

**Virtual VA Secretary's Advisory Committee on Homeless Veterans (ACHV) Virtual Meeting**  
**April 5, 2022**  
**12:00-4:00 pm (EST)**  
**Meeting Minutes**

The Advisory Committee on Homeless Veterans (ACHV) convened a four-hour public meeting, which primarily focused on programmatic updates from our Federal partners on April 5, 2022.

**Committee Members Present:**

Jennifer Leimaile Ho, Chair, ACHV; Commissioner, Minnesota Housing  
Tammy Bellofatto, Executive Director of Bayaud Enterprises  
Brad Bridwell, Director of National Operations for Cloudbreak Communities  
Tramecia Garner, LPCC, Chief Operating Officer and Housing Director, Swords to Plowshares  
Sharon Green, Founder and Chief Executive Officer, Alethes Consulting Group, LLC  
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 for Strategic Partnerships, Community Solutions International  
Brandon Wilson, Director of Veterans Services of the Carolinas

**Committee Members – Absent**

Karl Calhoun, Director, Enterprise Development, Volunteers of America

**Ex Officio Members - Present**

William B. Ashton, Military Veteran Agricultural Liaison for the United States Department of Agriculture  
Detra Giles, Assistant Director, Outreach and Stakeholder  
Engagement, Office of Field Operations, Veterans Benefits Administration (VBA)  
Yashika D. Neaves, Ph.D., Policy & Communication Strategist, Department of Defense (DoD) Military-  
Civilian Transition Office  
Jeff Olivet, Executive Director, United States Interagency Council (USICH)  
Emily Rosenoff, Director, Division of Long-Term Care Policy, Department of Health and Human  
Services (HHS)  
Norm Suchar, Director, Office of Special Needs Assistance Programs, Department of Housing and Urban  
Development (HUD)  
Greg Crawford, Correctional Program Specialist, National Institute of Corrections (NIC), Department of  
Justice

**Ex Officio Member - Absent**

Ivan Denton, Director, Office of National Programs, Department of Labor (DOL)  
(Ivan notified that he would be unable to attend)  
John McLaughlin, Department of Education (ED)

**Committee Support Staff Present:**

Anthony Love, Designated Federal Officer, ACHV, VHA Homeless Program Office (HPO)  
Leisa Davis, Alternate Designated Federal Officer (DFO), VHA HPO  
Holly Hirsell, Senior Community Engagement Coordinator, VHA HPO  
Heather Monroe, Grants Management Specialist, National Grant and Per Diem Program, VHA HPO  
Angel Wong, LCSW, Homeless Program Manager, Canandaigua/Rochester (Detail, VHA HPO)

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**\*Additional attendees may present for a portion or all of the meeting and/or attend for situational awareness.** 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:

Jill Albanese  
Spencer Bell  
Susan Black  
Danica Bogicevic  
Joseph Brooks  
Alohalani Bullock-Jones  
Jelessa Burney  
Richard Cho  
Karen Cinibulk  
Leigh Cordeiro  
Rich DeBlasio  
Monica Diaz  
NaShid Dickerson  
Steve Dudasik  
Jen Elder  
Tracy Emmanuel  
David Gonzalez Rice  
Carma Heitzmann  
Sharon Hodge  
Dina Hooshyar  
John Kuhn  
Shawn Liu

Ally Logsdon  
Kristin Lupfer  
Ashley Mann  
Jean-MichelGiraud  
Julie Montoya  
Veronica Morawek  
Lauren Mosteller  
Laila Ouhamou  
Quandrea Patterson  
Gina Rendina  
Sean Read  
Ari Rogers  
Joe Savage  
Sean Shields  
Marcy Thompson  
Susanne Tribble  
Chelsea Watson  
Jillian Weber  
Jonathan Whitted  
Tamara Wright  
Tess Wryzesinski

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**12:00-12:10 pm EST: Call to Order, Welcome/Opening Remarks, Introduction of Members, Review of Agenda**

**Presenter: Jennifer Ho, Chair, ACHV**

- Review of Agenda for the April 5<sup>th</sup>, 2022 Meeting
- Two members departed (Jeff Johnson and Kimberley Mitchell)
- Open nominations process has begun, and applications are due April 8<sup>th</sup>, 2022 at 5:00 pm EST (We encourage you to apply – If you are interested)
- Introductions of Members and VA Team: Kathryn Monet, Bilal Mustafa, Jessica Venegas, Sharon Green, Tammy Bellofatto, Tramecia Garner, Brandon Wilson, Brad Bridwell, and VA Team -- Monica Diaz, Anthony Love, Leisa Davis, Holly Hirsell, Heather Monroe, Angel Wong, Jill Albanese

**12:10-12:20 pm EST: Welcome Remarks**

**Presenter: Monica Diaz, Executive Director, VHA Homeless Programs Office**

- Top efforts, new goal to permanently house no less than 38,000 Veterans in calendar year 2022.
- 5% increase from FY 2021, focus on ending Veteran homelessness. Housed over 4,000 so far this year calendar year.
- PIT count was published and not total as in previous years, in process of analyzing data. Looking forward to PIT count next which will be full count.
- USICH Collaboration – working groups around prevention and strategies as the CEO - Co-chair.
- Budget – most recent President's budget should be increased for FY 2023, CARES funding, ARP funding \$486 million, Megabus \$85 million, regular President budget \$1.4 billion for FY 2022 and increase to \$1.9 billion for FY 2023. Not signed into law yet and currently under review.

Questions/Answers

- Tramecia Garner – The 4,000 housed thus far, is that only through HUD-VASH or others? The 38,000 will be from all programs. The 4,000 is from all programs - GPD, SSVF, etc. This goal is for the calendar year January – December 2022. Each VAMC has a goal to reach.

**12:20-12:25 pm EST: Welcome Remarks and Introduction of the Secretary's Video**

**Presenter: Anthony Love, Designated Federal Officer, ACHV**

**Director of Community Engagement and Senior Advisor, VHA Homeless Programs Office**

- Still receiving nominations until April 8<sup>th</sup>, 2022, by 5pm EST. We would like to include more Veterans with lived experience nominated on the Committee.
- SECVA Video introduced

**12:25-12:30pm EST: [Secretary of Veterans Affairs Video](#)**

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**12:30-12:45pm EST: Federal Collaboration – Joint Statement Updates**

**Presenters:**

**Joe Savage, Ph.D., Regional Coordinator, USICH**

**Richard Cho, Ph.D., Senior Advisor, Housing, Services, HUD**

**Jill Albanese, Director, Business Operations Team, VHA Homeless Programs Office**

- Joint Statement – federal approach, USICH, HUD, VA strategies and benchmarks, begin to look at outcomes, to meet monthly to review progress. The next review is at the USICH policy meeting in May 2022 which will reflect progress, this will be presented to Secretary Fudge and Department of Veterans Affairs, Secretary McDonough.
- Role of Leadership – leadership matters, and their investment is critical, getting back to SEC meetings as in past. Prevention will be a focus as well as equity, affordable housing, and ending homelessness a priority again. [Joint Statement](#)
- Highlighted strategies – 6 pillars --; targeted tech assistance in high priority areas with special emphasis on LA; accelerated housing placement; Housing First approach; strong landlord and housing navigation engagement; reaching underserved Veterans, use of telehealth for example, Legal Services grant program; affordable housing and increasing housing stock through HUD; Preventative services, focusing on recidivism or “return to homelessness” numbers.

**Questions/Answers**

- **Strategies for recidivism?** Case managers to provide services, ease to get services, training with justice staff for diversion, expansion of shallow subsidy and, rapid rehousing programs.
- **How do communities get recognized?** More coordination of programs and services, if a VA is on goal, then it would augment community work, communities still being recognized by USICH and this work would augment that as part of the VA goal; the federal goal and criteria and benchmarks may include prevention in the future – more to come.
- **Partnering with nonprofits and TSM work?** nonprofits are important and a part of the strategies development process and VAMC are encouraged to work with continuums of care; VBA is focusing on 365 before and after transition; broad outreach campaigns.
- **Shallow Subsidy will be ongoing then?** Expansion using ARP funds and we hope to make it permanent.
- Employment
- **Aging and SUD support services to keep Veterans housed:** partnering with GEC and use of ARP funds for additional geriatric specialized staff in homeless programs; MH and SUD – MH staff working with SSVF and housing navigators are being explored and expanded. Norm Suchar added about changes to regulations upcoming, may go into institutional care but do not need to be dropped from the program, subtle nuance but important distinction and can ensure housing is still available to them.

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**12:55-1:20 pm EST: Leadership Transition**

**Presenter: Jeff Olivet, Executive Director, USICH**

- Federal Strategic Plan includes 500 people with lived experience input; commitment to ending homelessness, SECVA is chair of USICH Council beginning in June 2022, The HUD Secretary was previously the vice-chair this past year. The goal is ambitious but achievable at 38,000. Increase goals of prevention. In Los Angeles, 206 exit but 230 enter homelessness – upstream work will be important; committed to racial equity for African and Native Americans. Lived experience is critical to involve; real-time data around homelessness needs to improve in order to deploy resources; evidence-based practices need to expand.

**Federal Strategic Plan Update**

**Presenter: Marcy Thompson, Director, Policy Initiatives, USICH**

- Plan is a blueprint and roadmap; what they heard: not enough housing or does not align with needs, needs of subpopulations not being met but should be siloed or pitted against each other, narrative misconstrues evidence and leading to more negative attitudes re homelessness, this is also leading to more laws and policies criminalizing homelessness, racism and bias lead to disparities both for those who show up for help and for those served, authentic engagement is needed, Person-Centered approaches are needed like harm reduction, separate goals for key subpopulations are not necessary but tailored approaches for those subpopulations in groups is important.
- Plan to be ready by summer and implementation can begin. There are 6 key areas. Whole government approach. Grounded in equity. Ensuring the use of data and evidence to inform decisions and expand the successes of our collective efforts. How to improve data infrastructure? How to improve or increase opportunities for data sharing?
- Collaboration and meaningful engagement are important as well as broad buy-in.
- Prevention by definition means “upstream” and “slowing down inflow” into systems that are already oversaturated. Shoring up safety nets, especially for those aging out of foster care and getting out of jail/prison. Context matters – not all communities have the same dynamics or resources. Removal of barriers and review of program rules and regulations that may make it more difficult for homeless providers to work efficiently. Diversion practices are integrated at the “front door” to help resolve crises asap. Last key part of the plan – It isn’t enough to get people housed but making sure people remain housed. The plan is a reflection of the current and best thinking. The goal is to get a plan out and then implement it.

**Questions/Answers**

- Increase of TA or offered? Yes, provide funding or make current funding work more efficiently for training. Jeff Olivet added – aligning existing resources and rethinking how existing funding streams can be better used for homelessness work/better connected. Encourage more private dollars to help in communities. Not just working on “exiting” homelessness target but pair that with reducing the “inflow” or prevention.
- Will this plan also include the input of individuals who are front line staff assisting Veteran in getting housed and staying housed? Absolutely, the input process includes many direct services staff.

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**1:35-2:00pm: House America**

**Presenter: Richard Cho, Ph.D., Senior Advisor, Housing and Services, HUD**

- SECHUD signature initiative; review of homelessness trends; driven by resource shortages, flood of new resources with ARP funds.
- All hands-on deck, mayors, city and county leaders, tribal, governors' commitment and national partnership. Launched September 2021
- 2 goals – How many are going to transition into housing? How many additional housing units will they create?
- 15 months. Monthly webinars and office hours/technical assistance to help those who sign-on. Success stories are being sent in. website and email shared. [https://www.hud.gov/house\\_america](https://www.hud.gov/house_america) and [houseamerica@hud.gov](mailto:houseamerica@hud.gov)
- Mayor's Challenge – trying to harness the same energy as that previous challenge.

**Questions/Answers**

- Messaging: All population approaches.
- What information is being provided to communities – seems like an opportunity to work together on HUD and VA goals? Community specific information and Veteran focus will be part of sessions and collaboration on webinars. Monthly for all hands calls. HUD, VA, PHA and CoC collaborations for Veterans.
- Are links to information available? Yes, slides will be shared and offer to connect with Oakland points of contact for more info.
- VISN 21 is requesting info on communities involved or not yet involved so Network Homeless Coordinators (NHC) could help. Which communities are committed to dedicating new housing?
- Looking at regional approaches in areas that are more transitory given the geographies. A number of the leaders have signed on with their regional partners in a county, council of governments, etc. Some set collective goals or pooled some of their funds. Encourage and spotlight those collaborations.

**2:05-2:15pm EST: Special Needs, AHAR, PIT Updates**

**Presenter: Norm Suchar, Director, Special Needs Assistance Program, HUD**

- Youth homelessness demo program Notice of Funding Availability (NOFA) is out. Rural areas are especially requested to apply.
- Continuum of Care (CoC) NOFA will be out in May or June. Due in September. Award announced in the winter.
- Funding from Congress – enough to fund renewal projects and some fair market rents increases.
- Domestic Violence funding including trafficking survivors– rapid rehousing for victims of violence – NOFA to be out soon.
- Additional funding opportunities may be available.
- CoC program change – inclusion of Tribes and tribal designated housing entities on tribal lands/reservations, we can now partner with Tribes more than in past.
- COVID Emergency Solutions Grants (ESG) funding – expenditure of 80% by end of March, most people won't make that deadline. Everyone gets a pass and there will be a different deadline – more on that when available.
- Regulations for comment – including Emergency Solutions Grants and continuing care regulations – to come out and folks can share their comments with HUD. Comments are taken seriously and incorporated as much as possible. Next year or so expect request for comments.

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- PIT data and AHAR. It can be an incomplete picture without unsheltered numbers.
- Performance measures - numbers went down after the pandemic (newly homeless entering shelters and other assistance programs). For a lot of reasons during COVID. Impact on Homeless Management Information System (HMIS) data. End of calendar year should have information and report completed.
- Concerned about unsheltered – rising since 2016. helping community leaders know about resources available for unsheltered is a focus. Increased focus on equity and prioritizing view of lived experience of the homeless population.

Questions/Answers

- Bonus funding for new systems? Homeless Assistance Grant programs are not the best funding source. Rental assistance and services side of things will be important. Housing is less affordable and available and building capacity is key as well as landlord engagement. A huge part of the puzzle to figure out.
- Timing of NOFA? Will Emergency Housing Vouchers (EHV) – Enriched Housing Program (EHP) be permanent? Timing of NOFA is set in law, but repurposing existing grants may be flexible, can help with TA or consultation to support changes. For example, shifting money to operating costs when needed when a project gets vouchers. As for what happens to EHPs, those housed won’t be kicked out in 2028 when funding ends but unsure what options will be available. Tramecia just added that communities may have concerns about the ‘unknown’
- Role of evictions in homelessness; tenant landlord laws, Eviction moratorium and protection help to “slow things down” and help to prevent homelessness. Real time data is important for collaboration and strategic use of resources. Communities vary widely in their use and collection of data and suggests that system wide perspectives cannot depend on national level data alone.

**2:40-2:55 pm EST: SSI/SSDI Outreach, Access and Recover**

**Presenter: Kristin Lupfer, Project Director, SAMHSA’s SOAR TA Center**

- Increasing access to Social Security (SS) disability benefits; Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access and Recovery (SOAR) model overview and assistance. Since 2005 in collaboration with Social Security Administration (SSA) nationwide. Everyone is at different level of implementation. Data on outcomes shows that SOAR works and improves initial application approval – 79% approval rate in the top 10 states. Access to income and health insurance and reduce homelessness risk.
- Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI); SSI based on need, Medicaid, income based on federal benefit rate and in 2022 it is \$841/mo.; SSDI based on date of onset of disability, income based on earnings hx, Medicare. [SSI and SSDI: The Basics](#)
- Staff collaboration and training, getting involved: Training approximately 20 hours, 20-40 hours per complete application, SOAR critical component, outcome tracking and benefit to your agency and the Veterans served.
- VA memo that staff is able to assist with SOAR
- Resources Links: Memo link [VA SOAR Memo](#), [SOAR Online Training](#), [SOAR Outcomes and Impact](#), [SSVF and SOAR Toolkit](#), [SOAR Calculator](#), [SOAR and Veterans](#), [SSA Employment Supports](#)

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- Is there overlap with Ticket to Work? It is separate and we try to collaborate with them at the SAMHSA SOAR TA Center. Ticket to Work is about work incentives and encouraging SSI/SSDI recipients to work before and after applying for/receiving SSI/SSDI. SOAR focuses on a combo of the two, not just benefits or work only.
- Process of becoming a SOAR case worker process is significantly less versus Ticket to Work Program, correct? Correct. SOAR case workers focus on learning how to assist someone through the disability application process. Becoming an Employment Network in order to assist people who have a “Ticket” and would like services and support returning to work is a separate and time intensive process. More information about becoming an Employment Network can be found at <https://yourtickettowork.ssa.gov/employment-networks/>.

**3:05-3:20pm EST: Emergency Rental Assistance**

**Presenter: Gina Rendina, Policy Advisor, Department of Treasury**

- Emergency Rental Assistance (ERA) overview, funding available to households that are unable to pay rent or utilities.
- Two statutes – Consolidated Appropriations Act 2021 \$25 billion and American Rescue Plan Act of 2021 \$21.55 billion
- Support urgent COVID-19 response efforts, assist renters and alleviate financial stress of landlords
- 4.7 million payments made – obligating over 30 billion, which is greater than 770,000 households nationwide (state and local funds).
- Evictions have remained at roughly 60% of pre-pandemic averages.
- 1.36 million evictions prevented in 2021 nationwide
- ERA1 can help with up to 12 months, plus an additional 3 months.
- ERA2 up to 18 months of total rental assistance (must not exceed 18 months)
- ERA1 folks cannot tap into both for 12 + 18 months.
- Utilities, home energy costs, other expenses (internet, moving costs, late fees) and housing stability (eviction prevention, housing support/counseling)
- Priority to 50% of area median income, 1+ individuals unemployed for 90 days preceding application
- Eviction Prevention: eviction diversion program, landlord/tenant mediation, legal services or attorney’s fees related to eviction proceedings and maintaining housing stability.
- Housing support/counseling: housing counseling, fair housing counseling, housing navigators, housing-related services for survivors of domestic abuse or human trafficking, specialized services for individuals with disabilities or seniors that support their ability to access or maintain housing
- Goals for grantees – accelerate assistance, drive towards access, streamline payment options, partnership with courts, allow flexibilities, adopt promising practices (such as landlord engagement, commitment letters)
- Resource Links: [Treasury](#), [Emergency Rental Assistance](#)

Questions/Answers

- MN closed to new applications; direct assistance is almost gone. Request to do a data dive.
- Is Veteran-specific program data available to determine ERA impact on ending veteran homelessness or prevention? For example, if Veterans received ERA plus SSVF, could that provide more support for the expansion of shallow subsidies or for making them less shallow? Will plan to analyze data for Veteran specific data. Will look at best practices.



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**3:30-3:55pm EST: Transitioning Service Members (TSM)**

**Presenter: Sean C. Shields, Transition Program Analyst, Outreach Transition and Economic Development, Veterans Benefits Administration**

- Transition Assistance Program (TAP) overview of its collaborative and interagency partners
- Increasing early access to Veterans benefits
- Importance of transitions of service members
- Veterans Opportunity to Work (VOW) to Hire Heroes Act and Veterans Employment Initiative in November 2011
- VA responsibility: TAP curriculum, one on one assistance sessions, Capstone events support, MLC modules, Installation engagement events, facilitated health care registration
- As of February 2022
  - greater than 280 VA benefits advisors (85% Veterans and military spouses)
  - more than 330 military installations worldwide
  - more than 317,000 touchpoints provided through transition services continuous evaluation of strategy and performance and agile curriculum improvement process allow for immediate and ongoing enhancements to VA's curriculum and delivery
  - 95.8% positive participant feedback for FY21 Q4.
- TAP engages service members in five ways:
  - VA Benefits and services courses
  - one on one assistance sessions
  - military life cycle (MLC) module
  - DoD Capstone events
  - installation engagement events.

**Presenter: Yashika Neaves, Ph.D. (DoD-ACHV Ex Officio Member)**

- FY 2019 legislative changes and MOU updates from 2021. Currently data is collected, which trigger inadequate housing or housing instability; it is self-identified and captured in the Individual Transition Plan (ITP) or transition plan for discharge, during Capstone; which is reviewed by a TAP Counselor and verified by the transitioning Service members' Commander/Commander designee.
- The Enterprise Individualize Self-Assessment (EISA) platform is a new initiative, which will include an assessment of risk for housing to mitigate transition-related challenges or homelessness and provide connection to post-transition housing services. All Military Services are currently using self-assessments to identify onset needs, but the EISA will provide pre and post assessments data to target unresolved risk factors at Capstone; the final transition touchpoints.
- DoD continues to maintain collaboration with U.S. Interagency on Homelessness (USICH); the Undersecretary of Defense for Personnel and Readiness (USD(P&R)) accepted the charge and committed to the following specific actions supporting USICH 2022 strategies to end Veteran homelessness:
  - Share quarterly data with USICH on transitioning Service members (TSM) evaluated for post-transition housing (TSMs identified during the Transition Assistance Program (TAP) as having inadequate post-transition housing plans and partner agencies who provide appropriate housing connections with follow-on services).
  - Coordinate with federal partners and verify person-to-person connections (i.e., warm handovers) are established for TSMs at risk for homelessness.

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- Identify key touchpoints and factors within the 365-days prior to separation to mitigate homelessness or housing instability post-transition.
- Link transitioning Service members with state and local resource providers to leverage post-transition housing support services.
- Include interagency coordination with HUD for future editions of the TAP Pre-Separation Brief to further synchronize and align post-transition housing support information.

**Questions/Answers**

- Housing Veterans who couch surf for a while and then fall into homelessness, how will DoD help with that scenario? The app does not seem to be user friendly.
  - DoD TAP.mil, provides separate access for commanders from transitioning Service members. The Homeless toolkit is accessible to Commander/Commander designees to objectively identify housing instability or homeless risk factors to prevent homelessness of transitioning Service members before they become Veterans.

**3:55-4:00pm EST: Closing Remarks**

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

The Chair provided a brief overview of agenda topics for the April 6<sup>th</sup>, 2022 meeting and asked the members to consider future recommendations based on ACHV meetings this week.

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

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

**ADJOURNMENT**

Jennifer Ho, Chair, ACHV adjourned the meeting on April 5, 2022.

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



July 8, 2022

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The minutes will be formally considered by the committee at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.

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Karen Cinibulk  
Sean Clark  
Leigh Cordeiro  
Meghan Deal  
NaShid Dickerson  
Will Hightower  
Dina Hooshyar  
Judge Michael Jackson (Retired)  
Christy Kenady  
John Kuhn  
Clifton Lewis  
Shawn Liu  
Ally Logsdon  
Ashley Mann  
Jean-Michel Giraud

Kevin Miller  
Kim Mitchell  
Julie Montoya  
Veronica Morawek  
Laila Ouhamou  
Quandrea Patterson  
Sean Read  
Ari Rogers  
Eileen Rosa  
Theresa Silla  
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**12:00-12:10 pm EST: Call to Order, Welcome/Opening Remarks, Introduction of Members, Review of Agenda**

**Presenter: Jennifer Ho, Chair, ACHV**

- Call to order, introductions, overview of the April 5, 2022 meeting, inquired on any suggestions to improve the meeting.
- The Chair asked members to think about what is important as they listen to the Annual Report Recommendations and brief synopsis of VA's Responses.
- The Chair briefly described the agenda items for the April 6, 2022 meeting.

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**12:10-12:20 pm EST: Brief Overview of the ACHV Annual Report Recommendations**

**Presenters:**

**Brandon Wilson (ACHV Member)**

**Kathryn Monet (ACHV Member)**

Brandon Wilson: We are charged with making recommendations to the Secretary and VHA Homeless Programs Office. Throughout the year, we listen to Veteran on panel discussions for their recommendations and local, state and federal partners. We break up into mini workgroups (including subject matter experts), and bring recommendations to this meeting, twice a year, in a public setting to formulate an annual report that includes formal recommendations to the Secretary that you will hear about today.

Kathryn Monet: Structure of where homeless programs and the Homeless Programs Office (HPO) fit within the Department of Veterans Affairs (VA). The Annual Report provides recommendations that fell into three main categories:

Recommendation #1: Have programs be somewhat consolidated and elevated up to the Secretary's Office level similar Center for Minority Veterans and Center for Women Veterans are to have a direct line of sight by the Secretary and direct support for them and more reach to touch other programs that might be contributors to homelessness and offer better ability to execute national strategies (as needed).

Recommendation #2: Racial Equity: Minority Veterans are disproportionately, a large disparity of homeless Veterans experiencing homelessness across the nation both in rural and urban areas. To prioritize racial equity and racial justice across all strategies to end Veteran homelessness. Has subcategories under second recommendations.

Recommendation #3: COVID-19 Response, pivoted quickly, overarching recommendation VA to assess the response and incorporate what is working into ongoing policies and programming that includes but not limited to:

- status update on anything they have done to increase/to help Veteran access permanent housing more quickly
- look at evaluating lessons learn during the pandemic toward Veteran homelessness and publish a meaningful evaluation on the good and where we fell short; how we continue to innovate and do better at what we do.
- looking at how we make things permanent we know to be successful, access to COVID specific healthcare, continuing de-congregate shelter space, GPD capital grant, how we are hiring contract to support more U.S. Housing and Urban Development-VA Supportive Housing (HUD/VASH) Case Management.

Jennifer Ho: Provide the Quarterly Reports on HUD-VASH staffing

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**12:20-12:50 pm EST: VA Responses to ACHV Recommendations (VA provided preliminary feedback to the recommendation, it is currently under review and may be subject to change)**

**Presenter: Anthony Love, Designated Federal Officer, ACHV, Senior Advisor, VHA Homeless Programs Office**

**Recommendation 1: VA Position: Non-Concur**

Preliminary feedback on VA Responses was provided; however, items may be subject to change (after it goes through the formal review, coordination and approval process). The final responses will be reflected in the published Annual Report. Leadership continues to Non-Concur because the current alignment and reporting structure is nimble enough to reach the goal to end Veteran Homelessness. The Secretary has prioritized Veteran homelessness and work is underway to support the joint statement with the Secretary of HUD and the 38,000 goal. Leadership feels the current structure is effective and actions are getting accomplished.

**Questions/Answers:**

Jennifer Ho: If you have seen one Veterans Affairs Medical Center (VAMC), you have seen one VAMC. It was mentioned that the 38,000-housing goal, and if it will be pushed down. If we think that makes the need for this recommendation, less important in the coming year. If we have real life examples. What is the problem we are attempting to solve and does the problem exist? If we would like to come from another angle? If we are going to get 2 non-concurs in a row.

Jessica Venegas, talked about the Secretary making it a priority and reporting directly to him. Confused on the non-concur if it is the priority of the Secretary. The Secretary is about to become the chair of the youth interagency committee. There are a lot of reasons that this is not aligning. Anthony, respectfully disagreed, it is more based on the actions being taken. Anthony Love stated the Secretary having a senior advisor, and also mentioned a special reporting assignment of Dr. Harris to address concerns in Los Angeles. He addressed the recommendation from the committee being a full-scale reorganization versus a direct report. Brad Bridwell mentioned the alignment under the VACO instead of under VHA. Half symbolic and other half was when this started in 2011; when it was front and center of every speech and visit to every community. It created a condition where largely for the first time, the VA, started to break out of its silos at the local level and its involvement with the Continuum of Care (CoCs). There has been a lot of retraction that has occurred over time, as grueling as this work is, there is some ancillarity that has returned to the system. It is partially about trying to recreate that condition where the local hospital is consistently getting the message that we are a community - aiming at structuring the leadership to reflect the intention.

Jennifer Ho suggested some ideas on how they would like to approach this in next year's Annual Report. The members asked if it was a full non-concur; Anthony Love confirmed that it is a full non-concur. Jennifer Ho inquired about durability, even though the VA has Administration transitions and their ability to deliver on best practices geographically when it is often led by strong site leadership.

Jennifer Ho asked if the senior advisor from the Secretary's Office was involved in these meetings and if she could be invited to September's meeting. Anthony Love discussed that she participates in a lot of the Homeless Policy Meetings in particular as well as interagency meetings.

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**Presenter: Shawn Liu, LCSW, VHA-CM, Community Engagement Coordinator, VHA Homeless Programs Office**

**Recommendation 2A: VA Position: Concurs**

Prioritize Racial Equity and Racial Justice across all strategies to End Veteran Homelessness. A comprehensive set of upstream strategies to address racial equity related to homelessness and housing, methods and practices that identify risk factors for homelessness and that help prevent the fall into homelessness among housed Veterans of color. These strategies should be designed to prevent Veterans of color from falling into homelessness at disproportionate rates. VA's over-arching goal as it relates to upstream interventions should be that the rates of homelessness for Veterans of color should match or be less than the rates of Veterans of color overall. Additionally, the strategies created in pursuit of this goal should, in turn be used as a foundation for developing a broadly applicable framework for upstream interventions to prevent all at-risk Veterans from falling into homelessness.

Racial Equity and Racial Justice workgroup to assist. The workgroup will be working with interagency groups to develop upstream strategies to have a racial equity lens (VA data and content) and acquire feedback from Veterans with lived experience.

**Recommendation 2B: VA Position: Concur in Principle**

ACHV recommends that VA assign at least one full-time Homeless Program Office (HPO) staff member dedicated 100% of the time to addressing race equity/race justice-related priorities and initiatives set forth by the Homeless Program Office. This person would also work in conjunction with the Race Equity Workgroup, and be assigned first and foremost with the task of creating and leading top-down strategies to increase racial and cultural competency throughout VA.

Due to budget constraints the administration is not able to have one full-time staff member dedicated 100% of the time however HPO continues to support the racial equity and racial justice workgroup not only composed of senior leaders within the HPO but also of staff throughout the country but recently onboarded Veterans with lived experience, particularly peer support specialists to ensure that the work is being informed. HPO believes that this is sufficient to continue the work that is being done.

Question: Brandon Wilson asked if this is a possibility moving forward into the coming budget? Shawn Liu identified that he could bring that question back to HPO leadership.

**Recommendation 2C: VA Position: Concur**

ACHV recommended a coordinated effort to aggregate all HPO data produced by the Race Equity, Race Justice Dashboard. A summary of that aggregated data should be completed and made available to the public, preferably as a component of VA's Annual Report.

Shawn Liu provided a quick note about the Annual Report, that it is not a congressionally mandated report. It is more of a high-level summary and good news, because we have more designed latitude and content latitude, it will integrate nicely into that particular report. HPO is also finalizing the FY 2021 Annual Report. The racial equity strategies stats will be included in HPO's FY 2022 Annual Report.

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**Recommendation 3A: John Kuhn, National Director, Supportive Services for Veteran Families (SSVF):**

**Recommendation 3A: VA Position: Concur**

ACHV recommends VA provide a status update on actions taken to speed Veteran access to permanent housing in the preceding areas before April 2022, for discussion in the Committee's April 2022 meeting. SSVF took action during COVID, the most prominent was with hotels/motels. Pre-pandemic FY 2019 Veterans served with significant health disorders to FY 2020, substance abuse increased from 46% (FY 2021) to 59% (FY 2022), Major Depressive D/O increased from 35% (FY21) to 56% (FY22), cardiovascular disease 50% (FY 2021) to 61% (FY 2022). We believe this because it attracted Veterans that in the past have not been particularly interested in VA shelter services due to constraints and safety concerns. We are bringing in Veterans with higher medical needs. Previously, they usually would be co-enrolled with HUD-VASH due to being able to meet the needs of the higher acuity than SSVF given the makeup of their teams. There was an urgent need for an integrated health approach. This came in two approaches; one was funding health care navigators in all SSVF grantees but also writing a proposal to fund all substance use disorder (SUD) staff in all VAMC. To provide the medical support necessary for this complex population. Another thing that was addressed was the speed of enrollment. Everyone that was enrolled in the hotel/motel was linked with Homeless Patient Aligned Care Teams (HPACT) quickly.

We will continue to work with HUD-VASH on identifying communities in need of services for collaboration, being a more targeted for hotel/motel placements, but we want to make certain they have the capacity to serve as many Veterans as possible. Retain capacity in SSVF and HUD-VASH to independently place Veterans into permanent housing so we can make more permanent housing options, including SSVF Preventative. The numbers for hotels/motels have decreased since the peak of the crisis from 7,500 Veterans households to the most current 2,000 and we issued new guidance back in March 2022, describing SSVF as the last option for hotels/motels. Looking at the much-changed capacity in Health Care for Homeless Veterans (HCHV) Program, Grant and Per Diem (GPD) Program and local resources as well before using SSVF resources for hotels/motels. We do recognize that the hotel/motel room resources are continuing and will continue to play an important role to engage people who are not going to come into services otherwise.

We have all witnessed this rapid rise in rents over the past couple of years, some up to 30%. This has placed a tremendous amount of stress on low-income households. Although the return rates for SSVF tend to be quite low at about the rate of impoverished Veterans becoming homeless on an annual basis, which is about 10%. We are seeing it is about the same as SSVF. Seeing Shallow Subsidy, as a critical intervention addressing this need to close the gaps in wages and income, of those we serve and growing pressures on housing stability because of these high rents. The president's budget shows a sustainment of Shallow Subsidy going forward; maintain at about \$300 million a year in advance appropriations in FY 2024, along with funding for health care navigator moving forward.

**Questions/Answers:**

On the 10% returns, what period does that cover? John Kuhn states between 6 months rate of return are about 6% for prevention and 9% for individuals that are homeless. Go out to a year 10-14%, this analysis will be out with the Annual Report as well, which we expect to be released within a few weeks.



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**Presenter: Jillian Weber, National Program Manager, Homeless PACT**

**Recommendation 3B: VA Position: Concur-In-Principle**

ACHV recommends VA complete and publish a meaningful evaluation of lessons learned during the pandemic, related to Veteran homelessness, to prepare for future emergency responses within one year of receipt of this report (December 2022), and take action on relevant findings within two years (December 2024).

Primarily related to date and timeline. VA recommends an internal review and publication of lessons learned for quality improvement but delayed one year after the COVID pandemic is no longer declared a public emergency by the Department of Health and Human Services.

There has been an emergence of multiple variances, cases continue to surge. Increase and decrease across the United States, as it continues to impact Veterans experiencing homelessness. Therefore, requesting a delay to provide a comprehensive internal report to take all recommendations into account, affecting all impacts, and all changes, through multiple variances to have a full picture of lessons learned to move forward with all future emergency responses.

Questions/Answers:

Within the report, would this include how VA shifted staffing from within permanent supportive housing where there was less staff during the pandemic, due to transmission rate and, how staffing plays a role in outcomes specific to this work? The request would be to do a full comprehensive report and staff would likely play a role in that. All of the pieces, as you shift with the outbreaks, shift more quickly and transition, as well as all other aspects.

**Presenter: Jillian Weber, National Program Manager, Homeless PACT, Chelsea Watson, National Director, GPD, Meghan Deal, National Director, HUD-VASH**

**Recommendation 3C1: VA Position: Concur**

Maintaining equitable, ongoing, low-barrier access to COVID-19 vaccinations and testing for all who served in the military.

Vaccination and testing are extremely important tools to address and prevent the spread of COVID-19, to bring an end to this pandemic. The save lives act, was extremely helpful to expand the numbers of Veterans who can receive the vaccination regardless of eligibility for Veterans, spouses, caregivers and some beneficiaries.

Testing is currently limited to VHA eligible Veterans, however local VAMCs are encouraged to work with local and state Health Departments, and other partners for additional testing and options. There are more options now including self-test options. There is the CDC and prevention operation expand testing, which will allow for Non-VA eligible Veterans and other residents in congregate sites to be tested as well.

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**Presenter: Chelsea Watson, Director, Grant and Per Diem Program**

**Recommendation 3C2: VA Position: Concur-In-Principle**

Releasing successor rounds of GPD Capital Grants and continuing to partner with GPD Providers to de-congregate shelter space.

Committed to continuing to improve how transitional housing looks in our communities. Within the last year, GPD offered two large capital grants, to improve existing transitional housing stock. First-round was announced in March 2021 offered 50 million in Coronavirus Aid, Relief, and Economic Security Act (CARES Act) funds but VA was able to award \$64.2 million, which was for 60 grant projects to improve 1439 beds. At beginning of FY 2022, we were able to offer a second round of capital grants by using American Rescue Plan (ARP) Funds and in late March 2022 these awards were announced (\$64.7 million to improve approximately 900 beds nationwide). When all these projects are operationalized in the next 18-24 months, we should have provided over 90 capital projects that improved more than 2,000 beds around the country, converting shared congregate spaces into individual bedrooms and bathrooms (minimum 120 square feet). GPD Office is excited to start working with grantees on these projects. This is just the beginning of our work in this area. The reason for Concur-In-Principle is partially because of the grant funding. We did not have enough applicants to spend all of the grant funding in the second round so we need to assess the reason for that and what we need to do in terms of next steps.

All of our grants are time limited, so this coming fall almost all of our transitional housing grants will be up for re-application. You will see that we will be amplifying the need for grantees to offer safer spaces for our Veterans in future grant rounds. GPD will continue to look for opportunities to transform our transitional housing spaces. Whether it will be updates to transitional housing grant rounds or successor capital grant rounds that get us to that goal, will be determined by VA.

**Presenter: Meghan Deal: National Director, Housing and Urban Development-VA Supportive Housing (HUD-VASH)**

**Recommendation 3C3: VA Position: Concur**

Continuing to hire and contract for HUD-VASH case management staff.

This is a high priority for HPO. Ensuring that we have adequate staff is a priority. We use CARES Act and ARP funds to support recruitment and retention. Work directly with our field sites to determine barriers to hiring. Retention of staff, and cost of living in the high-cost areas. Contracting involves a lot of work regarding the requirements with long term HUD/VASH hiring vacancies and low voucher utilization to contract for those services in October 2021; therefore, we regularly perform analysis and work closely with the contracting office to try to expedite processes for contracting to develop new contracting models and streamlined process. We also utilize ARP funds. Challenges are access to units, landlord relationships and emergency housing vouchers.

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**12:50-1:15pm EST: Veterans Compendium Project Updates**

**Presenters:**

**Gregory Crawford, Corrections Program Specialist, National Institute of Corrections (NIC),  
Department of Justice**

**Judge Michael Jackson (Retired), Cuyahoga County, OH**

**Sean Clark, National Director, Veterans Justice Program (VJP)**

Greg Crawford: Correctional Program Specialist; National Institute of Corrections, Department of Justice

- Provide an overview of the National Institute of Corrections Veteran Compendium Project and Justice Involved Veterans Network
- Feature a Justice Involved Veteran Network Member Perspective (Judge Jackson (Retired))
- Highlight the US Department of Veterans Affairs and the collaboration with the Justice Involved Veterans Network (JIVN) and other local, state, and federal partners.

Greg discussed his path of coming to the NIC, talked about the NIC Veterans Compendium Project; consists of four publications covering veterans treatment courts, law enforcement teams working with veterans in crisis, and a jail and prisons publication “Barracks Behind Bars” that focuses on veterans pods, along with a soon to be released fifth publication focusing on veterans reentry in a collaboration with NIC and American University. Key things to consider when starting a veteran specific program in the criminal justice system is who is your champion, identifying stakeholders, developing resources, partnering with the VA, and how to keep things moving in the right direction. Veterans programming doesn’t need to be perfect as you start but it can evolve and grow over time. Some key signature sections in these publications are “In their own words” which includes key figures telling their stories in their own words. These publications share what others are doing across the country with the intent of highlighting innovation and inspiring others to want to do more to help veterans in crisis. ([NIC](#), [JIV](#))

Highlighting promising practices: What people are doing. Key component: always include VA: VJO and HCRV in the collaboration. JIVN mission statement: Network of community, local, state and federal partners that identifies and develops innovative and holistic approaches to assist justice involved Veterans.

NIC and the Library of Congress: May 24<sup>th</sup>, 2017 (VTC) [Veteran Treatment Courts Panel Discussion](#), May 17, 2018: Jail Vet Pods [Jail Vet Pods Discussion Panel](#), May 15<sup>th</sup>, 2019: Veterans Response Team [Veterans Response Teams Panel Discussions](#). Due to COVID, monthly virtual meeting shifted, which has been beneficial. JIVN has evolved over time. Attempt to do publication or product each year. Currently working on a sequential intercept. They are doing a series of webinars for sequential intercepts. Converted all 4 of the publications and a 5<sup>th</sup> one that is coming out in May for Re-Entry, to e-books on one drive.

Judge Michael Jackson (Retired): Cuyahoga County, OH Barracks Behind Bars ([NIC](#), [JIV](#))

Shared experience with Cuyahoga County Ohio court, large Veteran population and the collaboration to Justice Involved Veteran. Judge Jackson (Retired) started a Veterans Court in 2015, specific to a felony conviction, a part of the general division of the court, which received the support of the 33 judges. He was committed and passionate about Vet Court. The shared military experience of being a Veteran would be more likely to avoid criminal activity in the future and more likely to gain the necessary tools to reintegrate into the community in a positive way. It creates an atmosphere to enable those that have developed problems

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to right themselves and provides a second chance to succeed. The success rate is very positive and reassuring.

Judge Jackson (Retired) is a USMC as a Lieutenant Vietnam Veteran, with 4 years of service. Went to law school and then later became a Judge.

Sean Clark- JIVN member, US Department of Veterans Justice Program: VJP has been a part of JIVN since inception and it is an exceeding valuable opportunity due to the nature of the work, we do in the Justice Programs. He provided a brief overview about being uniquely and totally dependent on the partnerships, collaborations with, to build and maintain relationships to reach our population within settings. Through the outreach, it gives access to build, maintain and disseminate these materials through these criminal justice settings. Benefits of the experiences of jurisdictions that have been there before, that have built Veterans Treatment courts and worked out the kinks in it, for example, local housing units, and local jails. For the VA, it makes our specialists across the country do with their criminal justice partners better informed and provides that kind of reference and access to promising practices, drawing on all practices to JIV. Through NIC, their contribution and leadership overall are drawing on decades of experience speaking to the targeted population of criminal justice practitioners, speaking through technical assistance. VA is able to provide information about our services and work into treatment structures. Highly productive collaboration that we are grateful and proud to be a part of.

Resources: [Veterans Intercepts in the Criminal Justice System](#), Health Care for Re-entry Veteran Services and Resources, [Health Care for Re-entry](#), VJO Program, [Veterans Justice Outreach Program](#)

#### Questions/Answers

Moving forward will give access to Medicaid (HHS) health care dollars to cover pre-release and medications, Mental Health (MH) and Substance Use Disorder (SUD). 30 days pre-release. This should assist with handoffs, serious mental illness, and substance use disorder.

How are Women Veterans identified? Access to program?

Greg Crawford: Not enough female Veterans to designate a pod for women. PA created their first Women's Pod in prison. In Washington, they have dedicated days and space to meet with Women Veterans.

Sean Clark: 8% of Women Veterans in VJP in FY 2021. Self-identifying: JIVN: Highlight records-based tool to identify, who don't rely on self-report, close that gap, and who in their inmate or defendant population is a Veteran. Start better identification, Veterans records-based tools like Re-Entry Search Service and Status Query and Response Exchange System (SQUARES).

#### **1:30-1:50 pm EST - DC VAMC Updates**

##### **Presenters:**

**Veronica Morawek, DC VAMC CRRC Social Worker**

**Kathleen Carrigan, DC VAMC GPD Social Worker**

- Mission Statement: The Healthcare for Homeless Veterans Program (HCHV) offers housing and supportive services designed to assist homeless Veterans to become active and productive citizens.

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We meet Veterans where they are, provide hope and empower change, to help Veterans realize their potential.

- Reviewed HCHV Organization Chart
- Washington DC VAMC Catchment Area:
  - Maryland: Prince George's County, Montgomery County, Charles County, Calvert County, St. Mary's County.
  - Virginia: Arlington, Alexandria, Fairfax County, Loudon County
- Community Resource and Referral Centers (CRRC): Monday – Friday 8 am to 4 pm
  - Staff by social workers
  - Enrollment & Eligibility
  - SW Walk-in Clinic
  - Mental Health Services
  - Shower and laundry onsite by appointment
  - Legal services referrals
  - Telehealth visits for Mental Health
- Outreach: HCHV Program, to connect with the Veterans that are homeless within the community. SW and Peer Support to shelter, drop-in centers, and encampments to engage literally homeless Veterans to connect them to the appropriate services.
- HCHV Coordinated Entry Specialists:
  - Support the VA Homeless Program by providing continuity of care for homeless Veterans between VHA and Community based programs as the Veteran transitions for homelessness into programs.
  - Facilities VA involvement in Continuum of Care's (CoC's) Coordinated Entry System (CES) and will be responsible for helping VA meet federal guidelines on CES as described by regulations and guidance published by HUD.
  - VA Liaison for coordinating outreach efforts with local community partners; including ensuring linkages to VA services.
- PIT Count: 1 night in January where they count shelter and unsheltered Veterans. In 2021, a reported 4.3% of total PIT count population was comprised of Veterans in DC. 3 families, 70 individuals, Transitional Housing individuals 88, Unsheltered individuals 26.  
Virginia: 2021 report: Arlington County 2 in emergency shelter, Alexandria 3 in emergency shelter, Fairfax County 43 in emergency shelter and 1 in transitional housing, Loudoun County 1 in emergency shelter, Prince William County 9 in emergency shelter.
- Maryland: 2021 report Montgomery County 13 in emergency shelter, 6 in transitional housing, Prince George County 14 in emergency shelter, Southern Maryland Counties 4 in emergency shelter, 9 unsheltered.
- VJO Specialist: Veteran treatment courts, jails, work with law enforcement.
  - Outreach to courts, including mental health and substance abuse courts as well as administrative judges in Washing DC, Montgomery County, PG County, Northern Virginia, and Southern Maryland.
  - Veterans Treatment Court (VTD) in Fairfax County, Prince William County, and Prince George County with the development of services in Loudoun County is in process currently.
  - Outreach to jails, police departments, Departments of Probation and Parole, Legal services groups
  - Focus on jail diversion via engagement to gain housing, MH/SUD treatment

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- Transitional housing: GPD, CERS, Low Demand Safe Haven
  - To provide temporary and safe housing, strength-based
  - Approximately 70 Veterans in current transitional housing
  - Successes in GPD and CERS are discharging to permanent housing (meeting the measure)
    - Contract Program are at 70.91% of discharges to permanent housing (target is 55%); negative exits are 18.18% (target is 20%)
    - FY to date, GPD Program is at 87.2% discharge to permanent housing (target is 60-70%); GPD Negative exits are at 10.64% (target is below 20%); GPD employed at exit for SITH and Bridge Housing is 70% (target is 55%)
    - Since 2019, US-VETS has provided aftercare case management services to Veterans through an aftercare grant
    - Access Housing has received funding through a capital grant to provide homeless Veterans with access to single rooms with bathrooms.
  - Talked about separate locations and capital grants
  - HUD-VASH: permanent supportive housing to maintain housed status:
    - Washington DC: 1,228
    - Virginia: Fairfax County VA: 133, Prince William Virginia 75, Loudon County VA 5, Arlington VA 15
    - Maryland: Montgomery County MD 113, Prince George's County MD 195, Calvert, MD 5, St. Mary's County 35
  - Including Tenant Based Housing, 2 project-based housing program and a Contract with Pathways to housing for Veterans with Severe Mental Illness.
  - Successful implementation of coordinated entry in all jurisdictions, successful regional coordination to assure Veterans are housed in preferred home jurisdiction, 1594 Veterans placed in permanent housing from 2018-202 across all programs.
  - Racial Equity within HPO:
    - A workgroup was developed to assist and guide the enhancement of racial equity and cultural competence within the HPO.
    - Aspects of service within the workgroup include
      - Training Veterans in ensuring equitable treatment
      - Examining and adjusting organizational policies to reduce barriers to care affecting utilization of programs.
    - Within the DC VAMC HCHV program, staff and Veterans collaborate to ensure that racial equity is at the forefront of service delivery within the specific programs.

**1:50-2:55 pm EST:**

**Presenters/Moderators:**

**Serving Together: Christy Kenady: Director, ServingTogether, A program of EveryMind**

- Coordinated Care Network: utilizing a network of partners through a shared technology platform. Sharing electronic referrals, securely sharing client information, tracking outcomes together, informing community-wide discussion

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- Who is involved:
  - Network Partners: Send and receive referrals and share client updates with the network. Actively maintain and update their organization staff and program information.
  - Coordination Center: Facilitates referrals through the network and follow up with partners on pending referrals. Engages with network partners to strengthen and deepen relationships.
  - Unite us: ongoing technical training and support, securely stored network data and collects software feedback.

Service Types: Benefits Navigation, Education, Employment, Food Assistance, Housing & Shelter, Income Support, Individual and Family Support, Legal, Mental/Behavioral health, Money Management, Physical Health, Social Enrichment, Spiritual Enrichment, Sports & Recreation, Substance use, Transportation, Utilities, Wellness.

How does it work (example): A client is working with a clinical partner identifies a housing need, the network provider can refer the client through Unite Us to ServingTogether Coordination Center who will send to a qualified housing partner in the network, and also identify other referral needs to navigate the client to those resources.

10 years of care coordination. Over 399+ partners, 120+ specific to the Military/Veterans community

Peer Navigation services provide a human-center holistic approach, access to a wide range of organizations serving across regions and communities, follow through on sending referrals, closing cases, entering case notes, capacity-building for organizations to have a centralized location to send clients with multi-lateral needs

Intake Screening: uncover basic eligibility for support, Thorough screening to support connection to military and Veteran programming, and social determinants of health and holistic needs.

DMV Veterans: Total number of clients served is 1700 and service episodes is 4,809. Top needs: Housing and shelter (resolution with housing 61%), employment (resolution 70%), income support (resolution: 72%), individual and family support.

Service Episode: Resolution Rate: 71%, Avg Time to Match Clients to Providers: 4.4 Days, Case Resolution Rate: 85%, Average time to case closure: 13.8 days

Collaboration with community partners.

Wish List:

I would love to have the CRRC available in the coordinated network to be able to refer clients more seamlessly so we can better track outcomes and work together collectively to achieve more favorable outcomes. There's a great model in other communities such as Pittsburgh that has strong partnerships between VAMC, VBA, and PA Serves (America Serves network) to seamlessly connect veterans sooner to resources to reduce the number of clients that could become homeless and support prevention efforts. I would love to see that in more of the communities across the United States, including D.C.

Jennifer Watson: wish list (in the chat): My wish would be more engagement and support to veterans before they are homeless. I feel like we can do a better job at prevention if we don't wait.

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**Friendship Place: Jonathan Whitted, Veterans Services, Division Director**

In FY 2021, served more than 3400. Serves 500-600 Veteran households annually through programming and other supportive venture: SSVF Renewal Grant, SSVF Shallow Subsidy, other Veteran Initiatives, CoC Representation and CE Leadership, Best Practices & Technical Support.

Serves 9 CoC's: Washington DC, Maryland: Frederick County, Prince George's County, Montgomery County, Virginia: Arlington County, Fairfax County, Loudoun County, City of Alexandria, Prince William County

Program Highlights: Leadership Team, Supportive Services Team, Program Office, Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation since 2015.

Households: served 538 Households, 438 Individual Households, and 706 unique individuals (538 Veterans, 50 other adults, 118 children), 416 Rapid Rehousing, 122 prevention, 86% permanent housing rate at exit. Service Era Demographics: 217 Veterans served in a combat zones, Gender Identity and age: 469 males, 69 females and 36 LGBTQ+, median age 53

**Healthcare Navigator roll**

50 Veterans served through intensive services

Connection to COVID-19 Vaccination Info and Services

Equipping Case Management Services with information

VA Changes supporting SSVF Vets:

HUD-VASH Eligibility Expansion

Expanded VHA Services for LGBTQ+

**Recommendations:**

- HUD-VASH and community-based provider growth
- Veteran program and Veteran status documentation
- Assessing Post-Stafford Act Impact
- Infuse the VASH program into Community Based Providers where Veterans may access other services, especially those who aren't eligible for VHA. This would help with the expedition of enrollment and housing. Especially with community providers specialized in housing and landlord engagement.

**US-VETS: Clifton Lewis, Executive Director, Will Hightower, Program Manager, Mishel Bhatti, Director of Behavioral Health**

Clifton Lewis: Executive Director of US-VETS introduced the team and talked about the importance of taking care of staff.



**Virtual VA Secretary's Advisory Committee on Homeless Veterans (ACHV) Virtual Meeting**  
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Will Hightower: Program Manager, US-VET (Air Force Veteran) provides oversight to the Workforce Development Department, program outreach and manage facility maintenance, food service operations, and services for Veterans.

Mishel Bhatti: Director of Behavioral Health US-VETS, provides oversight over clinical program and services, transitional housing support, aftercare support, permanent housing support

Organization: serves 6,000 Veterans a year across the country, 237 unsheltered homeless Veterans in the DC metropolitan area. US-VETS serves over 60 of those Veterans each night. DC works with community partners.

Among the fastest growing groups of homeless Veterans are senior Veterans and female Veterans, many with families.

Mr. Peck, President & CEO, US-VETS: empowering the Veterans. A strong advocate of Veterans on Capitol Hill.

Transitional housing grant in Southeast DC, capital grant

US VETS mission is the successful transition of military Veterans and their families through the provision of housing counseling, career development and comprehensive support.

US VETS Programs: Housing, Career Services, Life skills support, Counseling, Case Management, Outreach

US-VETS- Washington DC served Veterans 11,268 bed nights, 208 engaged by outreach, 12,010 meals served, 1,206 mental health assessments, 109 job placements.

US-VETS- Washington DC relayed the following accomplishments this FY 2021-22 with close partnership with the VA to obtain these goals: 100% VA Goal obtained: Veterans are exiting the program with permanent housing, increase income, reduction of length of stay: treatment team has reduced average length of stay from 2 years to 6 months in the last year, and provide wrap around services

Program Division:

- Workforce: Homeless Veterans Reintegration Program (HVRP), Armed/Un-Armed Security, Hospitality, Auto Mechanic, Call of Duty initiative (CDI), Works with Veterans with minimum barriers
- Outreach: Staff conduct outreaches for all USVETS programs, GPD/HVRP/CDI/Aftercare
- Facilities: Manage room assignment for Veterans, coordinate site repairs with property management, coordinates site annual fire safety inspections
- Food Service: Two food vendors, monthly food survey with Veteran community, monthly food donations from community partners.

**DC Interagency Council on Homelessness: Theresa Silla, Executive Director of Interagency Council on Homelessness, Leigh Cordeiro, Senior CAHP Coordinator**

We function for the board as the CoC

District's CoC

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At-A-Glance: Veterans workgroup, reports up to the strategic planning committee. We are able to track lessons learned across different sub-populations and leverage the infrastructure of the sub-populations.

Data-Driven Infrastructure & Processes: Critical CoC Infrastructure & Process for Housing leveraged by the Veterans Subsystem & Workgroup: Homeless Management Information System (HMIS), Coordinated and Assessment Housing Placement (CAHP). Administered by The Community Partnership for the Prevention of Homelessness.

Tracking Progress: Monthly Veteran Dashboard: Visual high-level trends with the dashboard to predict the next years due to inflow and outflow data.

Visualizing Trends & Accomplishments: Made great strides in Washington DC by reducing Veteran homelessness in 4+ years, since 2018, reducing homelessness to 45% decrease, achieving 5 different measurable reductions since establishing data quality; 249 DC Veterans experiencing homelessness as of January 2022.

Challenges & Potential Solutions:

Inflow:

- Challenge: Between 2019 & 2020 PIT, we housed more Veterans than were counted in the 2019 PIT. Irrespective, due to the average inflow of 51 new Veterans each month in that period, we were unable to reduce the number of Veterans experiencing homelessness.
- Drivers: Lack of robust/standardized diversion and homelessness prevention programming, lack of strategic/coordinated Transitional Housing referral protocol and system, Transitional Housing model that serves a regional purpose, Transitional Housing model that reimburses for bed filled (GPD)
- Solutions: Streamlining the front door and referral processes/pathways, improving diversion and homelessness prevention at the front door, right sizing the Transitional Housing inventory, regional coordination.

Outflow:

- Challenge: In ability to match to housing resources until staffing capacity challenges are addressed. In 2021, 31 Veterans on average declined housing at any given time. Unit search/selection, inspection, and lease-up is the longest step for PSH: of the 180 days on average from match to lease-up, it takes 108 days to select, inspect and lease up a unit.
- Drivers: Staff capacity, Location and engagement challenges at the front door, Unit search/selection, inspection, and lease up is the longest step in the housing process
- Potential Solutions: Improvement in hiring processes, salaries, and other incentives/flexibilities, Specialized outreach and engagement that can focus on Veterans refusing engagement/housing.

Questions/Answers

Brandon Wilson:

Q: Referral System: Is Washington DC resource center working together for referrals between EveryMind and their closed loop referral system? Are the two entities working together or sharing data? It highlighted the importance of whole services and referrals.

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A: The role within the CRRC is to connect these Veterans to these resources like EveryMind and other community providers; Is the VA a part of the community platform? It has been discussed to reduce barriers, as far as CRRC being a direct POC, and to do a warm handoff. Veronica: stated the goal is to get Veterans within the community, rental arrears, along those lines. Warm handoff. They have had conversations in the past and are willing to readdress.

Sharon Green:

Q: For the few female Veterans, did you have housing or work with the community through Friendship Place?

A: Same model for female and male Veterans. They were placed in housing subsidies or transitioned to treatment for an appropriate level of care. Friendship Place does not have a program that supports families, but other community sites do have this option. They make referrals for the Veterans and families to other community partnership organizations. Outreach and screening will connect with partners to get them placement and referrals.

Veronica Morawek mentioned Fendall Height DC VAMC Family Supportive Housing Program with dual households to enroll families to provide long-term housing to either female or male Veterans. We do the same coordination with MD and VA counties.

Tramecia Garner: Will there be a webinar on best practices with VA and CoC engagement; inflow and outflow of best practices of Coordinated Entry and CoC. Jennifer Ho talked about the By-name list with the Coordinated Entry to see where we were missing people. Kate Carrigan deferred to Coordinated Entry Team and the HPO guidance on Coordinated Entry.

Q: Beyond the housing affordability crisis here in the DC region, what gaps do you see getting in the way of serving Veterans and working collaboratively toward the federal benchmarks and criteria.

A: Lack of affordable housing resources is a big challenge. I would also add lack of employment or ways to increase income for individuals and their families. Having those resources would help people gain housing faster and help people maintain housing. This would potentially get homeless numbers down and cut down on inflow.

Q: Is the analysis on need for beds based on current regional utilization or another data point, like DC-specific inflow?

A: The current need for Transitional Housing beds was estimated by looking at the number of vacancies in the program over the last couple of years and the number of clients who enter TH where another intervention, like prevention/diversion, may have been appropriate. In terms of data bumps to figure out the overlap between Veterans in HMIS or on the By-Name Lists of multiple jurisdictions.

**2:55-3:45pm EST: Veterans with Lived Experience Panel**

**Moderator: Bilal Mustafa (ACHV Member)**

Bilal Mustafa, Navy Veteran and has several family members that are Veterans and works as a community organizer.

Four Veterans on the panel comprised of 3 males and 1 Women Veterans

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- Veteran 1: Women Veteran: US Army, 1988-1993, MST, has an OTH
- Veteran 2: US Army disabled Veteran
- Veteran 3: Formally homeless Veteran, USMC, Combat Veteran from 2002-2006
- Veteran 4: Formally Homeless Veteran, Air Force, just moved into apartment

**Do you remember receiving any information before you were discharged from the military about VA, how to get enrolled, what benefits, and services might be available to you as a Veteran? If so, what information did you get that was most important or helpful?**

Veteran 1: She identified that she went AWOL after going through MST. After leaving the service, even after she reach out to the VA, she was not given information, maybe because of the time period. The DoD programs are not providing the information on programs or they are not grasping the information. The financial wellness, education, money management, and are not learning how to take care of themselves. Whatever the DoD is currently doing to support the housing options needs to be extended a little longer.

Veteran 2: Got out of the Vietnam war, upon his release he was not originally eligible at that time. He was told to contact the VA but that was it. He went through Vocational Rehab. He was out of the system over 30 years before he reengaged with the VA for services.

Veteran 3: We went through a 3 day transition program and it did not do much. We were notified of employment opportunities. He only knew about VA services due to his peers. Most told him to enroll in VA Health Care and apply for a claim which took over 13 months. Did not know about how to challenge a claim. He went through multiple community services. Couch surfing 19 months. Went to seek services through the VA. Not a lot of guidance from the VA itself.

Veteran 4: No, I did not receive any information from Air Force. He was on active duty for 2 years and then transition to reserve status for 2 years. He got a briefing, after reserve status concludes there was no information given. Need information to give access to services, prevention ongoing into some other paths.

**How long after discharge did you enroll in the VA? If you did not go to the VA right away, why not? When did you first receive help from homeless programs?**

Veteran 1: Did not go to the VA until 15 years after discharge. Went through DC drug court, went to Vet Center, that was 17 years ago.

Veteran 2: It was at the end of a 9 ½ year addiction, seeking treatment and not having resources. June 5<sup>th</sup>, 2022 will be in the process of recovery for 25 years. I am thankful for the VA for having the resources. He works at the VAMC in Washington, DC. Majority of the information is given is through other Veterans.

Veteran 3: Enrolled in VA health care 3 days after discharged. It got me in the system. I did not take advantage of all the resources. He was glad to have the medical resources that he got and to give information back to other Veterans.

Veteran 4: While homeless, was told by other Veterans. I went through the VA, the information was sporadic at best, it required a Veteran to be persistent. It took over a year and 2 months to obtain Veteran ID. Wrote down steps must take, share with case manager and other Veterans. There needs to be a more streamline approach.

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**What VA programs have helped you the most over the years? What community programs have helped? Looking back, what do you think could have helped prevent you from becoming homeless?**

Veteran 1: I do not have any VA services that have helped me. The Vet Center was the only one that has helped me. Looking back, preventing from homeless, me not going through MST and not using drugs. They went hand and hand. I would have not been homeless if not due to these two things.

Veteran 2: In my case, my homelessness occurred 40 years, not having savings, not having a plan, not having enough money to pay for rent. I am working now, receiving income and I am still in a bad place financially.

Veteran 3: SSVF, VOC, post 9/11, GI Bill, they are all there to help you to succeed. What could have prevented me from homelessness, I was couch surfing, and they did not care, did not refer me to services. At the time, they did not have HPACT team, but now they do to screen for housing stability, they are a great program, their screening to intervene services early to support housing and services.

Veteran 4: Had severe depression, quit job. Having information on services and support for mental health. If someone calls you, body language, smile while you are on the phone, the way you speak, having that type of training.

**What would you like to say to other Veterans who may be homeless or at risk of homelessness? If the Secretary of Veterans Affairs were attending the meeting, what would you ask him?**

Veteran 1: Don't wait for anyone to reach out to you, go get help, don't give up, don't put your life in someone else's hands, be proactive in your own life. Second Question: Why is there a program, something in the military that would give soldiers, airmen longer period of time, to be prepared to come out in the world. They need more time to stabilize when they come out.

Veteran 2: One of the problems that I see that creates homelessness, is drug abuse. I was clean 20 years before I experienced homelessness. Advice I would give, don't stop stopping, don't quit quitting. The information is available. The humility piece to be humble. You can say, I just don't know and be willing to accept help.

Veteran 3: Don't hesitate, reaching out, the VA wants to be there to help. If you don't ask, you never know. Would ask the Secretary, Access SSVF with disability rating to access, this is a barrier, if SC is a non-taxable income, taking the barriers away.

Veteran 4: There are resources out there to assist. Maintain a notebook of resources they are being provided. Be proactive, if you run into a Veteran on the street, get the information from them. What I would ask the Secretary, why don't we have a panel/resources as a mentor for homeless Veterans? Help eliminate pitfalls and put Veterans on a pathway to success.

The members thanked everyone for participating in the Veterans with Lived Experience Panel.

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**3:55-4:00pm EST: Closing Remarks**

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

Jennifer Ho mentioned Kathryn Monet would be chairing the ACHV Admin Meeting because she had another engagement.

Jennifer Ho addressed what the committee member's thoughts are on the structure for future meetings and debrief on what went well and suggestions for future meetings.

Sharon Green mentioned Women Veterans and the homeless population.

Kathryn Monet: The goal of housing 38,000 Veterans and it appears to be, disconnected from HUD initiatives, there could be something more there, to encourage the Secretary to connect better or more in collaboration with House America.

Jessica Venegas suggested the workgroup think about the strategy on how to address VA's response to Recommendation 1.

Others suggested the DoD/VA

Transition is still an issue

Jennifer Ho closed out and did a round robin with any other thoughts with workgroups, closing word for the last 2 days.

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

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

**ADJOURNMENT**

Jennifer Ho, Chair, ACHV adjourned the meeting on April 6, 2022.

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



July 8, 2022

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The minutes will be formally considered by the committee at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.