

Advisory Committee on Homeless Veterans (ACHV) Meeting Minutes

September 20, 2022, 12pm to 4pm EST

The Advisory Committee on Homeless Veterans (ACHV) convened a four-hour public meeting, which primarily focused on programmatic updates from our Federal partners on September 20, 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
Karl Calhoun, Director of Safety Net Programs/Partnerships at LA Care Health Plan
Tramecia Garner, LPCC, Chief Operating Officer/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

Committee Members

Brandon Wilson, Director of Veterans Services of the Carolinas (Excused)

Ex Officio Members – Present

Heather Denny, Education for Homeless Children and Youth Team, Department of Education (ED)
Ivan Denton, Director, Office of National Programs, Department of Labor (DOL)
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, U.S. Interagency Council on Homelessness (USICH)
Stacey Owens, MSW, LCSW-C, Military and Veterans Affairs Liaison for the Substance Abuse and Mental Health Services Administration (SAMHSA)

Ex Officio Member – Absent

Greg Crawford is a Correctional Program Specialist at the National Institute of Corrections (NIC)
Monshi Ramdass, Military Veteran Agricultural Liaison (MVAL) and Veterans Outreach Manager in the Department of Agriculture, Office of Partnerships and Public Engagement, and the Military Veteran Agricultural Liaison's Office, in the Office of the Secretary
Norm Suchar, Director, Office of Special Needs Assistance Programs, Department of Housing and Urban Development (HUD)

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Committee Support Staff Present:

Anthony Love, Designated Federal Officer, ACHV, VHA Homeless Program Office (HPO)
Leisa Davis, Alternate Designated Federal Officer (DFO), VHA HPO
Tisha Hardin, MSW, LISW-S, LICDC, Special Assignment, VHA HPO
Veronica Morawek, PhD, LICSW, Special Assignment, VHA HPO
Candace Parker, MSW, LMSW, LCSW-A, VHA HPO

***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 were identified by their full or partial name:**

Tanya Bradsher
Meghan Deal
Monica Diaz
NaShid Dickerson
Shannon Dunkin
Tracy Emmanuel
Cara Franke
Katherine Gerard
Erin Johnson
Kristy Johnson
David Indest
Shawn Liu
Teresa Pittman
Christie Riviera
Sean Shields
Chelsea Watson
Michael Wehrer
J.R. Wilson

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Introduction

Jennifer Ho, Advisory Committee on Homeless Veterans (ACHV) Chair:

- Provided a brief overview of the meeting agenda
- Remarked on the difficult time the board has had with Coronavirus Disease (COVID) confused markers on goals and understanding our markers of the goal
- Introduced ACHV Members, Ex Officio Members, Homeless Program Staff and Seattle Presenters

Welcome Remarks

Monica Diaz, Executive Director, VHA Homeless Program Office (HPO)

- Provided thanks for the committee's recommendations and understands that most will be cycling off the committee at the end of the year. The following HPO Updates were provided to 938,000 housed or prevented homelessness among Veterans and their families. Close to reaching a million lives changed and looking forward to celebrating in the future
- Joint Statement to End Veteran Homelessness was released in April 2022 between Housing and Urban Development (HUD) and Department of Veterans Affairs (VA)
- As of August 2022, on track to meet 38K Goal
- Over \$400 Million in American Rescue Plan (ARP) Funding budget utilized for specific strategies
- Flexibility in regulatory requirements such as 4201 Funding
 - Over 40K Veterans helped with Section 4201 (in Public Law 116-315) Funding
- 90 Grant and Per Diem (GPD) Notice of Funding Authority (NOFA) Capital Grant applications, totaling \$120 Million were granted that will be impacting 2,000 Veterans.
- Grants for legal services
- Expansion of eligibility for homeless Veterans
 - FY 2023 budget published and the numbers look good
 - Housing and Urban Development – VA Supportive Housing (HUD-VASH): \$41 Million Increase
 - Supportive Services for Veteran Families (SSVF): \$3 Million Increase
 - Veterans Justice Office (VJO): \$12 Million Increase
 - American Rescue Plan appears less but remains the same
 - Secretary of Veterans Affairs (SECVA) is USICH Chair with a focus on prevention through strategic planning

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SECVA Video: Importance of Advisory Committee

- Importance of Advisory Committees and the work they do
- Focus on Veteran outcomes through data
- Emphasized the importance of serving the most vulnerable Veterans

Tanya Bradsher, VA Chief of Staff (COSVA)

- Requested the Homeless and National Cemetery Administration Portfolio. Stems from a fear that her father would become homeless.
- Proud of the work we have done and know there is still more work to do
- SECVA has put his stamp on homeless goals
- Veteran Integrated Service Networks (VISN) who have not focused as much on homelessness are being motivated by the work that is being done by other VISNs to address this issue
- First focus was on LA- Care Treatment Rehabilitative Services (CTRS) low barrier housing in LA
 - Tent City was located on the sidewalk, extended to the street and prone to crime.
 - The goal was to bring Veterans on the campus.
 - Tiny Homes -- 10x10, 131 built
 - Six are temporary, Veteran admitted same night
 - A fire occurred resulting in the loss of 10 units, 12 were damaged and no injuries. We need to look at safe storage of Veteran's personal belongings, safety equipment (fire extinguishers) and security guards
 - Buildings 205 and 208 in LA
 - Looking to cut the ribbon by the end of this calendar year
 - Will provide up to 122 Units
 - CTRS Veterans are not required to enter treatment but encouraged to attend.
 - Building Numbers 205 and 208 are treatment focused, they are not CTRS.
 - CTRS are not designed as a permanent solution, but to get Veterans off the street.
- Operation Deep Dive Study on Veteran Suicide
 - Led by the American Warrior Project
 - Ongoing study currently
- Veterans who are not necessarily eligible for VA Health care
- Some Veterans do not receive all the resources they need

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- COSVA concerned that 100% disabled Veterans were deemed ineligible for Housing and Urban Development- VA Supportive Housing (HUD-VASH) and Supportive Services for Veterans and Families (SSVF) due to their income. In some cases, they made too much money to qualify for some of the homeless services like HUD-VASH and SSVF.
 - Need to use 80% Area Median Income (AMI) which will let 100% service-connected Veterans participate in programs
- **Questions from Advisory Committee Members**
 - **If receiving services and then become 100%, will services continue?**
 - Challenge is looking at who sets AMI, very localized. AMI is driven by tax credits; all incentives are for lower AMI
 - **Does VA disability rating qualify Veterans for additional services?**
 - Look through Section 42 of IRS code and state/ county allocations.
 - Look at Tribal HUD-VASH Pilot and replicate it for 100% service-connected Veterans.
 - Operates outside of Section 8

Jessica Venegas asked:

How are you approaching the need to get a clearer number of homeless Veterans?

- HPO to get data from the ground
- Compare these numbers to Point in Time (PIT) Count
- **VA is a hospital system. How are we addressing gaps missed by VA?**
 - SECVA just had a meeting on how to close gaps through data
 - How to link up Veterans with local community resources
- **Hiring challenges in Homeless Programs like in the rest of VA can be an issue. How are they being addressed?**
 - Address the burnout of front-line staff (HUD/VASH)
 - **Is there an incentive program in place for homeless staff (esp. in the field and on the ground)?**
- Leadership of local VAMC is key.
 - Communities that have reached homeless goals are doing lots of collaboration

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Kathryn Monet asked:

- **Can you update us on Greater Los Angeles (GLA) subset part of the 38K Goal focused on 1,500 Veterans?**
 - We are behind
 - Cost is a key
 - Availability is an issue
- Global perspective on what it takes to address unsheltered homelessness in large cities like LA and Seattle?
 - Will take more resources than we have in VA

Tramecia Garner asked:

- **Is there any thought on how VA contracts can take some burden off VA?**
Greater Los Angeles (GLA) has a lot of contracts, she has not seen the benefits of the contracts yet.

Jennifer Ho asked:

- **Look at past recommendations from this community**
 - Need to keep tracking HUD-VASH staffing
 - Looking at organization chart to see what works well across VA
 - What practices were developed due to covid can or should be replicated

Sharon Green asked:

- **Question: Is there a way to provide housing for Veterans before they become homeless?**
 - Public private partnerships with tax credits are all set up to deal with homelessness and not prevention
 - We aren't budgeted that way
 - Veteran Benefits Administration (VBA) assists with VA loan
 - Waiver for full time students

Veterans Panel

Moderator: Bilal Mustafa, ACHV Member

- **Before being discharged from the military what information was provided about the VA? How to enroll and what benefits and services were available?**
 - No, found out 23 years later
 - In 1996 discharged during Don't Ask Don't Tell. No information, nothing was offered. I didn't feel welcomed. I felt like they wanted to get rid of me.

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- 1989-1993, then in 1997, simple “take this to VA and get signed up” connection between Department of Defense (DOD) and VA needs to be improved
- Out in 2009 did get information about the VA and did enroll
- **How long did it take until you received VA services?**
 - Two years due to Post Traumatic Stress Disorder (PTSD). We found out more information from each other than anyone else.
 - Discharged in 1996, got to VA in 2011, 10-15 years of homelessness and depression
 - Got involved due to case manager knocking on my door. Said he can help but need to enroll. Less than a month later I was moving into a home.
- **When did you first get help from a homeless program?**
 - Outreach worker knocked on my door. I was depressed, he accepted me as person
 - Took 23 years after being discharged from Army. Knowledge on who can help means a lot, needs to be advertised properly. Needs to be more than talking amongst ourselves.
 - Veterans Justice Office through Drug Court, got screened for HUD-VASH but no vouchers in July, December was offered a voucher. GPD saved my life. Now, I am educated and the Director of a community GPD Program.
 - I have good comments to make about HUD-VASH. Counselors are superb. Dedicated to their jobs and they helped me out. They observed and pushed me in a good way. They really helped me to conquer myself.
- **What VA program helped you the most?**
 - Came back from Iraq, lost my family and was reckless. If it wasn't for Veteran's Court, I would have been in jail. Instead, I got treatment, long term residential. When I came out, I went to GPD, gave me access to services. Peer support, nothing is more important than peer support. Biggest thing VA needs to spend money on. I joined an outside support group of combat Veterans. We share struggles and life's wins. Peer support is key. VA is intimidating. Send peers to out-process that served previous military service.
 - In GPD, there was a Veteran there and I could relate to him. Peer support kept me up, so I didn't fail the program. Need to hire more Veterans if you can (in the peer support area).

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- I do outreach to people in cars who are homeless. I give them VA information. To sit across from other Veteran makes a difference. All VA's should have a lived experience committee. Took a job with Supportive Services for Veteran Families (SSVF) but dropped out because they were more interested in numbers.
- I have been and will continue to be an advocate for VA. You have to help the VA help you. One Veteran for all the Veterans verses 30 hospitals for the community. People have had a bad experiences in the past.
- Concur with peer support. I utilized the Domiciliary Care for Homeless Veterans (DOM), Substance Use Disorder (SUD) and Post-Traumatic Stress Disorder (PTSD) programs. I was going through divorce, living out of my car, went into prison for 3-4 years, then went into transitional housing. VA is severely underrated. They have saved my life. Been sober for over 3 years. Started drinking at age 15. The longest period I ever had dry before this was when I was in Iraq for one year. I would love to share my experience with other Veterans.
- **What could have prevented you from becoming homeless?**
 - Better support when I was separated from Air Force in 1997. There was no offer of any support. Anything would have been better than the nothing.
 - I was homeless before I went into the Army and homeless and was homeless when I got out. I don't blame anyone else because I made those choices.
- **What do you want to share with other Veterans who might become homeless?**
 - **Give VA another chance.**
 - VA never gave up on me. They say, "We are here, how can we help you?" "I wouldn't be alive without VA".
 - Just because you had a bad experience in your branch of service, doesn't mean VA is bad.
- **If the SECVA was in the room, what would you ask him?**
 - **Why don't you hire more peer support?**
 - Don't hold our past against us.
 - Thanks for making mental health a focus. It is real.
 - SSVF is good because it deals with the whole family and keeps them together.

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- **When homeless did anyone help with employment?**
 - GPD
 - This VA has an employment program Compensated Work Therapy (CWT)

ACHV Proposed Recommendations.

- **Employment: Tammy Bellofatto**
 - Researched similarities between SSVF and Homeless Veterans' Reintegration Program (HVRP) Department of Labor (DOL) programs.
 - VA should establish a taskforce to see how VA employment is incorporated in other employment programs.
 - ACHV member should be on the taskforce
 - Definition of Veteran is different
 - SSVF should be referring to HVRP

Questions and comments from Advisory Committee Members

- Timeline isn't achievable (Update the timeline because the report will be released in March 2023)
 - Talk with Homeless Veteran Employment Program (VEP) within VA to see what they are currently doing
- **Transitioning Service Members and Suicide Prevention: Sharon Green**
 - Relationship with DoD, VA and other have drastically improved for our transitioning service members
 - VA benefits and service guide should include Veterans in the title
 - Recommending partnering with Veteran Service Organizations.
 - VA pick up the Army Preparation Model Be-Know-Do, emphasis on "Do"
 - Use the model to walk the service member through the different scenarios they may encounter when discharged "If one of your fellow Veterans needed help to what VA services can you direct them?"
 - **Is anyone responsible for Veterans who have not signed up for VA services?**
 - Community organizations can help fill the gap
 - What organizations have Veteran programs?
 - VA reaches out to contact service members before discharge now.
 - Need to also reach out to family members
 - Need to "reach back" to service members from earlier years
 - Develop a Memorandum of Understanding with community organizations to outreach Veterans prior 2019, to connect with Veterans that did not get the supportive transition that is currently occurring

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- Partner with faith-based groups to continue to do “reach back out”

Questions and comments from Advisory Committee members

- Automatic VA Enrollment
- There has to be an ongoing effort to connect to folks. Is VA responsible for Veterans that don't sign up? There needs to be much more outreach.
- **What is the ask for VA's Secretary and how will it be measured?** ‘
 - Proposed recommendations need to have more teeth.
 - Look at dual recommendations with other Advisory Committees
- **Geriatric: Tramecia Garner** Veterans living within a single building
 - Met with Deborah Lee (HUD-VASH) to better understand Veteran need
 - Aging in place
 - Lots of permanent supportive housing are turning into aging residences
 - Medical Foster Home and other initiatives including California's \$25 million pilot to enhance services in supported housing
 - How do we enhance the care?
 - Transportation- to medical appointments and around the community
 - Peer support
 - Site based care
 - Grocery shopping
 - Cleaning services
 - Activities of Daily Living (ADLs)
 - Recommendation
 - Contract Out
 - Peer Support
 - Transportation
 - Expand staffing during off hours
 - Increase site-based care
 - Outreach to Veterans with higher acuity
 - Look at areas that are doing good work now and see if replicable

Consider meeting with Geriatrics and Gerontology Advisory Committee subject matter experts to tap into their programs to see where we can collaborate and potentially write a joint recommendation

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Jennifer Ho: Final Thoughts for the Day/Beyond Recommendations/ Special Attention

- We do not vote today; however, we ask that you continue to shape the proposed recommendations and let's schedule another meeting later this year
- Listed below are a few key takeaways that were provided by the Committee.
 - Importance of Peer Support
 - Special Attention to Criminal Justice and Drug Court/Veteran Courts
 - The justice system is a critical system for healing and recovery
 - Special attention on background checks for peer support who are trying to get employment at VA.

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 September 20, 2022.

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



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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Chelsea Baylen

Thomas S. Bundt

Pete De Santo

Kevin Devine

Cara Franke

Katherine Gerald

Justin Grata

Emma Horowitz

Kristy Johnson

Leon Richardson

Megan Stanley

Matt White

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Welcome Remarks From VA Puget Sound Health Care System (VA PSHCS)- Thomas S. Bundt, PhD., FACHE Acting Director, VA PSHCS

- Briefly described VA Puget Sound Health Care System (VA PSHCS)
- 1A Facility: One of the top five VA facilities in terms of size, complexity, and scope.
- Fourth largest research program within the VA
- Newest outpatient clinic is Everett- also includes a Homeless-Patient Aligned Care Team (H-PACT), making it closer and more accessible for Veterans in the community
 - Other H-PACT sites include American Lake and Seattle (both main campuses)
- Mental Health and Suicide Prevention Programs, many of which struggle to reach Veterans that are far out and hard to reach. VA Puget Sound Health Care System (VA PSHCS) partners with community agencies to facilitate connection.
- Community outreach and homeless programs include:
 - Grant Per Diem (GPD) and Community Engagement and Reintegration Service (CERS): 218 transitional housing beds
 - Community Resource and Referral Centers (CRRC)
 - Community-based outreach services in urban and rural areas
 - Veterans Justice Program
 - Housing and Urban Development – VA Supportive Housing (HUD-VASH) has approximately 2700 vouchers across 12 Public Housing Authorities in 11 counties
 - Public Housing Authority (PHA) working with tenant and project-based vouchers
 - 41 active project-based facilities, which include 625 HUD-VASH units
- Using a Collaborative Case Management model in King County along with the PHA

Veterans Operational Leadership Committee (VOLT):

Presenter: Megan Stanley, Veterans Administrator King County Department of Community and Human Services, Adult Services Division

- King County team comprised of all local Veteran homeless providers
 - Developed the VOLT during the 25 Cities Initiative
 - Developed in 2014
 - Specific to King County to determine what resources are needed based on trends
- Utilizes By Name List (BNL) for Veterans, along with Homeless Management Information System (HMIS)
- Use this tool as a data-matching tool

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- Veterans are assessed weekly to be matched with voucher and services, leading to permanent housing.
- Coronavirus Disease (COVID) brought additional resources at the Federal and State level.
 - Expanded programming through these resources
- During Dec 2020-June 2022 BNL list decrease from 1160 to 600.
 - Numbers are remaining stable at this current time.
- Veteran BNL was also used to develop methods to track those who decline permanent housing
- Utilization of services focusing on Veterans that were previously ineligible due to their discharge statuses that are now eligible.
- Reduction also related to increased funding to new programs, which opened further resources.
 - Created better paths to get Veterans housed quicker.
- Transitioned from Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) to a housing triage tool- more efficient assessment, streamlined case conferencing
 - Co-locate services- same day services
- Stronger follow through with case management after placing Veterans into hotels/motels.
- Areas that are of future focus:
 - Examine race/ethnicity data (to ensure equity for all)
 - Explore ways to engage with de-identified Veterans such as, how to contact them.

Technical Assistance (TA)

Presenter: Matt White, Senior Associate at Housing Innovations, Advisor Working with King County

- TA was requested by the Homeless Program Office (HPO) to provide assistance to the Puget Sound homeless program
- Replace the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), more efficient assessment, streamlined case conferencing and to ensure housing equity.
- Goal was to improve the Coordinated Entry System to address how priority decisions are made
- Community Of Care (COC) was interested in applying this program and solutions developed to address the prioritization for Veterans.
- Stakeholders from HUD-VASH, Supportive Services for Veteran Families (SSVF, Community Resource and Referral Center (CRRC), etc., met bi-weekly in a workgroup to develop this new Coordinated Entry System (CES) prioritization tool
 - Examined the different housing types from prevention to Permanent Supportive Housing and voucher programs based on each workgroup
- Currently, Veterans are assessed through eligibility and connected to services
 - If the Veteran is eligible, connect to BNL
 - If the Veteran is not eligible- still connect the Veteran to community-based services
- This model is utilizing the prioritization system using acuity model approach
 - Each acuity level is based on staff observation and enrollment in specific programs.

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- i.e., GPD= moderate acuity, whereas high acuity uses project-based and tenant-based HUD-VASH
- Progressive assistance: Guiding assistance. Start Veteran with base level services, then titrate up services to meet the Veteran's needs
- Tool utilized to prioritize Veterans based on Center for Disease Control tool that addresses risk factors.
- No longer using VI-SPDAT
 - How to define need? Risk was defined as "future likelihood of harm if nothing is done?"
- Workgroup identified 3 different methods for assessing risk and need in Veterans:
 - Clinical assessment: results would support three decisions that need to be made
 - What is the risk?
 - What is the service strategy?
 - What is the priority?
 - Staff assessment: clinical judgement/observation
 - Predictive risk modeling using administrative data
 - King County developing an integrated data hub": including HMIS, criminal justice systems, hospitals, psychiatric, and substance use treatment data.
 - The goal would be to look backwards in these data hubs to use the information to predict the risk level of the Veteran based on accessing of these services.
- Workgroup felt the predictive risk modeling was the best way to assess risk
- Recommendations:
 - "Near Term" Solution: identify clinical assessment toll with highest validity and lowest probability of harm
 - Pair with clinical assessment with case conferencing to make expert and flexible decision making
 - Intermediate Term Solution: predictive risk modeling with administrative data
 - Pair with clinical assessment and case conferencing when individual data is not available.
- How to support decision making?
 - Eligibility based decision making
 - Dynamic prioritization
 - Queueing for resources
- Next Steps
 - Contribute to community wide discussions, to create community hub
 - Define prioritization factors
 - Continue integration and alignment in Veterans' sector, and make sure it is coordinated with general Continuum of Care and county system.

Questions from Advisory Committee Members

- **How will they examine data that is focusing on marginalized groups?** If those groups are typically overrepresented in-service data collection to begin with.
 - Gender: 666 Males, 8 Females, 6 Transgender
- Race-based data and voucher utilization/ placements: Past two years of housing placements: 47% White, 36% Black 4% Multi-Racial, 6% Latinx, 2% Asian/Asian American, 2% Pacific Islander

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- Over the past two years: 89% Male, 10% Female, 1% Transgender/Non-Binary.

Seattle King County/King County Veterans on the Collaborative Case Management Grant

Presenters:

Leon Richardson, Director of Adult Services Division, King County Department of Community and Human Services

Kristy Johnson, Senior Director for Policy, Research and Social Impact Initiatives

Megan Stanley, Veterans Administrator King County Department of Community and Human Services, Adult Services Division

Tanner Phillips Senior Housing Program Manager

- Largest housing provider in the Pacific Northwest
 - 4,280 Federally funded housing units
 - 8,200 low-moderate income housing units
 - 1150 HUD-VASH vouchers in King County Housing Authority
- 62% of people/families exiting homelessness in 2020, who accessed the services from King County Housing Authority 37 different cities, excluding the cities of Seattle (and another city).
- One of the highest cost housing markets in the country
 - As a result: Low vacancy in rental units.
 - Exacerbated homelessness in the area as a result
- Barrier: Are there enough Social Workers in King County Veterans Program?
- Direct services to 2000 Veterans per year with 13 SW and two case managers in two offices
 - Funded through state and local funds
 - Utilizing these funds to assist Veterans, specifically under the Veterans' service divisions
 - Gift of services to the VA to allow additional support to Veterans in the community
- Collaborative Case Management Pilot
- From 2016-2022, HUD-VASH productivity was at 100%
- Utilization of HUD-VASH vouchers are held to threshold of 70%
 - Currently, the utilization rate in King County Housing Authority is 75.7% in 2022
- Collaborative Case Management attempts to fill a service gap for low-acuity Veterans who have long term needs
 - Those who utilize it don't require clinical case management, rather a "lighter touch" case management model
 - Address gap in analyzing BNL
- Collaborative Case Management launched in 2021

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- Referrals through collaborative partnerships and resources
 - Targets low-acuity Veterans
- Program also assists with addressing housing search assistance (in King County Housing Authority as a result of high-cost housing). Also assists with financial assistance to reduce barriers in leasing
- As of September 1, 2022
 - 162 referrals to Collaborative Case Management
 - 129 Active HUD-VASH CCM vouchers
 - 92 Veterans have moved into stable housing
- Trends include
 - Serving low-income aging Veterans
 - Many receive Service Connection or Social Security Disability Income/Social Security Income
 - Average income of approved Veterans has been very low income
 - Those that work with housing navigator have seen shorter lease-up timeframes
- Due to large utilization, King County Housing Authority Collaborative Case Management has been allowed to request more vouchers
 - Requesting up to at least 142 HUD-VASH vouchers in coming years

Questions from Advisory Committee Members

- **Is King County willing to use regular housing choice vouchers to supplement HUD-VASH vouchers to account for this?**
 - Challenge in voucher program is that they are almost fully utilized
 - Cannot entertain this conversation --not all HUD-VASH vouchers are being utilized, so if it gets to that point then they would examine that
 - **How are emergency vouchers being utilized?**
King County Housing Authority reports that these vouchers are over issued. They are at 89% leased vouchers from emergency vouchers.

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- **Are there move on strategies for Veterans that are in permanent supportive housing, who can access housing services without the intensive services upon graduation?**
 - Some of these clients can move from Permanent Supportive Housing to a disability voucher. Anyone in a project-based setting, can move from Project Based Site to Tenant based HUD-VASH vouchers.
 - Looking to continue serving the gap of lower acuity Veterans and connecting them with vouchers
- **Are there any landlord incentives in King County Housing Authority?**
 - No current financial incentives
 - Housing navigation was supported and money to reduce leasing barriers, but HUD-VASH vouchers do not come with those, that is from community vouchers
 - Recruitment of landlords is through partnerships with housing navigation
 - King County Housing Authority has roughly 3000 landlord that are renting to housing choice voucher recipients. They support Veterans to ensure that they can remain in the unit long term.

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Veterans Justice Outreach Programs

Presenters:

Pete De Santo, Senior Deputy Prosecuting Attorney, Therapeutic Alternatives Unit, King County Prosecuting Attorney's Office

Chelsea Baylen, Ph.D. Program Manager, Diversion and Reentry Services, Behavioral Health and Recovery Division King County Department of Community and Human Services

Kevin Devine, LICSW Veterans Justice Outreach Coordinator

- Local reentry partnerships, such as VA, Resources for Enhancing All Caregivers Health (REACH) program, county jails/public health, behavioral health and recovery division.
- Veteran Justice Office: outreach but also in-reach program (within jails)
 - Serves as a partnership within justice system as a liaison for VA health systems
- Mr. Devine presented on the funding sources in King County such as those that are Veteran specific
 - Veteran and Senior service Levy: Assist with housing, employment, behavioral treatment, justice system programing (local Veterans Court)
 - Helps to fill gaps in services provided by the VA
- A lot of local training programs offered throughout the county to inform and develop partnerships
- Crisis Intervention Training
- Hiring panels for re-entry staff
- Local advisory committee developed: Maleng Regional Justice Center Veterans Program
 - Effort to improve identification of Veterans incarcerated King County facilities
 - And improve services to these Veterans
 - The advisory committee work developed modifications on how individuals are asked about their military service upon booking.
 - Also assisted in developing a program at the Jail level that allows Veterans to reside in shared units and participate in programming together.
 - Veteran Justice Officer provided expertise in regard to Veteran specific needs in developing the program as well as contributed to the development of the redesign of the Veteran identification process
- Veteran Justice Office assist with development of the program
- Regional Veterans County Mentor Program

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- Volunteer Mentor Program
- Identified a volunteer coordinator- funded through Veteran and senior services Levy
- Veteran Justice Officer provide training to volunteers and to the Volunteer Coordinator that are working with the Veteran participants
- Veteran Justice Office developed program to collaborate in mentor training with staff who work directly with Veterans.
- King County Regional Veterans Court:
 - Veterans treatment court: founded on a basic premise- for justice involved individuals, involvement in the system is rooted in substance and behavioral health behaviors and homelessness
 - Logically: address these issues with treatment instead of punishment
- Approximately 250 Veterans treatment court in US.
- Regional Veterans Court: regional mental health court takes place in this court.
 - Referral sources include:
 - King County District Court Misdemeanors (30%)
 - King County Supervisor Court Felonies (40%)
 - City Cases from all 39 cities in King County (30%)
- Regional Veterans Court eligibility criteria: open criteria at this point
 - Defendant meets diagnostic criteria for behavioral health disorder that can be treated by VHA Health Care Services
 - Stems from Veterans Justice Office advocacy from only Post Traumatic Stress Disorder diagnosis to new criteria
 - Defendant demonstrates willingness and ability to engage in treatment and court conditions
- Higher rates of referrals for Females and non-combat Veterans.
- Veterans served: 221
- Graduates: 147
- Female Veterans:16
- 60% Combat Veterans: Vietnam 16, Gulf War 12, Operation Iraqi Freedom/Operation Enduring Freedom: 101
- 60% White, 22% Black, and other minorities.
- 87% are Male, 25-54 y/o.
- 22-50 Veterans booked in local jail data per month
- 54% White, 27% Black, 2%
- Role and value of Regional Veteran Court and Veterans Justice Office:
 - Assistance with VHA eligibility and enrollment
 - Navigation of VHA services and benefits
 - Psychosocial assessments
 - Care coordination
 - Treatment planning
 - Connection to VA housing resources
 - Comprehensive jail release plans
 - Ongoing case management and court status updates

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- Veteran Justice Office works directly with housing services at the VA
 - Justice involvement is a threat to housing stability
- Downgrade felonies and case dismissals assist with reducing barriers to accessing housing and employment
 - As a result of working with Regional Veteran Court
- Transitional housing homeless Veterans that are court connected

Questions from Advisory Committee Members

- Sharon Green asked: **In collaboration with the VA, is there a Memorandum of Understanding (MOU) or natural? Did the PHA reach out to VA?**
 - The organization that will provide case management will provide a plan and the VA will review. The PHA and the community organization will have an MOU with each other. They will send a letter to the VA as a gift of services of case management services to the VA. The HUD VASH National program gets reviewed at the national level and OIG reviews and secretary signed.
 - VOLT group is not MOU. It's a collaboration of community providers that decide to be involved. We are discussing written practicing. We want to standardize our practice but not interested in MOU. There is a shared ownership instead of a single group owning the By Name List and as a result there is more buy-in.
- Tammy Bellofatto asked:
 - **Do we implement employment in VTC?** The focus is treatment in court and work through the goals.
- Jeff Olivet from USICH: Emphasized that there needs to be really good alignment around VA and community groups. Justice coordination, PHA, we need a focus on community and VA collaboration.

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 September 21, 2022.

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



Advisory Committee on Homeless Veterans (ACHV) Meeting Minutes

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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.

Advisory Committee on Homeless Veterans (ACHV) Meeting Minutes

September 22, 2022, 12pm-4pm EST

The Advisory Committee on Homeless Veterans (ACHV) convened a four-hour public meeting, which primarily focused on programmatic updates from our Federal partners on September 22, 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
Karl Calhoun, Director of Safety Net Programs/Partnerships at LA Care Health Plan
Tramecia Garner, LPCC, Chief Operating Officer/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

Committee Members – Absent

Brandon Wilson, Director of Veterans Services of the Carolinas (Excused)

Ex Officio Members Present

Heather Denny, Education for Homeless Children and Youth Team, Department of Education
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, U.S. Interagency Council on Homelessness (USICH)
Stacey Owens, MSW, LCSW-C is the Military and Veterans Affairs Liaison for the Substance Abuse and Mental Health Services Administration (SAMHSA)

Ex Officio Member Absent

Greg Crawford is a Correctional Program Specialist at the National Institute of Corrections (NIC)
Ivan Denton, Director, Office of National Programs, Department of Labor (DOL)
Monshi Ramdass, Military Veteran Agricultural Liaison (MVAL) and Veterans Outreach Manager in the Department of Agriculture, Office of Partnerships and Public Engagement, and the Military Veteran Agricultural Liaison's Office, in the Office of the Secretary
Norm Suchar, Director, Office of Special Needs Assistance Programs, Department of Housing and Urban Development (HUD)

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Committee Support Staff Present

Anthony Love, Designated Federal Officer, ACHV, VHA Homeless Program Office (HPO)

Leisa Davis, Alternate Designated Federal Officer (DFO), VHA HPO

Tisha Hardin, MSW, LISW-S, LICDC, Special Assignment, VHA HPO

Veronica Morawek, PhD, LICSW, Special Assignment, VHA HPO

Candace Parker, MSW, LMSW, LCSW-A Special Assignment, VHA HPO

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 were identified by their full or partial name:

Soni Adams

Lourdes E. 'Alfie'

Dennis Brown

Colleen Carmichael

Tahtanka Bear Eagle

Mary Forbes

Cara Franke

Katherine Gerald

Steven J. Gill

Kristina Huckstep

David Puente Jr

Alvarado-Ramos

Treva Steele

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Veterans Village Quixote Communities

Presenter: Colleen Carmichael, Executive Director of Quixote Communities

- Tiny Homes in two different locations (Orting Village and Quixote Village)
- History- started as a homeless encampment
- Each site has 30-35 Units
- 144 Square Feet, Community building is about 2500 square feet
- Two case managers per village and program supervisor
- Energy efficient and gardens to allow Veterans to grow own produce
- **Relevant Data**
 - Cost to build is \$35,000 per house, \$135,000 when you add in the entire campus, Shelton cost were higher at \$200,000
 - Total Construction \$5 - \$6 Million
 - Operational Cost \$450,000 annually
 - Rent: \$750 Per Month
 - Each resident pays 30% of their income toward their rent
 - 95% filled
 - Support services, adding more trauma therapy, art, medication, Eye Movement Desensitization and Reprocessing (EMDR), farming groups
 - Partnership with local farms and VA
 - 25% Graduation Rate (graduated 59 residents since the program's start)
 - Recovery housing model that is supported through the housing first model
 - Residents are drug tested to come into the village and the village community provides guidance for the site
- Each site has a community program in which Veterans can contribute their thoughts about regarding their participation.
- Mental health support on site, and food support.
- Medication management on site.
- Equestrian and music therapy on site.
- Farming programs on one site currently.
- SW interns assist the villages with support, along with community partnerships for mental health services.
- **Funding**
 - Housing Trust Fund
 - Housing and Urban Development- Veteran Supportive Housing (HUD-VASH) Vouchers
 - Working with local tribes to help fund transportation, mental health positions, etc.
 - Coordinated entry system is used to find residents

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- Part of Washington Department of Veterans Affairs
- Collaboration with County Veterans Services for transportation up to 3 times per week to different hubs.
- Recovery café support
- Full time employment opportunities with Orion Aerospace
- **Diversity and Equity**
 - Women leadership
 - 40% of staff identify as LGBTQIA+
 - Two staff are Veterans, one board member is a Veteran
 - 14% of residents are Black, Indigenous, and People of Color
- **Challenges**
 - Mental Health Support
 - Variety of therapies used
 - Access to transportation
 - Access to affordable housing units once Veteran is ready to move out
 - Coronavirus Disease (COVID) presented many challenges, increased the cost
 - Modular vs stick building due to time constraints
 - Not in My Backyard- fear in the community
 - Case managers: responsible for collecting rent. Big challenge as it creates issues with boundaries
 - Staff turnover – focused on increasing pay for case managers, and other staff
- **Solutions**
 - Implemented a benefits program, along with family leave. Staff training for team members are getting support and guidance to better work with the Veterans. Grant was provided to hire first mental health professional. This was hard to fill, so it was developed into a mental health coordinator position
 - Developing a poll/survey to give to the residents to provide feedback
 - Rent collection is turning over to property manager, as was creating conflict between Case Managers and Veterans
 - Networking with “key people” in the community to provide updates on the projects and where they need further supports
 - Attend public meetings to provide updates as well.
 - Increase supportive services from community partners, such as transportation.
 - Not In My Backyard meet with community, join service clubs, active members of the community
 - Provide monthly updates from key players in the town
 - Monthly Zoom Calls to allow community input and education
 - Attend City Council Meetings

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- **Orting Veterans Village Highlights**
 - Model site for other communities
 - Variety of options for the Veterans for therapy and recreation
- **Quixote Olympia Village was original site**
 - Solar Panels were added to help with cost saving
 - Landscaping cost became a lot and chores for Veterans were a problem, still working on figuring this out
 - Not enough mental health support on site
- **Shelton Veterans Village Highlights**
 - One Duplex and Seven fourplexes for individual spaces but shared construction cost
 - Increased storage added
 - Seven HUD-VASH Vouchers
- **Questions from the Advisory Committee**
 - **For HUD-VASH, do they all have kitchens?**
 - No, one central kitchen for all Veterans
 - **Was this a challenge during COVID?**
 - Yes- as Veterans shared a kitchen they developed a protocol for distancing.
 - We are looking to change this in the future
 - **Does the community around the village look at it as a homeless village or a housing project for people who used to be homeless?**
 - Depends on the management
 - **What is the cost per unit?**
 - \$35,000 per building
 - Operating cost per village \$450,000 per year
 - **How many Veterans graduated?**
 - Yes- 25% graduation rate, (graduated 59 residents since the program's start)
 - Permanent Supportive Housing (PSH)
 - **What does graduation mean?**
 - Taking the voucher and going to live someplace else
 - **What is the risk mitigation strategy (i.e. fires) for this community?**
 - Fire suppression in each unit, also fire extinguishers
 - Need to be vigilant to work with Veterans on how to be safe
 - **How many Veterans on staff?**
 - Two team members, one board member

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Serving Native American Veterans

Presenter: Tahtanka Beareagle, LCSW, Tribal Case Manager, Spokane Health Care System, Tribal HUD-VASH

- Small HUD-VASH Program
- Serves Colville Confederate Tribes of Indian, which has over 9,000 members
- Colville Indian Reservation covers two counties, Okanogan and Ferry County
- Currently, HUD-VASH has 9 Veterans among these this tribe
 - Demographics: 80% are 60 years old+ and the rest are in their 30s
- On the reservation there is also Colville Indian Housing Authority and Indian Health Services
- Barriers in this area include access to landlord
 - Not a lot of housing options on the reservation, so they utilize housing off the reservation, but still struggle to recruit landlords
 - Needing more housing specific to Tribal Housing (such as on the reservation)
 - Also examining housing opportunities for Veterans in remote parts of the reservation
- Variety of community partnerships in the area such as
 - Supportive Services for Veterans Families (SSVF) in Okanogan: also assists with monetary funds for moving and starting a lease
 - Veteran Resource Program with the Colville Confederated Tribes
- Tribal Social Worker assists with transportation to medical appointments along with applying for and working through the service-connected disability process
- Social Worker presented challenge also between community collaboration such as through SSVF and Tribal Housing authority
- Utilize peer supports and Veterans helping Veterans for outreach

Tribal HUD-VASH, Alaska Health Care System

Presenters:

Kristina Huckstep, LCSW

Treva Steele, LCSW

- Alaska is very large the size of California, Texas and Montana combined. No roads connect, must fly from community to community.
- Alaska HUD-VASH is separated into three regions: Bethel, Juneau and Anchorage
- Currently no Social Worker for the Juneau region
- 56 remote communities and 56 federally recognized tribes in their coverage area

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- Major barriers include connection of areas: no road systems connecting the three parts
 - Must take either a boat or plane, and can only do so in certain months
 - During the winter, the Department of Transportation manages “ice roads” across the Delta/Yukon to access areas easier
- Many community partnerships assist with providing services to the Veterans
- Partnerships with Joint Base in Anchorage
- Work with tribes across the state (Alaska Native Tribes)
- Prioritize support for minority groups through Self-Sufficiency Matrix
- Landlord engagement in the community
- Lack of community resources: many areas are rural and difficult to access
- VA services are highly utilized: mental health/substance abuse
- Specifically in Bethel, there is only a winter shelter, no summer shelter. Winter nights can drop down to roughly -50 or -60 degrees
- Lack of low barrier shelters throughout the state
- SSVF and Landlord Partnership are important focus
- Community partnerships such as Elks help to provide furniture for Veterans that become housed
- Higher suicide rates
 - Suicide is the second leading cause of between 9-34 years old.
- Higher rates of trauma
- The overall impact of the program:
 - Improved healthcare
 - Recover from substance abuse
 - Increase in mental stability
 - Employment
 - Food security
 - Improved family satisfaction
 - Empowerment/ higher view of self
- Recommendations
 - Trauma informed care
 - Increase funding for substance abuse care
 - Build affordable housing
 - Drop In Centers
 - Increase funding for Bethel Tribal HUD-VASH vouchers
 - GSA vehicle in Bethel Region
 - Budget increase
 - Increasing employment
 - Expanding care in the community
 - Better communication with Indian Health Service
- 85% success rate for Veterans/families remaining stably housed
- One Veteran in Anchorage “incomed out” of the program through employment
- 62.86% voucher utilization rate in Alaska for Tribal HUD VASH

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- Additional challenges: no government vehicles for Social Worker to do outreach/visit Veterans. Social Worker must rent a car two times per week to visit Veterans
- Also, lack of Veterans helping Veterans and peer outreach
- **Questions from the Advisory Committee**
 - Bilal Mustafa asked:
 - **What are the demographics of the Veterans served? Such as age? Race? Ethnicity? Do you offer Peer Support?**
 - Tribal HUD-VASH 9 total Veterans, mostly elderly, a few in 30s, all tribal, no women, no formal peer support but community peer support.
 - Anchorage 20 total Veterans, all tribal or Alaskan, 1 Navajo, 3 women, mostly all 60+, one 30-year-old. HUD-VASH peer supports sometimes visits and elks has some focus but not peer support.
 - Bethel- 5 Veterans housed, mostly all federally recognized, no female. No peer support. We have VFW.
- **Question from Ex Officio Member**
- Jeff Olivet asked:
 - **What are the best practices the federal government should use to engage authentically with tribal nations?**
 - Meeting with tribal counsel and building trust is necessary. Make sure to empower the tribe and work with them. They need to be a part of the planning and describe their needs and wants
 - Increase funding to hire coordinators because the system exists.

Serving Veterans in HUD-VASH Project-Based Housing

Presenters:

Cara Franke, LCSW, Director, VA PSHCS Community Housing and Outreach Services Program

Aley Thompson, Director of Residential Assistance, Tacoma Housing Authority

- Tenant-based voucher vs. project-based voucher
- Tenant-based is attached to the tenant and they can move with the voucher, whereas project-based is attached to the building
- Higher based utilization in project-based programs compared to tenant-based vouchers
- Puget Sound reports large amount of project-based housing units for Veterans, which assists with housing Veterans.
- Project-based community solely for specific demographics. Such as one in Seattle that is for Native Americans

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- Higher acuity in some of these project-based programs, as it helps to provide wrap around services.
 - Service intensive case management and project-based voucher
 - Focus on acute populations
 - On-site security
 - On-site support: mental health, transportation, Alcohol Anonymous/Narcotic Anonymous, case managers, employment
 - Monitored visitor policy to ensure improper behaviors in the shared space
 - Regular case conferencing
 - Service Light for others (case management)
 - Mirror tenant based
 - Less acuity
 - Typical security
 - Case conferencing is at a minimal level
- VA case management and onsite case management for service intensive project-based voucher
- 44 active project-based facilities
- 645 units total
- Income maximum on the project-based voucher in many of these units.
- Voucher utilization and Service Connection/Area Median Income max
 - Seattle median income \$110, 000. We need to have equitable housing for our staff.
- Challenges: small studio apartments. The Veterans want one-bedroom apartments. They don't appreciate the increased oversight in the intensive project housing. They don't like the monitoring of the visitor policy
- Trending toward county living out of city living. Which makes transportation and medical care difficult. They want less dense population.

Question from Advisory Committee Member

- Tramecia Garner asked:
- **Do you have any assistance for Veterans with aging and medical issues?**
No

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Washington Department of Veterans Affairs (WDVA)

Presenters:

Alfie Alvarado-Ramos, Director, WDVA

David Puente Jr., Deputy Director WDVA

Mary Forbes, Assistant Director for Veterans Services and Counseling and Wellness

Dennis Brown, Program Manager, Transitional Housing Program

Steven J Gill, Veterans Services Administrator and Tribal Liaison

- Transitional housing for the Veterans in surrounding counties.
- Most of our entry is from outreach from the street and VA and treatment center and Vet Center, we don't have an income limit.
- Purposeful attention on enrollment, eligibility to understand billable bed days
- Specific building for women.
- Works with Grant and Per Diem (GPD) for housing as well
- Coronavirus Disease (COVID) brought challenges for Veterans in Transitional Housing, as they were now always there.
- Veterans were paid in transitional housing; they were given tasks and chores during COVID
- 130 beds
- 7 of the staff are Veterans
- Capitol grants have helped enhance the spaces for the Veterans such as creating private bathrooms.
- 10 Veterans were hired into the Washington Department of Veterans Affairs.
- 24/7 staff about both locations, which has helped with safety

Question from the Advisory Committee:

What is the cost of care to operate the program?

- 58 per night, for GPD rate.
- Maintenance and utilities, but the property is state property. GPD request is related to the cost of approximately at a minimum 25%, Average length of stay is 11 months. Bridge is 2 months, Contract 1 month and 17 days
- Request to increase the GPD rate
- Low-demand beds are higher demand than what they initially present as. Such as 1:20 low demand beds, should really be 1:10beds. Funding comes from Congress. Request really is related to the case management ratio.

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- With the Cares Act we are doing ok but we want to sustain it. GPD reimbursement is the same across the country. The locality pay would be nice to consider due to Seattle's high cost of living.

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 September 22, 2022.

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



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.