

**VA Secretary's Advisory Committee on Homeless Veterans Meeting (ACHV)**  
**Department of Veterans Affairs**  
**810 Vermont Avenue, NW; Sonny Montgomery Conference Room 230**  
**Washington, DC 20420**

**April 2019**  
**Meeting Minutes**

The Advisory Committee on Homeless Veterans (ACHV) convened for its first regularly scheduled meeting of fiscal year 2019 in Washington, DC on April 3, 2019 through April 4, 2019. The meeting was conducted in the Sonny Montgomery Conference Room of the Department of Veterans Affairs headquarters located at 810 Vermont Avenue NW, Washington, DC 20240. Jennifer Ho, Committee Chairman, opened the meeting. In accordance with the provisions of Public Law 92-463, the meeting was open to the public from opening on April 3, 2019 and April 4, 2019 (except for on April 4, 2019 from 3:00 pm - 5:00 pm for Committee Deliberations).

**Committee Members Present:**

Jennifer Ho, Chair, Commissioner, Minnesota Housing  
Tammy Bellofatto, Director of Vocational Services, Colorado Coalition for Homeless  
Brad Bridwell, Director of National Operations for Cloudbreak Communities  
Karl Calhoun, Director, Veteran and Recovery Services  
Richard Cho, PhD, Chief Executive Officer, Connecticut Coalition to End Homelessness  
Steve Como, President, Government Relation Advisors  
Tramecia Garner, LPCC, Associate Director for Housing & Residential Programs  
Sharon Green, Chief Operating Officer, Women Veterans Interactive, Inc.  
Dottie Guy, Program Manager and Vets @ Employee Resource Group Founder, Dropbox  
Charlie Hall, President, Update Warrior Solution  
Susan K. Lee, PhD, MSN, RN, CNE, Associate Program Director, School of Health Professions, Health Care  
Disparities, Diversity & Advocacy  
Kathryn Monet, Chief Executive Officer, National Coalition for Homeless Veterans  
Bilal Mustafa, Community Organizer, Swords to Plowshares  
Abraham Thompson, Jr., DC VAMC Employee and Veteran  
Jessica Venegas, Principal, Strategic Partnerships, Community Solutions

**ExOfficio Members Present**

Ivan Denton, Department of Labor (DoL)  
John McLaughlin, Ed.D., Federal Coordinator, Education for Homeless Children and Youth Program,  
Department of Education (Via Phone)  
Emily Rosenoff, Acting Director, Division of Long-Term Care Policy, Department of Health and Human  
Services (HHS (Via Phone)  
Norm Suchar, Director, Office of Special Needs Assistance Programs, Department of Housing and Urban  
Development (HUD) (Via Phone)

**Ex Officio Members Absent:**

Mike Frueh, Executive Director, Benefits Assistance Service, Department of Veterans Affairs (VA), Veterans  
Benefits Administration (VBA)  
Matthew Doherty, Executive Director, United States Interagency Council on Homelessness (USICH)  
Gary Vessels, Department of Agriculture (USDA)  
Department of Defense – Ex Officio position currently vacant

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**Committee Support Staff Present:**

Anthony Love – Senior Advisor and Director Community Engagement, Veterans Health Administration (VHA), Homeless Programs Office (HPO), Designated Federal Officer  
Leisa Davis, Alternate Designated Federal Officer, VHA HPO

**\*Additional attendees present for a portion or all of the meeting**

Some, but not all, attendees identified themselves by name. Attendees are not required to identify themselves. The following identified themselves by full or partial name:

Latrese Arnold, Designated Federal Officer, Veterans Advisory Committee on Rehabilitation  
Jessica Blue-Howells, National Program, Manager, Project CHALENG, HPO (Via Phone)  
Carol Borden, Attorney, Ethics Specialty Team Office of General Counsel  
Sean Clark, J.D., National Director, Veterans Justice Programs, HPO (Via Phone)  
Tony Concepcion, Financial Manager, HPO (Via Phone)  
Monica Diaz, Executive Director, VHA HPO  
Keita Franklin, LCSW, PhD, Executive Director, Suicide Prevention (Via Phone)  
Eric Grumdahl, Former ACHV Member  
Susan Pourciau, Policy Director, United States Interagency Council on Homelessness  
Elisha Harig-Blaine, Former ACHV Member  
Keith Harris, PhD, National Director, Clinical Operations, VHA HPO  
Carma Heitzmann, National Director, Homeless Veterans Community Employment Services, HPO (Via Phone)  
Whitney Henderson, Management, Analyst, Veterans Health Administration, Workforce Management and Consulting (Via Phone)  
Shaina Hilsey, Special Assistant to Assistant Secretary for Elementary and Secondary Education, Department of Education (Via Phone)  
Dina Hooshyar, MD, MPH, Director, National Center on Homelessness Among Veterans (Via Phone)  
Mark Johnston, Former ACHV Chair  
John Kuhn, Director, Supportive Services for Veteran Families, VHA HPO (Via Phone)  
Erin Johnson, Program Manager, Homeless Patient Aligned Care Team, HPO (Via Phone)  
Jeffrey Moragne, Executive Director, Advisory Committee Management Office  
Yashika Neaves, Policy and Communication Strategist, Transition to Veterans Program Office (Via Phone)  
Alejandra M. Paulovich, Designated Federal Officer, Geriatrics and Gerontology Advisory Committee  
Scott Posti, Assistant Director, Veterans Benefits Administration, National Outreach  
Pamela J. Powers, Chief of Staff, Department of Veterans Affairs  
Jeffrey Quarles, Director Grant and Per Diem Programs, VHA HPO (Via Phone)  
Nan Roman, President and Chief Executive Officer, National Alliance to End Homelessness  
De Carol Smith, Project Manager, Office of Asset Enterprise Management  
Michael Taylor, Director, Homeless Veterans Outreach and Strategic Communications, Office of Public and Intergovernmental Affairs  
Dr. Thomas P. O'Toole, Senior Medical Advisor, Office of the Assistant Deputy, Under Secretary for Health for Clinical Operations

\*Note – Titles, when known are listed. Members of the public who attend are not required to provide titles when they sign in.

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For the record, it is noted that to avoid a conflict of interest, Committee members are required to excuse themselves from the meeting when the Committee discusses applications from their respective institutions or in which a conflict of interest may occur. Members are asked to sign a statement to this effect. This does not apply to "en bloc" actions. No discussions were held that required committee members to excuse themselves.

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**April 3, 2019**

**April 3, 2019 - 8:00 – 8:15 am: Call to Order, Welcome/Opening Remarks, Introduction of New Members, Review of Agenda**

Presenter: Jennifer Ho, Chair, VA Secretary's Advisory Committee on Homeless Veterans (ACHV)

- Introduced herself, Welcomed Committee Members, Attendees, and Reviewed Agenda

**April 3, 2019 - 8:15 – 8:30 am: Welcome and HPO Update, Responses to ACHV Recommendations, Conduct Strengths, Weaknesses, External Opportunities, and Threats (SWOT) Analysis**

Presenter: Monica Diaz, Executive Director, Homeless Program Office (HPO)

- Introduced herself and reported that she was new to HPO and has been in the position for 1 year.
- She also provided an update on the following recommendation of the committee:
  - May: HPO Program Leads will have a face-to-face meeting in Washington, DC to discuss SWOT Analysis, objectives, and strategies
  - Summer 2019: HPO will be reaching out to its partners to acquire their input
  - Veterans Justice Program Improvement Act: added *15 additional* positions VJO. FY2020 increase in budget will allow for expansion of services.
  - March 21 – availability funds to community. Provide supportive case management services for housing retention -going into placement after transitional housing maybe going into effect in October.

**April 3, 2019 - 8:30 am – 8:35 am: Introduction of Former Members**

Presenter: Anthony Love, Senior Advisor and Director of Community Engagement, HPO Designated Federal Officer, ACHV

- Introduced Former ACHV Chair and Committee Members to provide brief remarks and advice to new Committee Members.

**April 3, 2019 - 8:35 am – 8:50 am: Welcome Remarks**

Presenters: Mark Johnston, Former ACHV Chair, Eric Grumdahl, Former ACHV Member, and Elisha Harig-Blaine, Former ACHV Member

**Mark Johnston**

- The great concept of the Advisory Committee is not used in many federal agencies. VA embraced this concept and it allows us to provide our candid recommendations to the Secretary of Veterans Affairs. He expressed his appreciation to VA staff and shared that he has enjoyed working with VA for 20 years. He also commended VA for not defensive but open to feedback.

**Eric Grumdahl**

- The committee will be what you make of it, so bring your wisdom, speak up, take ownership to make it the committee you want it to be. Your recommendations for the annual report will present an opportunity to share information with the Secretary of Veterans Affairs.

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- Use Specific Measurable Actionable Realistic and Timebound (SMART) Framework, when developing your recommendations, so the Secretary of Veterans Affairs and other VA senior leaders can see how it can be put into action
- VA is an interesting dichotomy --looking forward, data-driven and refined each year and has its blind spots. Your role (as a committee) is to help them see those blind spots and make recommendations to them move forward. Remember, it is okay to surface those crucial conversations that are awkward.

**Elisha Harig-Blaine**

- Acknowledge incredible staff at VA and honor what they do is commendable.
  - 2<sup>nd</sup> largest federal bureaucracy in government – fundamentally built to provide healthcare. Great demonstration shift to homelessness as priority and has been programmatic changes with SSVF and GPD.
- Continue conversation on how VA can lead the discussion around housing affordability (in partnership with execution by HUD). This is a multiagency issue that impacts both agency's budget.
- Collaborate with other VA Advisory Committees and encourage engagement, ask questions, and do not be intimidated of each other.
- Community Engagement and collaborative efforts on local levels to help them lead the charge with assisting Veterans. Take these conversations to local levels (including local, state, and rural areas).
- Your voice matters. Veteran homeless is not a part of the 5 strategic priorities of VA but consider making a recommendation to embed it within them.

**April 3, 2019 - 8:50 am – 9:00am: Supportive Services for Veteran Families (SSVF) Update, SQUARES Update, and Response to ACHV Recommendation: Support the VA Effort to Allow for Enhancements in SSVF**

- Most dollar for Rapid Rehousing and 30% to prevention will allow communities to submit a waiver, allow rural areas that do not have immediate housing resources such as shelter. With these finite resources, we will serve the most vulnerable person first
- \$435 Million available NOFA – matches with HUD priority cities – high populations needs. Priority 3 (2 surge grants– are not in NOFA) -if a new tool becomes available for rental assistance -that Priority 3 will be able to access it. Currently working with General Counsel to be available (hopefully to publish this summer).
- To help with prevention, SSVF will be looking at having a CES that can do some higher lever triage divergence to make sure resources are focused on those who will become homeless despite these attempts. Participation of VA and CoC to make this waivers. This may require VA and VA signoff.
- Suggestions for Consideration
  - VA funded folks (including CES) should be at table of discussion with local CoC planning
  - Expand SSVF University to offer more interactive training to community partners on various tools to ensure best practices

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**SQUARES Update**

- Recently released a new version of [SQUARES](#) (free an online tool to allow providers to provide basic info in real time on Veterans' discharge status, which could be substituted for the DD-214) to establish eligibility and does not hinder access to care.

**April 3, 2019 - 9:15 am – 9:30 am: Grant and Per Diem Update**

Presenter: Jeff Quarles, Director, Grant and Per Diem Program, HPO

- Largest Transitional Housing Program in VA (700 Grants and 13,000 Transitional Housing Beds)
- Transformational change in program (time limited awards in FY 18). 1-year awards to 1-2 year award options.
- FY19: All of our grants for transitional housing our now time-limited awards. All transitional housing are on the same cycle – of all current grantees with transitional housing will be re-application process and competing for grants and allows VA flexibility to do shifting as needed.
- Promote the idea that programs become more accessible, lower barriers, looking at strategies to keep Veterans in engage. Developed specific models of services for programs. Included expectations to comment in application involvement in CES.
- Moved to online grant system this year, which modernizes our program and allows for automated workflows and online applications
- Another change this year (inflow of new talent as a result of retirements), which has brought different energy and point of views
- NOFA a new case management grant for retention of permanent housing.
  - March 21 – May 20, 2019. Opened to eligible entities. \$30 million and 133 CM approximately for 2 years.
  - Transformation will be pretty substantial.
    - It gives-priority to current GPD grantees who have been successful.
      - 1<sup>st</sup> Priority—those who want to convert transitional housing to permanent housing must meet capital obligations.
      - 2<sup>nd</sup> Priority – looks with current grantees
      - 3<sup>rd</sup> Priority: All Others
- Jessica Venegas inquired: How are you getting a sense of what a community needs – aside from what it written in application from community? The first year for folks they were guessing a bit. They were having conversations with their communities, but models were new.
  - Jeff Quarles' Response: Looking to continue to refine the scoring; examine VA and other community responses; discharges from GPD; coordinated entry. Hence, typically, the more established their programs are, the more points they can earn.

**Follow-Up Action Items:**

- Recorded GPD Webinars  
The links to all the information regarding the GPD case management grant (including the Q&A session) can be found on the GPD main web page [www.va.gov/homeless/gpd.asp](http://www.va.gov/homeless/gpd.asp)

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- Breakdown of the composition of the GPD Transformation Program Models and Criteria/Eligibility- *Information included on the attached Excel workbook. Please note the bed numbers fluctuate throughout the fiscal year (Data: As of April 2019).*
- Trend Data for Length of Stay *Provided information on length of stay (LOS) on the attached excel workbook. Went back to 2015 to give sense of a trend, since it is what was requested.*



GPD bed  
model\_breakdown.x

**April 3, 2019 - 9:30 am – 9:55 am: National Center on Homelessness Among Veterans Update**

Presenter: Dina Hooshyar, MD, MPH, Director, National Center on Homelessness Among Veterans

- Dina Hooshyar shared that she recently accepted the Director's position (over a month ago). Prior to coming to "The Center", she was a physician with specialties in psychiatry, internal medicine, and disease prevention.
- Jack Tsai, Research Director joined the team in January 2019. He is a Clinical Psychologist and Associate Professor at Yale School of Medicine.
- Housing and Stability is a major barrier thus, developing, evaluating, and analyzing Veterans that utilize these services is vital.
- Developing and disseminating competency models to support staff servicing Veterans experiencing homelessness (Piloted 7 Sites).
- Later this fiscal year, the National Center on Homeless among Veterans will provide [The FY 2019 National Education Series](#).
- There are over 30 [researchers affiliated with the Center](#) investigating a wide breadth of issues related to Veteran homelessness.
- The new research agenda will focus on four key areas:
  - Population-based studies
  - Physical and Mental Health
  - Functioning and Flourishing
  - Program Evaluation
- The National Center on Homelessness among Veterans will follow-up with researchers to determine future publication dates of VA Research on Racial Disparities. For additional information, refer to <https://www.va.gov/HOMELESS/nchav/index.asp>

**Follow Up Item:** Provide link to Permanent Supportive Housing Resource Guide that highlights progress that has been made towards ending Veteran homelessness by placing greater emphasis on issues and strategies related to maintenance of housing, community integration and recovery for the previously homeless Veteran. <https://www.va.gov/HOMELESS/nchav/docs/Permanent%20Supportive%20Housing%20Resource%20Guide%20-%20FINAL.PDF>

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Housing First, which is now official policy, is discussed much earlier in the guide than in the prior iteration and sits as a culmination of sorts of the broad principles of Patient Centered Care, Recovery, Harm Reduction, and Trauma Informed Care, which are foundational to its implementation and success. Information relevant to staff and team operations follows this opening section with special emphasis placed on Team-Based Care and care delivered in the community. The third section contains a variety of clinical and practical topics that case managers and others involved in the care of Veterans seeking or in permanent supportive housing are likely to face.

**April 3, 2019 - 10:00 am – 10:30 am: Presentation of Certificates, Welcome Remarks**

Presenter: Pamela J. Powers, Chief of Staff, Department of Veterans Affairs

- Ms. Powers (Chief of Staff) stated she was excited to be here.
- She mentioned she has 30 years in the Air Force and understands the Veteran and family perspectives.
- She also asked new members to raise their hands and thanked them for their service and stated she looks forward to their fresh perspectives.
- When the Secretary of Veterans Affairs visited Alaska and California, they noticed both areas had a large Veteran homeless population.
- There was several homeless Veterans in the workplace. Hence, they have jobs but can't afford housing, so stay onsite to have a safe place to park. Urban areas are using unique ways to take care of our Veterans.
- 50% reduction – but its committees like this that are valuable to push us forward.
- The annual report that you produce will be reviewed by the Secretary of Veterans Affairs and how can we work with VA and other federal agencies to produce results.
- Four main priorities (undergoing largest transformation) – most mandated by law
  - 1. Mission ACT – combined 7 community care programs into 1, caregivers for pre-911 and urgent care services to our Veterans – Bill with 26 provisions this June. Wholistic, integrated healthcare system. If we can't provide inhouse than the Veteran has a CHOICE to go outside
  - 2. Electronic Healthcare records – time veteran starts career to time they pass. DoD has started initiation. Seamless, integrated. Assist with homeless – we will be able to track where they are once they leave military and enter ours. We must make sure they enter our system.
  - 3<sup>rd</sup> – Customer Service (number one priority). Steadily increasing from Veterans. He looks at how we treat our staff as well. Veteran Experience Office and Employment Engagement – and our leaders are held accountable for their survey scores.
  - 4<sup>th</sup> – Business Transformation – HR reform. Supply Chain Management - Last year spend \$4 million in credit cards. Financial management reform
- Number 1 Clinical Priority – Suicide Prevention. President Executive Order is a three-prong effort – The Secretary of Veterans Affairs co-leads with White House and working with communities, developing grants, wrapping arms best practices and research. Nationwide perspective – targeting Veterans in our system and most importantly those outside our system.

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- The Committee expressed their concerns about homelessness not being amongst VA's top priorities (as it was in the past). The Chief of Staff stated, VA strongly supports the end veteran homelessness. She also stated homelessness is important issues and we need to continue to innovate new ways to meet these needs of Veterans.
- The Committee expressed its concerns regarding the Mission Act and its rollout of outside practitioners being able to serve Veterans and how they will be able to monitor excellent care. The Chief of Staff stated it should be seamless for Veterans, just offer more options. Veterans will be the center of their care. Veteran will be working with their healthcare team to assist with the facilitation of making the best health choices.
- Mark Johnston expressed his concern about the 50% reduction of homelessness. He stressed that VA should not take its eye off the ball because it is extremely important. He underscored that just because there are great things going on, it should not justify a shift of resources to other programs. He mentioned he does not see this organization taking funds from the homeless program and it with others.
- Elisha Harig-Blaine stated Veteran homelessness and Veteran Suicide - relationship. Community – driven. Success of homeless Veterans – has been locally driven – grounded in the money coming from community level versus state level.
- Consider expanding Veteran Peer Groups to support the Priority of Suicide Prevention.

**April 3, 2019 - 10:30 am – 10:45 am: Welcome Remarks**

Presenter: Dr. Thomas P. O'Toole, Senior Medical Advisor, Office of the Assistant Deputy Under Secretary for Health for Clinical Operations

- Dr. O'Toole provided welcome remarks on behalf of Dr. Boyd. He mentioned the Committee has its commitment from VA leadership. The budget reflects that and the commitment continues to be there despite changes in Department's leadership. Although, homelessness, may not have high visibility, do not negate our commitment. Despite the current focus on the VA's priorities Suicide Prevention, Customer Service, High reliability of organization, and Modernization of Electronic Records, we are aware of the tremendous progress that has been made with ending Veteran homelessness. t
- Jennifer Ho: Transition from homelessness to overarching VA, what is your perspective? Can you talk a bit about how we can interact with the broader VA?
  - Dr. Toole's Response: As a General Internist by training, he has been heavily involved in establishing HPACT in 2006. Overseeing HPACT from connection to growth. Jumped over to the National Center on Homelessness Among Veterans for 3 years and served as the Assistant Deputy Under Secretary for Health for Clinical Operations. Thus, primary care, homelessness, geriatrics Non-Tradition Care – falls under the auspices the national program – Whole Health is an important aspect. Expanded use of acupuncture, tai chi, yoga, aqua therapy and complimentary care. One of our formerly homeless Veterans is teaching Tai Chi to our H-PACT Veterans.
- Jessica Venegas asked: How does VA as whole take homelessness as a priority especially when meeting with local medical doctors? Modernization and Reliability – sometimes too many high-level inconsistencies across VA.



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- Dr. O'Toole's Response: When priorities change, the real intent for high reliability is to create a more coordinated response to keep homelessness a priority. For example, the Office of Mental Health and HPO working more closely together will amplify the voice and create greater synergy. Coordination through service lines will hopefully achieved those goals.
- Karl Calhoun inquired about Hospital to Housing. Some Veterans are self-medicating, substances are connected to traditional issues and connected to pain, palliative issues, etc. Has that subject been part of that conversation?
  - Dr. O'Toole's Response: In general terms, 25-30% of homeless population Veteran – requires a coordinated and integrated response such as hospital-to- bed. This speaks to importance of whole health and how we need to be coordinated these efforts (PACT, Mental Health, etc.).
- Richard Cho inquired. What is being done through your office or VA to assist medical doctors to understand that homelessness is still a priority.
  - Dr O'Toole's Response: The integrity of the program office, the performance measures specific to homelessness will not change. Balancing a budget and prioritizing, care in the community becomes enhance initiative and a potential challenge some things have not changed. When a facility does not perform as expected and there are measures in place to address those issues. Efforts behind this is not to dilute or minimize the achievements made thus far.
- Sharon Green inquired. What is VA doing part of Modernization for women Veterans. We are seeing more women entering homelessness.
  - Dr. O'Toole's Response: There is an Office of Women Health that are active and seeking to address all those needs. Care in the community access available of resources – community housing and SSVF are examples or HUD-VASH as opposed to subject ourselves to believing we need to wait to create women only housing. Use resources at hand to address needs.

**April 3, 2019 - 10:15 am – 10:30 am: HUD-VASH Update**

Presenter: Dr. Keith Harris, National Director of Clinical Operations, HPO

- State of the Program – 98000 vouchers allocated by HUD, 7000 inactive
- Low life – 76000 are leased up (84% utilization rate, 92%) – never been so far from this rate. Concerned of Utilization Rate.
- Vacancy Rate – 4000 positions that VA statutory required – 3300 filled – 80% rate of CM hired, target rate of 90%. There is the problem of HUD-VASH vacancy.
  - Draw the Conclusion – discussions we have to date – number of different priorities – victim of its own success. Success depends on hiring and filling of staff. 1 to 25 CM to Veterans. Priority concern for HPO (ability to fill those positions).
- Utilization – Hiring single one reason. The government shut-down did not help because it delayed the processing of vouchers.
- Deep reconciliation efforts – Data agreement – only allowed us to share name to HUD but not the other way around. VA inquired about the status of the Bi-Directional Memo. HUD mentioned it was pending signature and they would follow up with VA.

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- Another piece affecting this (last allocations, we are pushing vouchers in areas of need in spite of communities not be able to use them--Los Angeles, etc. affordability, hiring, etc.). Use Gap Analysis driven by PIT Count.
- Graduation – Revising Directive – Policy document for HUD-VASH. Was light on graduation. Standardized guidance on graduation. Updated directive – Introduction measurement of acuity – include graduation phrase. Medical facilities have been able to discern themselves. Will layout details in directive.
- 5000 more vouchers from HUD and expansion of Tribal VASH. There are some challenges with staffing those up
- 1-25 CM Ratio. Some inefficiency to admit new HUD-VASH. Moving toward housing navigator-to add more new intakes. Promote and encourage – team models to allow for navigator roles and ability to serve more. Phases of acuity and base caseload on acuity.
- Exempted medical facility that have been approved for ending homelessness, and we look at PIT count and then they follow HUD prioritization. CH target in VASH. Last year, we put everyone off list and had them reapply. Disrupts work flow – when we bounce back and forth on measures
- Staffing Issues
  - Requirement for Licensed Social Workers. Hence, more consideration is needed to rethink categorization/licensure of staff.
  - Consider promoting the use of contractors or community providers to fill vacant positions)
  - Some contractors may face the same issues as VA is currently facing (hiring challenges associated with credentials)

**April 3, 2019 - 10:45 am – 11:00 am: Homeless Patient Aligned Care Team Update, Team Update**

Presenter: Erin Johnson, Program Manager, Homeless Patient Aligned Care Team, HPO

- Erin Johnson acknowledged the great leadership Dr. O'Toole brought to the Homeless Patient Aligned Care Team (HPACT) wrap around care model.
  - Mission: identify the highest need and vulnerable Veteran who cannot access traditional care.
  - Homeless Veterans are more sicker, greater MH/SUD needs, CH greater barriers (inadequate transportation, competing food/shelter needs, use ER more, admitted to hospital more frequently, longer hospital stay than non-homeless Veterans
- Goals – High level care engagement, higher frequency of visits with interdisciplinary team, reduced acute care use, reduce emergency department visits. Manage chronic conditions, and faster housing process.
- Mobile H-PACT outreach teams. 32 pilots, 59 medical centers
- Quality Improvement Efforts and Data
- Look at how well Veterans are engaged in HP, MH, and monitor and highest cost and highest needs.
- Not every MD, facility, and Veteran needs a HPACT. Next iteration of H-PACT will be seeing strong collaboration with community providers such as hospital to bed.
- Karl Calhoun stated hospital-to-housing has an advantage (primary care they receive in transitional housing). Bottom line value – affording the hospital an opportunity to transition Veterans quickly.
- Jessica Venegas: Is enrollment self-driven and by survey?

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- Erin Johnson's Response Enrollment is through walk-in, word of mouth, in-reach, program to program. No barriers, no wrong door approach. Veteran does have to say yes.

**Follow-Up Item: Provide H-PACT Veteran satisfaction data (that was included in the Provider and Teamlet Survey)**

- **From the "Providing Positive Primary Care" Paper**

Conclusions: Patient-centered medical homes designed to address the social determinants of health offer a better care experience for homeless patients, when compared with standard primary care approaches. The lessons learned from H-PACT can be applied throughout VHA and to other health care settings.

- **From the "Differences..." Paper**

Conclusions: VHA facilities with HPACT programs appear to offer a better primary care experience for homeless versus non-homeless Veterans, reversing the pattern of relatively poor primary care experiences often associated with homelessness



H\_PACT\_Follow\_Up  
\_Response.docx

**April 3, 2019 – 12:00 pm – 12:30 pm: Veterans Justice Programs Update**

Presenter: Sean Clark, J.D., National Director, Veterans Justice Programs, HPO

- Veterans Justice Outreach – front end of criminal justice system – criminal courts, jail, etc
- One intervention that is delivered across a number of different settings.
- Connect with Veterans through this process at whatever stage, identify needs, and facilitate access to services
- Prison outreach, court access – VA must have a partnership foundation partnership negotiated and maintained on a federal level. Partnership to us is everything.
- Veterans are ineligible for VA services while incarcerated (jail, prison). Focused on identifying needs and helping them to plan to access VA services. Defining limitation that shapes our work in prisons and jails. Other than that, eligibility of VA healthcare is not limited by those pending charges or (missed this) unless fugitive felon
- Prevalence of clinical needs in this position – VJO – more than half of the Veterans when they access VA healthcare services – are dually diagnosed MH, SUD, etc
- Legal Services – expanding partnerships with civil legal services that looking to grow free clinics on medical centers
- Adding 50 more VJO specialists (in response to legislation). No ceiling for staffing. Distinction around grant and contract is intimately familiar with VA medical centers internally-be the expert and liaison- not just community-based program. We do need to continue to grow and expand by continuing to add more full-time staff.

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- Charlie Hall mentioned he lives in a community that does not have a Medical Center and CBOC finally got a VJO.
- Sharon Green inquired when do they engage with the Veteran.
  - Sean Clark's Response: The limit was within 6 months – but removed in 2011. No fixed limit for a specialist when it's appropriate to engage a Veteran ready to reengage in community. Service needs may be complex enough that may take more time to identify. For example, Veterans registered as sex offenders especially to place in housing, face a number of barriers, so this particular Veteran would need an extensive amount of time. The determination would be up to the specialists working on the case.
- Steve Como mentioned transportation is a real issue for Veterans state prisons.
  - Sean Clark's Response: Transportation is a barrier across the board. Our guidance for our field staff focus it to seek VA transportation services and seek out alternative sources.
- Richard Cho: How far have you penetrated the 3000 plus criminal justice systems? We heard about SQUARES, can criminal justice enter into same agreement to identify Veterans?
  - Sean Clark's Response: We have a sense of where we penetrated (Federal and State Prison – 946 of those (75%), Jail 160 (67%) Court 507. As far as SQUARES, we will pursue conversations to acquire access.
  - Justice built a tool within VJO using same source data as SQUARES. Whether VRSS or SQUARES should be continued to be used. The Homeless Program Office began with SSVF then GPD and will identify other HPO programs that may utilize it in the future.

**April 3, 2019 - 12:30 pm – 12:40 pm Community Homelessness Assessment, Local Education and Networking Group (CHALENG) Survey Results**

Presenter: Jessica Blue-Howells, National Program Manager, Project CHALENG, HPO

- The intent behind CHALENG is to make sure VA reach out to community partners to meet Veterans needs. 20-year project (organizing structure at local level to make sure community are involved).
  - Consistency Met: Core medical services; Unmet: Challenges that required partnerships that have no VA authority to manage directly.
- Reworked the survey and launched online; used the same 5 pillars/categories since inception. Maybe Veterans may have different perspectives. Added a narrative. Access to housing, not able to use HUD-VASH vouchers even in hand, access to employment more than part-time and minimum wage, credit repair, intent to purchase home, inner confidence.
- When has permanent housing not been the top10 unmet needs?
  - Jessica Blue-Howells' Response: – Permanent Housing fell-out since 10 years ago – since past 10 years has not been identifying the most top 10 need.

**April 3, 2019 - 12:40 – 12:50 pm: Homeless Veterans Community Employment Services Update**

Presenter: Carma Heitzmann, National Director, Homeless Veterans Community Employment Services, HPO

- Employment staff embedded into homeless program. Not another silo to get into. It is partnership dependent. You have to be dependent on other entities to assist with hiring Veterans and other resources (clothing for interviews, transportation, supplies, trainings) etc.

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- We have to seek outside the community. Bridge from VAMC, Veterans to resources to the community, thus, we use innovative practices and creativity to help Veterans get what they need to prepare for employment and return to workforce.
- Major focus strengthening our partnership with DoL (in particular HVRP). HVRP and DoL are not always perfectly aligned with communities with VAMCs, not always a perfect match and may not be close to where Veterans are residing. We serve as a bridge to those services in the community and we have collaboratively worked with USICH and DoL to present Webinars.

**April 3, 2019 - 1:45 pm – 2:00 pm: Health Care for Homeless Veterans Update**

Presenter: Dr. Keith Harris, National Director of Clinical Operations, HPO

- VA issued guidance to VA medical facilities, which outlined clear expectations for VA medical center participation in local coordinated entry systems. Expectations and responsibilities included facilitating VA's involvement in providing continuity of care for homeless Veterans between VA and community-based programs. The following expectations were included in the guidance:
  - Engagement and active collaboration with CoC on their collective plans to end Veteran Homelessness.
  - Community Case Conferencing Participation.
  - By-Name-List Participation.
  - Utilization of Assessment Tool.
  - Dedication of VA Resources to CES.
  - Data Sharing.
- The HCHV Program Office lead for the coordinated entry participation; calls with VA staff, CoC leads, Technical Assistance providers, and other community providers.
- In May 2018, the HCHV Program Office provided funding to VA Medical Centers for Coordinated Entry Specialist positions. These individuals served as the primary point-of-contact for the CoC(s) in their communities. As of February 2019, 65 of the 86 positions are filled, or -75% percent.

**April 3, 2019 - 12:50 pm – 1:05 pm: Community Resource and Referral Center (CRRC) Update**

Presenter: Dr. Keith Harris, National Director of Clinical Operations, HPO

- Unannounced mystery shoppers were trained to conduct the observation at 31 CRRCs to track how they are treated, obstacles they face, unconscious bias related to racial disparities, etc.
- The Veterans Bill of Rights was created and is being posted in all CRRCs to promote equal treatment and respect.

**1:05 pm – 4:00 pm: ACHV Annual Report and Recommendations**

Two Advisory Committee on Homeless Veterans Meetings were held in 2018 (April and September) which resulted in the following recommendations to the Secretary of Veterans Affairs (which were included in the




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[ACHV Annual Report](#)). VA provided a brief description of their written responses that supported their positions to Concur, Concur-in-Principal or Non-Concur on the recommendations.

<b>Recommendation #1: SECVA's Explicit and Public Support</b>		<b>VA Response</b>
1	Leverage your platform as VA's chief executive and spokesperson for VA's priorities to emphasize both the importance of preventing and ending Veterans homelessness and this effort's connection to VA's priorities	Concur
<b>2. Recommendation #2: Further Enhancement of VA's Programs and Policies</b>		<b>VA Response</b>
2a	Develop a User-Friendly Guide for Using Enhanced Use Lease Program	Concur
2b	Support VA's Effort to Allow for Enhancements in the Supportive Services for Veteran Families (SSVF)	Concur-in-Principle
2c	Make Resource Allocations Across Program Silos	Concur
2d	Lead on Achieving Equity in Outcomes Across Demographics Groups	Concur
2e	National Health Service Corps (NHSC) for Attracting and Retaining VA Employees	Non Concur
2f	Resumption of Veterans Benefits Upon Release of Incarcerated Veterans	Concur
<b>Legend</b>		
<b>Concur:</b> VA agrees with recommendation and will implement		
<b>Concur In Principle:</b> VA agrees with recommendation in concept, but is unable to implement		
<b>Non Concur:</b> VA does not agree with the recommendation and will not implement		

**Follow Up Items:** Listed below are responses to the follow up actions that were requested.

<b>Follow Up Items</b>	<b>Responses</b>
Promote more internally-focused messaging to: Socialize key messages with the field Public Affairs Officers to encourage them to emphasize key points related to Veterans homelessness	 OPIA_AI.docx
Provide ACHV Members with a copy of the DRAFT EUL Handbooks to review and advise if the updates are substantial enhancements and to provide edits, comments, etc	 OAEM_AI.docx
M21-1, Part III, Subpart V, Chapter 8, Section A - Effects of a Beneficiary's Incarceration on His or Her Department of Veterans Affairs (VA) Benefits	 VBA_AI.docx

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**4:00 pm – 5:00 pm: Closing Remarks**

Presenter: Jennifer Ho, Chair, VA Secretary's Advisory Committee on Homeless Veterans

- Review briefing materials (in advance) to understand how VA works internally and with its external community partners to assist its targeted population (Veterans experiencing homeless and those at risk of becoming homeless)
  - Delighted to see the diversity of experience of group and connection to various programs and services.
  - These two days will provide an opportunity to what has been done, what we learned, where headed and significant progress that is underway.
- 

**April 4, 2019**

**April 4, 2019 -- 8:00 – 8:15 am: Call to Order, Review of Agenda, Progress and Next Steps**

Presenter: Jennifer Ho, Chair, VA Secretary's Advisory Committee on Homeless Veterans (ACHV)

- Jennifer Ho asked Committee Members to share – “Why did they say yes to this Committee?”
    - Jennifer Ho stated she wanted to be close to this issue when she served in the Obama Administration and wanted to get closer again.
    - Charlie Hall stated he was Veteran and wanted to join to be a voice for rural community and to get the federal programs in place and work effectively.
    - Steve Como stated he has been working with Veteran homelessness for over 16 years and instead of complaining, he decided to join to be part of the solutions.
    - Dottie Guy stated she use to work for VA and witnessed many homeless Veterans not being able to access homeless programs in VA and wanted to make a difference.
    - Abraham Thompson, Jr., stated he was honored to be part of the group and stressed more needs to be done around prevention to catch Veterans before they fall into homelessness.
    - Sharon Green stated she has spent several years in military and the federal government and is honored to be a member of a committee that is working to end Veteran homelessness, but much work still needs to be done.
    - Tramecia Garner stated her reason for joining was personal because she has Veterans in her family. She stated its disheartening to see Veterans experiencing homeless, so she embraced the opportunity to give that voice and input.
    - Karl Calhoun stated he considered it an honor and immediately felt a sense of value for this committee. He believes in service, loves this country, feels there has been great progress in ending homelessness; however, we must not stop, because there is still more work to do.
    - Tammy Bellofatto stated it was an honor to be asked to serve homeless Veterans. She stated it is a wholistic approach and wants to be able to continue help make a difference.
    - Bilal Mustafa stated he had always helped people on the grassroots level. He served in the military along with his brothers, dad, and grandfather.
    - Jessica Venegas stated she believes this is a solvable problem and by looking at systems that work and those that do not, we can achieve our goals.
-

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**April 4, 2019 - 8:15 – 8:30 am: Introduction of Agency Presenters**

Presenter: Anthony Love, Senior Advisor and Director of Community Engagement, Homeless Program Office, Designated Federal Officer, ACHV

- In addition to introducing the federal partners, who were on the agenda to make a presentation, Anthony Love stressed the importance for stakeholders' engagement (local, state, and federal) because VA can't do this work alone.

**April 4, 2019 - 8:30 – 8:45 am: Agency Updates, United States Interagency Council on Homelessness**

**(USICH) Presenter:** Susan Pourciau, Policy Director, United States Interagency Council on Homelessness

- USICH, HUD, and VA leads review applications from communities (based on the guidelines outlined in the [Federal Criteria and Benchmark](#))
- USICH has Regional Field Offices that support communities by working with individually to sustain ending homelessness
- USICH supports the Mayors Challenge (comprised of 500 elected officials)
- USICH supports VA's implementations of programs and transformation efforts to help end homelessness among Veterans
  - SSVF -Diversion Prevention, Rapid Exits, Rapid Solutions (variety of innovative strategies that would be transferable to populations beyond Veterans).
  - GPD Transformation (looking at the data, different models, outcomes, length of stay, etc)
- USICH works closely with the Department of Labor because we understand the importance of employment once Veterans leave the military.
- USICH works with the Department of Defense - Transitioning Service Members (TSM) because we understand the importance of starting early with discussion and connection to VA, prior to discharge and access to housing stability; starting assessment and intervention sooner is a key.
- Despite our successes, challenges still exist, and we want to support VA in addressing equity, education, strengthening skills and capacity around disproportionate ratio of Veterans of people of color (who are 3 to 4 times more likely to become homeless than their white counterparts).
- Females who have experienced military sexual trauma are more likely to become homeless.

Jennifer Ho asked the group, "If the Secretary of Veterans Affairs was here what would you ask for?"

- Use research data/outcomes to make program enhancements.
- Increase emphasis on utilization of HUD-VASH across all communities.
- Early intervention/prevention is critical. Overloading the expansion of SSVF may be too much. Perhaps, consider HUD-VASH light- vouchers plus HUD-VASH for Other Than Honorable.
- HUD-VASH Continuum (Pilot in San Francisco, New York, Minnesota)– VA has agreed to allow some vouchers and CoC will provide the supportive housing.
- Less competing policy priorities (HUD NOFA dings for using too many dollars toward services, however, communities are told to be creative).
- More promotion of [Home, Together \(Federal Strategic Plan\)](#) to carry the message that we can end Veteran homelessness across populations and show success with Veteran homelessness. It would offer a great opportunity for bright spotting for what has already been successful.



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- More interagency work with program directors and policy staff because they do great work and, that is where majority of the engaging discussions take place that result in changes.
- In past Administrations, VA and HUD Secretaries have had meetings and phone calls. It would be good to expand these conversations in the future.
- Expand the discussion VA and DoD are having on the tool to assist TSM to identify housing and other issues to include HUD. DoD is sharing data and information through data sharing agreements, tracking systems, and warm handoffs; however, the data does not show many TSM reporting housing issues. -
- Transition from DoD to VA is somewhat broken. If we can get transition right, we can prevent some potential future issues. More emphasis needs to be placed on the Veteran's family during the Transition Assistance Program.

**April 4, 2019 - 8:45 - 9:00 am: Agency Updates, Department of Health and Human Services (HHS)**

Presenter: Emily Rosenoff, Acting Director, Division of Long-Term Care Policy

- HHS typically fills in assistance for Veteran who choose not to access VA service or are found to be ineligible for VA services.
- State Health Providers work with housing providers and offer targeted technical assistance to number of State Medicaid Agencies and partner with Public Housing Authorities (who assist chronically homeless individuals and others in institutions, who states thinks can do better in community).
- HHS would be interested having a discussion on how VA and HHS could build a partnership to meet the housing and medical needs of the Geriatric and Aging homeless Veteran population and those individuals with opioid use.

**April 4, 2019 - 9:20 am – 9:40 am: Agency Updates, Department of Housing and Urban Development (HUD)**

Presenter: Norm Suchar, Director, Office of Special Needs Assistance Programs

- The rise in the number of unsheltered counts on the West and other locations contributed to the recent Point-in-Time (PIT) Count. HUD is working with about 10 cities (Los Angeles, San Diego and San Francisco, etc) to help understand what is working and what is not for planning purposes.
- Recommendations for VA include continually to build strong interagency working relationships, prioritize staffing needs, partnerships on Rapid Rehousing institutes, joint technical assistance training.
- VA inquired about the status of the Bidirectional Data Agreement between VA and HUD. HUD agreed to check on the status and get back with VA.
- HUD is working on encampments; however, they are not very far along in knowing what to do in this area.
  - Encampments come in many different dynamics. Heavily focused on law and code enforcement and does not appear to be very productive.
  - Folks tend to just relocate to a new encampment.
  - Looking at public health implications of encampments
  - VA is working on rapid resolution and interested and looking at different outreach models.
- Jennifer Ho asked from HUD's perspective, what's the quality of Strategic Decision and Coordination Team (SDCT) problem solving entity (related to VA staffing and VA subcontracting)
  - Norm Suchar stated the SDCT Meetings are still strong and operationally focused.
  - There continues to be a challenge on improving HUD-VASH as a direct result of hiring and staffing competition in the CA area.

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**April 4, 2019 - 9:40 am – 9:52 am: Agency Updates, Department of Education**

Presenter: Shaina Hilsey, Special Assistant to Assistant Secretary for Elementary and Secondary Education

- Frank Brogan (Assistant Secretary for Elementary and Secondary Education) will serve as the new Chair of United States Interagency Council of Homelessness.
- In November 2018, the Department of Education (ED) cleared and National Center for Homeless Education (NCHE) posted an interagency collaboration brief on ED and the Department of Labor's programs serving homeless youth and young adults: <https://nche.ed.gov/wp-content/uploads/2018/11/labor-ed-collab.pdf>
- In December 2018, the Department cleared and NCHE posted a 2-page "fact sheet" on Housing and School Partnership on the Point in Time Count: <https://nche.ed.gov/data-collection/>  
In addition, NCHE posted a crosswalk of CoC's and aggregate Local Education Agency homeless student enrollment data from the 2016-17 school year (including primary nighttime residence and demographic subgroup counts) at <https://nche.ed.gov/housing/>
- In December 2018, ED released two products related to homeless children and youth at the beginning and end of the K-12 age continuum:
  - Early Childhood Homelessness 50 State Profiles (2018, taking over from the U.S. Department of Health and Human Services who issued them in 2016 and 2017; the 2019 issue is currently in ED clearance)
    - <https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles.pdf>
  - A homeless youth college transition toolkit that puts ED's Federal Student Aid, program and other national TA resources in one document:
    - <https://www2.ed.gov/programs/homeless/want-to-go-to-college.pdf>
- At the program level, ED has cleared and NCHE has released several products to improve program implementation, including the following:
  - State Plan Summary and Spotlights: <https://nche.ed.gov/wp-content/uploads/2018/12/M-V-in-ESSA-State-Plans-Style-2.pdf>
    - Extra-Curricular Transportation: <https://nche.ed.gov/wp-content/uploads/2018/12/extra-curr-trans.pdf>
    - SY 2016-17 Federal and State Data Summary with Three-Year Trends: <https://www2.ed.gov/programs/homeless/performance.html>
  - The Department would like to emphasize that the Every Student Succeeds Act of 2015 requires all State and local education agencies to report on homeless student achievement in reading, math and science as well as graduation rates for 4-year, and 5 or 6-year extended rates for students who were homeless at any point during these periods.
  - ED would like to make national performance measures from new adjusted cohort graduation rate and chronic absenteeism data on students experiencing homelessness and help support the national Education Leads Home campaign aiming for a 90% graduation rate by 2030.
- Jennifer Ho stated that the Department of Labor made a concerted effort for TSM such as TRIO, Upward Bound
  - John McLaughlin's Response: College toolkit for unaccompanied youth and student aide. For TSM or Veteran specific – the Department of Labor works with post-secondary education and employment. Student support funding grant can assist with housing. Information is sent to state coordinators and liaisons send information SSVF, etc.

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**April 4, 2019 - 9:52 am – 10:35 am: Agency Updates, Department of Defense**

Presenter: Yashika Neaves, M.Ed. Policy & Communications Strategist, DoD, Transition to Veterans Program Office

- Military Members are required to go through Transitional Assistance Program (TAP)
  - 200,000 military members a year
  - 1,300 identified not having an adequate housing plan
- Title X Amendment – active duty requirements from a 90-day to 365-day turnaround to engage in TAP. Separation of active duty provides adequate time for transition and it is documented through their E-form.
- 7 risk factors identified for being at risk of homelessness are included in the toolkit and provides clearer criteria to command centers of risk factors are currently in the development for implementation in 2020. This will set forth a new way to capture domains (Mental Health, Housing, etc). A tool was created and will be ready for draft release this summer. EO1382 – Community Integration and capture best practices.
- Tramecia Garner inquired if DoD will have conversations with commander regarding the importance of knowing what these benefits are and how to share with service members.
  - Yashika Neaves stated there is a proposed Senate Armed Services Committee (SASC) Bill where the DoD - commander climate assessment would be given training to understand the implications of discharge statuses. If passed it would mandate the command climate assessment include the extent to which commanders and other command personnel at the installations encourage and support the participation in transition assistance programs of eligible Service members. It would also require military installation commander training on transition assistance programs available to Service members assigned to the installation. This includes TAP, amongst other transition programs as well as those designated by the Secretary of Defense.
- Tramecia Garner added If we can get transition right, we can prevent some potential future issues. The Veteran's family also needs to be considered during TAP. More emphasis needs to be placed on the Veteran's family. Ms. Garner asked if the 365 days was mandatory? Ms. Neaves, stated it just passed in August of last year. It does allow time for implication – rollout scheduled for October 2019. Servicemembers will be asked whether they have a place to stay in 90 days, hotel or motel stay or safe place. We refer servicemembers to partners and Veteran with a phone call, face to face, or referral to a transition counselor onsite.
  - We work with services on the ground and we receive feedback from the Inspector General to ensure these are taking place. Constant communications on how to improve these services and we make process clear cut for commanders. It is the services responsibility to transition service member.
- Jessica Venegas inquired what is DoD doing to ramp up housing resources?
  - Yashika Neaves' Response: VA and DoL are partners and assist with warm handovers to housing resources. In addition, she mentioned, Military Transition Counseling – At 365 preparation, counseling is mandatory. After they complete this process, there is a host of other steps in TAP. Once they complete all the components, they go to Capstone and then the commander sits with them to complete warm handover.

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- After a general discussion, it was suggested that DoD consider including HUD in the warm handover discussions.
- Richard Cho mentioned in the military culture, it may uncommon to discuss needs/deficits (particularly the housing and financial literacy).
  - Yashika Neaves' Response: The TAP curriculum and participant guides, which Service members receive while on active duty, are available on a public platform for Veterans, family members and caregivers:  
<https://jko.jten.mil/courses/tap/TGPS%20Standalone%20Training/start.html>
  - The curricula topics are located in the Transition Overview/Resilient Transitions (TGPS-US001), Personal Financial Planning for Transition (TGPS-US003), and VA Benefits I & II (TGPS-US006); the participants guides are located near the top of the JKO link (noted above). Amongst several topics discussed during the military to civilian process, the TAP curriculum covers financial factors associated with transition, to include housing considerations and resources.
- Males had a higher inadequacy rate around housing than female Veterans. Longitudinal study will hopefully capture what was identified as risks of homelessness. Susan Lee inquired if the Capstone was a self-study.
  - Yashika Neaves' Response: Every year they have Inspector General inspections and servicemembers can attend more than once.

**April 4, 2019 – 10:35-11:15 am Federal Advisory Committee Act (FACA) 101 Training**

Presenter: Jeff Moragne, Director, Advisory Committee Management Office (ACMO)

- Federal Advisory Committee Act is a Federal statute that governs the establishment, termination, and management of Federal Advisory Committees that are enacted to promote openness and transparency and to regular the number and duration of the committees. A brief description of the VA Advisory Committees can be found in Appendix B of the [VA Committee Handbook](#).
- Quorum for meeting and Quorum for voting is half (about eight members for this group). If no consensus, majority rules.
- Subcommittees do not need to be public, do not have to have quorum. Subcommittees report to parent committee and subcommittee may have outside partners.
- Federal Advisory Committee Requirements include: signed/filed Charter; Designated Federal Officer; public meetings; balanced membership to ensure diversity in skills, experience, and demographics; and records maintained and available for public inspection.
- You can speak about Federal Advisory Committee matters only in your personal capacity; however, you should clarify that you are providing your own opinion and not on behalf of VA or the Federal Advisory Committee. As a courtesy, please info the Designated Federal Officer (in advance).
- Federal Advisory Committee Best Practices include:
  - Master Your Calendar: Plan 18 months in advance
  - Know Your Role: Read the [Charter](#) and [Committee Handbook](#)
  - Subcommittees: Establish to do the heavy lifting on research and draft recommendations
  - Meeting Mechanics: Dedicate time to see how they connect to the draft recommendations
  - Cross Committee Collaboration: Engage with other Federal Advisory Committees

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- Smart, Measurable, Actionable, Realistic, and Time-bound (SMART) Template: Use it to achieve better results with the recommendations
- VA Library Services: Use this service for data and information searcher
- Subject Matter Experts: Recommend stakeholders for the Committee to engage
- Annual Field Visits: Conduct field visits, Capital Hill Meetings, etc
- FACA and Ethics Questions: If you have questions or concerns, contact the Designated Federal Officer, ACHV (Anthony Love) and the Alternate Designated Federal Officer, ACHV (Leisa Davis) and they will reach out to one of the 12 Designated Ethics Counselors.

**April 4, 2019 11:15-11:35 am Ethics Training**

Presenter: Carol Borden, Attorney, Ethics Specialty Team Office of General Counsel

- Office of Ethics for VA, is a centralized and virtual team comprised of 12 attorneys
- Federal Advisory Committee Members are appointed to serve not more than 130 days during any 365-day period.
- Familiarize yourself with the roles and responsibilities of a Special Government Employee (SGE) by reviewing the items (outlined in the Ethics sections of the Committee Handbook and the Ethics presentation)
- The following two main prohibitions associated with the 14 Principles
  - Do Not Use Your Public Office for Private Gain
  - Do Not Give Unauthorized Preferential Treatment to Any Private Organization or Individual
- Seek advice (in writing) prior to taking action
  - If you have questions or concerns, contact the Designated Federal Officer, ACHV (Anthony Love) and the Alternate Designated Federal Officer, ACHV (Leisa Davis) and they will reach out to one of the 12 Designated Ethics Counselors to seek advice

**April 4, 2019 - 11:35 am – 12:00 pm: National Alliance to End Homelessness (NAEH)**

Presenter: Nan Roman, President and Chief Executive Officer, National Alliance to End Homelessness

- SSVF and Rapid Rehousing seems to be working well. VA has done an exceptional job in defining standards and providing technical assistance training. Outcomes were favorable. Rapid Resolution Pilot (7% avoided homelessness).
- Veterans are still getting 6% more capita than rest of homeless population. After looking at 50 jurisdictions with the highest homeless Veterans, they were hopeful things would be doing better given the amount of resources. It is important to elevate those places in which numbers are going up.
- When homelessness was a priority, great work was done. More special attention is needed around unsheltered, because it is not trendy the way it needs to go.
- It was an alarming observation that unsheltered scored twice as high as sheltered, more than ½ tri-morbid. Unsheltered women are more likely than to be homeless than men. Unsheltered (spent 3 or more years being homeless) and there is no geographic breakdown. They need immediate shelter; however, in most cases, it is too difficult to find them.
- Other data include barriers in shelters and outreach programs include:
  - Shelter commitments night by night
  - Do not allow pets

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- Do not see outreach has pathways to housing
  - Issues emerging amongst the aging homeless population (physically elderly at age 50-55). They population is not eligible for resources until they reach their 60s.
  - Research Paper that contain administrative data from LA, Boston, and NY:  
<https://www.aisp.upenn.edu/aginghomelessness/>
- Richard Cho stated outreach workers were funded in his state. He suggested that research be done to look at the ratio between outreach workers and shelters
- Jessica Venegas stated communities are still having challenges around GPD and there are not always incentives to move people on.

**April 4, 2019 - 1:00 pm – 1:25 pm: Suicide Prevention Update**

Presenter: Keita Franklin, LCSW, PhD, Executive Director, Suicide Prevention

- Preventing Veteran suicide is one of VA's top priorities.
- VA developed the National Strategy for Preventing Veteran Suicide (framework for identifying priorities, organizing efforts, and focusing on Veteran suicide prevention).
- We focus on high-risk and low-risk efforts to provide a preventative focus to this public health problem because multiple systems need to work in a coordinated way to reduce suicide rates among Veterans early before they reach this crisis point.
- Research shows about half die from suicide have a mental illness and half do not. There is some correlation between homelessness and suicidality.
- Age 18-34 of highest suicide rate among Veteran homelessness are female Veterans (1.8 higher rate than their non-Veteran counterpart)
- There is data to support the timing of when they discharged and event of suicide. Veterans are ending their life of suicide during the first 90 days then steady, then rises up again for the rest of year.
- More involvement with peers, family and the community are needed.
- Racial demographics (lower suicide rate within African American women have very low rate; higher rate for native American/Indian, lower rate for Latinos Veterans).
- Risk and personal data may be important for information purposes; however, it contains PII and protected/confidential and commanders may be redundant to share.

**April 4, 2019 - 1:25 pm – 1:50 pm: Veterans Advisory Committee on Rehabilitation Update**

Presenter: Latrese Arnold, Designated Federal Officer, Veterans Advisory Committee on Rehabilitation

- The objective of the Committee is to consult with and advise the Secretary of Veterans Affairs on administration of Veteran's rehabilitation program under Title 39, United States Code.  
The Committee is comprised of members with diverse professional and personal qualifications: experience in military service, military deployments and transition service, direct/indirect services, and work on large complex organizations.
- 2017 Recommendations
  - Remove the word "handicap" and replace it with "Veterans with disabilities" in all legislation and regulations addressing the needs of Veterans
  - Provide cross training between sub-agencies (VBA, VHA, and NCA) who may be serving the same Veteran to provide a clear understanding of the full range of programs and services offered VA.

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**Washington, DC 20420**

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- 2018 Recommendations
  - Collaborate with VHA to provide annual Refresher Training for Suicide Prevention to all VR&E staff to include how to recognize the signs and symptoms of suicidal behavior, intervention, stops for prevention. In addition, training will be made available to Veterans' communities, families, and partners.
- 2019 Goals
  - Review new VA programs relevant to Vocational Rehabilitation
  - Collaborate with interagency, intergovernmental, private/non-profit community, and faith-based organizations to identify and address gaps in services
  - Receive input from customers, partner, and stakeholders
  - Conduct one virtual committee and two face-to-face meetings, one site visit
  - Provide Ethics training to new members
  - Conduct and/or participate in at least Advisory Committee briefings
- The following items were noted as future discussions between VR&E and HPO Designated Federal Officers and their Subject Matter Experts:
  - Explore what services may potentially overlap with HUD-VASH and VR&E
  - Consider possibly including homelessness as an eligibility factor for being approved for VR&E
  - Provide information on VR&E's independent living program
  - HPO participate in a future Advisory Committee Meeting as a presenter

**April 4, 2019 - 1:50 pm –2:15 pm: Geriatrics and Gerontology Advisory Committee**

Presenter: Alejandra M. Paulovich, Designated Federal Officer, Geriatrics and Gerontology Advisory Committee

- The Committee was created in 1980, and is mandated by statute (Title 38 USC, 7315) is to advise the SECVA and USH on all matters related to geriatrics and gerontology. It was created due to challenges VA began facing with the aging of the WWII Vets. The growth of this population and their need for care for complex health issues really helped reinforce the need for this committee.
- The Committee has 11 members, 1 ex-officio member that meets with 20 Geriatric, Research, Education, and Clinical Centers (GRECCs). It meets twice a year in Washington, DC and conducts 4-5 site visits a year. From these meetings and site visits, GGAC develops a set of recommendations to the SECVA by the end of each calendar year.
- The committee's next meeting is scheduled for April 10-11 in Washington, DC. They will be meeting with VA's Chief of Staff, Ms. Pamela Powers and VHA's Chief of Staff, Mr. Lawrence Connell and VHA's MISSION Act Lead. In addition, they will receive an update from GEC leadership on the Quality of VA CLCs.
- Last Fall, GGAC sent the following general recommendations to SECVA. VA's response to these recommendations are pending as they are still being vetted through the concurrence system.
  - Support for the establishment of a new GRECC with a national focus on long term care.
  - Establishment of a CLC Quality Work Group to examine the quality of VA CLC's.
  - Utilization of data from Geriatrics and Extended Care Analysis Center for the purposes of projecting the needs and future demand of VA services.

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- This year, the committee also held a special meeting to revisit their CLC concerns and to deliberate publicly over a set of characteristics they believe would make a successful GEC leader.
- Question: The Committee expressed an interest in hearing how Geriatrics and Gerontology Advisory Committee identifies or flags older Veterans who are at risk of being homeless.
  - Alejandra M. Paulovich's Response: She will check with her colleagues. It is her understanding, if an older veteran is identified as at risk, that they will work to place them. If there is a gap identified, perhaps the GEC and the VHA homeless program office can engage in discussions to collaborate and develop a process.

**April 4, 2019 - 2:15 pm – 2:30 pm: Agency Updates, Department of Labor**

Presenter: Ivan Denton, Director, Office of National Programs Veterans' Employment and Training Services

In FY 19, Homeless Veteran Reintegration Program (HVRP) appropriation is \$50M. After new award in June 2019, over 160 grantees across the US will provide employment related services and support. Grantees collectively served over 18,000 homeless Veterans last year with 66% job placement

- Funding capped at \$500,000 per grantee
- FOA released HVRP competition with new awards of almost \$13.5M to new grantees
- \$35.5M to be awarded to second- and third-year grantees
- Over the last few years, grantees co-enroll homeless Veterans at the nearest American Job Center
- Over 2,400 locations across the US provided career services to 295,228 Veterans last year.
- 74% of the 18,000+ veterans served last program year are enrolled at an American Job Center, which allows those homeless VETS access to additional training programs, employment counselors, and staff who encourage employers to hire veterans
- DOL VETS Jobs for Veteran State Grants (JVSG) funds allowed States to deploy 567 Local Veteran Employment Representatives (LVERs) and 1,378 Disabled Veteran Outreach Program Specialists (DVOPs). DVOPs served 99,296 of the overall number served last year (about 34% of 295,228)
- Anthony Love mentioned the role employment plays within a coordinated entry system. NCHV provides great technical assistance to HVRP. As they grow overtime, they can be better coordinated.
- Ivan Denton mentioned 61% of Veterans in workforce are Post-911.
- Kathryn Monet inquired how the Department of Labor uses data and allocates its grants.
  - Ivan Denton's Response: Even if communities end veteran homelessness, we do not want fundamental services to be taken away because it would have to be sustained.
  - Gold Card for Veteran – V&RE or Post-911 could expand programming in V&RE if homelessness was considered in meeting criteria.



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**April 4, 2019 - 2:30 pm – 3:00 pm: National Coalition for Homeless Veterans (NCHV)**

Presenter: Kathryn Monet, Chief Executive Officer, National Coalition for Homeless Veterans

- The following key points were highlighted for the group's future considerations:
  - Have VA Senior Leaders (Secretary and VA Medical Center Directors) publicly message the importance of ending Veteran homelessness
  - Since data and partnerships continue to be important, consider what we could do we do with the data to influence meaningful work between partners.
  - Legislation changes
    - HVRP Expansion
    - GPD Case Management
    - Mission Act

(Suggestions were raised to consider how *sending Veterans out to the community for care could have them potentially missing the integrated care provided by VA especially through the clinical reminders*).
  - HUD-VASH Vacancies
  - (Suggestions were raised to consider *looking at the staff positions within community that work directly with Veterans and reconsider lifting the licensed social work component for some positions*)
  - Capital Asset Review of Medical Facility
  - (Suggestions were raised to consider *taking a look at the places that may have the capacity, land, and infrastructure that could potentially develop housing opportunities for homeless Veterans*)
  - Pending Legislation
    - HR1750 Make SSVF Permanent – Pending Bill
    - Additional funding for Veterans Justice Office to support legal services
    - HR95 – Allow GPD to pay 50% rate for spouse or child
    - Another bill for complete funding for spouse/child
    - Appropriation Bills being drafting (NCHV approximately \$400 million for SSVF) – a little less maintain number of grantees, little less subsidy
    - GPD flat funding but asking for consideration for a supplement to get all grantees into HMIS
    - Increase in per diem rate by model in GPD
    - Approximately \$100 million for HVRP –

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**April 4, 2019 - 3:00 pm – 5:00 pm: Committee Deliberations**

This portion of the meeting was closed for VA Secretary's Advisory Committee on Homeless Veterans Member Only.

**SUMMARY OF VOTES:**

N/A

**SUMMARY OF COMMITTEE REQUESTS FOR INFORMATION AND RESPONSES:**

The Homeless Program Office will work the appropriate points of contact to acquire the responses to the follow-up action items and share them with the Committee.

**ADJOURNMENT**

Jennifer Ho thanked all those who participated and attended the Committee meeting.

The meeting adjourned at 5:00 pm on April 4, 2019.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

  
\_\_\_\_\_  
Jennifer Ho  
Chair, Advisory Committee on Homeless Veterans

These minutes will be formally considered by the Council at its next meeting, and any corrections or notation will be incorporated in the minutes of that meeting.

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