

Voices for Action:
**A Focus on the
Changing Needs of
America's Veterans**



November 9, 2006

**First Edition
Homelessness**



**Issues Committee
Sub-Committee on Homelessness**

Overview

According to the United States Department of Veteran Affairs (DVA) approximately 1/3 of the adult homeless population have served in the United States Armed Services. On any given day, as many as 194,000 veterans, both male and female, are living on the streets or in shelters. Perhaps as many as 388,000 veterans experience homelessness during the course of a year. Today there are more Vietnam Era veterans who are homeless than there were service members who died during the war. Desert Storm, Operation Enduring Freedom, and Operation Iraqi Freedom veterans are also beginning to expand the numbers of homeless veterans.

Causes of Homelessness

1. Unemployment.
2. Lack of affordable housing.
3. Mental illness/Substance abuse.
4. Incarceration.
5. Housing issues must be addressed on three levels.
 - a. Temporary shelter.
 - b. Transitional living facilities with supportive services.
 - c. Permanent housing.
6. Past attempts to establish census data have failed because homeless veterans have no fixed address and often do not seek assistance on their own.

Compensation, Pension, and Healthcare

7. Compensation and Pension processing time varies with location.
8. Lack of education.
9. Lack of Public Awareness.
10. Some homeless don't qualify for compensation or pension.
11. Transportation/Access to VA healthcare facilities and services.
12. Lack of funding (discretionary versus mandatory).
13. Lengthy waiting times for medical facility enrollment and appointments.
14. Improve education on the issues of transition.

**Issue 1
Unemployment.**

Recommendation

Strictly enforce the Jobs for Veterans Act (JVA). This is an action item for the US Department of Labor Employment and Training Administration (DOL/ETA).

Ensure strict enforcement of the Uniformed Services Employment and Re-employment Rights Act (USERRA). This is an action item for the US Department of Labor Veterans Employment and Training Service (DOL/VETS).

Rationale

The Jobs for Veterans Act (P.L. 107-288) amended Title 38, United States Code, Section 4215 and is administered by DOL. The

statute gives priority in qualified job training programs to veterans and the spouse of a service-connected disabled veteran who dies from the disability; a service member classified as Missing in Action (MIA), Prisoner of War POW, or detainee by a foreign power; a totally disabled service-connected veteran; or a veteran who was totally service-connected disabled and has passed away. This statute is applicable to Federal, state and local government entities and is enforceable by DOL/VETS and DOL/ETA. On September 16, 2003, ETA issued a Training Employment Guidance Letter that instructs the workforce investment system on the provisions in the Jobs for Veterans Act to ensure Priority of Services for veterans and eligible military spouses. There is no "enforcement" responsibility for priority of service.

USERRA amended Title 38, United States Code, Chapter 43 and is administered and enforced by DOL/VETS. 38 USC 4302(b) states "This chapter supersedes any State law (including any local law or ordinance), contract, agreement, policy, plan, practice, or other matter that reduces, limits, or eliminates in any manner any right or benefit provided by this chapter, including the establishment of additional prerequisites to the exercise of any such right or the receipt of any such benefit." DOL/VETS issued regulations on USERRA in December 2005. These regulations provide a clear, authoritative interpretation of the law and procedures for enforcement and serve to improve USERRA compliance. Further, DOL/VETS fully investigates every complaint received and continuously explores ways of improving the USERRA program. DOL/VETS enhanced its data management system that consolidates federal efforts to track and resolve job-related complaints filed by National Guard members, reservists and veterans. As a result of their outreach and compliance programs, they have seen a decline in the number of USERRA complaints filed.

Issue 2 **Lack of affordable housing.**

Recommendation

Reauthorize and increase significantly the funds available through the U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Veteran Affairs (DVA) supported Housing (HUD-VASH) voucher program. This is an action item for the Departments of Housing and Urban Development and Veterans Affairs. It may also require modification to existing legislation or regulation in accordance with Title 42, United States Code, Chapter 44.

Hold HUD accountable for ensuring local homeless assistance programs address the needs of veterans within the local continuum of care.

Rationale

HUD and the US Department of Veteran Affairs (DVA) partner to provide permanent housing through Section 8 housing vouchers and ongoing treatment to the harder-to-serve homeless veterans who are suffering with mental illness or substance abuse. DVA's staff at 35 sites provides outreach, clinical care and ongoing case management services. According to the National Coalition for Homeless Veterans HUD-VASH is the only housing assistance program within the U.S. Department of Housing and Urban Development targeted to any veteran population. The HUD-VASH program is explicitly designed to provide permanent supportive housing to veterans with serious mental and addictive disorders. Rigorous evaluation of the HUD-VASH program conducted by the U.S. Department of Veterans Affairs' Northeast Program Evaluation Center (NEPEC) indicates that HUD-VASH significantly reduces days of homelessness for veterans plagued by mental and addictive disorders. In the Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95), Congress authorized HUD to allocate 500 additional HUD-VASH vouchers in each of FY 2003 through FY 2006. Congress authorized the additional vouchers because those currently in circulation have been fully utilized by formerly homeless veterans, and only a small number become available each year to veterans who are now ready to resume living in the community. Regrettably—and inexplicably—HUD has not requested funding for additional HUD-VASH vouchers in any of its past three budget submissions to Congress, despite the Bush Administration's pledge to end chronic homelessness by 2011. The HUD-VASH program serves a segment of the very homeless subpopulation targeted by the Administration's chronic homelessness initiative.

Symposium Steering Committee Note: The Symposium Steering Committee believes that holding "HUD accountable for ensuring local homeless assistance programs address the needs of veterans within the local continuum of care" would be in contravention of 42 USC 3532(b) which states "The Secretary shall...provide technical assistance and information, including a clearinghouse service to aid State, county, town, village, or other local governments in developing solutions to community and metropolitan development problems..." In lieu of the Symposium Work Group recommendation, the Committee the local government or State agencies should be held accountable.

Issue 3
Mental illness/Substance abuse.

Recommendation

Data from the U.S. Department of Defense (DOD) Post-Deployment Health Assessment should be evaluated and results should be distributed to the veteran and the DVA. This will require corrective action to Title 10, United States Code, Section 1074f and DOD Instruction 6490.03.

Programs should be established to address stigma issues associated with mental illness. This should be an action item for the U.S. Departments of Health and Human Services and Veterans Affairs.

Rationale

The DOD Post-Deployment Health Assessment is department policy as per DOD Instruction 6490.03. This instruction directs the Services to have their members complete DD Forms 2795 and 2796 or 2900 as appropriate. The assessments are then sent to the Defense Medical Surveillance System (DMSS) where trend analysis and other data are tabulated. The Trend Analysis Reports are sent to the Deputy Assistance Secretary for Defense for Force Health Protection and Readiness, the Joint Staff, the Commanders of Combat Commands and the Service Components (Chiefs of Staff of the Army and Air Force, Chief of Naval Operations, and Commandant of the Marine Corps). There is no known directive to share this information with the veterans concerned, the U.S. Department of Veteran Affairs, the U.S. Department of Homeland Security, or the U.S. Department of Health and Human Services. Title 10, USC, Section 1074f does NOT require nor authorize the Secretary of Defense to share the data outside of the DOD. The statute also does not require nor authorize participation by the U.S. Coast Guard.

According to the DVA, approximately 45% of homeless veterans suffer from mental illness, and with considerable overlap, slightly over 70% of homeless veterans suffer from alcohol or substance abuse. Additionally, the National Mental Health Association states, at <http://www.nmha.org/newsroom/stigma/index.cfm>, "As a society, we are bombarded with negative images of people with mental illnesses. The media and entertainment industries overwhelmingly present people with mental illnesses as dangerous, violent and unpredictable individuals. These inaccurate and unfair portrayals shape the public's perception of those who suffer from mental disorders as people to be feared and avoided.

This stigma has tragic consequences. Many people with mental health problems fail to seek treatment because of the shame associated with their illness. And most will experience some form of discrimination, whether in the workplace, health insurance plans or social settings." As an example, the Illinois Firearm Owners Identification Act (430 ILCS 65) states, that with certain limited exemptions, you may not purchase a firearm or ammunition in the state of Illinois without a Firearm Owner Identification Card. An applicant for this card must certify that they have not been a patient in a mental institution for the previous five years and shall sign a release allowing the State Police to access mental health institution records to ensure you are being truthful. The State Police may refuse to issue or revoke a FOID card if the applicant is "a person whose mental condition is of such a nature that it poses a clear and present danger to the applicant, any other person or persons or the community; For the purposes of this Section, "mental condition" means a state of mind manifested by violent, suicidal, threatening or assaultive behavior." This could result in state and/or local law enforcement officers with PTSD from obtaining or retaining a FOID card. Without a card they cannot own guns or ammunition, without guns and ammunition they are not viable as law enforcement officers, and they lose their jobs. The end result is that because of this stigma Illinois law enforcement officers often don't get the professional treatment they may need for their emotional issues.

Issue 4
Incarceration.

Recommendation

Federal and state governments need to invest time and resources on incarcerated veterans based on successful pilot pre-release programs. This is an action item for DOL/VETS in conjunction with the U.S. Department of Justice and the various state and local government confinement facilities.

Rationale

The Incarcerated Veterans Transition Program (IV-TP), managed by DOL/VETS, is designed to help ex-offender veterans who are at risk of homelessness to reenter the workforce. The program provides direct services – through a case management approach – to link incarcerated veterans with appropriate employment and life skills support as they transition from a correctional facility into the community.

Applicants familiar with incarcerated veterans populations and with demonstrated expertise in administering an effective employment and training program may receive IV-TP funding. VETS encourages partnerships among the public agencies, private non-profits, businesses, and faith-based or community-based organizations. Collaborators understand the barriers to employment for this population and possess capabilities to effectively provide necessary services. Eligible entities include: State and local Workforce Investment Boards (WIBS); state or local public agencies; for-profit/commercial entities; and private non-profit organizations including faith-based and community-based organizations. All applicants must have demonstrated competence to manage grants and provide linkages to other service providers.

Issue 5

Housing issues must be addressed on three levels.

1. Temporary shelter.
2. Transitional living facilities with supportive services.
3. Permanent housing.

Recommendation

Grant and per diem funding must be increased. This is an action item for DVA through the budget process.

National incentives to ensure lower mortgage interest rates should be established. This will require new legislation.

Create specific grants that address specific issues of veterans with dependent children. This will require modifications to existing legislation and changes to H.R. 5385, The Military Construction, Military Quality of Life and Department of Veterans Affairs Appropriation Act for FY 2007 by the U.S. Senate.

Housing and Urban Development (HUD) should establish an emergency rental assistance account for veterans in crisis. This is an action item for Veterans Service Organizations at the Department or State level.

Rationale

DVA's Homeless Providers Grant and Per Diem Program is offered annually (as funding permits) by the DVA Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, etc.) are eligible for these funds. The program has two levels of funding: the Grant Component and the Per Diem Component. According to the General Accountability Office (Report GAO-06-859 of Sept 2006), DVA expended approximately \$67 million in FY 2005 on this program.

Grants: Limit is 65% of the costs of construction, renovation, or acquisition of a building for use as service centers or transitional housing for homeless vets. The renovation of VA properties is allowed, however, acquiring VA properties is not. Recipients must obtain the matching 35% share from other sources. Grants may not be used for operational costs, including salaries.

Per Diem: Priority in awarding the per diem funds goes to the recipients of grants. Non-grant programs may apply for per diem under a separate announcement, when published in the Federal Register, announcing the funding for "Per Diem Only." Operational costs, including salaries, may be funded by the Per Diem Component. For supportive housing, the maximum amount payable under the per diem is \$29.31. Veterans in supportive housing may be asked to pay rent if it does not exceed 30% of the veteran's monthly-adjusted income. In addition, "reasonable" fees may be charged for services not paid with per diem funds. The maximum hourly per diem rate for a service center not connected with supportive housing is 1/8 of the daily cost of care, not to exceed the current VA state home rate for domiciliary care. Payment for a veteran in a service center will not exceed 8 hours in any day. The program is regulated by Title 38, CFR, Part 61.

Symposium Steering Committee Note: Title 12, United States Code, Section 225a delineates the mission of the Federal Reserve System and the Board of Governors to control and guide the monetary policy of the United States. Although the Steering Committee understands why the Work Group participants feel that lowering the mortgage interest rate could benefit homeless veterans, (we believe much more investigation should be done and time spent to understand the impact and implications for the overall economy first.) We would hold this recommendation in abeyance until this could be thoroughly reviewed.

Title 38, USC, Section 2051 authorizes the Secretary of Veterans Affairs to guarantee, in full or partially, loans to specific types

of organizations for the funding of Multi-Family Transitional Housing. Furthermore, the statute states that the Secretary may maintain no more than 15 of these loans "on the books" and the aggregate amount of the loans may not exceed \$100 million. Public Law 109-114, The Military Quality of Life and Department of Veterans Affairs Appropriations Act for FY 2006 only appropriated \$750,000 for these loans. H.R. 5385, The Military Construction, Military Quality of Life, and Department of Veterans Affairs Appropriations Act for FY 2007 also only appropriated \$750,000 for this program. This program was authorized in 1998 as a pilot project. According to the DVA FY 2007 Budget Submission the FIRST loan was written in FY 2005 and has yet to be disbursed! (Page 3A-26)

Symposium Steering Committee Note: Although the final item in this issue has been directed to HUD, it's more of a co-ordination and outreach item. Providing emergency rental assistance is not a HUD function, but rather a local government action item. Every county in this great Nation has a number of agencies that provide this type of assistance. Those agencies that are approved by HUD have their contact information available at <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>. The Steering Committee suggests that the Department Headquarters of each Veterans Service Organization ensure that their local Post or Chapter officers have access to this information.

Issue 6

Past attempts to establish census data have failed because homeless veterans have no fixed address and often do not seek assistance on their own.

Recommendation

All those involved with homeless veterans should encourage maximum participation in the Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) program. This is an action item for all Homeless Services Providers.

Housing and Urban Development (HUD) should require continuum of care plans to include veterans in their homeless population estimates. This is an action item for all Homeless Services Providers.

Rationale

The guiding principle behind Project CHALENG is that no single agency can provide the full spectrum of services required to help homeless veterans become productive members of society. Project CHALENG enhances coordinated services by bringing the VA together with community agencies and other federal, state, and local governments who provide services to the homeless to raise awareness of homeless veterans' needs and to plan to meet those needs. Project CHALENG is guided by P.L. 102-405, P.L. 103-446, and P.L. 105-114.

HUD provides two basic publications to the local continuum of care organizations: "Trainer Guide to Continuum of Care Planning and Implementation" and "Guide to Continuum of Care Planning and Implementation." Both of these publications advise the continuum of care organizations to "make sure" they include all sub-groups of homeless individuals, including veterans.

Symposium Steering Committee Note: It is apparent that HUD does provide the guidance to the various continuum of care members. However, the Steering Committee believes that HUD should provide direction but not direct the activities of private not-for-profit agencies and local government agencies.

Issue 7

Compensation and Pension processing time varies with location.

Recommendation

Expedite compensation and pension claim processing for homeless veterans. This is an action item for the DVA.

Rationale

The General Accountability Office (GAO) reported (GAO-06-149, Dec 2005) that the Veterans Benefits Administration (VBA) claims processing averages 166 days throughout the agency. This processing time ranges from 99 days in Salt Lake City to 237 days in Honolulu. VBA's goal is to process a claim in 125 days. The accuracy of these processed claims ranges from 76% in Boston to 96% at Fort Harrison, MT. To assist in reducing the processing times and increase the accuracy, VBA has been "brokering" (having one Regional Office (RO) send claims to a different RO for processing) claims. This has reduced the workload at some offices and increased the workload at others. GAO has been reporting on problems and challenges of claims processing within the VBA for well over six years. Perhaps it's time for VBA to consider consolidating all Homeless Veteran Compensation

and Pension Claims processing into a single location.

Issue 8
Lack of education.

Recommendation

Promote the use of stand-downs across the country. This is an action item for DVA and DOL/VETS.

Educate local agencies to refer to Veterans' Service Offices and/or US Department of Veterans Affairs Veteran Centers. This is an action item for the National Association of State Directors of Veterans Affairs (NASDVA) and the National Association of County Veteran Service Officers (NACVSO).

Rationale

The National Coalition for Homeless Veterans (NCHV) offers a Stand Down Guide at <http://www.nchv.org/page.cfm?id=122>. NCHV also shows, on their 2006 Stand Down Schedule (<http://www.nchv.org/standdownevents.cfm>) 72 stand-downs in 34 states and the District of Columbia in CY 2006.

Issue 9
Lack of Public Awareness.

Recommendation

Create a campaign of public awareness. This is an action item for the National Association of State Directors of Veterans Affairs (NASDVA) and the National Association of County Veteran Service Officers (NACVSO).

Rationale

Public awareness of Homeless Issues is of paramount importance. However, since this type of program is a grass roots level program it would be more meaningful if public awareness is started at a local level. The various state directors of veteran affairs are in a position where their headquarters offices could prepare the assorted materials for distribution and have them distributed through their local field service offices and the county veteran service offices.

Issue 10
Some homeless don't qualify for compensation or pension.

Recommendation

Develop and distribute an alternative resource list. This is an action item for the National Association of County Veteran Service Officers (NACVSO).

Rationale

To understand why this issue is true, one must be familiar with Title 38, Code of Federal Regulations. In order for any veteran to qualify for compensation, he or she must have an injury or illness that occurred during, or if pre-existing was aggravated by, active military service. To qualify for pension, the veteran must have served during a period of war and have a family income below a specific dollar amount. For those indigent/homeless veterans who do not meet the qualifications for either of these programs many state and local governments offer other programs. The local County Veteran Service Officer in each county is cognizant of these programs and should promulgate the local alternate resource list.

Issue 11
Transportation/Access to VA healthcare facilities and services.

Recommendation

Veterans Health Administration makes available mobile clinics, including physicians, for small outlying facilities. National Guard and Reserve Component Medical Units may provide healthcare where no VA facility exists. Utilize the assistance of other agencies when/if available. This is a multiple action item that should be handled by the Veterans Health Administration (VHA), local posts or chapters of Veterans Service Organizations, or local government.

Rationale

There is a definite difference between transportation to VHA healthcare facilities and access to VHA healthcare facilities. Access is governed by Title 38, United States Code, Section 1705 and deals with those individuals who are qualified and eligible for DVA health care.

Transportation is a separate issue. Most homeless Veterans do not have access to a motor vehicle and, therefore, may not be able to get to a DVA medical facility. In some inner-city locations this may not be an issue due to mass transit capability. In rural or suburban locations this can become a major issue. At most VA Medical Centers (VAMC), the Disabled American Veterans maintain a van service that will pick up veterans, take them to the VAMC and then return them to their point of origin. However, they have a limited geographical scope on their operations. Some County Veteran Service Officers and local veterans organizations also provide this service. As an example, the DAV Van Service at VAMC North Chicago serves veterans in Lake County, eastern McHenry County, and Northern Cook County. The Veterans Assistance Commission of Kane County, IL, provides van service to VAMC Hines. The Veterans Assistance Commission of McHenry County provides van service to VAMC North Chicago, VAMC Hines, VAMC Milwaukee (WI), VAMC Madison (WI), Contract medical services in Rockford, IL and the VA Community Based Outpatient Clinic in McHenry, IL.

Issue 12

Lack of funding (discretionary versus mandatory).

Recommendation

Switch VA to mandatory funding. This will require budgetary recommendations and changes in legislation.

Rationale

"The Veterans Health Administration (VHA) is the largest direct provider of healthcare services in the nation. The VHA provides the most extensive training environment for health professionals and is the nation's most clinically focused setting for medical and prosthetics research. Additionally the VHA is the nation's primary backup to the Department of Defense in times of war or domestic emergency.

Of the 7.5 million veterans enrolled in fiscal year 2005, the VHA provided health care to more than 5.5 million of them. The quality of VHA care is equivalent to, or better than, care in any private or public health-care system. The VHA provides specialized health-care services—blind rehabilitation, spinal cord injury care, and prosthetics services—that are unmatched in any other system in the United States or worldwide. The Institute of Medicine has cited the VHA as the nation's leader in tracking and minimizing medical errors.

Although the VHA makes no profit, buys no advertising, pays no insurance premiums, and compensates its physicians and clinical staff significantly less than private-sector health-care systems, it is the most efficient and cost-effective health-care system in the nation. The VHA sets the standards for quality and efficiency, and it does so at or below Medicare rates, while serving a population of veterans that is older, sicker, and has a higher prevalence of mental and related health problems.

Year after year the Department of Veterans Affairs (VA) faces inadequate appropriations and is forced to ration care by lengthening waiting times.

The annual shortfall in the VA Medical Care budget translates directly into higher national health-care expenditures. When veterans cannot get needed health-care services from VA, they go elsewhere, and the cost of care is shifted to Medicare or safety net hospitals, often at higher per patient costs. In any case, society pays more while the veteran suffers. A method must be put in place to ensure VA receives adequate funding annually to continue providing timely, quality health care to all enrolled veterans.

Last year (2005) proved to be perhaps the most unique year ever in the debate over the VA budget. VA admitted that it did not have the resources necessary to meet the demands being placed on its healthcare system. Congress was forced to react quickly and decisively to address this situation. These events served to validate the recommendations made every year by The Independent Budget (IB), coauthored by AMVETS, Disabled American Veterans, the Paralyzed Veterans of America, and Veterans of Foreign Wars of the United States."

(The Independent Budget for the Department of Veteran Affairs, FY 2007).

Issue 13

Lengthy waiting times for medical facility enrollment and appointments.

Recommendation

Increase staffing based on genuine need. This will require budgetary recommendations and changes in DVA manning levels.

Rationale

"While the Veterans Health Administration (VHA) has made commendable improvements in quality and efficiency, veterans' access to their health-care system is severely limited. Excessive waiting times and delays imposed to keep health-care demand within the limits of available resources amount to health-care rationing for enrolled veterans.

The significant backlog of delayed appointments is an end result of severe funding shortfalls. Demand for care at many Department of Veterans Affairs (VA) facilities are straining capacity, and with limited resources, VA has had to restrict enrollment. Perennially inadequate health-care budgets have resulted in a VA health-care system struggling to meet the needs of our nation's sick and disabled veterans. Without funding to increase clinical staff, veterans' demand for health care will continue to outpace the VHA's ability to supply timely health-care services and erode the world-renowned quality of VA medical care...

While the total number of veterans who will likely have to wait six months or more decreased from 60,713 in October 2003 to 27,034 in September 2004, it increased steadily to 56,257 in September 2005, which coincides with the VA's budget shortfall for fiscal year 2005. Although VA states that the current number of veterans on the wait list is an improvement from 2002, this measurement is not equivalent to that used in 2002 and 2003.

While the IBVSOs believe it is imperative that our government provide a health-care budget that will enable VA to serve the needs of disabled veterans nationwide, both increased medical care appropriations and VA's Advanced Clinical Access Initiative are needed to improve veterans' access and ensure that all service-connected disabled veterans and all other enrolled veterans have access to the system in a timely manner."

(The Independent Budget for the Department of Veteran Affairs, FY 2007).

Issue 14

Improve education on the issues of transition.

Recommendation

Create a mentorship program for after discharge, increase the timeline for education transition services. This is an action item for DOD, DOL/VETS and DVA.

Rationale

There are no known legislative or regulatory constraints on this issue and it should be handled as a policy decision by the three departments involved in the Transition Assistance and Disabled Transition Assistance Programs.