - 85% of CBOCs serving more than 1500 veterans will provide on-site mental health services at or above 10% of all clinic visits by FY 2005.
  - 75% of veterans with SMI who meet clinical criteria for the MHICM program will be enrolled and provided services.

  Action: Implement as recommended by the Task Force. Include specific action steps in the VHA Mental Health Strategic Plan by July 15, 2004.

- In FY 2004, the Secretary should direct that the development of accurate mental health projection models for the full continuum of care be completed. More study is needed regarding the optimal intensity and frequency of care to this population and the optimal provider panel size. In addition, at this time VHA has not completed projection models for either outpatient care or the long-term psychiatric care despite its efforts to do this for CARES. The Task Force recommends that the long-term psychiatry, and the geriatric long-term care (LTC) models be combined to project the overall need for extended care services for veterans with mental illness and dementia. This model should take into account the aging of SMI patients for both psychiatric LTC and geriatric LTC. Validated demand models are urgently needed. The CARES projection model provides an adequate guide for inpatient services only.

  Action: Develop and validate the projection models for mental health and long term care as recommended by the Task Force and utilize these modules in developing the VHA Mental Health Strategic Plan by July 15, 2004.

- Ensure effective organizational leadership in addressing the treatment of mental disorders.
  - Elevate the Chief Consultant for Mental Health position to Chief Officer status. The Chief Officer for Mental Health Programs will be a member of the National Leadership Board (NLB) and the NLB Executive Committee. This newly established position should be filled through a national recruitment.

  Action: Develop options for effective Mental Health Leadership that will further the goals of the President's New Freedom Commission on Mental Health. Incorporate this process into the

ongoing Patient Care Services Review and add a Mental Health Task Force member to that committee for continuity. The Mental Health Chief Consultant should become a member of the National Leadership Board and the Executive Committee by July 2004.

- Require that a mental health leader, representing the care of veterans with mental disorders, be a member of the highest level decision-making body in every VISN.

  Action: Implement as recommended by the Task Force.

GOAL 2: Restore VHA's Ability to Consistently Deliver State of the Art Care for Veterans with Substance Use Disorders:

- Mandate that VA Medical Centers restore specialized substance abuse treatment programs. Within 90 days, the Under Secretary for Health should provide an action plan for facilities in the lowest quartile to restore services to at least the national average by the end of FY 2005. The plan should use VHA's Clinical Practice Guidelines for Substance Abuse Treatment as a primary guide in reestablishing services and show how VISN resources will be reallocated to accomplish the plan objectives. Given the high co-morbidity of substance abuse and other high priority conditions, reinstatement of substance abuse services must not come at the expense of other special health/mental health population services.

  Action: Implement as recommended by the Task Force and include specific action steps in the VHA Mental Health Strategic Plan by July 15, 2004.

- Develop a national plan to meet substance abuse capacity requirements. Capacity should be distributed by VISN to meet all dimensions of access: geographic distribution, affordability, availability, acceptability, and accommodation. The Under Secretary's plan should call for implementation of necessary changes no later than FY 2006.

  Action: Implement as recommended by the Task Force and include detailed plans in the VHA Mental Health Strategic Plan by July 15, 2004.

GOAL 3: Establish Case Management Programs for Homeless Veterans with Mental Illness and/or Substance Abuse:

- Homeless veterans with complex medical problems, serious mental illnesses and/or substance use disorders should be assigned to a targeted case management program.

- Implement a special needs grant program for homeless chronically mentally ill veterans coupled with Critical Time Intervention (CTI) services at partnering VA medical centers. Currently available funding in the Homeless Providers Grant and Per Diem Program can support five collaborative projects. These projects will enhance transitional housing services, improve access to medical, mental health and substance abuse treatment services, and assist with community reintegration. Peer counseling and assistance in finding permanent housing will be integral components of these collaborative projects. These demonstration pilots will involve partnerships between VA medical centers and community based residential service providers and should be evaluated for effectiveness. Based on the outcome of the pilots, a plan for national implementation should be developed.

  Action: Implement as recommended by the Task Force.

- Require that all homeless veterans who meet clinical eligibility criteria for MHICM program be offered assignment to a MHICM team and enrollment in the MHICM program. All MHICM teams should adhere to established clinical standards and caseloads.

  Action: Implement as recommended by the Task Force.

GOAL 4: Develop a Full Range of Supportive Services for Veterans in Collaboration with Community Partners:

- In FY 2004, the Secretary should mandate that all VISNs address the transition needs of incarcerated veterans and develop a plan that will be implemented in FY 2005.

  Action: Implement as recommended by the Task Force and include in the VHA Mental Health Strategic Plan by July 15, 2004.

- Provide incentives to improve homeless veterans access to VA treatment services and enhance collaboration between VA medical centers and Grant and Per Diem funded transitional housing programs.
  - Establish a performance measure requiring that homeless veterans suffering from mental illness and/or substance abuse who receive residential services in Grant and Per Diem funded programs, HCHV contract residential treatment facilities, Domiciliary Care for Homeless Veterans (DCHV) programs or Psychosocial Residential Rehabilitation Treatment Programs (PRRTP) receive at least one mental health or substance abuse treatment visit during residential care and one follow-up visit following discharge from residential care.

    Action: Implement as recommended by the Task Force.

- Establish financial incentives for providing necessary VHA mental health services to homeless veterans in Grant and Per Diem programs. One potential method to do this is to establish a new VERA subclass for homeless veterans.

  Action: Direct VHA's National Leadership Board Finance Committee to analyze the current VERA model and prepare options to provide robust financial incentives for improvement in access and quality mental health and substance abuse services for the homeless. Report options to the Secretary no later than September 01, 2004.

- Enhance supported CWT and employment activities within VA.
  - Increase outreach and provision of services to underserved veterans. CWT and Vocational Rehabilitation and Employment (VR&E) should enhance collaboration to provide comprehensive assessment and referral. In addition, establish a performance measure/monitor for assessment of occupational dysfunction, and referral to transitional and supported employment models authorized by 38 USC 1718. Such a measure/monitor should establish reasonable expectations for access to transitional and supported employment separately for veterans with homelessness and for those with psychosis.

    Action: Implement as recommended by the Task Force. The Under Secretary for Health and the Under Secretary for Benefits should work together to ensure that this recommendation results in program changes that better serve veterans with serious mental illness.

  - Provide approximately $6,000,000 in FY 2004 for staffing resources to implement supported employment at 107 existing vocational programs authorized by 38 USC 1718. Provide approximately $4,000,000 in FY 2005 for staffing resources to fund, operate, and sustain work restoration services authorized under 38 USC 1718 for the provision of both transitional and supported employment models at facilities without any existing CWT programs. These resources should be provided through recurring Specific Purpose funding, with new permanent positions created.

    Action: Implement as recommended by the Task Force. Provide Specific Purpose funds in FY 2004, FY 2005, and a recurring budget to support this program.

- Enhance partnerships with community partners to provide transitional housing.

- Develop a policy directive that places a priority on making under-utilized space on VA medical center campuses available to nonprofit community-based organizations that wish to develop residential programs for homeless veterans. Co-location on VA campuses increases accessibility to VA health care services and other benefits. The policy should ensure that a process is used that results in fair and consistent rental charges for use of VA space.

  Action: Develop VA Policy Directive for consideration and Departmental concurrence.

Crosscutting Recommendations:

- Extend the mission of this Task Force for a three year term to monitor implementation and completion of the actions recommended in this report. The Task Force will have access to reports from VHA mental health experts to monitor progress.

  Action: Recommendation accepted.

- Request that the Task Force submit a progress report to the Secretary by September 30, 2004.

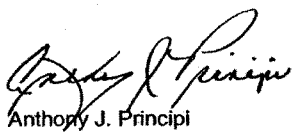
  Action: The Task Force on Mental Health will report to the Secretary on progress made in improving the access and availability of mental health and substance abuse services.

  The Under Secretary for Health will provide quarterly reports to the Task Force on implementation of the recommendations. Resource needs and budget implications should be addressed in these quarterly reports. The Under Secretary for Health should utilize this information in preparation of the enrollment decision and the FY 2006 budget.

  The Task Force shall apprise the Secretary of progress and challenges faced in implementing its recommendations. The first Task Force report shall be due to the Secretary by September 30, 2004.

4. President Abraham Lincoln's solemn promise – "to care for him who shall have borne the battle and his widow and orphan" – defines the heart of the VA's mission. As I have indicated to you on numerous occasions, I am the steward of that promise and I am committed to ensure that all VA programs and policies reflect our very best efforts to carry out that mission. We have a collective obligation to address the issues of chronic homelessness and

disparities in mental health and substance abuse services. Action on these recommendations will ensure that VA meets that obligation. Thank you for making these issues a priority.



Anthony J. Principi

Attachment

Questions for the Record

Ned L. Cooney, Ph.D.

Hearing on the Status of Homeless Assistance Programs for Veterans

Before the

Subcommittee on Health

Committee on Veterans' Affairs

U.S. House of Representatives

Submitted May 21, 2003

1. Dr. Cooney, were you consulted as a part of the grant decision that Mr. Jack Downing described in his testimony? Why or why not?

I was not consulted regarding the decision not to fund the Western Massachusetts Shelter for Homeless Veterans.

The Healthcare for Homeless Veterans (HCHV) Program at VA Connecticut routinely writes letters of support for our community partners who are preparing applications under the Grant & Per Diem Program. The letters of support that we prepare for our community partners explain how the proposed program relates to our services mix and why it is needed. In Connecticut, we are aware of each community partner that is applying to the program and we make sure that each has a letter of support. Current policy forbids our participation in the preparation of grant applications, but we do have opportunity to articulate veterans' needs and the need for the program in the support letter.

The HCHV program at VA Connecticut did not draft a letter of support for the Western Massachusetts Shelter. This was not done because of their proximity to the Northampton VA facility. This Northampton facility has its own HCHV program. However, given our heavy reliance on the shelter, we should have been proactive and written them a letter as well. We certainly will do so in the future.

2. If the Northampton Leeds facility is no longer available to the Newington program, what is your plan to place these veterans in residential facilities?

If the Leeds veterans' shelter were no longer available, we would refer homeless veterans to other residential facilities. However, these alternative facilities are often lacking because they do not provide a monitored substance-free environment, do not accept veterans very early in recovery, and/or do not have the capacity to admit the number of referrals generated by our program. This would result in a higher relapse rate for homeless veterans treated for substance use disorders.

Questions for the Record
Honorable Rob Simmons, Chairman
Subcommittee on Health
Committee on Veterans' Affairs
May 7, 2003

Oversight Hearing on Homeless Assistance Programs in the Department of Veterans Affairs

1. Ms. Boone, from NCHV's point of view, what is the unfunded need for VA programs, whether in-house or community-based organizations?

We will highlight here NCHV's priorities for the needs of homeless veterans. This is not a complete list of needs.

In terms of "housing" needs the VA Homeless Providers Grant and Per Diem Program (GPD) funds 6,615 beds at the current rate of approximately $27 per day which will require over $65,000,000 in funding in FY2004. To add new beds will require an additional investment for the "grant" piece which supports the physical structure and then the "per diem" rate which supports the operating costs. The current authorization level is $75 million and the VA has designated $69.4 million in their FY04 budget.

NCHV would like to see a total investment of 20,000 beds nationwide from the GPD program. These beds should have a flexible funding program that allows for "transitional" care and then "long term supportive permanent housing" as the needs of the homeless veteran population changes requiring a different set of expected outcomes from the grantees. Currently the GPD outcome expectation is that each veteran will obtain employment. This is unrealistic particularly for those that have significant mental health issues.

Not all homeless veterans are receiving housing and supportive services provided exclusively through the GPD funding. Service providers often receive funding through HUD, foundations, corporations, and private donors, but the total inventory of beds available still is insufficient and veterans often are put on waiting lists or turned away. For veterans who exit a detoxification or other short term stabilization program and are being discharged back to the streets, this can become a revolving door problem without a transitional program available to house them.

An increased investment in housing for homeless veterans will really move our nation towards ending this problem. Having beds available can prevent the revolving door problem and reduce the amount of time a veteran currently has to spend on the streets waiting for an opening while their health continues to deteriorate.

Another financing vehicle that was developed to assist in installing additional beds for homeless veterans was the Veterans' Transitional Housing Opportunities Act

of 1998-PL105-368 which has yet to be implemented by the VA, and the five year anniversary date of this law will be Veterans Day 2003 just six months from now. By lack of action hundreds of homeless veterans have missed an opportunity to begin a new life.

Given that female veterans are 3.6 times more likely to become homeless than their non-veteran counterpart and the increased service of women in the military, NCHV is concerned about the lack of services for homeless women veterans across the nation.

PL107-95 calls for increased funding for veterans with special needs: women, frail elderly, terminally ill, and chronically mentally ill at a rate of $5 million per year through FY05. This amount will not be adequate to address all these special populations. For women veterans there needs to be integration with HUD and HHS programs that support children since many of these female veterans have dependent children in their care and the VA does not provide for care of non-veterans. NCHV would recommend a more aggressive approach to put transitional programs in place for women veterans while addressing the issue of those with children.

Mental health and substance abuse services are needed by the homeless veteran population to address the needs of the 76% of homeless veterans who have one or both of these health problems.

PL104-262 and PL107-95 both mandated that the VA maintain capacity to serve these veterans, but the VA has not done so and this lack of compliance has been extensively documented by Congressional Oversight Committees, the General Accounting Office, VA's Committee on Care of Veterans with Serious Mental Illness, The Independent Budget, and others. What will make the VA comply?

Dental Care is another piece of health care that needs to be available for homeless veterans. PL107-95 makes this a requirement and the VA has issued a directive to their hospitals, but the actual results have yet to be learned so we don't know if there is a gap between need and resources. We would ask Congress to determine the results of their mandate.

2. In Public Law 107-95, Congress authorized technical assistance grants to enable an outside organization such as NCHV to provide assistance to community-based organizations in applying for grants under VA's grant and per diem program. What is your understanding of the status of VA's work in making such technical grants?

The notice of funds available was published by the VA in the Federal Register on May 5, 2003 with proposals due June 4, 2003. The funding is for the full authorized amount of $750,000. It is our understanding the VA intends to make a fairly quick selection in order for the grantee to be available to provide technical assistance to those interested in responding to a GPD notice of funds available that is expected to be published in July or August 2003.

It is NCHV's intent to apply for this grant funding to support and enhance the technical assistance that we currently provide. We are developing a comprehensive proposal that will include two other national organizations (one a general homeless population organization and the other a faith based service provider network) that share our vision to end homelessness in America.

The proposal will not specifically delineate by name, the local member organizations that may be asked to partner with NCHV in the delivery of technical assistance. However it is our intent to contract with community based providers and other entities that have the needed skills and experience in each phase of the delivery of technical assistance.

Questions for the Record
Honorable Rob Simmons, Chairman
Subcommittee on Health
Committee on Veterans' Affairs
May 7, 2003

Oversight Hearing on Homeless Assistance Programs in the Department of Veterans Affairs

1. *Mr. Downing, in submitting your grant application, did the VA offer you any advice as to how your application would be rated? Did you seek any technical advice from VA on what criteria was necessary to strengthen your application?*

At the National Homeless Veterans Coalition Conference from April 29, 2002, through May 2, 202, I met with Mr. Roger Casey from VA Grant and Per Diem Program at Wyndham City Center. Mr. Casey informed me to submit two grant requests. The first grant would be for sixty (60) beds and it was a renewal of an existing grant, #02-98MA. Mr. Casey explained to me that the grant review process would be favorable for renewals. The second grant request, #02-106MA was for forty (40) additional beds. Mr. Casey clearly stated that there would be competition for the additional beds.

2. *Did you expect that VA would receive many more applications than it could fund? Were you expecting that only 25% of the applications eligible for funding would be funded by the VA?*

No. I thought that there would be approximately seventy-five (75) applications and probably fifty to sixty (50 – 60) awards. My expectations were that sixty (60) to seventy-five (75) percent of the applications would be funded.

3. *What is the current state of planning at your facility for continuation of services to homeless veterans?*

Currently we are funded for sixty (60) beds. Our client population on May 20, 2003, is one hundred twenty-four (124) homeless veterans. We have continued to maintain our one hundred twenty (120) beds through laying off five (5) full-time staff and eliminating recreational use of vehicles. We are currently utilizing $41,000 of cash reserves to maintain our full enrollment. I have discontinued payment of rent and utilities to VAMC Leeds from April 1, 2003, to July 31, 2003. We are applying for sixty (60) beds to the Grant and Per Diem program in time for the June 19, 2003, deadline.

4. *How many veterans, on average, in residence at your shelter come from my state of Connecticut?*

Upon reviewing enrollment for the months of January 1, 2002, to April 30, 2003, Connecticut residents account for approximately forty percent (40%) of our total population. The partnership with VA Connecticut, in particular VA West Haven and VA Newington, seems to project an increase to the fifty percent (50%) level in the next year.

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