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 for Homeless Veterans. In response to its provisions, the Advisory Committee on Homeless Veterans (ACHV) was established on March 1, 2002, pursuant to section 2066 of Title 38, United States Code. The mission of ACHV is to advise and make recommendations to the Secretary, 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 the Department of Veterans Affairs (VA) selects ACHV members from experts knowledgeable in the treatment of mental illness and substance abuse disorders as well as those adept at developing permanent housing alternatives for lower income populations. Additional experts selected by the Secretary include State Veterans’ Affairs officials, community-based service providers, advocates of homeless Veterans and homeless individuals in both the civilian and Veteran population. The members serve without pay in accordance with the Committee’s charter.

A brief biographical summary of each Committee member follows:

Mark Johnston (Chairman) is an independent consultant on the issue of ending homelessness since June 2014. He assists communities nationwide in helping to solve homelessness, including Veteran homelessness. Prior to June, he was a career Federal employee for over 25 years on the issue of homelessness. He helped design and implement all of the Department of Housing and Urban Development’s (HUD) homeless assistance programs since 1989. He served simultaneously as the HUD Acting Assistant Secretary for Community Planning and Development (for two years) as well as the Deputy Assistant Secretary for Special Needs (10 years), overseeing HUD's Homelessness Programs.

Craig Burnette is a board member of Mental Health America, Spartanburg, South Carolina. He serves on the Behavioral Health Task Force of the United Way of the Piedmont. He is an advisor to the Upstate Warrior Solution and has coordinated the Upstate Stand Down since its inception five years ago. He was employed by the VA for over 25 years serving in various clinical and leadership roles. He was the Project Coordinator for Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for Veterans. In this position, he planned developed and implemented a national VA/community homeless initiative, which addressed the special needs of homeless Veterans, and in 1993 conducted the first ever official count of the number of homeless Veterans in the United States (U.S.). Dr. Burnette is an
Army Veteran and was a mechanized infantry platoon leader in Vietnam with the 3rd Brigade, 82nd Airborne Division.

**Julia J. Cleckley, BG, ARNG (Retired)** has the distinct honor of becoming the first African American female to reach the rank of General Officer of the Line in the Army National Guard. Presently, she presides over Cleckley Enterprises, a motivational/inspirational speaking business. In addition, she is a member of the Department of the Army VA Advisory Committee. She continues to mentor both active duty military members and Veterans to ensure their awareness of VA benefits and services designed to help prevent homelessness. General Cleckley is also a member of the Defense Advisory Committee of Women in the Services and serves on the board of Final Salute, an organization which provides housing for homeless female Veterans.

**Irvin Goodwin** is an Army Veteran and the Founder and Chief Executive Officer (CEO) of Homeless Veterans Emergency Housing Facility, Menlo Park, California. His organization is a direct service provider operating a 150-bed transitional housing program on the campus of the Menlo Park VA Medical Center (VAMC) campus. He was homeless for a period of time, and credits that experience with providing unique insights into this problem.

**Eric Grumdahl** is a Special Advisor on Ending Veteran Homelessness, State of Minnesota Department of Veterans Affairs. He previously served as the policy lead for Veterans issues for the United States Interagency Council on Homelessness (USICH) and as USICH's liaison with VA. Prior to that role, Eric served in leadership positions within various county government and non-profit organizations focused on ending homelessness.

**Elisha Harig-Blaine** is a Principal Housing Associate (Veterans and Special Needs) with the National League of Cities. He engages local leaders and stakeholders working to end Veteran homelessness on a daily basis. He is a Veteran of the U.S. Marine Corps Reserve. He has 15 years of experience in the fields of homelessness and affordable housing in positions that include outreach worker, operating a soup kitchen and later leading a coalition to prevent homelessness.

**Peter Kelleher** serves as the President and CEO of the Partnership for Successful Living, a network of 6 nonprofit organizations within New Hampshire providing access to housing, health care, education, employment and supportive services to help individuals and families achieve sustainable independence. Harbor Homes, a member agency within the Partnership, was founded by Peter in 1982 and was designed, in part, to provide Veteran specific affordable housing, employment and supportive services.

**Phil Landis** is an Army Veteran and the President and CEO of Veterans Village in San Diego, California and is responsible for overseeing operations of facilities and Veteran assistance programs in addition to all fundraising, grants, government affairs, marketing, public relations, financial, personnel and administrative activities. He leads
Eric Mansfield, MD is a practicing ear nose and throat surgeon who owns a medical practice with 28 employees. He is a Veteran of the U.S. Army with service in the 82nd Airborne Division, and deployed to Kosovo. He is also a former State Senator for the State of North Carolina. He serves on a wide number of professional and service organization boards and committees.

Mark Walker is an Air Force Veteran and Deputy Director of Economics at the American Legion. He coordinates Homeless Veterans Task Force chairpersons and Employment chairpersons. The American Legion's 55 departments provide outreach information to non-profits on benefits and resources available to homeless Veterans and their families.

Connie Woods Winn is Vice President, Career Services at Education Management Corporation, serving as Operations and Employment/Employer Relations Group Leader managing 50 offices across North America. She is also a 12 year Veteran of the U.S. Army. She served on the Persian Gulf Research Project and acts as a Veteran Liaison for her local U.S. Congressional Office. Ms. Winn resigned from the Committee in September 2016 but participated in Committee activates and the preparation of this report.

Leon Winston works at Swords to Plowshares, a Veterans rights organization, and community-based direct service provider. He has been active in his local community, representing the interests of homeless and at-risk Veterans through involvement with and appointments to advisory committees to local government in the areas of alcoholism and drug abuse. He has served as Co-Chair of the San Francisco Homeless Continuum of Care Board, and the San Francisco Ten Year Planning Council to End Chronic Homelessness. He is a Veteran of the U.S. Navy.

Roger Woodworth is the President and CEO, Veterans One-Stop Center of Western New York, where he was also the Inaugural Chairman Board of Directors; and a founding charter member of organization. He was a Commissioned Officer with over 8 years of active military service and three successful commands including three years of wartime command and 12 months in command of U.S. troops in combat; serving 17 of progressive responsibility as a leader and team member in the U.S. Army National Guard.

Ex-Officio Members

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

Charles Selby, VHA, is the Alternate Designated Federal Official for the Committee and serves as a Strategic Advisor and Communication and Engagement Coordinator in the Office of Community Engagement.
Linda Charest, Department of Housing and Urban Development (HUD) HUDVET is the program Director and Housing Program Specialist.

Matthew Doherty, US Interagency Council on Homelessness (USICH) serves as the Director of the USICH.

James Davis, Department of Defense (DoD) is the Director, DoD Physical Disability Board of Review.

Linda Elam, Department of Health and Human Services (HHS) serves as an Associate Deputy Assistant Secretary, Office of Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation.

Robert Reynolds, Veterans Benefits Administration (VBA) is the Director of Benefits Assistance Service.

Sam Shellenberger, Veterans Employment and Training Service, Department of Labor (DOL) serves as the Deputy Assistant Secretary for Operations.

COMMITTEE REPORT IN BRIEF

This is the 14th report filed by the ACHV. The Committee is pleased that the Administration and Congress have set a platform that is resulting in reductions in Veteran homelessness nationally and an end to Veteran homelessness in a growing number of communities, both large and small.

The President’s recent announcement that Veteran homelessness has been reduced by nearly half underscores that the actions being taken by VA relative to Veteran homelessness are making a real difference. The Committee recently convened in Los Angeles as requested by the Honorable Robert McDonald, Secretary of the Department of Veterans Affairs, the, to reassess what is needed to end Veteran homelessness in Los Angeles and nationally.

This report re-enforces two previous recommendations, makes several additional national recommendations and identifies two actions that will help Los Angeles accelerate its progress.

The Committee continues to be very appreciative for the access to and responsiveness of the homeless Veteran program staff in order to accomplish our work. We are eager to help VA make further progress on ending Veteran homelessness.

This historic effort is being led at the national level at the VA and other Federal agencies, in particular the HUD and the USICH. The day-to-day strategic collaboration between these Federal agencies is unprecedented and underscores the potential of the Federal government in solving vexing social issues. This Federal commitment is matched at the local and, oftentimes, the State level. With collaboration between local VA Medical Centers (VAMC), city and county governments and non-profit agencies there is a focus and determination on ending homelessness that is unprecedented.

This progress is due not only to collaboration among stakeholders at all levels but also to significant, dedicated resources appropriated to the VA and other agencies. Funding for the
homeless-targeted HUD-VA Supportive Housing (HUD-VASH) and Supportive Services for Veteran Families (SSVF) programs, in particular, have made a significant contribution to the progress that communities across the country have made to reduce and in many places, to end Veteran homelessness. Congressional funding for technical assistance at both the VA and HUD has assisted communities in using these programs more effectively and strategically.

Funding for existing programs, in particular, HUD-VASH and SSVF, will need to continue at appropriate levels to maintain the progress that is being made nationwide.

Since the authorization and implementation of the Advisory Committee, we have been pleased that most of our recommendations have been implemented or remain under active consideration. Many of the issues brought to the attention of the Secretary and Congress have been addressed. The Committee and the Department share a common mission to ensure all Veterans, regardless of gender, age, race, or disability, are provided with programs and services to aid their rehabilitation and reintegration into society as fully functioning citizens. We affirm each year that the Committee and the Department hold a sacred duty to reach out and assist these Veterans in their immediate and long-term efforts to rejoin 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 the highly effective collaborations and to promote the goal of ending Veteran homelessness.

This year’s report will concentrate on areas we believe will bring the most actionable benefit to the effort to end Veteran homelessness. We urge the Secretary – given his extensive private sector experience - use that experience and relationships to expand the participation of non-governmental organizations as national partners in the campaign against homelessness.

Recommendations of the Committee:

Upon the Secretary’s recommendation, ACHV held our most recent committee meeting in Los Angeles to assess progress being made in ending Veteran homelessness both locally and nationally. The VAMC and community stakeholders in Los Angeles have indeed made significant in-roads on the goal to end Veteran homelessness. We are also buoyed by progress nationally in reaching the goal.

In our April 2016 letter, we made a number of recommendations which we felt needed to be addressed before our next annual report, all of which were accepted by you and are being implemented by the Department. ACHV wants to re-enforce two of those recommendations with specific additional language:

Recommendation 1. VA work assertively with OMB and any other needed parties to expeditiously resolve remaining issues so that the Grant and Per-Diem Program (GPD) notices be issued on or before December 1, 2016.

ACHV reiterates the recommendation on transforming GPD by December 2016. This transformation is necessary for most communities to be able to end Veteran homelessness. We
appreciate the factors, including real property disposition requirements, that must be resolved to nationally compete the program. We also appreciate the VA has already drafted two Notices for publication in the Federal Register to formally notify grantees of the program changes and to begin the competitive application process. Upon resolution of remaining issues, we agree with your plan to then inform Federal and other national partners of these program changes.

Recommendation 2. Data Sharing (with two sub-recommendations below).

We understand the Homeless Program Office is building out an Analytics section, dedicated to building internal and external state of the art homeless data collection, analysis, and reporting systems. We applaud this development and encourage VA to rapidly build this section in order to accelerate the development and implementation of tools such as those we have seen in Los Angeles.

We further commend the VA for the rapid adoption and deployment of guidance to Medical Centers about the ability to share information with community partners and participate in other data systems like Homeless Management Information Systems (HMIS). In addition, in some communities, the use of VA’s new Status Query and Response Exchange System (SQUARES) has been critical to identifying Veterans, particularly those not connected to VA or other Veteran services. These new capabilities also create opportunity. In Los Angeles, we saw the power of shared, public data to motivate progress, highlight remaining challenges, and create shared accountability through its Veteran Dashboard managed by the Los Angeles Homeless Services Authority. Based on this experience and the experience of other communities, we believe the following premises are true here and across the country:

- While no platform or approach to using data to drive progress may be perfect, it is a prerequisite that the data used to drive progress are trusted, credible, and readily available.
- Because each community’s specific needs and challenges may be unique to that community, it is critical that its use of data is attuned to its local environment and partners.
- No community’s assessment of its progress ending Veteran homelessness can be complete without full and active participation from its local Medical Centers.

Recommendation 2a. You issue a charge to Medical Centers to participate in the development, leadership, and operation of community by-name lists and progress dashboards for all Veterans experiencing homelessness (including those who are not eligible for VA health care) to ensure that these tools accurately and completely reflect the Veterans identified and engaged by all partners including the Medical Center and are responsive to the three bulleted points above. Ideally, this requirement would be supported by some accountability measure to confirm full local participation in these efforts and, if possible, with appropriate technical and analytic resources that VA could contribute to ensure these local efforts are successful, e.g., TA or staff consultation from the Analytics Section of the Homeless Programs Office, National Center on Homelessness Among Veterans or the New England Program Evaluation Center (NEPEC).

Recommendation 2b. You call for greater promotion, adoption, and development of the SQUARES system, to ensure that it provides the most helpful, reliable information possible (e.g., adding details about discharge status or VHA eligibility) and to create the capability of batch processing to determine Veteran status for a group of individuals.
Currently, the system is limited to person-by-person look-ups. It performs this function rapidly. It would be an even more helpful tool if communities could identify a group of people to check Veteran status in batches, or better still, to create system-to-system lookups (e.g., an application program interface between SQUARES and local HMIS systems, allowing local HMIS systems to automatically query SQUARES for all new records added to HMIS). Broader use of this system may be a critical strategy to address inflow challenges, by ensuring that non-VA and even non-homeless-specific programs (e.g., “mainstream” systems) are able to identify Veterans reliably among the people they serve. In Minneapolis, for example, nightly look-ups using SQUARES in homeless shelters have identified a group of Veterans who were never previously identified as having served, including a disproportionate number of female Veterans who may not have been asked about their service histories consistently. Identifying these Veterans as early as possible will support communities in making certain that they have a comprehensive view of the scope of Veteran homelessness.

In addition, to underscoring these two previous recommendations, we submit two additional national recommendations, based on our meeting in Los Angeles, to further help achieve the goal of ending Veteran homelessness:

**Recommendation 3.** VA establish a new class of senior leaders (e.g., GS-15 or higher) charged with effecting similar transformations of a VA Medical Center’s homeless programs and its partnerships with community organizations and efforts. These roles would be scoped to include the Medical Centers with the largest potential benefit, perhaps starting with the USICH 25 Priority Communities and, where appropriate, linked to existing MyVA efforts.

The Committee’s meeting in Los Angeles confirms that a significant transformation is underway at the West LA VA Medical Center and in its relationships with community partners. It is our assessment that Vince Kane, your Special Assistant tasked to lead this transformation, has been integral to this transformation occurring, including engaging and strengthening partnerships with community efforts and driving the changes needed in the Medical Center’s work and its approach to collaboration.

We believe that the sustainability of this transformation, while not being contingent on a specific personality or leader, does require ongoing adaptive institutional capacity to cross boundaries, break siloes, and establish clear objectives needed to resolve ongoing and future challenges. Furthermore, we believe that the West LA VA Medical Center would not be unique in benefiting from this capacity.

We recommend the critical elements of this role should be:

- The senior leaders would direct transformation activities intended to increase local alignment with Federal VA policy priorities and to accelerate the pace of progress toward reaching the goal.
- These leaders must have bandwidth dedicated to transformation activities and to the greatest extent possible not be burdened by other operational program responsibilities.
- To ensure that their efforts convey urgency and authority, we recommend that these roles maintain a direct reporting relationship with and ability to represent the Medical Center Director.
• They must also be supported by some clear mandate and measurable priority, with
  some reporting relationship to the VACO homeless programs office and the Office of the
  Secretary, such as a matrix-managed model or some other formal reporting expectation.

Recommendation 4. Widespread adoption of HUD-VASH contracting to community
based partners in all high-need areas where capable partners can be identified, and that
you provide guidance and encouragement to all VAMCs to adopt such contracting of
case management services. Further, we encourage that you issue this guidance no later
than November 1, 2016.

As evidenced by the successful public/private partnership practice of contracting HUD-VASH
case management services to local community-based partners by the West Los Angeles VAMC,
and as encouraged by many community partners and stakeholders nationwide, we support the
adoption of this practice. As seen in Los Angeles, community partners greatly enhance and
leverage local efforts. Efficacy is improved by providing more rapid Veteran access to HUD-
VASH resources, access which are often impeded by difficulties VAMC’s experience in hiring
and retaining dedicated Social Work staff. Wide-spread adoption or contracting can improve
program efficacy in multiple settings in a cost effective manner.

Community-based partners are able to operate with fewer administrative demands than do VA
employees, are often located in areas with improved access to and by homeless Veterans, and
can operate during hours that VA personnel are unavailable, yet which are most advantageous
for Veteran engagement.

Contracting these services will respond to the need expressed by many operators of single site
or project-based HUD-VASH settings, and will greatly improve their ability to provide needed
case management services in those settings during the hours and schedules necessary for the
safe and effective clinical staffing that these settings, often serving Veterans with very high
acuities, do require.

Furthermore, contracting for case management can allow for services to be more readily
delivered in rural and remote locations.

Reticence to contracting HUD-VASH case management services by many VAMC’s impedes
program efficacy and efficiencies, creating a state of affairs that requires VACO leadership to
address the issue. We acknowledge that the HUD-VASH Director has prepared contracting
templates that accompany project based HUD-VASH awards to VAMC’s, however; we have
seen that this facilitation alone does not provide the impetus necessary for Medical Centers to
adopt this practice, nor does it speak to contracting in the Housing Choice Voucher program.

Finally, we have several recommendations (5 and 6) specific to Los Angeles:

We understand that your direction to the Committee to visit Los Angeles was motivated because
LA alone represents a significant portion of all Veterans experiencing homelessness in the
nation. As referred to earlier, in general, we are encouraged by the progress we observed on
ending Veteran homelessness in this community. There are two specific issues that we believe
would contribute significantly to progress in Los Angeles, if resolved:

Recommendation 5. Resolve the ability of the West LA Medical Center’s Welcome Center
to allow for 24/7 intake of Veterans of services. First, the West LA Medical Center’s
Welcome Center – a modified Community Resource and Referral Center (CRRC) model –
shows tremendous promise. Its stated ethic is to serve as an open door to any Veteran in LA County, connecting those Veterans rapidly with services and housing options, including on-site temporary housing. Although initially described as a 24/7 model, and in some respects perhaps still operated that way, we observed considerable confusion and disagreement about the Welcome Center’s ability to meet the needs of Veterans identified outside of regular business hours. The root of this issue seems to be the limited access that New Directions, VA’s contractor for the Welcome Center, has to admit new Veterans into VA-delivered services during the period when VA staff are not present onsite. We believe the Welcome Center model has a much greater likelihood of achieving its intended purpose if this issue can be resolved, either through deploying VA staff to cover off-hours periods or by providing New Directions with appropriate access and authority to offer 24/7 access to services for Veterans identified at the Welcome Center. We also believe that resolving this issue would also go a long way toward conveying the full sincerity of VA’s intent to be a vital partner in LA’s response to Veteran homelessness.

Recommendation 6. 1200 Units of Supportive Housing on West Los Angeles Medical Center Campus are not in place. Support legislative action to resolve the enhanced use lease option for permanent housing for homeless Veterans to allow this facility to be developed for the benefit of homeless Veterans. We were disappointed to learn that progress developing 1,200 units of permanent supportive housing on the West LA Medical Center campus has been blocked by Congressional inaction on pending legislation. As we understand the issue, language included in the Veterans First Act (S. 2921) would have resolved a barrier to using the Enhanced Use Lease (EUL) option for permanent housing for homeless Veterans on the West LA Medical Center campus specifically. While we appreciate that addressing this issue requires Congressional action, we believe that resolving this single issue could have significant and lasting impact on the ability to reach the goal of ending Veteran homelessness in Los Angeles, and that inaction on this issue represents a significant lapse in leadership. We hope Congressional leaders will join VA in seizing this opportunity to end Veteran homelessness in Los Angeles.

In conclusion, we believe the expeditious implementation of these recommendations is needed to achieve the goal of ending Veteran homelessness in America. Thank you for your personal involvement and commitment to making this goal a reality. Please do not hesitate to enlist our help to support your efforts.