

REPORT OF THE ADVISORY COMMITTEE ON HOMELESS VETERANS



17th ANNUAL REPORT

**U.S. Department of Veterans Affairs
Advisory Committee on Homeless Veterans
17th Annual Report**

HISTORY:

On December 21, 2001, Public Law 107-95, the Homeless Veterans Comprehensive Assistance Act of 2001, became effective. The Act revised, improved, and consolidated provisions of law providing benefits and services for homeless Veterans and authorized an Advisory Committee on Homeless Veterans (ACHV). In response to its provisions, the ACHV was established on March 1, 2002, pursuant to section 2066 of title 38, United States Code. The mission of ACHV is to advise and make recommendations to the Secretary of the U.S. Department of Veterans Affairs (VA) and to Congress on issues affecting homeless Veterans. Additionally, the Committee assesses the needs of homeless Veterans to determine whether VA and other programs and services are meeting those needs.

MEMBERS:

The Secretary of Veterans Affairs selects ACHV members from experts knowledgeable in the treatment of mental illness and substance abuse disorders, as well as those adept at developing permanent housing alternatives for lower income populations. Additional experts selected by the Secretary include State Veterans' Affairs officials, community-based service providers, advocates of homeless Veterans, and homeless individuals in both the civilian and Veteran population. The members serve without pay, in accordance with the Committee's charter.

A brief biographical summary of each Committee member follows:

Jennifer Leimaile Ho (Chair) Jennifer Leimaile Ho is the 7th Commissioner of Minnesota Housing, appointed by Governor Tim Walz in December 2018. She has been working to end homelessness since 1999, first as Executive Director of Hearth Connection and later as Deputy Director at the U.S. Interagency Council on Homelessness. Her roles have focused on the intersection of health and housing.

Jennifer served as the Senior Advisor for Housing and Services at the U.S. Department of Housing and Urban Development in the Obama Administration and worked with First Lady Michelle Obama to launch the Mayors Challenge to End Veteran Homelessness.

She has served on the Boards of Directors for West Side Community Health Services in St. Paul, and nationally for the Corporation for Supportive Housing, the Melville Charitable Trust and the National Council of State Housing Agencies. Jennifer received a Bachelor's Degree in Philosophy from Bryn Mawr College.

Tammy Bellofatto is the Executive Director of Bayaud Enterprises in Denver, Colorado. She has been working in the vocational field for more than 11 years with disadvantaged populations. During the last 7 years, she has primarily worked with homeless Veterans. She wrote and administered a large Homeless Veterans Reintegration Program (HVRP) in the Greater Denver area.

When a homeless Veteran enters her services, she does not just assist them with employment, her team also works with VA and other Veteran service providers to help stabilize the Veteran. Wrap-around services are the key to success. One of her greatest success stories is when a homeless Veteran accessed services. The Veteran was connected to Supportive Services for Veterans and Families (SSVF) Program. The Veteran not only obtained housing, but her program also assisted the Veteran in obtaining a career at VA earning \$65,000 per year.

She is a community leader and former Chair and current member of Denver's Road Home Employment Subcommittee. She works with more than 60 service providers in Denver to assist homeless and at-risk individuals gain stability. She works with the local continuum of care, tying employment and housing together for a lasting solution.

She works every day to ensure that Veterans Service Organizations make a difference in the quality of life for our Veterans experiencing homelessness. Even if it is a cup of coffee and a conversation, she is there to support Veterans on every level. Some may take a few days to assist and others may take a few years, but we move at their pace so they feel comfortable with the assistance they are receiving. Veterans are proud people and it may take a while for them to understand that we are here with a hand up to get them the services they deserve, as they are the amazing people that served our country. She believes that she would add value to the Advisory Committee on Homeless Veterans as she leads teams that support Veterans experiencing homelessness. She has coached her teams to listen to the Veterans experiences and how to use a one-on-one approach to walk with them on their journey to sustainability. She is an industry leader on employment issues with homeless Veterans and believes she can shed light on how housing, health care, and employment are essential to end Veteran homelessness.

Brad Bridwell has 21 years of experience working with homeless individuals. He has dedicated the past 17 years to specifically assisting homeless Veterans to successfully reintegrate into their communities. Currently, Mr. Bridwell is the Director of National Operations for Cloudbreak Communities, a special needs housing developer for homeless Veterans that has developed more than 3,000 units of housing for Veterans. Previously, he was employed as Arizona's first Homeless Veterans Services Coordinator at the Arizona Department of Veterans Services and was responsible for coalescing stakeholders to create, implement, and evaluate the State's effort to end homelessness among Veterans. Mr. Bridwell served as a key leader in Project H3: Home, Health, Hope; a local implementation of the 100,000 Homes Campaign, uncovering critical innovations in "Housing First" models for people experiencing long-term homelessness and who are medically vulnerable. He has played a key leadership role in Project H3 VETS, Maricopa County's initiative to end chronic homelessness among Veterans.

In his previous employment as the Arizona Director for United States Veterans Initiative, the Nation's largest non-profit dedicated to the successful reintegration of homeless Veterans, Mr. Bridwell helped establish more than 200 beds of housing and services between its Phoenix and Prescott operations involving use of VA Grant and Per Diem, Department of Housing and Urban Development (HUD) City and State Home Investment Partnership programs, and Low-Income Housing Tax Credits among other sources.

His Homeless Veterans Reintegration Program, established in Phoenix, Arizona, led to "Best Practice" recognition by its funding entity, the U.S. Department of Labor, and the National Coalition for Homeless Veterans.

Mr. Bridwell holds a Master's in Business Administration from the University of Phoenix and a Bachelor's in Social Work from Arizona State University. Also, he has served as the board Chair of the Arizona Coalition to End Homelessness and is a board member of the National Coalition for Homeless Veterans.

Karl Calhoun has been an executive at Volunteers of America Los Angeles, California, since 2013. Currently, he is the Director of Enterprise Development, overseeing new funding opportunities and new program initiatives for Veterans and Homeless Services.

He is an accomplished and passionate senior-level executive with more than 10 years of experience in the non-profit sector, coupled with a Master's in Clinical Psychology. He has a proven record of managing operations, multiple programs, and demonstrated success developing and implementing effective programs/services for vulnerable populations, with proficiencies in leading high-performing teams and up to 25 program managers. He is an expert at addressing homelessness among emancipated former foster youth and Veterans, and has extensive experience in heading both residential and transitional housing programs. He has great interest in participating in policy-making and innovative program development in the Veteran space at both the local and national levels.

Steven E. Como is the President of Government Affairs Advisors, who advises businesses in interacting with Government agencies. Prior to that, he worked for 16 years as the Vice President and Director of Government Relations for Soldier On, based in Massachusetts. Mr. Como works on behalf of formerly homeless Veterans, operating 235 transitional living beds and 115 Limited Equity Apartments for homeless Veterans in three locations. Mr. Como works with Government agencies at the local, state, and Federal levels. He has developed relationships with VA, HUD, Department of Labor, and the Massachusetts Department of Veterans Affairs.

Richard Cho, Ph.D. is the Chief Executive Officer (CEO) for the Connecticut Coalition to End Homelessness (CCEH), an organization representing more than 100 organizations, which provides leadership, community organizing, advocacy, research, and education to achieve the goal of ending homelessness in Connecticut.

In his role as CEO, Dr. Cho helps to set the strategic direction of the organization, in partnership with CCEH's members and all frontline providers of homeless services in Connecticut and leads the team of professionals working to create an effective response system to make homelessness a rare, brief, and one-time experience. CCEH was instrumental in helping Connecticut achieve and sustain an effective end to homelessness among Veterans, and is currently leading statewide efforts to end chronic, family, and youth homelessness.

Tramecia Garner, LPCC has been the Associate Director of Housing and Residential Programs at Swords to Plowshares in San Francisco, California, since 2016. As a member of the senior management team, she provides input to the Executive Director, Chief Operating Officer, Chief Financial Officer, and other senior management staff regarding agency operations, budget, and strategic planning (with an emphasis on the Housing & Residential Programs portfolio). Also, she manages the Health care for Homeless Veterans programs-DeMontfort House and Safe Haven, as well as five Permanent Supportive Housing sites for formerly chronically homeless Veterans and families in San Francisco, California. These sites include more than 200 HUD-VA Supportive Housing (HUD-VASH) households and 160 non-HUD-VASH units (Continuums of Care and regular Section 8). Also, she was directly responsible for managing the Grant and Per Diem Program (which included Special Needs Chronically Mentally Ill, Bridge Housing, and Frail Elderly beds); however, it was surrendered in 2017 to increase permanent housing options for Veterans.

In addition to her leadership role with Swords to Plowshares, she is very active with local advocacy and oversight bodies, such as the Continuum of Care, Veterans Coordinated Entry Steering Committee and is currently the Co-Chair of the Supportive Housing Providers Network. In 2018, she was selected by National Alliance to End Homelessness to participate in the Trans-Atlantic Practice Exchange. As a result, she traveled to London, England, to learn about Veteran homelessness and shared her perspective and experience with providers in the United Kingdom. Ms. Garner obtained a Master's Degree in Professional Counseling and Bachelor's Degree in Psychology from Georgia State University. Also, she is a Licensed Professional Clinical Counselor in the State of California.

Sharon D. Green is a native New Yorker and retired U.S. Army Lieutenant Colonel, entrepreneur, and author with more than 30 years of leadership and financial management experience. She is the Founder and CEO of Alethes Consulting Group, LLC, providing leadership coaching, speaking, and training for corporate executives, non-profit organizations, and individuals globally.

As a lifetime member and former Chief Operations Officer (COO) for Women Veterans Interactive, Inc. (WVI), Sharon continues to play an active role in fulfilling the WVI mission of meeting women Veterans at their points of need through advocacy, empowerment, interaction, outreach, and unification. Through Operation Safety Net, a unique WVI program that provides emergency funding to address the critical needs of women Veterans who are homeless or at-risk of being homeless, she strives to bring awareness to provide emergency funds to those in need. In conjunction with the organization's financial literacy program, she ensures that women Veterans are educated and equipped to excel beyond yesterday's economic hardships. Also, Sharon is instrumental in building a proactive WVI workforce development program that is successfully equipping women for sustainable employment, while eradicating homelessness and reducing suicide among the increasing population of women Veterans.

In addition to unifying, equipping, and connecting women Veterans nationally, Sharon has expanded her leadership expertise as a member of the President's Advisory Council for the more than 25,000 global member John Maxwell Team (JMT), where she is instrumental in serving the JMT tribe and facilitating innovative training that is transforming the leadership culture in the Nations of Guatemala, Paraguay, and Costa Rica.

Sharon received her Army commission as a Financial Manager after graduating with honors in 1988 from Howard University, earning a Bachelor of Business Administration degree in Accounting. In 1994, she earned a Master of Science in Business Administration degree from Boston University. Throughout her 23 and a half years of serving her country, she has led and held oversight of thousands of Servicemembers and civilians, while managing pay systems and billions of dollars for the Federal Government. She is an Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veteran, having earned numerous military awards and decorations.

Sharon is a member of the Association of the U.S. Army (AUSA) Military Officers Association of America (MOAA), Disabled American Veterans (DAV), Delta Sigma Theta Sorority, Inc., and is the proud mother of a teenager.

Dottie L. Guy is a Program Manager at Dropbox and founder and co-lead of Vets@, an employee resource group at the company. The mission of Vets@ is to highlight transferable skills, educate on military and Veterans issues, and help get more Veterans in the world of tech.

Ms. Guy has been active in the Veterans community for some time. She actively volunteers with non-profits in the community and supports causes that make sure Veterans have access to resources and opportunities.

She was appointed to the San Francisco Veterans Affairs Commission from 2011-2017 and served as Commission Secretary from 2016-2017. In her free time, Ms. Guy enjoys traveling, volunteering, and a good shenanigan.

Charlie D. Hall is the President of Upstate Warrior Solution in Greenville, South Carolina. Upstate Warrior Solution is a community-based non-profit that connects warriors and their families with quality of life solutions. Mr. Hall was responsible for building the organization from the ground up as the principal founder and developer to create this full-fledged non-profit organization that has been in operation since 2012.

Mr. Hall is a graduate of the U.S. Military Academy at West Point and has served on active duty in the U.S. Army and U.S. Marine Corps, including a combat deployment to Iraq. Mr. Hall continues to serve as an officer in the U.S. Marine Corps Reserve.

Susan K. Lee Ph.D., MSN, RN, CNE, CPXP lives in Austin, Texas. For more than 20 years, Dr. Lee has focused on Community and Public Health and conducted research in improving health care access for homeless Veterans and the impact of social determinants of health. Dr. Lee has published in peer-reviewed professional journals and been invited to present her research findings at state, national, and international professional conferences.

Currently, Dr. Lee is affiliated with the University of Texas-MD Anderson Cancer Center, School of Health Professions in Houston, Texas, where she is the Associate Program Director and faculty in the Health Care Disparities, Diversity, and Advocacy Program.

Kathryn C. Monet is the CEO of the National Coalition for Homeless Veterans (NCHV). In this role, she focuses on the execution of NCHV's strategic policy and technical assistance agenda, and on expanding NCHV's strategic partnerships to more effectively end Veteran homelessness.

Kathryn has spent a decade in the public and non-profit sector working to address housing instability and homelessness among Veterans. Prior to joining NCHV, she was with the National Alliance to End Homelessness focusing on the promotion of data-driven, evidence-based interventions to end homelessness, particularly among Veterans. Also, Kathryn was involved in Veteran homelessness in a legislative capacity during her time at the Senate Committee on Veterans' Affairs. She earned a Master's in Public Administration from Villanova University and a Bachelor of Science in Diplomacy and International Relations from Seton Hall University.

Bilal Mustafa is a U.S. Navy Veteran who possesses 13 years of experience in the fields of community organizing, case management, and housing support for low-income tenants.

He has worked as an on-call housing specialist with Swords to Plowshares from October 2017 to May 2018, and currently works as a Community Organizer with Swords to Plowshares in San Francisco, California.

He has had exposure working with a diverse set of clients in the California State prison system, as well as having traveled to 13 different countries when he served in the military (May 1984 to March 1990). Also, he is a Certified State Chaplain for the American Muslim Community.

Abraham Thompson, Jr. is a retired U.S. Army Veteran. He attended the South Carolina Public Schools and the Brooklyn Adult Academy in New York. Also, he worked in the construction field (as a Master Carpenter) for more than 40 years and served as the Veteran Council President at U.S. Vets (a transitional facility in Washington, DC) where he was a participant.

In Abraham's opinion, U.S. Vets was the best thing that happened to him because it helped him to transition from a state of homelessness, helplessness, and hopelessness. Currently, he resides at the Jon and Jill Conway Apartment Complex and enjoys seeing the magnificent views of the Washington, DC skyline, spending time with fellow Veterans, and preparing full-course meals on special occasions.

Jessica Venegas is Principal for Strategic Partnerships with Community Solutions International. She leads the organizational efforts to effectively leverage partnerships with the public and private sector to support successful community outcomes in a lasting end to homelessness that leaves no one behind.

Community Solutions works in 84 communities in the U.S. to end homelessness for Veteran and chronic populations. It deploys neighborhood-based solutions in key communities to address housing needs, economic well-being, and place making through real estate development and community organizing strategies.

Jessica holds a Bachelor of Arts in Urban Community Development from Azusa Pacific University and holds graduate certificates from the University of Pennsylvania's Center for Urban Redevelopment Excellence (CUREx), Duke University Center for Leadership and Public Values, and Harvard Kennedy School. She splits her time between Washington, DC and Cambridge, Massachusetts.

Committee Support Staff:

Anthony Love, Veterans Health Administration (VHA) is the Designated Federal Official for the Committee and serves as the Senior Advisor and Director, Community Engagement, Veterans Health Administration, Homeless Programs Office.

Leisa Davis, VHA is the Alternate Designated Federal Official for the Committee and Program Analyst in the Office of Community Engagement, VHA, Homeless Program Office.

Ex-Officio Members:

John McLaughlin, Ed.D., Department of Education is a Federal Contractor, Education for Homeless Children and Youth Program.

Veterans Benefits Administration (VBA) Ex-Officio position was vacant (when the report was initially submitted to VA).

Emily Rosenoff, U.S. Department of Health and Human Services (HHS) is the Acting Director, Division of Long-Term Care Policy, HHS Office of the Assistant Secretary for Planning and Evaluation.

Gary Vessels, U.S. Department of Agriculture (USDA) is the Alternate Ex-Officio.

Norm Suchar, U.S. Department of Housing and Urban Development (HUD) is the Director, Office of Special Needs Assistance Programs.

Ivan Denton, U.S. Department of Labor (DOL) is the Director, Office of National Programs Veterans' Employment and Training Service

Department of Defense (DoD) Ex-Officio position is currently vacant.

U.S. Interagency Council on Homelessness (USICH) Ex-Officio position was vacant (when the report was initially submitted to VA).

COMMITTEE REPORT IN BRIEF:

This is the 17th Annual Report filed by the Advisory Committee on Homeless Veterans (ACHV). The Committee is pleased that the Administration and Congress have set a platform that is resulting in an end to Veteran homelessness in a growing number of communities, both large and small, and encourages the Administration to retain ending homelessness among Veterans as a priority effort, with the special emphasis and focus our Veterans deserve. To that end, the Committee recommends that the Administration continue to support all aspects of *Home, Together: The Federal Strategic Plan to Prevent and End Homelessness*, which can be found at <https://www.usich.gov/home-together>.

As the Committee that advises you on ways to reduce and end Veteran homelessness, we want to recognize the continued historic progress made by VA and its partners. Since 2010, Veteran homelessness has been reduced by nearly half. As of November 11, 2019, 78 communities and 3 states have effectively ended Veteran homelessness, confirmed through a rigorous review by VA, HUD, and USICH. This progress is significant. To put it in proper perspective, we are not aware of any other social problems in this Nation that have seen such a dramatic reduction. This is a result of the adoption of the Housing First model that rapidly places homeless Veterans into housing. VA has been the leader in this effort, in close cooperation with local communities and partnering Veterans-serving and faith-based organizations. The most recent list of communities can be found at <https://www.usich.gov/communities-that-have-ended-homelessness>.

There is a large body of evidence that Housing First results in better outcomes for people and is a more cost-effective intervention, therefore a better use of taxpayer dollars. It was first adopted in the 1990s as an alternative to transitional housing and treatment-based models that made housing contingent on achieving certain recovery and sobriety objectives. The research has shown that when people get housing assistance, they have the safety and stability that allows them to work on recovery and employment goals, thereby making more efficient use of the services. When VA adopted the goal of ending Veteran homelessness, it embraced the Housing First philosophy and trained VA Medical Center (VAMC) staff on this approach. Housing First has been the model for both SSVF and HUD-VASH.

Since the authorization and implementation of the ACHV, we have been pleased that most of our recommendations have been brought to the attention of the Secretary and Congress for implementation or remain under active consideration. The ACHV and VA share a common mission, to ensure all Veterans, regardless of gender, age, race, or disability, are provided with programs and services to aid rehabilitation and reintegration into society as fully-functioning citizens. Annually, we affirm that ACHV and VA hold a sacred duty to prevent homelessness while continuing to assist homeless Veterans in their immediate and long-term efforts to stabilize and heal.

Our annual report recommendations are based on data, personal knowledge, experience, and information provided in person and in writing from a variety of sources, including direct input from homeless Veterans and community partners/advocates. We make recommendations to VA regarding matters we believe should be addressed and offer suggestions regarding VA's Federal partners to help enhance the highly effective collaborations and to promote the goal of ending Veteran homelessness.

RECOMMENDATIONS OF THE COMMITTEE:

ACHV held our most recent meeting in Saint Paul, Minnesota, to assess local progress and housing strategies that have been employed to address Veteran homelessness.

Consistent with your efforts to continuously improve VA, you have established strategic priorities focused on modernizing VA and establishing a systems-change approach to address your five priorities to better serve Veterans. VA's systematic efforts to end Veteran homelessness are working. However, without continued focus and support, including continuing the Housing First approach, we believe that the momentum will be lost and the trajectory reversed. This could have the following consequences:

- Increase in Veteran homelessness directly impacting an increase in suicide;
- Diminished energy and momentum for Veteran success nationwide;
- Public perception that this Administration has lost the historic progress made during the past 10 years; and
- At-risk and homeless Veterans will lose hope and trust in VA, which promised benefits in exchange for their service to their country.

To sustain and continue the long-term progress in reducing and ending Veteran homelessness, we have the following five sets of recommendations:

- 1) Your Public Support;
- 2) Suicide and Homelessness are Correlated;
- 3) HUD-VASH Improvements;
- 4) Special Populations; and
- 5) Transitioning New Veterans.

Recommendation 1: Your Public Support

Thank you for supporting this work and the idea that ending homelessness is achievable. We are pleased to see you highlighting the importance of this issue in speeches and are requesting that you enhance your support of this initiative in several ways, to ensure that interagency collaboration on this issue remains robust, and that VA has adequate staffing to address the needs of the Veterans it serves. At this critical time in the campaign to decrease Veteran homelessness, your leadership could enhance our collective ability for Federal partners to coalesce around upstream homelessness prevention work to reduce the inflow of Veterans experiencing housing instability.

One of your key partners on Veteran homelessness is USICH, charged with coordinating the Federal response to homelessness. ***We ask for your continued support for “Home, Together: the Federal Strategic Plan to Prevent and End Homelessness” and for you to incorporate their messaging into your communications to the public, and to your VAMC Directors. Further, we request that you meet with the Executive Director of USICH, within a month of your receipt of this report, to review the impact Housing First has had on reducing the number of homeless Veterans by half and to ensure USICH has measurable goals to make Veteran homelessness rare, brief, and nonrecurring.***

HUD is another critical partner in Federal efforts to end homelessness. As you know, representatives from VA, HUD, and USICH partner in the Strategic Decision and Coordination Team (SDCT), which is responsible for the joint initiative to end Veteran homelessness by aligning activities, setting goals, communicating key activities, determining scope, and making decisions through their monthly meetings. The expertise embodied in the SDCT is unparalleled. ***We request you meet with SDCT to obtain their input on how to accelerate the work to end Veteran homelessness, and how you personally can support their work.***

VA Response: (Recommendations 1A-1C). (1A) incorporating messaging from “Home, Together: the Federal Strategic Plan to Prevent and End Veteran Homelessness” in VA leaders’ speeches and talking points; (1B) having the Secretary of VA meet with the Executive Director of USICH to review the impact of Housing First on efforts to reduce Veteran homelessness; and (1C) meeting with members of the interagency SDCT to obtain their input on how to accelerate progress in reducing Veteran homelessness.

VA Response: Non-concur (Recommendation 1A). VA non-concurs on incorporating messaging from “Home Together: the Federal Strategic Plan to Prevent and End Homelessness” in VA leaders’ speeches and talking points. The approach to ending Veteran homelessness outlined in “Home, Together: the Federal Strategic Plan to Prevent and End Homelessness” is not consistent with the strategies advanced by the White House in the September 2019 Council of Economic Advisers Report, titled “The State of Homelessness in America.” In the report, the council highlights three strategies that they believe will drive down homelessness, including homelessness among Veterans: deregulating the housing market; making sleeping on the streets unacceptable; and

addressing individual demand factors, such as substance use disorders, low incomes, mental illness, etc.

Also, there is a new Executive Director of USICH who, based on his public comments, has a different approach to solving homelessness than the approach outlined in “*Home, Together: the Federal Strategic Plan to Prevent and End Homelessness*”; therefore, VA does not base its public communications about Veteran homelessness on a plan that will likely change soon.

While awaiting the updated Federal Strategic Plan, VA will continue to emphasize to local governments, non-profit organizations, business leaders, Federal partners, and other stakeholders that their support remains vital to ongoing progress in reducing homelessness among Veterans. VA will continue to regularly communicate progress, challenges, and areas requiring additional support to individuals and organizations that have the will and capacity to aid in preventing and ending homelessness among Veterans.

Specifically, VA will use the five tactics below to accomplish the general communication goals of the initiative, while awaiting the updated Federal Strategic Plan:

- Regularly share data and key messages with VA leaders and their speechwriters that they can use to highlight progress and challenges in preventing and ending Veteran homelessness;
- As often as possible, highlight the connection between ending Veteran homelessness and VA’s other key initiatives such as suicide prevention;
- Through their public affairs officers, encourage VAMC directors and other local VA leaders to regularly engage with civic, business, and non-profit organizations about ways they can help accelerate progress in reducing Veteran homelessness;
- Use news releases and media engagements to emphasize progress and key messages about Veteran homelessness; and
- Leverage staff at all levels of VA as potential messengers about the importance of preventing and ending Veteran homelessness.

VA Response: Concur in principle (Recommendation 1B). VA concurs with having the Secretary of VA meet with the Executive Director of USICH to review the impact of Housing First on efforts to reduce Veteran homelessness. However, we note that Housing First may not be the focus of the discussion if the approach to preventing and ending Veteran homelessness changes when the new executive director publishes the administration’s updated Federal Strategic Plan.

VA Response: Concur (Recommendation 1C). VA concurs with meeting with members of the interagency SDCT to obtain their input on how to accelerate progress in reducing Veteran homelessness after publication of the updated Federal Strategic Plan.

Recommendation 2: Suicide and Homelessness are Correlated

Our last ACHV recommendation, in 2018, included proclaiming your public and continued support for ending homelessness among Veterans. While you have integrated into your

public comments the importance of ending Veteran homelessness, it has become clear that one of your top priorities, ending Veteran suicide, is very much tied to the time leading up to and just after a Veteran becomes homeless.

Homelessness and suicide are correlated. According to the VA National Call Center for Homeless Veterans, Veterans are 7.8 times as likely to commit suicide within the 8 weeks leading up to homelessness and the 8 weeks following actual homelessness. The only current program designed to prevent homelessness, and potentially suicide, is SSVF; however, it requires "imminent risk of homelessness," meaning within 14 days of the event occurring. While we are not suggesting changes to the SSVF program regulations, it is our conclusion that the suicide prevention programs at VAMCs be aligned with the local HUD Continuums of Care (CoC) and Community Resource and Referral Centers (CRRC) where they exist. Creating this coordination would enable specific outreach by the suicide prevention teams during the Veteran's greatest time of risk.

We request that you provide a memorandum to all VA suicide prevention teams to coordinate with local CoCs and CRRCs. Particular attention should be focused on the by-name lists of homeless Veterans by length of homelessness to conduct suicide prevention activities. Further, by connecting the two systems closely, homeless service providers will have a better chance of being ahead of the curve with Veterans at risk of suicide and homelessness through early identification from the suicide prevention teams. The homelessness system will be able to reach out sooner, showing Veterans they are being supported and thus preventing the hopelessness that precedes suicide.

VA Response: Concur in principle (Recommendation 2). VA recognizes and agrees with the need for targeted interventions specific to the homeless population. VA's Suicide Prevention Program (SPP) and VA Homeless Program have worked together to address this need. However, SPP concurs with this recommendation in principle only, but does not concur with this recommendation as written. Below supports this rationale:

- There are 400 CoC agencies that are managed locally and disparate across the Nation. Meeting the needs of local CoCs is best achieved through local partnerships between CoCs, Suicide Prevention Coordinators (SPC) and Homeless Program staff.
- SPP has an existing partnership with the Homeless Program through VHA 10N Memorandum VAMC Homeless Program Integration with Suicide Prevention Efforts dated June 8, 2018.
 - This memorandum creates a targeted and robust effort to coordinate suicide prevention interventions among our Homeless Program.
 - This memorandum is broader and more expansive than focusing solely on CRRCs. There are 35 CRRCs which already operate under VA.
 - SPCs and the Homeless Program are required to coordinate efforts to ensure that appropriate clinical care is provided to identified Veterans at risk for suicide, and outreach for Veterans at greater statistical risk of suicide through our REACH VET Program.
 - SPCs serve as consultants and subject matter experts to staff within Homeless and other facility programs.

- This memorandum also requires Homeless Program staff to identify one member to become a “Signs, Ask, Validate, and Encourage” (S.A.V.E.) Trainer. The trainer will serve as the gatekeeper for suicide prevention training that will be provided to staff and community partners.
- SPCs are required to provide five outreach events per month, including community agencies who work with the homeless population.
 - SPCs coordinate with facility programs to determine and maximize outreach efforts. Mandating specific outreach populations nationally eliminates the opportunity for localized and tailored community-based efforts, which include homeless and other at-risk populations.
- SPP Recommendations:
 - Highlighting outreach during targeted homelessness awareness efforts, such as Homeless Prevention Month;
 - Homeless Program staff inviting SPCs to participate in homeless specific outreach events; and
 - Encouraging CoCs to outreach local SPCs through the Veterans Crisis Line local resources page, which provides the ability for community partners to link with local SPCs as needed, including for both patient care and outreach efforts (<https://www.veteranscrisisline.net/get-help/local-resources>).

Recommendation 3A: HUD-VASH Improvements

HUD-VASH is primarily designed to serve the most vulnerable Veterans who have been chronically homeless using a Housing First approach. It is expected that these Veterans will need case management for many years. However, it is often observed that Veterans have “graduated” from VA case management services while maintaining their voucher, often within the first year of entry. Often this occurs when the Veteran is still living with zero income and on a hardship waiver with HUD. However, the Veteran may still experience housing instability that requires services to intervene, yet landlords find out that the tenant is no longer connected to services. To the community, this appears to be a way to manage caseloads due to the staffing shortages that often occur throughout VAMCs. ***We ask that you direct the National Center on Homelessness Among Veterans to conduct a study on graduation practices and produce a Best Practices policy on graduation of Veterans from HUD-VASH that can be implemented program-wide.***

VA Response: Concur in principle (Recommendation 3A). VA concurs in principle with the recommendation to conduct a study on graduation practices that would ultimately generate a best practices policy on graduation of Veterans from HUD-VASH that could be implemented program-wide. The reason for this concurrence in principle is that the HUD-VASH Program Office creates graduation policy for HUD-VASH. However, the National Center on Homelessness among Veterans (the Center) could spearhead conducting a study that would assist the HUD-VASH Program Office to generate a best practices policy on graduation of Veterans from HUD-VASH. The Center requests to confer with our research affiliates and operational partners on some options for conducting such a study, determine the additional resources required to conduct the study, and estimate the

potential timeline needed to complete the study and to construct practice recommendations.

Recommendation 3B: Utilization of HUD-VASH vouchers, using a Housing First approach, should absolutely be a joint priority for VA and HUD. As you know, human resource issues at VAMCs can impact outcomes for Veterans experiencing or at risk of homelessness. For example, staffing vacancies in certain VAMCs have caused delays in the issuance of HUD-VASH vouchers to eligible Veterans and in some instances, the return of those vouchers to be reallocated to other communities. ***We ask that you review, on a quarterly basis, a report of staffing levels at VAMCs homeless programs, to include the number of open positions, the budget to actuals, and positions hired but have not started, and that the report be shared with us at ACHV. Also, we ask that you work directly with VAMC Directors to address issues contributing to this challenge, as identified.***

VA Response: Concur (Recommendation 3B). VA agrees that staffing plays a crucial role in all homeless programs, but particularly in HUD-VASH where VA is statutorily required to ensure that case management is provided as needed to all Veterans in the program. Each year during the Homeless Programs Office (HPO) annual budget call to the field, a complete list of all salary requests is submitted for all allocated positions for each of the VAMCs. HPO only issues salary funds to each VAMC based on filled positions, not all positions allocated.

Homeless Full Time Equivalent (FTE) position reconciliation is conducted on a monthly basis for all VAMCs by the HPO Finance team. During this process, a review is conducted to assess filled, vacant, recently vacant, and recently filled positions using the Homeless Staffing Database which shows the status of all HPO FTE positions. Each VAMC is required to update the Homeless Staffing Database on a monthly basis and is provided with strict timelines to complete this monthly process. During the reconciliation process, the HPO Finance team will disburse funds to newly filled positions while funding for newly vacant positions is pulled. A complete report of these actions is provided to each of the Veterans Integrated Service Networks (VISN) Homeless Coordinators to be reviewed by them and disbursed to the VAMCs affected by these changes. In addition to the above reconciliation process, a monthly Hiring Dashboard is provided to each of the program managers so that they along with their regional coordinators work any vacancy issues affecting their program directly with the VAMCs.

Recommendation 4: Special Populations

The 16th Advisory Committee on Homeless Veterans Annual Report noted a deeper dive into the equity issues that may be facing Veterans, such as race, gender, and age. ***We ask that you request data from the various VA Departments that are charged with capturing information on special populations and/or VA demographics and program access and use as outlined below.*** We are seeking this information to assess how many Veterans across these groups are seeking services at VA and which services they are seeking with a departmental breakdown across those demographic variables. While the HPO may have some data, it was apparent that all data within VA is not gathered in one

readily accessible system where cross data analysis could be done. We seek information on the following demographics: aging Veterans that are 55 and older, as their biological age is far greater than their chronological age; Women Veterans, as they are the fastest growing population of homeless Veterans; Minority Veterans, as they are over-represented in the homeless population; and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) Veterans due to the stigma they can endure in receiving services. ***Once this data is published and distributed, we request a specific summit be held on Special Populations in conjunction with your other special populations advisory committees, to take a deeper dive into solutions that might be possible for next year's recommendations.***

VA Response: Concur (Recommendation 4). VA's Office of Enterprise Integration's (OEI) Office of Data Governance and Analytics (DGA) controls USVETS, an integrated database which covers most of the total Veteran population, including those who do not use VA services or benefits. USVETS' content includes participation and usage of services and benefits across VA (e.g., health, compensation, memorial), as well as demographic (age, sex, race/ethnicity), household socioeconomic, and some military history information. The USVETS database does not hold information on sexual orientation or LGBTQ characteristics, or on homelessness.

DGA already produces estimates of Veteran characteristics and outcomes using both the USVETS database and the Census Bureau's American Community Survey, a survey that covers only people who are housed (in households or group quarters). DGA has produced multiple products that show comparisons by sex, race/ethnicity, and/or age which are published on the National Center for Veterans Analysis and Statistics Web page (<https://www.va.gov/vetdata/>). Examples include the following:

- The Veteran Population Projection Model (VetPop) by age, sex, and race/ethnicity: (https://www.va.gov/vetdata/veteran_population.asp);
- A demographic and socioeconomic profile including comparisons by sex and race/ethnicity: (https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2017.pdf);
- A poverty report including comparisons by sex and by race/ethnicity: (https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_In_Poverty_2017.pdf);
- A forthcoming update to the Utilization Profile including comparisons by age, sex, and race/ethnicity (2016 profile: https://www.va.gov/vetdata/docs/QuickFacts/VA_Utilization_Profile.PDF);
- A forthcoming update to the Minority Veterans Report (2014 report: https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf);
- A forthcoming update and expansion to the Veteran Working Poor Report, which includes comparisons by age, sex, and race/ethnicity (2015 report: https://www.va.gov/vetdata/docs/SpecialReports/The_Veteran_Working_Poor.pdf); and
- A forthcoming update to the American Indian and Alaska Native Veterans Report (2015 report: <https://www.va.gov/vetdata/docs/SpecialReports/AIANReport.pdf>).

DGA is happy to assist in any way possible regarding specific analyses recommended by the ACHV. Also, in the future, DGA would like to explore data sharing and data linkage with datasets that directly indicate housing status or closely relate to risk of homelessness. For example, DGA could conduct analyses by linking USVETS to HUD tenant assistance program data, to VA or city homelessness data, or to home loan data. Such data sharing could be a cost-effective way to conduct comprehensive analyses of homelessness or of those at high risk for homelessness.

VA understands the importance of gender-specific information in determining the impact of VA's services in meeting the needs of women Veterans. The Center for Women Veterans (Center) was established by Public Law 103-446 to advise VA on its administration of benefits and services to women Veterans and to serve "as a resource center for the exchange of information regarding innovative and successful programs which improve the services available to Veterans who are women." The Center's collaboration with internal partners enables it to accomplish this mandate.

One way in which the Center leverages its partnerships with VA's Administrations and Staff Offices is through VA's Women Veterans Program (WVP), a cross-enterprise collaborative effort designed to acquire information on women Veterans' utilization of VA's benefits and services, and VA's programs and initiatives designed to meet the evolving needs of women Veterans. As mandated by VA Directive 0803 (*Women Veterans Program*), the Center promotes and leads effective collaboration to maintain visibility of the current state of policies and programs affecting women Veterans. The Center can work with the Committee to identify specific items of interest and then work with WVP Administration Leads and Staff Offices, especially offices that specifically focus on the women Veterans population, to provide information on women Veterans' utilization of VA's benefits and services.

VA concurs with the recommendation and provides the following data related to Women Veterans' use of VHA services:

- In fiscal year (FY) 2018, 8.4 percent of Veterans who access VA health care were female.
- During the past decade (FY 2008 - FY 2018), the number of women Veterans accessing VA health care has nearly doubled (89 percent increase) (2008 = 265,376; 2018 = 501,281).
- During the past decade, there has been a 154 percent increase in the number of women Veterans who received VA mental health care (2008 = 87,064; 2018 = 221,014).
 - Of these, almost 100 percent were seen in an outpatient mental health setting, while only 1.2 percent received mental health residential services and 2.9 percent received mental health inpatient care.
 - Outpatient group therapy is a common modality and approximately 95 percent of VA health care systems offer women-only group therapy, in addition to mixed-gender groups.
 - When a women Veteran receiving outpatient care is not comfortable in mixed-gender group therapy settings, alternates are available, including individual therapy, telemental health, and referrals to Vet Centers.

Data Sources:

Greenberg, Greg; and Hoff, Rani. FY 2018 Mental Health Data Sheet: National, VISN, and VAMC Tables – All Veterans. West Haven, Connecticut: Northeast Program Evaluation Center. Annual (2010-Present).

Greenberg, Greg; and Hoff, Rani. FY 2018 Female Veterans Data Sheet: National, VISN, and VAMC Tables. West Haven, Connecticut: Northeast Program Evaluation Center. Annual (2010-Present).

VA concurs with the recommendation. The 16th Annual ACHV Annual Report noted a deeper dive into the equity issues that may be facing Veterans, such as race, gender, and age. We ask that you request data from the various VA organizations that are charged with capturing information on special populations and/or VA demographics, and program access and use. We agree that all VA business lines should collect and report data that captures race and ethnicity to allow for more detailed analysis.

VA looks forward to participating in efforts to address special populations. VA's Geriatrics and Extended Care has had some initial calls with individuals in the VHA National Homeless Program Office to discuss how we might work together to address homelessness in older Veterans.

Recommendation 5: Transitioning New Veterans

While VA recognizes that DoD is primarily responsible for the separation of Servicemembers into Veteran status and the VA Secretary has little control over that process, there are elements, through the Transition Assistance Program (TAP) that can be addressed due to the involvement of VA in TAP.

We would appreciate your focus on the role of VBA during the transition process. We understand VBA has been tasked with warm handoffs of any Servicemember flagged for housing instability risk during the transition process. The added focus on housing instability during transition is appreciated. ***We request that you work with VBA to publish data on the number of handoffs made and whether the Veterans are successfully connected to housing assistance.***

Currently, homelessness and suicide prevention are both being addressed from a problem posture; i.e., we see the problem first, then the people, versus equipping people up front and preventing the problem. Stakeholders who are interested in preventing homelessness/suicide continue to be educated on the problem rather than establishing a supportive relationship with transitioning Servicemembers and equipping them with viable options for their Veteran experience in advance of a crisis. The closest VA program that promotes prevention is the Veteran Homelessness Prevention Demonstration, which was a 2011 3-year pilot program that focused on Iraq and Afghanistan Veterans and women Veterans. It is a data-driven, evidence-based attempt to end Veteran homelessness by preventing it. Even the National Strategy for Preventing Veteran Suicide addresses suicide and mental health but does not start by equipping the Veteran.

The Veterans Opportunity to Work and Hire Heroes Act of 2011 required that Servicemembers separating from the military attend TAP and, in 2013, DoD launched a TAP virtual curriculum through the Joint Knowledge Online learning management system. In all cases and across all services (Army, Air Force, Navy, Marines, Coast Guard), TAP is a cooperative effort between DOL's Veterans Employment and Training Services (VETS), DoD, Department of Homeland Security (DHS), and VA. Although TAP focus is employment heavy, VA has a minor role in which it provides career information, including an information brief on eligibility and a broad range of VA benefits: compensation and pension; survivor and burial; health care; vocational rehabilitation and employment; education and training; home loan guarantee; and life insurance.

During this information brief, VA does not build a relationship or inform transitioning Servicemembers of available resources in the event of a housing crisis post-separation. While there may be a "warm-handoff," there is no follow up with the Veteran to ensure successful transition and to prevent homelessness post-separation.

The only mention of homelessness in the DoD "Guide for Transition Counselors: Script on Pre-separation/Transition Counseling" is under the topic, "Contact Information for Housing Counseling Assistance," where it is mentioned in reference to the HUD Veteran Resource Center (HUDVET) having a wide variety of HUD homeless assistance programs and services for Veterans.

Active duty provides Servicemembers with a DoD-structured "dependent" existence that TAP's inclusion of a VA benefits briefing has not been able to undo. Creating a relationship with VA, DOL, and HUD, and follow up with Servicemembers after separation, would be a proactive form of homelessness and suicide prevention.

Homelessness and suicide are not the goals of transitioning Servicemembers, and therefore are not the focus upon transition from active duty to Veteran, yet these must be dealt with intentionally. We recommend that VA creates a short video and workshop that includes sensory learning, which has been proven effective for memory retention.

A "This Does Not Have to Be You!" transition video/campaign could take a Veteran from an active duty retirement/separation celebration to successful employment, to unemployment, to homelessness, followed by reversing the frames back to the active retirement/separation celebration with a tagline that says "This Does Not Have to Be You!" The rest of the video could include VA programs and information that expands the available tools for Veterans to be successful.

A "Make Transition Make Sense for Veterans" workshop could be one where real-life decisions are made that lay the foundation for how to approach and sustain responsibilities and independence as a Veteran. Topics could include financial literacy, employment, housing options, community and school choices, medical, dental, social options, as well as crisis (suicide/homelessness) scenarios and remediation options initiated and carried out by the Veteran with VA, other agencies, or non-profit

organizations. The workshop could have you repeat the exercise until you solve hypothetical crises.

Recommendations 5A-5C: (5A) publishing data on the number of Servicemembers flagged for potential housing stability as they are separating from the military; (5B) creating a short video that explains to transitioning Servicemembers how to seek help if they are facing housing instability; and (5C) organizing a workshop that uses sensory learning to inform separating Servicemembers who are facing housing instability to seek help.

VA Response: Concur (Recommendation 5A): Mental health and suicide prevention remain priorities for VA as we continue to make strides to connect Transitioning Servicemembers (TSM) with appropriate services and resources. VA works closely with interagency partners to identify TSMs and Veterans at risk for homelessness. VA continuously engages with DoD, VHA, and other stakeholders to conduct analysis on warm handover data, to ensure all TSMs are properly identified and tracked. At this time, data gathering and analysis is well underway and is expected to become available during the second quarter of FY 2020.

VA Response: Concur (Recommendation 5B). VA concurs with the recommendation to create a short video. As such, a video has been created that describes the stories of many Veterans who have experienced hard times adjusting to civilian life, and the treatment they received through Vet Centers is shown during the VA TAP briefing. VA's Office of Public and Intergovernmental Affairs and VHA Homeless Programs Office recently collaborated on the following 3-minute video that explains to Veterans how to seek help from VA if they are homeless or at imminent risk of homelessness:
https://www.youtube.com/watch?v=8Ngor_HOn5A&feature=emb_logo.

VA Response: Concur (Recommendation 5C): VA's Benefits and Services portion of the TAP briefing curriculum has been revised several times to provide more comprehensive information on both resources for homelessness prevention and resolution, as well as mental health resources.

Revisions include updates to the "Finding A Place to Live" module, which is a briefing that educates Servicemembers on VA Homeless programs and warm handovers. During this module, Servicemembers are encouraged to speak with their TAP Manager during the Capstone session and reach out to their leadership for concerns with their housing. A warm handover can connect TSMs with Veteran Service Organizations and other VA partners for temporary housing, employment, health care, transportation, substance abuse, and other resources. Additionally, Benefits Advisors provide one-on-one assistance sessions to explain benefits, answer questions, and connect Servicemembers with resources to meet their individual needs.

VA TAP also has a module, "Maintaining Your Health," which is dedicated to informing Servicemembers about their physical and mental health benefits. During this section of the briefing, Servicemembers learn about VA's mental health resources, including but not

limited to Posttraumatic Stress Disorder programs, Vet Centers, VA crisis center, and VA mental health apps.

Additionally, VA developed nine Military Life Cycle (MLC) Modules that cover topics most important to our Servicemembers and their loved ones. MLC modules average duration time is 45 minutes and are offered in-person or online through the DoD's Joint Knowledge Online. MLC modules can be taken at any time in a Servicemember's career. The Social and Emotional Health Resources MLC (MLC US018) describes services and provides information on resources for coping with life experiences and stressors that may impact social and emotional health.

As a result of Executive Order 13822 (*Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life*), VA partners with DoD to ensure that DoD hands off all TSMs identified as lacking a post-transition housing plan. The TSMs are handed off to VA to ensure they get the support they need. DoD and VA partnered to develop an assessment to screen TSMs for risks in a host of life domains (social, relational, employment, housing, mental health, hope, sense of belonging). The Executive Order also requires a handoff to VA for follow-on peer support services, clinical care, and a host of VA, DoD, and community-based partnerships, to ensure personnel receive the individualized support they need. Currently, this assessment is scheduled for piloting in FY 2020. The Executive Order also required the creation of a joint action plan between VA, DoD, and DHS, to ensure all TSMs are aware of and have access to mental health services. Task 1.1 of the plan called for an innovative campaign to proactively call every newly separated Servicemember during their first year of transition from the military at established intervals (90, 180, and 365 days) following separation. This campaign, known as VA Solid Start, began on December 2, 2019.

VA Solid Start proactively seeks to establish an early relationship between VA and former Servicemembers in their first year of transition through one-on-one interactions that support, educate, and empower them to know and use the benefits available to them. Through phone calls and email, the program reaches out to all Servicemembers leaving the military, regardless of their service or status. The program supports overarching interagency Veteran initiatives by empowering Veterans and former Servicemembers to access the resources they need to live healthy and stable civilian lives.

Finally, within VBA, the Office of Field Operations Benefits Assistance Service maintains oversight of VBA's Homeless Program by establishing strategies, objectives, and ensuring development, implementation, and oversight of VBA's Homeless Program. VBA has assigned at least one full-time employee to oversee and coordinate homeless Veteran outreach and referral services both within and outside of VA at the 20 regional offices with the largest homeless Veteran populations.

CONCLUSION:

Mr. Secretary, while it is clear that great strides have been made in ending Veteran homelessness during the past 10 years, continual work in early intervention, suicide prevention, good data, and strong HUD-VASH service delivery are required to get to a place where homelessness is truly rare, brief, and non-recurring. Most importantly, the connection between homelessness and suicide is alarming, and the more we can do to intervene early, the better. Finally, Special Populations of Veterans with diverse ages, genders, races, and sexual orientations are now seeking services within VA. We have a responsibility to address the needs of all Veterans. We appreciate your time and consideration of these recommendations.