

REPORT OF THE ADVISORY COMMITTEE ON HOMELESS VETERANS



18th ANNUAL REPORT

**Department of Veterans Affairs
Advisory Committee on Homeless Veterans
18th 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 (Committee). In response to its provisions, the Committee was established on March 1, 2002, pursuant to section 2066 of title 38, United States Code (U.S.C.). The mission of the Committee is to advise and make recommendations to the Secretary, Department of Veterans Affairs (VA) and 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 VA selects Committee 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 populations. The members serve without pay, in accordance with the Committee's charter.

A brief biographical summary of each Committee member follows:

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 United States (U.S.) Interagency Council on Homelessness. Her roles have focused on the intersection of health and housing, particularly health care financing and improving outcomes associated with supportive 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 currently serves on the board of the National Council of State Housing Agencies. She has served on the boards of the Corporation for Supportive Housing, the Melville Charitable Trust and West Side Community Health Services in St. Paul. Jennifer received her 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 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.

Ms. Bellofatto is also 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 each day and see that Veterans Service Organizations make a difference in the quality of life for Veterans experiencing homelessness. Even if it is a cup of coffee and a conversation, she is there to support Veterans to the level they are ready. Some Veterans may take a few days to accept assistance and others may take a few years but 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 to get them the services they deserve.

Ms. Bellofatto 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 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 at Volunteers of America, 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 level. He has developed relationships with VA, Department of Housing and Urban Development (HUD), Department of Labor and the Massachusetts Department of Veterans Affairs.

Richard Cho, Ph.D. is the 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 individual, family and youth homelessness.

Tramecia Garner, LPCC has been the Chief Operating Officer and Housing Director at Swords to Plowshares in San Francisco, California, since March of 2020. Prior to this new role, she was the Associate Director for Housing and Residential Programs since 2016. As a member of the executive-level management team, she works with the Executive Director, Chief Financial Officer and other senior management staff regarding agency operations, budget and strategic planning (with an emphasis on the Housing and Residential Programs portfolio). She manages many of the agencies direct service programs, provided in Oakland and San Francisco, California, which include: Supportive Services for Veteran Families, Employment and Training, Grant and Per Diem Service Centers, Outreach and Drop-In Case Management and Mental Health Services. She also provides direct management of the various housing programs to include: Health care for Homeless Veterans programs-DeMontfort House and Safe Haven, Veterans TBI Transitional Housing program, STAR Vets, located in San Francisco and Martinez, California. She also manages six Permanent Supportive Housing sites for Veterans and their families who were formerly homeless or chronically homeless in San Francisco, California. These sites include more than 260 HUD-VA Supportive Housing (HUD-VASH) households and 170 non-HUD-VASH units (Continuums of Care and Rental Assistance Demonstration 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 within 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. She is a Licensed Professional Clinical Counselor in the State of California.

Sharon 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 Chief Executive Officer of Alethes Consulting Group, LLC (pronounced al-ay-thace), providing leadership coaching, speaking and training for corporate executives, non-profit organizations, Veterans and individuals globally.

As a legacy member and former Chief Operations Officer 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, while adapting and overcoming the new challenges presented by the Coronavirus disease (COVID-19) pandemic. Sharon was also essential 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 Service members 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, American Society of Military Comptrollers, Military Officers Association of America, Disabled American Veterans, Delta Sigma Theta Sorority, Inc. and is the proud mother of a male species teenager, John'al.

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 Information technology. 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 2011-17 and served as Commission Secretary from 2016-17. In her free time, Ms. Guy enjoys traveling and volunteering.

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, FAAN 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 for homeless Veterans and studied the impact of social determinants of health.

Dr. Lee has published in peer-reviewed professional journals and been invited to present 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 Program Director and Assistant Professor in the Health Care Disparities, Diversity and Advocacy Program.

Kathryn C. Monet is the Chief Executive Officer 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, 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, VA, is the Designated Federal Official for the Committee and serves as the Senior Advisor and Director, Community Engagement, Veterans Health Administration, Homeless Programs Office (HPO).

Leisa Davis, VA, is the Alternate Designated Federal Official for the Committee and serves as a Program Analyst in the Office of Community Engagement, Veterans Health Administration (VHA), HPO.

Heather Monroe, VA, is the HUD-VASH Social Worker and serves as a Detail in the Office of Community Engagement, VHA, HPO.

Holly Hirsel, VA, is the Senior Community Engagement Coordinator, National Call Center for Homeless Veterans Liaison, Office of Community Engagement, VHA, HPO.

Daniella Waitschies, VA, is the Administrative Officer, VHA, HPO.

Ex-Officio Members:

Cheryl Rawls, VA, Veterans Benefits Administration (VBA), is the Assistant Deputy Under Secretary for Field Operations.

John McLaughlin, Ed.D., U.S. Department of Education (ED) is a Federal Contractor, Education for Homeless Children and Youth Program.

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

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 of the Office of National Programs and oversees the DOL VETS programs, among others.

Robert Marbut, Jr., U.S. Interagency Council on Homelessness (USICH), is the Executive Director, USICH.

U.S. Department of Agriculture (USDA) Ex-Officio position is currently vacant.

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

U.S. Department of Justice (DOJ) Ex Officio position is currently vacant.

COMMITTEE REPORT IN BRIEF:

This is the 18th 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 top priority, with the special emphasis and focus our Veterans deserve.

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 30, 2020, 81 communities and 3 states have effectively ended Veteran homelessness, confirmed through a rigorous review by VA, HUD and USICH. This progress is significant and 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 permanent supportive housing. VA has been the leader in this effort, in close cooperation with its partner agencies and local communities and partnering Veterans-serving and faith-based organizations, and we wish to see the focus on this model continue. The most recent list of communities can be found at <https://www.usich.gov/communities-that-have-ended-homelessness>.

Since the authorization and implementation of the ACHV, we have been pleased that most of our recommendations have been brought to the attention or remain under active consideration from Congress for implementation. 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 with prevention, 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 reintegrate into society.

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 highly effective collaborations and promote the goal of ending Veteran homelessness.

RECOMMENDATIONS OF THE COMMITTEE:

ACHV recognizes the incredible challenges currently faced by VA and the Nation in regard to the provision of critically needed care for our most vulnerable populations throughout the pandemic caused by Coronavirus Disease 2019 (COVID-19). We applaud VA and its community partners for often heroic efforts to maintain and advance the quality of care during this challenging time. With that in mind, we make these recommendations not knowing where we will be by the time this annual report reaches the Secretary's desk and thus do not identify specific COVID-19 related recommendations, outside of learning from this experience, as the situation remains fluid. As needs arise, ACHV will continue to use letters in between reports as warranted. We do, however, focus on longer term recommendations in light of the uncertain times ahead.

It is also important to note the recent release of the USICH "[Expanding the Toolbox: A Whole of Government Response](#)." We wholeheartedly agree that VA should stay its course and continuously improve its efforts to end homelessness among Veterans using its previously adopted models, including Housing First, that have led to dramatic reductions.

Recommendation 1: Elevate and Consolidate Homeless Programs.

While great progress has been made toward ending homelessness among Veterans, the current VA Homeless Programs reporting structure is not conducive to effectively implementing national strategies to complete the mission. We have all heard the phrase, "if you have seen one VA, you have seen one VA." This stereotypical statement is usually intended in jest amongst colleagues yet rings especially true with VA's homeless programs due to myriad reporting structures. The mission-critical programs VA operates in its efforts to end homelessness among Veterans are the following: HUD-VA Supportive Housing (VASH); Supportive Services for Veteran Families (SSVF); VA Grant and Per Diem (GPD); and Health Care for Homeless Veterans (HCHV). Supplementary programs include Veterans Justice Outreach (VJO); Homeless Veterans Employment Coordinators (HVEC); Compensated Work Therapy (CWT); Community Resource and Referral Centers (CRRC); and Homeless Patient Aligned Care Teams (HPACT) among others. Each of these programs play a critical role in ending homelessness among Veterans and must be

effectively coordinated to create a seamless Continuum of Care that facilitates change initiatives, innovation and implementation of best practices.

Among the three key housing programs, two operate through hospital-level management structures (HUD-VASH and GPD), while one (SSVF) operates through VA Central Office (VACO). Most supplemental programs operate through the local hospital management, as well. Homelessness among Veterans is a complex, community-based problem, and requires seamless access to the entire toolbox of resources to house and empower Veterans. The challenge created in implementing national strategies and best practice initiatives is that the strategy has to be “sold” 143 times to local hospital leaderships or the myriad programs will not be aligned. VA, and its partners, have successfully reduced the population of Veterans experiencing homelessness by greater than 50%, which is phenomenal and largely due to the sheer volume increase of housing-based resources over the past decade. To truly “take the hill,” communities will need to act with precision and flexibility in their interventions and effectively braid programs through models such as Progressive Engagement. This requires a deep look at organizational structures that will better facilitate execution.

VA is the Nation’s largest health care organization and the second largest Government agency. The Homeless Programs Office serves, primarily, as an advisor to VISN and Medical Centers as to strategies they should consider implementing locally. **ACHV recommends that this office be elevated to the Secretary level (akin to that of the Center for Women Veterans and Center for Minority Veterans) with a direct reporting relationship from the responsible programs, whether hospital or community-based.** This will facilitate execution of a national strategy, reduce cost by starting with prevention, deepening resources as needed and reduce racial disparity with flexible and tailored interventions based on the unique needs of Veterans. **(Recommendation 1A).**

VA Response: Non-concur (Recommendation 1A). VA Homeless Program Office’s current organizational alignment and reporting structure promotes optimal integration of policy and services throughout VHA and the Department. This structure ensures that the Homeless Programs Office has a direct line to Veterans Integrated Service Networks (VISN) and VA Medical Centers (VAMC). VA’s organizational alignments and reporting structures are reviewed and vetted by various layers within the organization and VA reserves the discretion of determining the best organizational structure that will allow the fulfillment of the program’s mission and requirements.

ACHV recognizes that modifying the organizational structure within any piece of VA requires intense planning and identification of barriers. To that end, **ACHV recommends that the Secretary establish a task force across all relevant VA disciplines and key stakeholders to identify potential organizational structures that will facilitate the execution of national strategies in ending homelessness among Veterans while affirming a renewed commitment to ending homelessness. We also recommend this task force examine the current reporting structure of the National Center on Homelessness Among Veterans (NCHAV) is conducive to ensuring that evidence-**

based policymaking; independent research of programs; and model development occur unimpeded. This task force should be granted 12 months to prepare a report, recommendations and an implementation plan for Secretarial review. **(Recommendation 1B).**

VA Response: Non-Concur (Recommendation 1B). Upon review, it has been determined that the Homeless Program Office's organizational structure and alignment facilitate the successful execution of national program strategies as demonstrated by the program's unprecedented success. Also, it was determined that the National Center on Homelessness Among Veterans (NCHAV) reporting structure optimizes the support toward VA's mission of ending and preventing homelessness, and it is the most conducive and effective alignment to ensure its functions are properly met. Current alignment facilitates NCHAV's statutory functions and provides cohesiveness and collaboration for the overall goal to address and prevent homelessness among Veterans. VA organizational alignments and reporting structures are reviewed and vetted by various layers within the organization and VA reserves the discretion of determining the best organizational structure that will allow the fulfillment of the program's mission and requirements.

Recommendation 2: HUD-VASH Improvements.

In the 17th ACHV Annual Report recommendations, it was requested that the VA Secretary instruct the VA National Center on Homelessness Among Veterans (NCHAV) (also referred to as the Center) to conduct a Best Practices study. ACHV is pleased that VA staff concurred in principal noting that while the Center could conduct such a study, the HUD-VASH Program Office actually sets policy. It is our understanding that the Center is conferring with its research affiliates and other stakeholders and we ask that NCHAV publish its findings relating to HUD-VASH Graduations by the Fall 2021 ACHV meeting and update the Committee during the upcoming spring meeting. More specifically, **ACHV recommends that such a study should examine the process and criteria that HUD-VASH case managers are utilizing to determine appropriateness for the graduation of Veterans from HUD-VASH services to ensure that Veterans have continuous access to appropriate levels of intervention as they experience turbulence throughout their adjustment and stabilization in permanent housing. We request that the researchers also include perceptions from permanent supportive housing operators and current and former participants of the HUD-VASH program. We further request that HPO commit to testing and/or implementing promising findings from the study across programs. (Recommendation 2A).**

VA Response: Concur in principle (Recommendation 2A). The Center's current HUD-VASH graduation evaluation includes two parts. One part involves HPO Clinical Operations' Office of Analytics and Operational Intelligence (OAOI) analyzing HUD-VASH graduation rates using existing data in Homeless Operations Management System (HOMES) and providing their findings to the Center for interpretation. The other part involves the Center administering a questionnaire to VA medical facility homeless program managers about their HUD-VASH programs' graduation practices. The Center

can sample, in principle, a group of current and former Veteran HUD-VASH program participants to learn about their experiences. VA is currently exploring resources for funding this evaluation.

In light of the considerable racial disparities that exist within homeless services and access to housing, **ACHV recommends that the Center highlight successful program models that lead to stable housing, connections to resources, income/benefits and physical/mental wellbeing for Veterans of groups disproportionately experiencing homelessness, such as African American, Latino/Latina/Latinx, Native American, Alaska Native, Native Hawaiian and others including seniors, women and those who identify as Lesbian, Gay, Bisexual, Transgender or Queer (LGBTQ).** It is important to ensure that all programs within HPO are aware of the data around disparities in entrances, participation and exits from their programs and equipping staff, grantees, contractors and other internal and external partners with best practices and insights needed to help Veterans thrive. **(Recommendation 2B).**

VA Response: Concur in principle (Recommendation 2B). The Center is interested in identifying successful program models that are more effective in addressing the needs of Veteran groups who are disproportionately experiencing homelessness. The available data in VHA electronic medical record and HOMES is limited in comprehensive data on race, ethnicity, and LGBTQ status. The Center will require additional resources to identify successful program models. The Center will need to find and fund at least 2.0 Full Time Equivalent investigators who can perform an environmental scan to identify and evaluate existing program models. The VA is committed to providing research-driven solutions to address the complex and multidimensional disparities that contribute to homelessness among Veterans and recognizes that similar disparities contribute to disparate wellbeing outcomes. The Center plans to submit a proposal to VHA to create 2.0 Full-Time Equivalent temporary investigator positions which could be joint hires between the Office of Mental Health and Suicide Prevention (OMHSP) and the Center. This propose collaboration with OMHSP would enhance the robustness of the environmental scan, which is needed to identify and evaluate existing program models, as a non-homeless perspective would also be explicitly utilized and would augment the dissemination of the study's recommendations.

Recommendation 3: Data Integration.

HUD developed its Homeless Management Information System (HMIS) alongside VA's development of the Homeless Management Information System (HOMES) to track the prevalence, intervention and outcomes of homeless individuals and families. At the development of these systems, it was not foreseen as to the level of collaboration in the years to follow that would exist between the HUD Continuum of Care and VA Medical Centers regarding joint strategies in ending homelessness among Veterans. Quality data collection and analysis is critical to ending homelessness and most communities use the HMIS data for community-wide reporting, strategy development and monitoring of progress toward meeting the Federal Benchmarks. The problem has always been that these two systems do not "talk" to one another and thus required workarounds to

ensure communities had a complete picture of all homeless individuals and families within its locale. VA Medical Centers, through national guidance, were granted approval to enter data directly into HMIS as the primary workaround adopted throughout the country. This ensured complete data sets, yet left VA clinical staff with a duplication of effort by entering information into both databases. As staffing challenges continue to persist and clinical needs deepen among Veterans that remain homeless, several VA Medical Centers are choosing or making plans to opt out of this voluntary data entry potentially leaving communities with incomplete data sets. In all cases, VA staff remain committed to delivering data in other formats, however doing so likely just creates another workaround between the two systems. **ACHV recommends that the best way to eliminate the duplication and increase clinical capacity, is simply to finally make these two critical systems “talk” to one another. (Recommendation 3A).**

VA Response: Concur in principle (Recommendation 3A). VA concurs in principle with the recommendations and very much supports improved data sharing capabilities for the reasons detailed by ACHV. Clarification of current state, known barriers and recommended solutions are detailed below:

VA's HOMES is a single platform. HUD's HMIS is not a single platform, it is 36+ unique platforms developed and managed by different vendors. The ongoing challenge has not been making two critical systems talk to one another, it has been making 37+ various systems and databases talk to each other. The 36+ HUD HMIS systems do not have the capability to talk to each other due to the complexities and differences with the various HMIS platforms. In order to make HMIS and HOMES “talk” to each other, VA will reach out directly to the Secretary of HUD to seek commitment for streamlining the various HMIS systems into one standardized system.

It is the understanding of ACHV that VA has done considerable work towards preparing HOMES to be able to export data directly into HMIS, yet HUD has not expressed reciprocal enthusiasm for preparing HMIS to accept such inputs. Specifically, HUD requires its HMIS vendors to maintain data export functions yet does not require they format to receive imports of data from other systems. **ACHV recommends that the Secretary reach out directly to the Secretary of HUD to seek their commitment to ensuring this long overdue task is completed jointly within 12 months and, specifically, request that HUD require the import capability of all HMIS systems among its vendors.** This will ensure continuous quality data, eliminate duplication of effort while avoiding new workarounds and increase time spent on clinical services. **(Recommendation 3B).**

VA Response: Concur in principle (Recommendation 3B). VA concurs in principle with the recommendations and very much supports improved data sharing capabilities for the reasons detailed by ACHV. Clarification of current state, known barriers and recommended solutions are detailed as follows: All HMIS systems have the import capabilities; however, the various HMIS vendors charge extremely high fees for each data import, creating financial hardship for community providers trying to utilize these import capabilities. VA will reach out directly to the Secretary of HUD to discuss possible

elimination of HMIS import fees or identify other workarounds for community providers within 12 months.

Recommendation 4: COVID-19 Lessons Learned.

COVID-19 carries a disparate toll on the economic and physical health of Black, Indigenous, people of color, low-income essential workers and on people experiencing homelessness or housing insecurity. This unfortunate circumstance creates an opportunity to learn from the heroic response to COVID-19 in an effort to modify and improve VA's homeless programs. Communities across the country mobilized in new and urgent ways. Whether it was due to Coronavirus Aid, Relief and Economic Security (CARES) Act infusions, efforts to get people out of crowded conditions and into hotels, emergency housing assistance to prevent evictions, or community health workers conducting outreach to get people healthcare; innovation is widespread, and we are wise to learn from it.

ACHV recommends assessing what is known about COVID-19's impact on Veterans experiencing homelessness. That includes understanding its prevalence, its impact on subsets of homeless Veterans, including gender, age, race and ethnicity and pre-existing health conditions, geographic differences and the like. More importantly, where the pandemic has resulted in getting more Veterans housed and where it has not, to understand differences in community responses. (Recommendation 4A).

The GPD, SSVF, HUD-VASH, Veterans Justice Outreach and the employment programs have all had examples of innovation and aligning various funding streams with HUD and CARES Funds to get better results for Veterans experiencing homelessness. Where can these creative efforts be built into the base funding and requirements of these programs post-COVID-19 in order to advance efforts to end Veterans homelessness when this crisis ends? And how do we anticipate the downstream impacts of the lifting of eviction moratoria, the slow economic recovery and the long-term health impacts for some people who have had COVID-19?

Finally, we understand that we should not assume we may not be able to return to the way things were before COVID-19. De-concentrating emergency and transitional housing, using hotels as a path into long-term housing and preventing homelessness whenever possible should all be a part of life after COVID-19.

VA Response: Concur (Recommendation 4A). VA continues to assess the impact of the pandemic on homeless Veterans and is implementing strategies to mitigate the risk of infection and increases in homelessness due to the subsequent economic downturn. In addition, VA continues to evaluate the policy and strategy changes that have been implemented since the start of the pandemic to identify which changes should be sustained post-pandemic.

ACHV recommends that VA publish a report, within 12 months, on COVID-19 and its impact on homeless Veterans and its programs. The report should include what

we learned in 2020 and what changes and strategies are needed to leverage those learnings going forward. (Recommendation 4B).

- VA should track and report on the known impacts of COVID-19 on homeless Veterans using both the experience of the VA Medical Centers and VA's homeless programs.
- VA should track and report on where Veterans homelessness was significantly reduced during the pandemic and where it increased significantly and determine the factors that led to each.
- VA should determine where program changes should be made to GPD, SSVF, VJO and other VA homeless programs informed by what innovations occurred as a result of communities' work and new funding that was available during the pandemic.
- VA should outline a prevention strategy, based on learnings, to stave off homelessness as eviction moratoria are lifted while COVID-19 impacts may still exist.

VA Response: Concur (Recommendation 4B). VA agrees with ACHV's recommendation to publish a report within 12 months (December 2021) on COVID-19 and its impact on homeless Veterans and VA's homeless programs.

CONCLUSION:

As we continue to battle the effects of COVID-19, VA and its community partners remain strong and committed to our collective efforts to end homelessness among Veterans. We look forward to the improvements that will undoubtedly flourish as a result of the current experience.