

**ADVISORY COMMITTEE ON HOMELESS VETERANS  
to the Department of Veterans Affairs  
SUMMARY OF MEETING**

December 04, 2017

The Advisory Committee on Homeless Veterans convened an unprecedented, emergency meeting on December 01, 2017 at 2:00 pm via teleconference. Mark Johnston, Committee Chairman, opened the meeting.

In accordance with the provisions of Public Law 92-463, the meeting was open to the public from opening at 2:00 pm until adjournment at 5:15 pm.

The agenda consisted of a single topic: *Discussion topic: Threats and harmful impacts to homeless Veterans due to VA reclassification of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) appropriations as General Purpose funds.* The Committee heard comments from various VA and other Federal and non-Federal subject matter experts with opportunities for questions.

This meeting of the ACHV was not a part of its FY 2018 Operating Plan. The meeting was called by the Chair as an emergency discussion based on the unanimous concern by the Committee members regarding abrupt changes to the funding of a key VA program designed to reduce and end homelessness among veterans.

**Committee members present:**

Mark Johnston – Chair  
Scott Carter – Ex-Officio, U.S. Department of Agriculture (USDA) (Chief, Government Affairs Branch, Food and Nutrition Service)  
Steven Como – Member  
Matthew Doherty – Ex Officio, U.S. Interagency Council on Homelessness (USICH) (Executive Director)  
Eric Grumdahl – Member  
Dottie Guy – Member  
Charles Hall – Member  
Elisha Harig-Blaine – Member  
Peter Kelleher – Member  
Yvette Kelly – Member  
Susan Lee, Ph.D, RN – Member  
Emily Rosenoff – Ex-Officio, U.S. Department of Health and Human Services (HHS) (Acting Director, Division of Long-Term Care Policy)  
Robert “Bobby” Shriver, III – Member  
Norm Suchar – Ex-Officio, Department of Housing and Urban Development (HUD) (Director, Office of Special Needs Assistance Programs)  
Leon Winston – Member  
Roger Woodworth – Member

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**Committee Members absent:**

Ivan Denton – Ex-Officio, Department of Labor (DoL). (Director, Office of National Programs, Veterans' Employment and Training Services) Conflicting engagement, but communicated his views on the matter prior to the meeting.

Margarita Devlin – Ex-Officio, VA, Veterans Benefits Administration. (Executive Director, Benefits Assistance Service) Recused herself to avoid appearance of conflict as the topic involved VA fiscal policy and she is an Ex-Officio member by virtue of her position in VA.

Department of Defense – position currently vacant

**Invited Senior Government Officials present:**

Neal Rackleff – HUD, Assistant Secretary for Community Planning and Development

Dr. Carolyn Clancy, MD – VA, Executive in Charge, Veterans Health Administration

**Committee Support Staff present:**

Anthony Love – Senior Advisor and Director Community Engagement, Veterans Health Administration (VHA), Homeless Programs Office (HPO), Designated Federal Officer (DFO)

Charles Selby – VA, Senior Advisor and Communication and Engagement Coordinator, VHA HPO, Alternate DFO

Alexandra Logsdon – Presidential Management Fellow, VHA HPO, Committee Support

**\*Additional attendees present for a portion or all of the meeting (alphabetically by last name):**

There were 150 active individual dial-in lines in use during the meeting. Some, but not all, attendees identified themselves by name. Attendees are not required to identify themselves. Actual attendance may have been larger, as the system records only the number of lines that dialed in. It is possible that there were one or more lines that had multiple individuals listening via speakerphone. The following identified themselves by full or partial name:

Adish, Saralyn, USICH, Chief of Staff

Atoya, M

Blue-Howells, Jessica, VA, National Coordinator, Healthcare for Re-Entry Veterans

Bogicevic, Danica, VA, VISN 21 Network Homeless Coordinator

Burnette, Craig, former member, Advisory Committee on Homeless Veterans

Caldwell, Mike, VA, Benefits Assistance Service

Collins, Karen, VA, Homeless Programs Social Worker

Concepcion, Tony, VA, Financial Manager VHA HPO

Deal, Meghan, VA, Social Worker

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DeBlasio, Rich, VA, VISN 19 Network Homeless Coordinator  
Deborah  
Devine, Eileen, VA, National Director, Health Care for Homeless Veterans  
Dinsmore, Ellen, VA, Special Programs Manager  
Dollard, C  
Drake, Kirby, VA, VERA Coordinator, VHA HPO  
Ebersold, Beverly, USICH, Director of National Initiatives  
Figouera, Robert, VA, Program Specialist  
Gerard, Kathy, VA, VISN 20 Network Homeless Coordinator  
Harelik, Nicole, VA, Management Analyst  
Dr. Harris, Keith, VA Director of Clinical Operations, VHA HPO  
Hill, Lindsay, VA, Management Analyst  
Hogue, Melinda, VA, Social Worker  
Hunt, Courtney  
Hyduke, Barbara, VA, VHA Deputy Chief of Staff  
Multiple individuals who identified themselves as "Guest"  
Individual who identified themselves as "AM"  
Irwin, Julie, VA, VISN 3 Homeless Care Line Manager  
Johnson, Brenda, VA, Chief of Staff, National Center on Homeless Veterans  
Kehoe, John, VA, Social Worker  
Ko, Chris, United Way of Greater Los Angeles, Director of Homeless Initiatives  
Leslie, Matt, Commonwealth of Virginia, Director of Housing Development  
Lipscomb, Dennis, VA, Budget Analyst  
Loving, Samantha, VA, National Homeless Veteran Community Employment Services  
Program Manager  
Lui, Shawn, VA, Lead program Analyst, VHA HPO  
Lynn, Peter Los Angeles Homeless Services Authority (LAHSA), Executive Director  
McDonald, Elizabeth, VA, Clinical Psychologist  
McLaughlin, John, VA  
McNair, Sasha, USDA, Congressional Relations Specialist  
Melissa M  
Michael  
Monet, Kathryn, National Coalition for Homeless Veterans (NCHV), Executive Director  
O'Toole, Tom, VA, Homeless Patient Aligned Care Teams Director  
Paquin, K  
Pittman, Teresa, VA, HUD-VASH Regional Coordinator  
Quarles, Jeff, VA, Director, Homeless Veterans Grant and Per Diem (GPD) Program  
Robertson, Elyse  
Roman, Nan, National Alliance to End Homelessness (NAEH), President and Chief  
Executive Officer  
Ruege, Adam, VA, Clinical Program Manager  
Sanders, Robert, VA, Chief, Transition Assistance Program Services (TAPS)  
Beth Sandor, a Principal at Community Solutions  
Sheetz, Rebecca, VA, VISN 6 Network Homeless Coordinator

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Silansksis, Erin, VA, VISN 9 Network Homeless Coordinator  
Thomas, Lewis, VA, Social Worker  
Tobe, Jennifer, VA, Senior HUD-VASH Program Analyst  
Urell, Robert, VA, Management and Program Analyst  
Vazzano, Jesse, VA, national Director, HUD-VASH  
Watts, Jamie, VA, VA, Health care for Homeless Veterans Supervisory Coordinator  
Wilson, Ben

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

For the record, it is noted that to avoid a conflict of interest, Committee members are required to absent themselves from the meeting when the Committee discusses applications from their respective institutions or in which a conflict of interest may occur. Members are asked to sign a statement to this effect. This does not apply to "en bloc" actions. One Ex-Officio member, Margarita Devlin, Executive Director, Benefits Assistance Service, recused herself as she is a VA employee, and the sole topic of discussion was VA fiscal policy changes.

**Friday December 01, 2017**

2:00 pm Meeting called to order by Mark Johnston, Chairman. Mr. Johnston commented that this type of meeting and its timing were unusual. The Committee felt that a recent change to VA fiscal policy which would allow VA to move VA funds for FTE that case manage Veterans in HUD-VASH from special purpose funds to general purpose funds, allowing VA Medical Centers discretion on how to use those funds, would have serious, unintended, adverse impact on Veterans. This matter was of such importance it could not wait until the next scheduled meeting of the ACHV in April 2018. The ACHV is unanimous in its opposition to this change among its appointed members and similar concerns were raised by various Ex-Officio members in their opposition. The ACHV believes it will harm Veterans and limit VA's ability to sustain previous gains in preventing and ending homeless among Veterans.

2:10 pm Remarks by Anthony Love, Designated Federal Officer. Mr. Love framed the purpose of the meeting by explaining the statutory role of the ACHV. Specifically, the ACHV is authorized by statute, 38 United States Code (U.S.C.) § 2066, and operates under the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. Appendix 2 and Section 11 of Public Law 113-59. The ACHV provides advice to the Secretary on the provision of benefits and services to Veterans experiencing homelessness. In providing this advice, the ACHV reviews information relating to the needs of homeless Veterans; provides an ongoing

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assessment of the effectiveness of the policies, organizational structures, and services of VA in assisting Veterans experiencing homelessness; and provides ongoing advice on the most appropriate means of providing assistance to Veteran experiencing homelessness. VA has received the ACHV's previously mailed letters from the past two meetings. Responses have been drafted and are currently under review and will be sent to the ACHV shortly.

2:20 pm Discussion with Dr. Keith Harris, VA, Director, Clinical Operations - updates on VA Homeless programs. At the request of the ACHV and in response to questions from the Chair, Dr. Harris related information on the background of the fiscal policy changes. In general, Dr. Harris explained that based on feedback from VA leaders at the VA Medical Center (VAMC) and VA Integrated Service Network (VISN), there was a broad desire to increase flexibility at the VAMC level to allow VAMC Directors to be more responsive to the needs of suicide prevention and opiate reduction, and other priorities as established by VA senior leadership. Dr. Harris related that VA recognizes that the fiscal policy change raises a lot of concern among partners, providers and members of the public. VA has received many letters of concern, including but not limited to members and staff of Congress, Veterans Service Organizations, (VSOs) our partners, etc. Dr. Harris stated that responses have been drafted but did not know which, if any, have been sent in reply. Internal messaging on the conversion has pivoted a couple times – it was delayed briefly, but VA is now on a path to implement the change. VHA senior leaders asked both VHA HPO leadership and leadership of other programs affected by this fiscal policy change to provide a list of required program performance measures that VAMC directors must continue to meet. Dr. Harris is confident VA leadership at the Central Office and VISN level will have visibility of program performance and whether or not required metrics are being met. Although VA has not finalized the implementation plan for this fiscal policy change, VHA is planning on quarterly reviews with VISN leaders to ensure programs affected are not adversely impacted. VHA HPO's current posture is to proceed with implementation, focus on program outcomes, and ensure VA maintains performance goals.

Dr. Harris was then asked a number of questions regarding why VA had not worked with federal partners, homeless advocates, and other interested parties prior to publishing the change. He was also asked what discussions were had on the topic at UISCH meetings. In response, Dr. Harris shared that Veterans Health Administration (VHA) Homeless Programs Office (HPO) was not notified of the change in fiscal policy in advance. VHA HPO leaders informed HUD of the change shortly after being learning of the change. The HUD-VASH program is frequently a

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topic of discussion during meetings of the United States Interagency Council on Homelessness, but Dr. Harris was not aware of USICH meetings where this proposed change was discussed prior to being published. It was discussed in a USICH meeting in November, 2017. Although he was unable to answer definitively for all members of the organization, Dr. Harris relayed that he was not aware of any prior consultation with any member of VHA HPO prior to the change, and as such VHA HPO was unable to work with program leads, VA grantees, and members of the Continuums of Care (CoCs) to shape how this change might be received. Nonetheless, VHA HPO has been involved in drafting the requirements and metrics that need to be met to ensure full continuity of case management, voucher utilization and other standards that are necessary to fully meet the needs of Veterans, the local community and VA's partners.

In direct response to a question from Mark Johnston regarding what is happening at the VAMC level in implementing the change and what concerns have been shared by VAMC leaders, Dr. Harris noted that most of the feedback and concerns from the field have been anecdotal and that VA doesn't have a comprehensive assessment yet. When pressed for details or examples of some of the anecdotal feedback, Dr. Harris replied that VHA HPO had become aware that some VAMC Directors had elected to freeze hiring HUD-VASH positions in advance of the proposed fiscal policy change. In some cases leaders voluntarily reversed that choice. As a result of the fiscal policy change, some VAMCs have put caveats in the support letters they recently drafted for PHAs in their applications for HUD-VASH vouchers from HUD. [Note for clarification of process: HUD-VASH vouchers are awarded to PHAs and funded by HUD. VA provides case management support. While VA works in partnership with HUD to determine allocations, ultimately HUD awards the vouchers.]

Eric Grumdahl asked Dr. Harris, "For Veterans eligible for or served by HUD-VASH, what do you anticipate the impact of realignment will be?" Dr. Harris replied that it remains to be seen. VA hopes there is no impact. If it works out perfectly that will be the case. Our focus will be on monitoring many levels of HUD-VASH. We have visibility of many significant metrics – hiring, referrals, utilization rate, etc.

Mark Johnston asked, "What will happen if the metrics being tracked show an increase in homelessness. How could you affect such an increase given that the funds have been taken and used for something else?" Dr. Harris explained that there will be quarterly review with senior VA leadership, and with VA Central Office leaders. In the past VA used to have VISN management reviews that were seen as effective tools for

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reviewing performance. VHA HPO had a seat at the table. We will use similar reviews to make adjustments in the event we see performance measure not being met.

Eric Grumdahl asked, "Does the authorization or appropriation language for VA's services provided under HUD-VASH indicate any specific requirements for how the funds appropriated would be used, or does it allow the VA to use the funds as the VA deems necessary?" Dr. Harris replied that while those were good questions, he was not confident enough to answer and defers to the finance office. He offered to get a written response. Mark Johnston clarified by asking whether or not there is specific guidance on the number of caseworkers, etc. Dr. Harris shared that the statute does in fact reference the obligation to provide case management, but does not reference case load or frequency of visits, and he needs to defer to finance about how funds are addressed in the statute.

Mark Johnston observed that it seems appropriated HUD-VASH funds at VA and at HUD are to be used only for HUD-VASH. Dr. Harris deferred to finance.

Eric Grumdahl asked, "Under the new policy, are there any limits to how much HUD-VASH resources a Medical Center could direct to other purposes? For example is there any structural reason that a Medical Center Director would not be able to shift all or most local HUD-VASH resources to other purposes?" Dr. Harris answered that VA's new fiscal policy guidance states that it is not an option to eliminate a program, the complicated answer gets into an assessment of caseloads etc., and there are some limits.

Leon Winston commented that there exist a number of housing projects in development throughout the nation, and in California especially, that are relying on project based VASH. The reliance on VA to provide case management is a factor in the grantees' ability to meet grant requirements. The new fiscal policy change places grantees at risk of losing or not being able to get grants or fund housing projects. He asked if VA has taken this into account. Dr. Harris replied that VA recognizes that it is an extremely high priority to continue to support California housing units.

Elisha Harig-Blaine asked, "Can Keith [Dr. Harris] again delineate the criteria they'll be using to assess the impact?" Dr. Harris replied that VHA HPO submitted a document to VHA Central Office leadership that includes requirements and performance measures. Those requirements include a direct quote of the relevant law related to HUD-VASH; state that VISNs and VAMCs must follow all elements of the recently published VA HUD-

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VASH Directive; must plan to support new vouchers; and must continue to report on status of individual VA HUD-VASH staff positions. Acuity and caseload guidance were also included. Performance measures include utilization, percent housed, various elements of process times, various forms of turnover both overall turnover and negative exits to homelessness, and hiring rates.

Chris Ko, Director of Homeless Initiatives for United Way of Greater Los Angeles, asked via Adobe Connect, “Is the amount of the special funding for the block (for instance \$90M in Los Angeles) still being given in full to the local medical center?” Dr. Harris stated that it was not necessarily done that way. The question asked assumes that the same funds are sent to the VAMC, but with just more flexibility. What will happen in the future is that funding will go to the VISNs, which will then distribute funding via a formula to all their facilities. It is possible to end up with either more or less in general purpose funds than what had been provided previously in special purpose funding. There is every indication that there is sufficient funding in general purpose funds. No shortage of funding -- just more flexibility.

Elisha Harig-Blaine commented, “There is the expectation that VAMCs will continue to fund existing case management positions and positions for new positions...sorry... for new vouchers?” Dr. Harris replied that is the flexibility the VAMCs have been given. Medical center directors might decide to change staffing levels. That said, we’re monitoring performance levels.

Mark Johnston asked, “Can you confirm that the net impact of this change will be to reduce the total amount of HUD-VASH services delivered by VA? If so, do you believe that any of the communities that have ended Veteran homelessness could have done so with less HUD-VASH?”

At this point, Dr. Carolyn Clancy, MD, joined the discussion. Dr. Clancy serves as the Executive in Charge, Veterans Health Administration, with the authority to perform the functions and duties of the Under Secretary for Health. She was previously the Interim Under Secretary for Health from 2014-2015.

Dr. Clancy commented that, “...we are not spending less in HUD-VASH dollars on ending homeless. We’ve made many gains, in a way many people would have thought not possible. We are not done – this is still a high priority. What we are doing is trying to move away from central control of resources. Past practice tended to lead to a one size fits all solution. We are not changing the total allocation or investment in

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homeless dollars, but are now providing them with an expectation that they have more flexibility. What we are saying is: You know your community, and partners, and progress, and this is the allocation you get. But flexibility comes with oversight. We're still going to have goals and quarterly reviews."

Leon Winston asked if HUD and Congress were consulted about this fiscal policy change before making the change. Dr. Clancy shared that to the best of her knowledge, Dr. Shulkin [Secretary, U.S. Department of Veterans Affairs] had planned to have a conversation prior with Dr. Carson [Secretary, U.S. Department of Housing and Urban Development], but does not know if that conversation had been able to take place prior to the issuance of the memo. VA has since briefed Congress and will brief again. Dr. Clancy shared that she and her peers feel badly about having inadvertently raised concerns in the community, but is heart-warmed so many share VA's concerns about getting the best outcomes for Veterans. "In the end the work gets done in the field," she observed, and that's where VA wants to provide flexibility and responsibility."

Mark Johnston provided a hypothetical situation, "So let's say some large city has made progress, like Philly [Philadelphia] – the fourth largest city in America to end Veteran homelessness. What if they decide to use it for something completely different and homelessness goes up, what will VA do? If you're collecting data and you see backwards trends, what will you do?" Dr. Clancy replied, "We will be reviewing. I imagine these will not be fun nor easy. In the past, we doled out [funding] by program. Now we're distributing with flexibility, but requiring that medical centers meet requirements."

At this point, Neal Rackleff, Assistant Secretary for Community Planning and Development at HUD joined the discussion. "I just want to say to our VA partners how much we appreciate the good work. We value the partnership very much. I will tell you though, that I am really concerned about not having controls or limitations. Our set aside for vouchers – which is roughly an \$850 million commitment, can only work if we have a \$400 million commitment from you. It's not really sufficient for me to be told we're going to monitor the numbers, see if we have a problem and make a correction if needed. HUD is making a massive commitment. We can't be put in a position where we underutilize vouchers because we don't have the corresponding commitment from VA. I recognize a desire to provide flexibility. That seems smart, and we don't want to impinge. But, we're making a massive commitment, which we feel is being done in concert with our partner. The fact that our partner's funding is capable of being radically reduced is a concern. I've spoken with our Secretary and

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we need to have some reassurances. Will you provide limits on your funding to make sure we don't have underutilized vouchers and a significant increase in homelessness?" Dr. Clancy suggested this is a question best addressed by Dr. Harris. Dr. Harris asked that he state the question again to make sure he addressed the exact concern. Assistant Secretary Ruckleff rephrased, "In summary we calculate we are committing \$850 million in vouchers. It's a huge concern that the \$400 million from VA is at risk of being diverted to other purposes. Are there limitations or restrictions that could be applied to that portion of the funding that concerns our investment to make sure we don't underutilize our vouchers?"

Dr. Harris replied, "Our interests are identical. It's not our intent that VA weaken HUD-VASH. I don't think we can place restrictions on the funding as that's what special purposes funds are, and these have been moved to general purpose. It's our goal that the change doesn't affect the performance level at all."

Assistant Secretary Ruckleff commented, "I appreciate that is your goal, but if there is no way to put limits, why do this? It's not good enough for me to hear you're going to monitor performance. We're making a hard financial commitment. Say the numbers show lower performance? How do we turn that aircraft carrier around? This is not something that has been discussed robustly with HUD. We've met with your Deputy Secretary. We've been diplomatic. We love VA and our partnership, but what I'm hearing is not adequate to satisfy my significant concerns."

Dr. Clancy commented, "What I want to say is to echo how important the partnership and issue is. What we are not saying is, '...we put all the money in the pot, now go do what you want.' We've established a clear message that with flexibility comes oversight. Homelessness has been ahead of the curve because of our partnership with HUD, and the issue is so important, that it's not shocking they're out of the gate with the best tracking tool and knowledge of what's on the ground. At the end of the day no one at the program office actually directly helps Veterans. That help to Veterans happens at the point of service delivery. We think local leaders know how best to deploy resources to meet the intended goal."

Mark Johnston asked Dr. Clancy if VA had consulted its funding partner HUD prior to making and implementing their decision on the jointly administered HUD-VASH programs. Dr. Clancy indicated that VA Secretary Shulkin had been discussing this issue with HUD Secretary Carson, but was not sure if these discussions occurred prior to VA's action to release the funds to other purposes.

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Assistant Secretary Rackleff observed, “We appreciate that. I look at this as a business deal. If I was doing this as a real estate development project, and a party agreed to commit money, but their local managers could potentially not commit those resources it would be a deal breaker. I don’t understand the difference here. I would greatly appreciate if we could sit down with decision makers and have a clear and direct conversation. This could be devastating politically and for Veterans. Would you or someone come visit and explain? I’ve heard three or four times the rationale and I still don’t understand it.”

Dr. Clancy answered, “You’ve read my mind. I’d like to come over with Keith [Dr. Harris] and my Chief of Staff, Lisa Pape. We should come over and bring the fact sheets etc. that say we are not reducing the number of vouchers and that we will be tracking outcomes. Can we follow up offline?”

All parties agreed to follow up. At this point both Assistant Secretary Rackleff and Dr. Clancy departed the discussion due to competing prior engagements.

Norm Suchar, Ex-Officio member of the ACHV for HUD commented, “I want to express a couple things. We have a close relationship with Keith [Dr. Harris] and his team. Clearly there is a lot of work to do. But I don’t want that be a reflection on our working relationship. We can have these discussions because we have a strong relationship. Obviously we’re incredibly concerned. It’s been successful. We’re going to figure it out. There is much work to do but we’re all committed to making it work going forward.”

Elisha Harig-Blaine observed, “So, whatever is said here, I feel like this is the perfect spot to ask what VA has looked at to determine that more local control is needed.” All committee members and many participants agreed that it would be helpful to understand what data drove the funding policy change.

Dr. Harris answered, “Our program office was not part of the decision so I can’t answer from first hand. What I can say is it came from recommendations by medical center directors on how they could redirect five percent of their funding to other efforts such as suicide prevention and opiate reduction in accordance with VA’s priority goals. Many have felt over resourced and they brought that rationale to the table.”

Mark Johnston shared an anecdote about a VAMC director he had previously heard about and regularly used by VA headquarters officials as

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a rationale for using HUD-VASH for other purposes. The VAMC director indicated his area had just 32 homeless Veterans and yet was funding nine VA case managers through HUD-VASH which was far too many case managers for 32 veterans. Mark Johnston observed that the director was erroneously making his calculations on the number of case workers needed solely on the street count of homeless Veterans, and not on the more accurate requirement based on both the number of literally homeless Veterans *and* the number currently housed, which would be in the hundreds. The VAMC director clearly failed to understand how the program works. Taking away funding for case managers would have immediately jeopardized all the Veterans housed through the program who still had a need for case management.

Dr. Harris shared that VA was also aware of such erroneous assumptions being made on occasion, and had taken actions internally to correct. VHA HPO leadership understands that the number in the PIT count is the number of literally homeless veterans, but does not include those who are housed in HUD-VASH. VHA HPO leaders had to clarify this to some directors and other staff. It has now been clarified. It is possible there is still some education needed. VA has always staffed at a standard model, but we can assess and now have visibility of nuance of caseload. We can use critical time intervention to predict the number of required case managers. Some Committee members questioned why VA would assume that given evidence of erroneous calculations of case load management made in the past by VAMC directors that they would assume somehow these errors wouldn't be repeated in the future. This was seen as evidence that the proposed fiscal change was likely to simply compound past errors and is an argument against flexibility.

Mark Johnston then read excerpts from a letter from the Senate Appropriations Military Construction-VA Subcommittee. The comments were uniquely very bipartisan and could be summarized as follows: *We express our serious concern over the department's plan to convert specific funds to general funds. We ask that you not do this. We are concerned about potential impacts. The letter makes explicit to reference to HUD-VASH when raising objections to the unilateral action.*

Mark Johnston asked if VA had informed or requested approval of the Congress prior to making their decision regarding HUD-VASH funds, but there were no VA staff who could answer definitively.

Elisha Harig-Blaine stated, "I just have a high degree of frustration having listened to the conversation between Dr. Clancy and Assistant Secretary Rackleff as I did not get a sense of the indicators being used to justify why

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these resources need to be given more local control? The answer to that specific question, I believe, is due to the public. This is public money. When there is historic progress on reducing Veteran homelessness -- it's deeply frustrating that local leaders, who need to answer this question in their communities – that the answer may come behind closed doors. My request is that this specific question be taken to Assistant Secretary Rackleff and that the committee be given the answer to that question as well” Norm Suchar agreed to take that question forward. Elisha Harig-Blaine will email the exact question. [Note – the question that Mr. Harig-Blaine suggested HUD ask VA at a later meeting was, “What indicators/data are you looking at to support the notion (that was given today for this reallocation) that more local control is needed of VASH resources?”]

Elisha Harig-Blaine further observed, “We’re seeing a 50 percent reduction, but we’re told communities need more local control. What made VA think that? We’ve seen a 50 percent reduction. Why make a change?”

Dr. Harris answered, “I hear your frustration. I know I said earlier we weren’t consulted. The piece I want to remind you is that this decision and rationale makes less sense if you only apply it to HUD-VASH. If you look at the broader budget, the more and more reliance that we have on specific dollars and that wide use is causing unintentional budget problems. At a basic philosophical level, flexibility makes sense.”

Eric Grumdahl posed the following, “Question for Dr. Harris, Norm Suchar and Matthew Doherty: If they wanted to assess possible impact together and determine what metrics and counter-measures might be needed to identify and mitigate impact, what process could they undertake to do so? For example, working on an interagency basis to bring a proposal to agency leadership from all three agencies.”

Matthew Doherty, Executive Director, United States Interagency Council on Homelessness replied, “We do have existing interagency structures that meet regularly such as the Interagency Working Group and the Decision Support Team. There was no discussion, no data provided, and no discussion on any of this in advance despite the fact we have all these meetings. We’re all experiencing this at the same time, and the way it is happening is causing more work, and a number of unintended consequences that we all have to respond to in a way we couldn’t plan because we weren’t consulted and to date have been afforded very little input on how these performance measures will be used. We have all these things but they weren’t taken into account in advance. We have an interagency dashboard; we have a meeting week after next and anticipate

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it will be a major focus. We're now in a responsive mode. And we're now in a reactive mode because we weren't consulted."

Eric Grumdahl commented, "So a vehicle exists, but wasn't used." Mr. Doherty confirmed that this is a true statement.

Leon Winston observed that the process by which the 2018 allocation of vouchers would be awarded had a deadline of today for agencies to make requests for how many vouchers they hoped to get. He asked how the fiscal policy change affects VA monitoring the voucher request process, and is VA pushing back where the local need is high and the local request is low? Dr. Harris stated that plan has been to revisit this issue with HUD when the application process closed. VHA HPO central office does not require that it be copied on support letters and VHA HPO central office leaders only get anecdotal feedback on the process. As such, we at VA won't know the effect of the new fiscal policy change until we've reviewed the applications. Norm Suchar, Ex-Officio member from HUD commented that HUD also has anecdotes, but it's unclear about how much this will be a problem – it's just too early to know.

Scott Carter, Ex-Officio member from US Department of Agriculture commented, "I align myself with the concerns Assistant Secretary Rackleff discussed regarding the potential limits of funding from the VA for VASH-HUD I have concerns that what Dr. Clancy is talking about is now essentially an internal block grant. If there's an increased need and they (Medical Center Directors) move money for other purposes, can they come back and request additional funds for VASH-HUD? Second, given the Senate concerns as described in their letter, I would be concerned that maybe VA has violated the Anti-Deficiency Act by using funds appropriated for one purpose and are now used elsewhere. My final question is the FY 2019 budget request going to leave it this way and is it going to request VASH now be in general purpose or keep it in line item, and then VA will move? Note that my comments do not constitute a position one way or the other on the FY-19 budget request, or VA's actions, but are my observations and my comments and questions are from those observations. I'm very concerned when there is no data showing a need for change and given the past success rate that shows the program has been successful as structured." Dr. Harris stated, "I think the prudent thing would be to defer to finance, and we'll have to have them answer that. But I think the answer is important. I think it's a mistake to think of this as a block grant as the model is based on actuarial calculations. It's kind of a block grant to the VISN, but an actuarial model thereafter. In terms of being able to come back to the well, VA leadership made clear that there is sufficient funding in general purpose to handle

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staffing, and there should not be any need to come back to the well. I can't comment on the Anti-Deficiency Act. VA in one draft reply I read stated it was in VA's purview to make changes this way. In terms of FY 2019, we are on an advance appropriation – the request was to hold all programs constant. We have been told by our leadership, that if VA is given HUD-VASH money it will go to general purpose."

Mark Johnston commented, "I'm really surprised that every member of the appropriations subcommittee [referring here to the Senate Appropriations Military Construction-VA Subcommittee] opposed the VA action and yet you still plan to do this."

Eric Grumdahl continued, "My next question pertains to the misleading statement from Dr. Clancy that this is not about less HUD-VASH. I'd like to use an analogy. Suppose I give my daughter \$10 and ask her to run to the corner store for a loaf of bread, a carton of milk, and a stick of butter. The issue is not whether I'm still giving \$10 or \$9. The issue is whether she is coming back with the items requested, or with a pack of chewing gum, a candy bar, and a soft drink. In other words, the issue here is how that local discretion will impact services in the field and not what dollars are leaving VACO. Under this reallocation realignment policy when you think about the funding deployed in the field will increase, stay the same, or decrease?"

Dr. Harris answered, "Well, good analogy. The fact is that given the flexibility and the stated rationale, the most likely outcome is some degree of spending less. The only question is how much and will it affect performance? Also, it is theoretically possible they could hire more. We've had some centers increase the number or the grades of HUD-VASH staff and contracts to supplement the funding we have issued. We have anecdotes of VAMC directors saying they will 100% support HUD-VASH. Good analogy. One of the things we'll be able to do is track what was spent on what and address with leadership."

Mark Johnson acknowledged that there were some outstanding questions from various Committee members but was concerned about time, and moved forward to allow hearing perspectives from various national homeless veteran advocates.

Nan Roman, President and CEO of the National Alliance to End Homelessness (NAEH), a public education, advocacy and capacity-building organization. Ms. Roman made the following comments. "NAEH opposes realignment because HUD-VASH has been proven to be successful, addresses behavioral health problems, has provided a

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permanent solution and is a major factor in success. It is obviously a formula that works for individuals and families. Why would we change this? The services VA provides are essential, not optional. They can't be started and stopped. Individuals in the program need the full breadth of services and they need help accessing services. Case managers are essential to do that. The case manager ratios at current levels are probably stretched thin. Certainly, they shouldn't be reduced. If a VAMC director thinks they have too many case managers, they need to reevaluate. Not housing a Veteran leads to increased emergency room and medical costs. Finally, we oppose the change because the deal between VA, HUD, and Congress clearly indicates the money was appropriated to be inter-supporting. The PHAs [Public Housing Authorities] are put at risk by this proposed change. I know it's going to be measured, but we had case management shortages before that resulted in high turnover and underutilization of vouchers. If you start reducing, we're going to go back that way. If you're committed to ending Veteran homelessness, this is not the change to be made. If the question was put to the center directors where they can get funding for suicide and opiate reduction, what did you expect?"

Kathryn Monet, Chief Executive Officer of the National Coalition for Homeless Veterans. Ms. Monet made the following comments: "NCHV strongly opposes this change. When you look at the population, they face a ton of challenges. That's why they're in HUD-VASH. If you ask a VA medical center director, they don't understand the nature of the problem. HUD-VASH is an evidence based model. When you look at evidence based models, there are relationships between resources and outcomes. We've had anecdotes of locations not having enough resources, and if you do this, one of two things will happen:

- Well intentioned VAMC directors will provide the same level of support, but this puts them in a position where they have to make decisions about where funds should be, and that is not a good position to be in.
- If this removal is born out of a pool of VAMC directors that think they're overstaffed, this means they're going to reduce staff, and Veterans will get fewer services.

This gives us pause. Ultimately what matters to us is that Veterans get the services they need. We've seen this in the past when communities didn't have enough resources or high quality enough case management and the program suffered. We want good outcomes and we're concerned this will not in any way make it better. We think it will have a chilling effect on applications for vouchers. PHAs have said they want vouchers, but they're

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having challenges getting their VAMC director involved. What will you do in communities where the VAMC director doesn't make it a priority? There are just a ton of unanswered questions. My final point is that if you think about the signal this sends to partners who are working on ending homelessness, you've already delayed the GPD [Grant and Per Diem] reboot, you've diverted funding, and maybe this isn't really a priority for you. How then, can others justify keeping it a central focus?"

Beth Sandor, a Principal at Community Solutions co-directs the organization's systems change work to help communities end homelessness throughout the US and around the world. Ms. Sandor made the following statement: "At Community Solutions, we also are strongly opposed. As Mark [Johnston] mentioned, we're leading seventy communities in a focused effort to prevent and end Veteran homelessness. Seven have reached the goal. Eighty-six percent have sustained once they reach the goal. The communities we're working with have housed over 50,000 Veterans since January 2015. I mention this because this decision has the potential to negatively impact that progress. We've seen high need Veterans increasing their health through these successful efforts, resulting in costs savings to the VAMC and we're demonstrating it is possible to solve a problem many think is impossible to solve. Those methods can be applied to other populations. This has huge impact beyond just Veterans themselves. I think we're going to be worried whether we can finish what we started. We will lose ground on progress we have made. That means the 80,000 housed Veterans who are currently served by HUD-VASH are at risk. We are greatly concerned about increases in inflow; we will see increases in inflow that are detrimental to the health care system. We think that there are communities which have reached the goal and then sustained that goal. Now they will lose ground and lose motivation on this population and others as well. We ask VA to align resources to mission. We ask that VA reverse this memo and keep this money protected. Why wouldn't the VA have consulted its national partners in advance?"

Peter Lynn, Executive Director of the Los Angeles Homeless Services Authority (LAHSA), lead agency of the Los Angeles (LA) Continuum of Care. Mr. Lynn made the following comments: "We are opposed to this change. We made investments. We made progress. We found increases in our PIT count. There's real concern that we're looking at the possibility of an erosion of funding. The real challenge is that services are already razor thin. LA has the largest footprint of vouchers. We offer a number of services. The most analogous to HUD-VASH is Permanent Supportive Housing (PSH) vouchers. On the front end, we've seen success rates in HUD-VASH that are the lowest of any comparable program we are

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involved with, despite the fact that HUD-VASH has a higher rent payout. It's clear that the differential success rates are due to case management. Once housed, HUD-VASH Veterans have a 50% higher attrition rate compared to our other programs. We see no room for reduction of case management services. Quite the contrary – this is not an area where we can take some time off and see what happens. Reflecting what we've seen on the cost of loss of services – Veterans already lose housing at a 50% higher rate. Spending time on the street, regaining trust and then only to find themselves back on street, they blame themselves. They don't blame funding. It causes them to lose heart, and the individual cost is devastating. We need more vouchers, we need more case management, not less.”

Chris Ko, Director of Homeless Initiatives for the United Way of Greater Los Angeles, managing Home For Good, LA's collective plan to end homelessness. Mr. Ko made the following remarks: “I deeply reiterate everything Peter said and add that it's an issue alarming broader stakeholders, given that this [HUD-VASH case worker funding] represents a critical sum of \$90 million for our local community. This is the primary example of Federal policy leading the way. We've seen progress on ending Veteran homelessness dip when case management stalled due to lack of national pressure. It caused progress to slow and translated to increase Veteran homelessness by over 50% on our most recent count. When we saw case management resources go up, we had a 30% drop. It's the clearest case of how resources are tied to success. We've had increased lending and leasing resources locally, but without Federal pressure we have been unable to make nearly the progress and have gone backwards. We are committed to raising the story of your proposed change, and to make sure this action and its effects are understood.”

Matt Leslie, Director, Housing Development, Virginia Department of Veterans Services, made the following comments: “VA has had tremendous progress. I am the Director of Housing Development for Veterans Services. We were successful because we had a commitment from everyone and we could leverage HUD-VASH and its support services that allowed us to assure folks that we could house the most vulnerable. In the beginning voucher utilization was slow and underutilized. We went to the case workers and talked with five VAMCs. When we talked with homeless teams, we learned it's easy for them to get siloed. The key was to have a case worker at VA we could work with. We've housed 4000 Veterans in four years, but the work isn't done when we've housed them. The sustaining services are key. When you lift HUD-VASH services, most of our VAMCs are understaffed with high caseloads. Even when we were

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fully staffed as we target harder cases, it stretched the case workers. It needed resources VA couldn't provide."

4:10 pm

Mark Johnston moved the group towards closing the discussion. In an effort to begin wrapping up, he observed: 'Point one - Who would be in favor of this? Answer no one. Point two. I did get to meet with Dr. Clancy via telephone. I asked her if this could action be delayed by one year to allow for an impact analysis. The point in this committee meeting call today that has hit me the hardest was HUD Assistant Secretary Rackleff's point of \$850 million in HUD money being connected to VA's over \$400 million, and suddenly VA changes the rules without consultation before or since. It's a very compelling and concerning point. Based on this concern I am very impressed Dr. Clancy agreed to meet with HUD.'

Eric Grumdahl observed, "I also was struck by the exchange that we witnessed a major misalignment between two agencies on a shared program. It concerns me that there is this misalignment. I think there is a ray of hope that perhaps there will be a change. Maybe the policy isn't fully baked on the basis of the fact that the agencies haven't worked together. There is a vehicle for doing so – use USICH. Second point – the other real significant change that I see with this policy being announced from the time I joined the committee a couple years ago, the value we have added was encouragement and advice and support on how we move forward. This event makes me feel bad. Not just this committee, but every partner we can find is opposed. So rather than refine or strengthen, the universal advice is, 'don't do it.' This emphasized for me VA's need to listen and reconsider. I think having Dr. Clancy meet HUD is a great first step."

Matthew Doherty, Ex-Officio from USICH commented, "We need a deeper understanding of the performance expectations VA is monitoring internally, and to evaluate if they are adequate measures, and what the next steps are. We need to think through how to make the mechanisms as effective as possible. We need to work on coordinated communications. I'm concerned whether or not the VAMC directors are using the right data points. That span of info and data that we typically work on together, we should work on together, and we need the full range of responses. I too would prefer we put this on hold so we could understand the problem trying to be solved and the data driving the solution."

Mark Johnston proposed the committee recommend formally that VA delay for one year.

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**VOTE – That the ACHV make a formal recommendation to VA to delay the proposed fiscal policy change regarding use of HUD-VASH by one year to allow proper control measures and study of the impact of the change. RESULT – Unanimous approval.**

Mark Johnston asked if this should be made via letter to the VA Secretary. Eric Grumdahl commented that while the ACHV letters to the Secretary have been received as helpful, they are nonetheless received only internally, and the Committee report is public. As such, perhaps the Committee should amend its most recent report, which has not yet been sent to the Secretary or Congress.

Mark Johnston summarized the way forward as follows:

1. A meeting between Neal Rackleff, HUD Assistant Secretary, Community Planning and Development and Dr. Carolyn Clancy, MD, Executive in Charge, Veterans Health Administration, VA, next week.
2. USICH, VA and HUD will start meeting within two weeks using the interagency existing framework.
3. Mark Johnston will work with the ACHV DFO to draft a letter, on behalf of the Committee to Secretary Shulkin recommending to him not to adopt the fiscal policy change, given their witness statements of today's meeting and to delay implementation for one year until an appropriate impact analysis can be completed the VA.
4. Eric Grumdahl will review the annual report and suggest an edit to be considered by the ACHV.

5:15 pm      Committee adjourned.

**SUMMARY OF VOTES:**

1. **Unanimous approval, that the ACHV include a formal recommendation to VA to delay the proposed fiscal policy change regarding utilization of HUD-VASH by one year to allow proper control measures and study of effects.**

**SUMMARY OF COMMITTEE REQUESTS FOR INFORMATION:**

1. **Eric Grumdahl asked, “Does the authorization or appropriation language for VA's services provided under HUD-VASH indicate any specific requirements for how the funds appropriated would be used, or does it allow the VA to use the funds as the VA deems necessary?” Dr. Harris agreed to coordinate a written response.**

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2. Elisha Harig-Blaine stated, “I just have a high degree of frustration having listened to the conversation between Dr. Clancy and Assistant Secretary Rackleff as I did not get a sense of the indicators being used to justify why these resources need to be given more local control? The answer to that specific question, I believe, is due to the public. This is public money. When there is historic progress on reducing Veteran homelessness -- it’s deeply frustrating that local leaders, who need to answer this question in their communities – that the answer may come behind closed doors. My request is that this specific question be taken to Assistant Secretary Rackleff and that the committee be given the answer to that question as well.” Norm Suchar agreed to take that question forward. Elisha Harig-Blaine will email the exact question.
3. Scott Carter, Ex-Officio member from US Department of Agriculture asked, “...My final question is the FY 19 budget request going to leave it this way and is it going to request VASH now be in general purpose or keep it in line item, and then VA will move? I’m very concerned when there is no data showing a need for change and given the past success rate.” Dr. Harris stated, “I think the prudent thing would be to defer to finance, and we’ll have to have them answer that.”

**ADJOURNMENT**

Chair Mark Johnston thanked all those who participated and attended the emergency committee meeting.

The meeting adjourned at 5:15 pm on December 01, 2017.

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

  
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Mark Johnston  
Chairman  
Advisory Committee on Homeless Veterans

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

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