

VA Secretary's Advisory Committee on Homeless Veterans Meeting (ACHV)
Minnesota Housing
400 Wabash Street, Lake Superior Conference Room, St. Paul, MN

August 28-29, 2019
Meeting Minutes

The Advisory Committee on Homeless Veterans (ACHV) convened for its second regularly scheduled meeting of fiscal year 2019 on August 28, 2019 through August 29, 2019. The meeting was conducted at Minnesota Housing, 400 Wabasha Street, Lake Superior Conference Room, St. Paul, Minnesota. In accordance with the provisions of Public Law 92-463, the meeting was open to the public on August 28, 2019 (8:00 am - 5:00 pm – Central Standard Time). The meeting was closed on August 29, 2019 (8:00 am - 5:00 pm Central Standard Time) for committee deliberations, administrative matters, and tours of VA and service facilities to protect Veterans' privacy and personal information in accordance with 5 U.S.C. 552b(c)(6).

Committee Members Present:

Jennifer Ho, Chair, Commissioner, Minnesota Housing
Tammy Bellofatto, Executive Director of Bayaud Enterprises
Brad Bridwell, Director of National Operations for Cloudbreak Communities
Karl Calhoun, Director, Veteran and Recovery Services
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, CPXP, 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

Committee Members Absent:

Richard Cho, PhD, Chief Executive Officer, Connecticut Coalition to End Homelessness

Ex Officio Members Absent:

Ivan Denton, Department of Labor (DOL)
John McLaughlin, Ed.D., Federal Coordinator, Education for Homeless Children and Youth Program, (Department of Education)
Emily Rosenoff, Acting 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)
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—Program Analyst, VHA HPO, Alternate Designated Federal Officer
Dekevias Atkinson, HUD-VASH Case Manager, VHA HPO (Detail)
Daniella Waitschies, Administrative Officer, VACO 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:

Monica Diaz, Executive Director, VHA HPO (Via Phone)
John Kuhn, Director, Supportive Services for Veteran Families, VHA HPO (Via Phone)
Jeffrey Quarles, Director Grant and Per Diem Programs, VHA HPO (Via Phone)
Holly Hirsel, NCCHV Liaison, VACO HPO (Via Phone)
Greg Hughes, Director of Field Operations, Veterans Crisis Line, VACO Mental Health (Via Phone)
Jeffrey Moragne, Executive Director, Advisory Committee Management Office
Susan Pourciau, Policy Director, United States Interagency Council on Homelessness (Via Phone)
Paul Williams, MPA Homeless Programs Coordinator, Minnesota Department of Veterans Affairs
Jonelle Glubke, LICSW, Program Director, VA Community Resource and Referral Center/Homeless Programs Minneapolis VA Health Care System
Nathaniel Saltz, Statewide Program Director, Minnesota Assistance Council for Veterans
Emma Podobinski, LICSW, Outreach Social Worker, VA Community Resource and Referral Center/Homeless Programs Minneapolis VA Health Care System
Larisa Breid, LICSW, HUD-VASH Supervisor (Former GPD Liaison), VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System
Tracy Berglund, Senior Director of Housing Stability, Catholic Charities of St. Paul and Minneapolis
Bridgette Gill, LICSW, HUD-VASH Program Coordinator, VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System
Marcy Godfrey, LICSW, HUD-VASH Senior Social Worker, VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System
Alyssa Kleiner, LICSW, HUD-VASH Senior Social Worker, VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System
Jennifer Keogh, Metropolitan Council Housing and Redevelopment Authority
Eric Grumdahl, Former ACHV Member
Larry Lerke, Commissioner, Minnesota Department of Veterans Affairs

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

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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August 28, 2019 8:00-8:15am Call to Order, Welcome/Opening Remarks, Introduction of 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

August 28, 2019 8:15-8:20am Welcome Remarks

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

- Introduced herself and welcomed committee members (via telephone)

August 28, 2019 8:20-8:25am Acknowledgement of the ACHV Planning Committee and Special Guests

Presenter: Anthony Love, Senior Advisor and Director of Community Engagement, HPO

Designated Federal Officer, ACHV

- Asked planning committee members and special guests to stand and be recognized; thanked them for their hard work and dedication

August 28, 2019 8:25-9:15am Community Partners Panel-Demo of Case Consultation Process (By Name List (BNL) and Veteran Registry)

- Presenters: Paul Williams, MPA, Homeless Programs Coordinator, Minnesota Department of Veterans Affairs; Jonelle Glubke, LICSW, Program Director, VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System; Nathaniel Saltz, Statewide Program Director, Minnesota Assistance Council for Veterans; Emma Podobinski, LICSW, Outreach Social Worker, VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System
- Minnesota has had a 54% reduction in homelessness among Veterans.
- Minnesota has stably housed over 1,815 previously homeless Veterans through the Homeless Veteran Registry since Dec 2014.
- Minnesota using data to understand barriers and noted the following items:
 - Hennepin CoC Barrier Breakdown: The top six largest percentages were attributed to: Mental Health: 32%, Criminal History/Legal: 20%, UD: 9%, Client Choice: 7%, and Sex Crime: 8% and Substance Use: 6%.
 - Ramsey County CoC Barrier Breakdown: The top six largest percentages were attributed to: Disengagement 28%; UD: 20%; Criminal History/Legal: 17%, Mental Health: 10% and Client Choice: 10%, and Substance Abuse: 8%.
- What is the path to getting to functional zero homelessness? Data collecting and data sharing, looking at the benchmarks and working collaboratively with entities across the state who share the same mission of ending homelessness among Veterans.
- Biweekly Registry Meetings are held and are broken into different regions and includes the Assistant Homeless Program Coordinators and various providers within the region.
- Collaboration is key with assisting Continuum of Care (CoC) and there is significant value in being able to link a Veteran to the most appropriate service or care.
- Do you connect the registry with the Homeless Management Information System (HMIS)? It was not beneficial to use HMIS because everyone would not have access to it.

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- How many Veterans are on your registry? 247 Veterans
- Have you broken the data down to determine the number of women? There is not a hard number, but the number is stable.
- How is prevention being addressed? Collaboration in identifying Veterans, diversion pilot program, cross training Supportive Services for Veteran Families (SSVF) and VA staff together, creating staff relationships, and talking about diversions, resources, and barriers. Employment services and outreach to jails and prisons throughout the state are also key.
- Is there a trend where Veterans transition out of the military become homeless? We do not have hard number in terms of how many years between leaving the military and becoming homeless. The age of the Veterans are between 45-64 years old.
- How is outreach conducted? Street outreach and working closely with CoCs, other housing programs and outreach centers, meeting people who visit the CRRC; visiting inpatient facilities; working with Minneapolis Police; and visiting homeless camps that are identified by the police
- There is strong support and state investments by way of resources by the Minnesota State Legislature; financial support from the state is just as high if not higher than HUD-VASH or VA resources.
- What role does employment play during intake process? It is a process and they focus heavily on Veterans who are employable.
- How do Homeless Operations Management and Evaluation System (HOMES) and the registry work together? Every Veteran who is on the registry is automatically added in HOMES. Knowing who they are increases collaboration with partners. Hence, a lot of problem solving can occur in the beginning so that the resources can efficiently be used to develop a strategy to assist the Veteran.
- Are case conferences being held to address why Veterans are losing housing? Yes, they are conducted on an as needed bases, and the issues vary from mental health, physical health issues as well as housing availability by landlords.
- How is the conversation going when there is discussion about staying in a group setting versus getting their own place? Most people prefer to get their own place, but for ones who are reluctant, it is about engaging with them to weigh the pros and cons.
- Are there resources for Veterans who do not want housing resources from the VA? Nothing formally but resources there are resources through Health Care for Homeless Veterans (HCHV) and the community.
- If you could provide a direct recommendation to the VA Secretary, what would that be? To provide more resources for more difficult cases; be able to address barriers in working with and for Veterans who are registered sexual offenders given that they are not eligible for Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH).
- How is a Veteran defined? They go by the state definition before the VA definition, and confirm what branch and determine their discharge status, which will help determine what services and resources they would be eligible for.

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August 28, 2019 9:45-10:15am United States Interagency Council on Homelessness (USICH) Resources on Grant and Per Diem (GPD) Transformation Models (Benchmark and Criteria)

Presenter: Susan Pourciau, USICH Policy Director

- Background on GPD Transformation
 - GDP was one of the oldest VA homeless programs, preceding major investments in SSVF, HUD-VASH, etc
 - Traditionally, GPD Programs were transition housing with length of stay (often 24 month); high barriers to entry; high service requirements while in the program; and often limited to connectivity to general homelessness services system
 - Transformation took place with the FY GPD Notice of Funding Availability (NOFA) that required programs to reapply and specify their models and how they were connected to the coordinated entry. The following new GPD-funded models included: Bridge Housing, Low Demand GPD, Hospital to Housing, Clinical Treatment, Service-Intensive Transitional Housing, Transition in Place, and Service Centers.
 - For specific details on the various housing models' intent, target population, services, and housing placement benchmarks, refer to the GPD Transformation Brief:
https://www.usich.gov/resources/uploads/asset_library/GPD-transformation-considerations-for-communities-june-2019.pdf
- Some lingering issues include:
 - Some GPD Programs do not participate in HMIS
 - Some GPD Programs are not integrated into Coordinated Entry
 - Many GPD Programs remain relatively intensive in terms of service, problem with longer stays
 - Performance Data is available yet
Action Item: Provide performance data on the length of stay and other performance related data.
- The following updated resources were recently released:
 - Revised Veteran Criteria and Benchmarks (June 2019):
https://www.usich.gov/resources/uploads/asset_library/Criteria_and_Benchmarks_for_Ending_Veteran_Homelessness_June_2019_Update.pdf
 - GPD Transformation Brief (June 2019)
https://www.usich.gov/resources/uploads/asset_library/GPD-transformation-considerations-for-communities-june-2019.pdf
 - **Action Item:** Provide some ways to increase GPD Providers engagement to increase their capacity to participate in HMIS
 - **Action Item:** Contact Susan.Pourciau@usich.gov if you have any questions about the benchmark/criteria or need additional assistance.
- In August 2019, 77 communities and 3 states ended homelessness and 4 communities ended Chronic and Veteran homelessness. The confirmed communities listing is updated regularly on the USICH Website. For a current listing, visit: <https://www.usich.gov/communities-that-have-ended-homelessness>
 - **Action Item:** Insert the date when communities announce they have ended homelessness.

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August 28, 2019 10:30-11:00am National and Local Grant and Per Diem (GPD) Panel

Presenter: Larisa Breid, LICSW, HUD-VASH Supervisor (Former GPD Liaison), VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System; Jeffrey Quarles, Director, Grant and Per Diem National Program Office; Tracy Berglund, Senior Director of Housing Stability, Catholic Charities of St. Paul and Minneapolis; Nathaniel Saltz, Statewide Program Director, Minneapolis Assistance Council for Veterans.

- Hospital to Home (H2H) Model, nurse on site, case manager, each Veteran gets an assessment and case management: assessment and follow-up as needed from VA. With this model, the Veteran has to be hospitalized for some time and must be able to live independently and not compromised by health challenges.
- 13 Bed GPD Program, 4 Bridge Housing Programs, SSVF and legal services, and are able to assist with integration of services and located very close y to the Minneapolis VA
- What is the impact of the transition/shift? It is helpful for staff to see more broadly to see how homelessness can be ended.
- How has Catholic Charities dealt with specific organizations (Housing First, shelters; harm reduction)? Harm reduction low entry type of organization help to remove as many barriers as possible to get homeless people off the street; length of stay is long on average but reducing over time because of the harm reduction approach. We are noticing that people are choosing to recover in order to exit successfully; treatment focus/12-step model. Veterans sometimes agree to stay longer than preferred in order to work on goals and deal with sobriety.
- Are GPD Programs being fully utilized in the community? The need to move the exodus residence could increase the number of beds for H2H due to available capital. There is interest to expand, which may involve increase staffing.
- How can you ensure that Veterans of color are welcome to the programs? Staff members reflect the races of Veterans, cultural training is provided, and Catholic Charities are focused on trauma focused care, social equity and racial justice.
- How can VA improve grant process? VA has done a good job targeting communities and providing technical assistance as needed in writing and submitting grant requests; and we remain patient with Veterans' recovery process (time).
- How are you working with State Veterans' Homes to address Veterans who may have a cognitive issue, but is not "sick" enough to go to an assisted living? They have been moving more in alignment (cost is an issue).
- Is there any consideration to have female case managers? Outsourcing is frowned upon and structure issues with staff and safety are also some concerns.
- How are the local governments dealing with addressing affordable housing in the twin cities? Zoning changes and investment dollars are being allocated; mayors ran on dealing with housing needs and won; lots of redevelopment is underway locally that would make more affordable housing available; corporate leaders are stepping up; local citizens attend city council meetings and speak in support of the need for affordable housing.

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August 28, 2019 12:30-12:45pm National Call Center for Homeless Veterans (NCCHV): Homelessness and Suicide-A Call Center Response

Presenters: Greg Hughes, Director of Field Operations, Veterans Crisis Line, VACO Mental Health; Holly Hirsel, NCCHV Liaison, VACO HPO; Dekevias Atkinson, HUD-VASH Case Manager, VHA Homeless Programs Office, Community Engagement (Detail)

- In 2014, an average of 20 Veterans died by suicide every day.
- Overlapping risk factors for suicidality and homelessness: mental health/psychiatric history, substance abuse, chronic pain, lack of family and social supports/isolation, financial problems, marital/relationship issues or violence, legal issues, physical health conditions, major loss or stressful event, and trauma.
- Veterans with a history of homelessness were 8.8 times more likely to have attempted suicide than Veterans with no history of homelessness.
- NCCHV was one of 1 of 6 core strategies, as part of Secretary Shinseki's VA's 5 Year Plan to End Homelessness Among Veterans: to promote timely and coordinated access to VA and community services and to disseminate information to concerned family members and non-VA providers about all the programs and services available to assist Veterans
- NCCHV operates 24/7 and a brief screen is conducted and to determine the severity of need, which includes: information only, emergent, urgent, routine, or transfer to the Veterans Crisis Line (VCL). NCCHV have Primary and Secondary contacts are at all VA Medical Centers.
 - From FY 2016-2018, there were 394,230 NCCHV Total Calls
 - From FY 2016-2018, there were 1,986,528 VCL Total Calls
- General information was shared about how NCCHV and Veterans Crisis Line operates, and how collaboration is key to addressing the risk factors surrounding suicidality among homeless Veterans. The following items were noted as things that could be done:
 - Identify high risk Veterans
 - Recognize the increased inherent risk of suicide for homeless Veterans
 - Increase community partnerships
 - Collaborative approach to Veteran care
 - Co-manage and monitor Veterans at the high risk/increase risk
 - Outreach and education
 - SAVE Trainings at residential facilities (include GPD and HUD-ASH)
 - Mental Health Transition of Care
 - Coordinate Treatment Plan (especially between VA Homeless Program Staff and VA Suicide Prevention Staff)
 - NCCHV and VCL Partnership and Referral Coordination
- A June 2018 memo was released that outlined guidance on the roles and responsibilities of VA Medical Centers Homeless Program regarding suicide prevention efforts that required:
 - Monthly collaboration between homeless programs and Suicide Prevention and REACH Act coordinators to identify high risk Veterans, currently engaged in homeless program for additional clinical contact and services
 - At least one homeless program staff person at each facility to become a SAVE Trainer and work with Suicide Prevention Coordinators to conduct SAVE Trainings with community partners and Veterans participating in VA Homeless Programs.

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- Case examples were shared to illustrate how collaboration between the call center/Homeless Programs and Suicide Prevention can successfully work together to address suicidality, addressing the stress factors, and ultimately addressing housing needs and priorities for Veterans in need.
 - **Action Item:** Reach out to subject matter experts to acquire additional information regarding the NCCHV.

August 28, 2019 1:00-1:30pm National and Local Housing and Urban Development-VA Supportive Housing (HUD-VASH) Panel

Presenters: Bridgette Gil, LICSW, HUD-VASH Program Coordinator, VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System; Marci Godfrey, LICSW, HUD-VASH Senior Social Worker, VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System; Alyssa Kleiner, LICSW, HUD-VASH Senior Social Worker, VA Community Resource and Referral Center/Homeless Programs, Minneapolis VA Health Care System; Jennifer Keogh, Metropolitan Council Housing and Redevelopment Authority

- What are the strengths of the program and what is done well? Working with 11 Public Housing Authorities (PHAs) and a vast network of people; creating a standard application process which streamlined the process in dealing with the different PHAs; flexibility of PHAs are very helpful and assist with various areas to ensure that paperwork is processed successfully; acquiring a full time person to work in the rural areas, which can get overlooked at times; having regular monthly calls improves communication within the team as well as PHAs.
- How have you seen the HUD-VASH program evolve? Staff increased from 8 to 31 and the development of community partnerships. As a management team, we carefully distribute the difficult cases to curtail staff burnout.
- How did you use transportation for Veterans who reside in rural areas? This is a good transit area. Veterans who are service connected can ride the transit for free; Disabled American Veterans (DAV) vans are also available to transport Veterans to/from their appointments.
- How do you work with landlords who may have trust issues with HUD-VASH staff? Being transparent about a Veteran and his/her history. Having some credibility and being mindful where Veterans are placed to take into consideration good fits for a landlord's expectations and/or neighborhoods/communities.
- How are Veterans with geriatric needs supported to maintain their housing? Maintain constant communication with VA providers (as needed).
- How is it working to address there being more vouchers than housing availability? Not a lot of options for Veterans who are in tribes, but it is moving slowly; racial disparities and a lot of them are dishonorably discharged so they are trying to assist Veterans in working on getting their discharge statuses changed (slow and rare process).
- What about electronic storage of documents? The Computerized Patient Record System (CPRS) scanning system is used.
- Are all vouchers managed by VA or are PHAs managing vouchers themselves? Vouchers are provided and managed by the PHA.

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August 28, 2019 1:45-2:15pm Veterans with Lived Experience Panel

Presenters: Veterans with Lived Experience

- Formerly homeless Veterans (who currently reside in the MN area) shared their personal lived experiences about their journey after separating from the military and falling into homelessness.
 - Veteran 1: Wife encouraged him to reach out to VA and apply for the healthcare and benefits that he earned.
 - Veteran 2: Reached out to VA (as an elderly Veteran) after being displaced from his home and family.
 - Veteran 3: Reached out to VA after living on the street and facing substance abuse and other challenges. After acquiring assistance, he has been committed to paying it forward to help other Veterans.
- The Veterans all agreed that the services they received once connecting to VA was good. They stressed the access to resources need to flow with these changing times and more needs to be done to reach out to servicemembers before they leave the military to share information about the resources that are available to them.
- What were some of the things you saw as being beneficial? Knowing what questions to ask and having the support of staff that could assist them with navigating the system to steer them in the right direction.
- What recommendations would you give to VA Secretary? Every single Veteran must have their own individual issues addressed to prevent recidivism.

August 28, 2019 2:45-4:15pm Report Out from ACHV Workgroup Committees

Presenter: Advisory Committee on Homeless Veterans Workgroup Report Outs

As a follow-up to the April 2018 meeting, the Committee Members provided some insight for the following themes that could potentially be considered for incorporation in the annual report to sustain and continue the long-term progress:

- Transition/Prevention (Suicide): The general belief is that there is not enough being done around “prevention”. Thus, more focus is placed on reacting when it comes to a housing crisis. There must be a longer relationship between DoD and VA. There appears to be an “opt out” and not an “opt in” approach. Veterans do not know what is available post-active duty and there needs to be post-military mentorship program created to address the overlapping of services/treatment; therefore, there should be a longer relationship of an active duty servicemember with the VA before they actually become a Veteran and separate from the military.
- Research: Explore VA’s research efforts associated with prevention of homelessness to address collaboration and the use data in order to address needs across the board, when it comes to homeless Veterans. In addition, convene a meeting with someone at the National Center on Homelessness Among Veterans and other applicable organizations that may conduct research.
- Aging Veterans: There are silos within VA, in terms of, communication across various programs and services. It was suggested that VA consider having a Homeless Program Office Summit to engage in a conversation with the VA Secretary and other VA Senior Leaders about how homelessness is having an impact across all programs. Other suggestions include info from the Challeng Survey; provide tailored training to VA Contractors (SSVF/GPD) around geriatric care

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given the rise in the aging Veteran population and provide consistent data tracking in an effort to keep better track of aging Veterans and be able to wrap services around the Veteran if needed.

- Employment/Education: Convene a meeting with VA Committee on Rehabilitation (VA COR) to discuss possibly including employment, vocational rehabilitation and homelessness.
- SECVA Messaging: Improved interagency collaboration with the USICH, HUD, DoL, DoE and other federal agencies.
- Technology: Explore applications that could potentially serve as one-stop shop for Veterans when they transition out or to get access valuable information for assistance.
- Women Veterans: Explore homelessness among Women Veterans, acquire data to assess gaps related to access to care to meet their needs
- HUD-VASH Staffing Levels: Challenges associated with VAMC Homeless Programs' staffing levels
- Action Item: Provide a status update on the progress has been made with recommendations that VA concurred on from last year's report.
- Action Item: Reach out to subject matter experts to acquire additional information regarding the topics (noted above).
- Action Item: Provide annual report (with recommendations) to VA before Q1/2020, so they can review and provide their responses by the end of Q2/2020.

August 28, 2019 - 4:30 pm - 5:00 pm Closing Remarks

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

Jennifer Ho thanked everyone for attending the meeting and briefing reviewed the agenda for the August 29, 2019 meeting.

April 29, 2019 - 8:00 am – 5:00 pm: Closed Meeting

The Committee convened closed session to convene committee deliberations, administration items, and tour the Upper Post/VA Medical Center and Community Resource and Referral Center. These sessions were closed in accordance with 5.U.S.C.Sec. 552b(c)(6). Tours of VA facilities were closed to protect Veterans' privacy and personal information.

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.

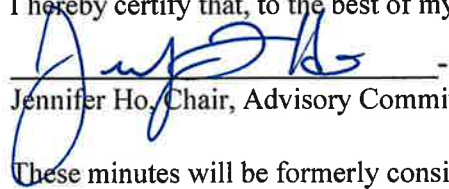
ADJOURNMENT

Jennifer Ho thanked all those who participated and attended the Committee meeting. The meeting adjourned at 5:00 pm on August 29, 2019.

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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.