HEARING OF THE HOUSE VETERANS AFFAIRS COMMITTEE; SUBJECT: "A NATIONAL COMMITMENT TO END VETERANS' HOMELESSNESS"; CHAIRED BY: REPRESENTATIVE BOB FILNER (D-CA); WITNESSES: JOHN DRISCOLL, VICE PRESIDENT FOR OPERATIONS AND PROGRAMS, NATIONAL COALITION FOR HOMELESS VETERANS; DWIGHT RADCLIFF, PRESIDENT AND CEO, U.S. VETS; MARSHA FOUR, CHAIR, VIETNAM VETERANS OF AMERICA WOMEN'S VETERANS COMMITTEE; CHIEF WARRANT OFFICER JAMES FANN, DIRECTOR, MANNA HOUSE, TENNESSEE; PHIL LANDIS, CEO, VETERANS VILLAGE, SAN DIEGO; LOCATION: 334 CANNON HOUSE OFFICE BUILDING, WASHINGTON, D.C.

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REP. FILNER: Good morning.

I apologize for being a little late this morning, but we have an important hearing.

While I'm saying a few words, if the first panel would take their seats, it would save us a few minutes. So thank you -- thank you all for being here.

I have to just ask an unanimous consent that all members may have five legislative days in which to revise and extend their remarks. No objection, so ordered.

I want to thank everyone today, both on the committee and our witnesses -- those who are here in our audience -- to be here on an issue which a lot of people apparently in our country don't want to face and that is the issue of homelessness. And I have decided, I guess, and many of us here have decided, that if people won't look at the ***homeless*** in general, maybe they'll look at ***homeless*** vets. And depending on what statistics you use, it's anywhere between, you know, 40 to 50 or more percent of the ***homeless***. So if we here on our committee and the VA can deal with that issue, we'll have dealt with almost half the issues that the local communities won't have to deal with.

And I know that our secretary of the VA, Mr. Shinseki, has taken on this battle himself also. So ***working*** together, we want to eliminate ***homeless*** veterans as a somehow, as a two words combined into one.

Whether that number is 200,000 veterans or 130,000, doesn't matter. There's too many and it's our responsibility as a nation to deal with it. And we ***will*** hear about how those figures have come up with when the VA testifies. But we know it's a major problem and one that may increase with the economy as it is, and with the new veterans that are coming back Iraq and Afghanistan.

What we have tried to do with our panels is to bring people who have confronted this issue directly in their communities, in their locales. We want to hear some of the best practices that are being done and what local communities are doing, because we feel you can give us a real help in deciding policy at the national level. You know what ***works***. You know what doesn't ***work***. You know what we have to do. You know what kind of help you need.

Just be very direct with us. Tell us what you're doing; tell us how we can help. Because as I said, the secretary and this committee has made it a major priority to say that the two words, veterans and ***homeless***, should not be in the same sentence for this nation.

Mr. Lamborn, I see you're ranking member today. We welcome you and you're recognized for an opening statement.

REP. DOUG LAMBORN (R-CO) : Thank you, Mr. Chairman.

I ***will*** be sitting in for the time being for the full committee ranking member, Mr. Buyer, from Indiana. And at this point, I would like to ask that his statement be included for the record.

REP. FILNER: Of course, so ordered.

REP. LAMBORN: Thank you.

Mr. Chairman, each night approximately 131,000 veterans -- the men and women who have served our country -- are among the nation's ***homeless***. This number is alarming. But we have seen a steady decrease in this number over the past few years, including a decrease of 15 percent from the 2007 estimate and 33 percent lower than 2006.

This reduction is encouraging, but we must take time to examine how to reduce this number even more, and consider how to improve the effectiveness of the billions of dollars spent by our government every year to fund programs to end homelessness for veterans.

Future funding for ***homeless*** veterans' programs must continue to focus on providers that offer and provide job skill training and transitional services and new programs that focus on the needs of rural veterans. That is why I was proud to support H.R. 1171 as amended, the ***Homeless*** Veteran Reintegration Program Reauthorization Act of 2009, which was sponsored by Dr. Boozman and passed the House earlier this year. H.R. 1171 as amended reauthorized the successful ***Homeless*** Veteran Reintegration Program that provides grant money to local ***homeless*** veteran providers who offer job skill training.

I was also happy the committee accepted the amendment offered by Ranking Member Buyer to create a new, HPRP grant program for providers offering services to ***homeless*** veterans with children and to ***homeless*** women's veterans.

Many of today's witnesses discuss the need of this emerging ***homeless*** population. And I look forward to hearing more about what we might do to help them and other ***homeless*** veterans.

Thank you and I yield back the balance of my time.

REP. FILNER: Thank you, Mr. Lamborn.

I'll quickly introduce the panel.

John Driscoll is the vice president for operations and programs with the National Coalition for ***Homeless*** Veterans. Mr. Radcliff is president and CEO for U.S. Vets. Marsha Four is the chair of the Vietnam Veterans of America Women's Veterans Committee. Chief Warrant Officer James Fann is the director of the Manna House in Tennessee. And Phil Landis is the CEO of Veterans Village in my hometown of San Diego.

Thank you all for being here. We'll start with Mr. Driscoll. I hope each of you takes about five minutes in oral testimony. And your written testimony ***will*** be part of the record.

And I know Mr. Roe, when we get to Chief Officer Fann, you'll have a few words to say about him.

Mr. Driscoll,

Yeah, there's a button on your --

MR. DRISCOLL: Okay.

The National Coalition for ***Homeless*** Veterans is honored to participate in this hearing, to herald and to serve this committee and our partners in the campaign to end and prevent homelessness among veterans.

For two decades, largely due to the leadership in this chamber, the partnership NCHV represents has built a community of service providers that has turned the tide in this campaign: Where once we considered the magnitude of our mission with caution and hope, we now celebrate the phenomenal success in reducing the number of ***homeless*** veterans on the streets of this nation by more than half in just the last seven years.

VA officials have testified before Congress that the department's partnership with community and faith-based organizations is the foundation of this success. NCHV believes it is also the incontrovertible evidence that we can succeed in this battle.

The campaign to end veteran homelessness is now handed to the 111th Congress and with the nation ready to respond to your leadership as never before in its history.

The VA Grant Per Diem Program is the foundation of the VA and community partnership and currently funds more than 14,000 beds in every state. Under this program, veterans receive services that include housing, access to health care, dental services, substance abuse and mental health support, family and personal counseling, education and employment assistance.

The program provides funding for about 500 community-based programs across the nation -- and to its credit, the VA has increased its investment in this program more than five-fold in just the last decade.

The Grant Per Diem Program now provides funding for special needs grants for underserved populations, women veterans, the frail elderly, those with terminal illness. The need to add service beds, despite considerable budget constraints, has impacted grantees' ability to provide outreach services which is an integral part of this program.

We offer two recommendations. The first is to increase the annual authorization appropriations for Grant Per Diem to 200 million. H.R.2504, introduced by Representative Teague of New Mexico, would do that. We believe there's documented need for expansion of the program, its successful outcome, and the VA's emerging emphasis on prevention justifies this request.

The second is to change the mechanism for determining per diem payments. Under the Grant Per Diem Program, service providers are reimbursed for expenses they incur on a formula based on the reimbursements provided state veterans' homes. Those rates are then reduced based on the amount of funding received from other federal sources. The current ceiling is about $33 per day.

We feel the reimbursement formula should reflect the actual cost of providing services to help veterans rebuild their lives based on each grantee's demonstrated capacity to provide those services rather than a flat rate based on custodial care.

We also believe that decreasing an organization's per diem rate due to funding from other federal agencies contradicts the fundamental intents of the program. To compete for funding under Grant Per Diem, applicants must demonstrate the can provide a wide range of services in addition to the transitional housing they offer.

The Department of Labor Veterans Reintegration Program awards funding to government and private organizations that provide employment preparation placement assistance to ***homeless*** veterans. It is one of the most successful programs in the Department of Labor. It's successful because it doesn't just fund employment services. It guarantees job placement and retention. Administered by Veterans Employment and Training Service, the program is responsible for placing 12,000 to 14,000 ***homeless*** veterans into gainful employment each year at a cost under 2,000 (dollars).

We ask this committee to prevail to the extent possible to fully fund HVRP at its authorized level.

The return to focus on prevention -- and we have the full prevention platform on our website at www.NCHV.org. And I know many of the other presenters are going to be talking about some of the programs that would address prevention initiatives.

Analysis of 2000 census data, performed by Representative Robert Andres of New Jersey, shows that about 1.5 million veteran families live at the federal poverty level, including 634,000 below 50 percent of the federal poverty threshold. So we certainly advocate expansion of the HUD-VASH Supportive Housing Program, which you'll hear about, pass the Homes for Heroes Act, please. We learned yesterday that it was dropped in the Senate by Representative -- sorry -- Senator Schumer of New York.

And we also, in terms of increasing access to health services, one thing NCHV believes strongly in is an open-door policy for veterans -- particularly combat veterans -- in areas that are underserved by VA. Do not make these people go 80 and 100 miles down the road. Bring together HHS and VA health services so that every combat veteran has access to these.

Mr. Chairman, in closing, I would like to say that the ***work*** of this committee has been an inspiration for me for 10 years. And much of the success that we celebrate right now has occurred in just the last five to seven. And I would like to say personally, thank you for your service.

REP. FILNER: Thank you, Mr. Driscoll.

Mr. Radcliff.

MR. RADCLIFF: Mr. Chairman and committee, I am certainly honored to be here this morning and to participate in providing information and feedback from the field to this committee -- especially in relation to such a passionate topic as our nation's ***homeless*** heroes.

As a veteran who has once walked in their shoes, and now as leader of the community- based organization whose sole mission is to provide housing and service to ***homeless*** and at-risk veterans and their families, responsible for the operations of housing and services to more than 2,200 veterans in five states and the district each night, I hope to bring a broad insight from a provider's perspective.

U.S. Vets operates currently 727 Grant Per Diem beds at its service center. As an active member of the National Coalition for ***Homeless*** Veterans, we realize the value of government ***working*** with community and there exists a network that can solve and eradicate the problem of homelessness amongst veterans.

Since 1992, U.S. VETS programs has served more than 18,000 ***homeless*** veterans, with more that 65 percent making a successful transition into permanent housing and into the community while achieving self-sufficiency. These veterans are receiving a wide array of services according to their needs.

The services we provide include outreach, transportation, secure and sober housing, food, nutritional advice, counseling, mental health treatment, alcohol and substance abuse treatment, case management services, permanent housing placement, assistance in education and job training -- including veterans benefits.

All of our programs are collaborative efforts with local providers including VA Medical Centers, bringing the community as a whole into the solution.

Since the initial opening of our VA Grant Per Diem Program in 1997, and now currently operating 727 beds in five states making it -- we're the largest, single recipient of Grant Per Diem funding that's a community-based organization. We have programs that include a veterans in progress employment re-entry program. We have a non- custodial fathers program.

We have an advanced women's program, which includes a module for serving female veterans who are suffering with post-traumatic stress disorder. We have a social independent living skills for senior veterans, critical time interventions for mental health veterans. And we also have the service center -- a drop-in center for ***homeless*** veterans seeking information, resources and employment needs.

Our current predicament, while the Department of Veterans' Affairs, which we applaud, is designed to help ***homeless*** veterans, specifically the Grant Per Diem Program utilizes what we view as a most effective model in that it's supports collaboration with community-based organizations. Community-based organization to me represent the most efficient means of service provision in that they are able to do more with less.

Currently, the Grant Per Diem regulations allow for payment of $34.40 per day. And this is based upon a cost reimbursement model, which is paid approximately 60 to 75 days after the service has been delivered to the ***homeless*** veteran. The cost reimbursement model adds an administrative burden leading up to 15 percent of the cost, which leaves $29.24 for service providers to provide a daily service to these veterans.

Typically, salaries, housing, and food costs assume most of our operational expenses. This compels CVOs to seek other resources and collectively patchwork programs together with additional funding oftentimes resulting in pursuit of funding that is not driven towards our -- specifically targeted towards our mission.

Grant and Per Diem funding is distributed over a 12-month period with a reconciliation funding at the close of the grantee's fiscal year. Each year, the Grant and Per Diem grantees are required to reconcile the funds and reimburse VA costs for overruns.

At $29 a day, Mr. Chairman and committee members, we feel like it would be very effective to provide a fee-for-services contract that allows VA to pay a recipient at least $35 to $65 a day. None of these CVOs are thriving off of this. All of us are struggling to keep our cash flows going and keep our match -- I'm sorry -- and to keep the doors open in the provision of services.

Additionally, we are asking that the per diem rate be higher. Geographically, it doesn't cost -- it is not the same cost in Phoenix, Arizona as it is in Los Angeles.

In the event of natural disasters, which we have witnessed over the past four years -- we operate programs in Houston, Texas where we have been impacted by Hurricane Katrina, Hurricane Rita and Hurricane Ike. None of the programs are allowed to keep a reserve of Grant Per Diem or a reserve funds that allows us to execute a disaster relief plan. I've watched programs in New Orleans close as a result with veterans sleeping in housing and on buses until they can be reached.

Oftentimes, we operate programs in Hawaii, California and Texas where disasters are likely to occur. We'd like to be able to have reserves each year so that if a disaster hits, we're able to relocate those veterans temporarily and house them.

Additionally, the disallowance of match currently VA -- there are three, major funding sources that are utilized for our programs: Department of Labor, DOL Vets funding, Department of Housing and Urban Development, and VA Grant Per Diem are pursued in order to put together the much needed funding and resources to operate successful programs. Currently, VA funds are not eligible to be used for match for HUD programs.

We would ask for our solutions to include an increase in appropriations of the Grant Per Diem to allow VA to pay providers up to $65 a day, utilizing current per diem federal guidelines which provide considerations for geographic and location; we would ask that VA utilize a fee-for-services model; we would ask that VA be allowed to reimburse grantees at the close of each fiscal year when eligible expenses exceed the Grant Per Diem rate; we ask that VA allow Grant Per Diem recipients or programs to maintain disaster relief reserves. Again, we would allow -- we would also ask that VA be allowed to use as match to other ***homeless*** services' money.

Unless the federal government demonstrates the political ***will*** to tackle this problem in a substantial way, there ***will*** continue to be veterans who are falling through the cracks and end up on our streets. ***Homeless*** prevention requires early intervention to include rental subsidies, domestic violence, substance abuse counseling at an outreach stage. We advocate also, that we approve that this committee recommend approval and appropriations for Homes for Heroes Act.

Thank you.

REP. FILNER: Thank you very much, sir.

Ms. Four, please.

MS. FOUR: Good morning, Mr. Chairman and distinguished members of the committee. Thank you for giving Vietnam Veterans of America the opportunity to provide some testimony.

I think that it's very well understood that the Grant Per Diem Program is one of the major investments that has been made by Congress and by the VA in approaching ***homeless*** veterans. And I think it's also well understood that the non-profits are the lifeblood of this program.

I think that, in fact, I can reiterate some of the comments that Mr. Radcliff made, because there is resounding concern that the nonprofits are facing and it is threatening them, the financial difficulties that are facing them today.

And if these are not addressed, I really feel that you ***will*** diminish the ability of these nonprofits to provide quality service and you may actually lose these valuable assets.

I believe legislation really must be considered to address these problems. One is the reimbursement method. If we look at the two to three months that are necessary for the reimbursement to come back to the nonprofits if -- if they have a line of credit, they have to use that in order to keep functioning and pay their staff until reimbursements are made. In this case, they incur interest rates that cannot be written off in any fashion.

Another challenge, of course, is the justification for an increase in per diem when the previous year's audit is where we have to prove that we need more per diem, but non-profit can't overspend in the previous year in order to justify a request for increased per diem.

One of the things we were looking at was that this idea of a fee- for-service rather than the per diem reimbursement process. And this is, in fact, much could be considered much like that one like those that have the stay home programs now where they are put -- money is put in the bank, or the per diem rate for all the beds they have. And on a monthly basis, they draw down from that on the beds that actually are occupied. And it's a very simple

process that eliminates a lot of the personnel. It makes it more efficient and effective in the process not only for the nonprofits, but for the VA in the accounting process.

One thing that has not been mentioned though is also the issue of the service centers. They are, in fact, one of the greatest outreach tools that we have under Grant Per Diem. However, because we only get in service centers $4.30 an hour for every hour the veteran is actually on the premises, many of the service centers that have opened have been closed. And many of those that have been awarded have never opened because they do not have the money to function. Staff is required to ***work*** eight hours, sometimes longer on the needs of veterans, but we only get $4 because that's the only time they're actually on site.

So we really believe there needs to be a consideration of possible legislation that would address service center staffing operational grants so that these frontline outreach programs are not lost in this very valuable systems.

I'd like to spend most of the rest of my time talking about ***homeless*** women veterans. There certainly is a question, of course, on the actual number of ***homeless*** veterans. It's been fluctuating dramatically in the last few years. When it was reported at 250,000 level, 2 percent were considered females. This was roughly about 5,000.

Today, even if we use the very low number that VA is supplying us with 131,000, the number -- the percentage of women in that population has risen up to 4 to 5 percent and in some areas, it's larger.

So with even a conservative method of determining this has left the number as high as 65,000. And the VA, actually, is reporting that they are seeing that this is as high as 11 percent for the new ***homeless*** women veterans.

This is a very vulnerable population at a high incidence of past sexual trauma, rape, and domestic violence. They have been used, abused and raped. They trust no one. Some of these women have sold themselves for money, been sold for sex as children. They have given away their very own children. And this -- they are encased in this total humiliation and guilt the rest of their lives.

In order to survive on the street, moving from home to home, bed to bed, they become callous, aggressive, and develop attitude. This behavior can often be a means, however, to remain safe and it can keep predators a bay. For others, though, they wither within themselves. These women who find the way to the Grant Per Diem Programs can in fact have great advantage.

The special needs grants that were provided through Congress are tremendous assets that were legislated by Congress. And the first came on line in late 2004-2005. Although I ***will*** be speaking about the women special needs program, some of the considerations can be placed overall to special needs populations.

And while I speak on behalf of Vietnam Veterans of America, I am employed by the Philadelphia Veterans Multi-service and Education Centers, a nonprofit agency with a 30-year history of ***working*** exclusively with veterans. I am program director for ***Homeless*** Veterans Services, and also serve as the daily program director for the Mary E. Walker House.

It's a 30-bed transitional residence for ***homeless*** women veterans under Grant and Per Diem and it was awarded one of the first special needs grants. The Walker House opened it door in January of '05. And it's the largest women veteran specific program funded under Grant and Per Diem in the country and accepts applications from anywhere in the country. To date, applications have been received from 13 VISNs and women have been admitted from 10 VISNs. Today, 145 women veterans are at the Walker House -- have been at the Walker House with an average length of stay of 305 days. Thirty-six percent are service connected.

The reality of the day-to-day operation of this program is complex beyond imagination. This is due in part to the quality and characteristics of the gender population of women. And just as a sidebar. Women are much more verbal than men.

And in part is due to the complexity and multiplicity of the presumptive problem: issues, histories, medical problems, debt, legal and court issues, employability, and mental health diagnosis for each woman. Factor into the

equation the fact that so few of these program locations are available for the women, these are women who fit nowhere else in the system; women who are considered too sick for general ***homeless*** programs, or not sick enough to be admitted to psych units -- those who could not survive in mixed gender populations.

For some of the demographics of our program: sexual trauma, childhood sexual trauma, 37 percent; pre- or post-military sexual trauma, 24 percent; military sexual trauma, 63 percent; multiple categories sexual trauma, 48 percent; combined military sexual trauma and other sexual abuse, 80 percent; domestic violence, 46 percent. Mental health issues: PTSD, 51 percent; bipolar, 26 percent; adjustment disorder, 10 percent; personality disorders, 12 percent; self-harm, which are cutters and burners, 12 percent. And the list goes on and on -- borderline personalities; suicidal ideation; paranoia.

The foresight of the Special Needs Grant Program to include the ability of the local VA medical centers to request additional grant funds for itself has allowed a very expansive infusion of dedicated staff in treatment components. This element is vital to the special needs grants and hopefully ***will*** not be lost in the future. But this needs -- this element needs to also provide accountability for its funding, just as we are held accountable for the funding that we receive from the VA.

Special Needs Grant gives recognition and an understanding to the challenges faced by this program. It has allowed for the development of intensive treatment opportunity vital to this population -- one necessary if we are going to actively address the issues of these women veterans.

Per diem alone could never meet this demand for staffing -- for the staffing program. And those that exist show -- oh, I'm sorry -- what we're looking at is the fact that without this special needs grant, there would be an enormous gap in the system for women veterans and the other special needs populations. They would also fail these veterans.

They would ultimately be lost perhaps forever. And we hope than in the renewal process in 2011, Special Needs grants ***will*** be reconsidered, and that renewals for existing programs that are productive and successful be considered separate from new requests for Special Needs Grants.

I only, in a short way, mentioned the military sexual trauma- specific residential programs in my testimony, because this is another issue that I believe plays a very active role in the prevention of homelessness.

REP. FILNER: Ms. Four, we need you to wrap up quickly.

MS. FOUR: Yes. The rest of my testimony does regard Special Needs Grants. We believe that there should be more of these residential programs across the country, perhaps in every VISN.

And I thank you very much for the opportunity.

REP. FILNER: Thank you so much.

Mr. Roe, I know you want to say something about Chief Warrant Officer Fann.

REP. DAVID ROE (R-TN): I thank the chairman for the opportunity to introduce Mr. Fann. And thank the chairman and ranking member for inviting Mr. Fann to testify here today.

James Samuel, Sam, Fann is the Director of the Manna House, the transitional housing and recovery facility for ***homeless*** veterans in my hometown, Johnson City, Tennessee. Mr. Fann is himself a veteran of Vietnam having retired from the United States Army as a chief warrant officer. Chief Warrant Officer Fann has valuable experience helping ***homeless*** veterans. I want to welcome him to Washington and look forward to his testimony.

And, Sam, thank you for your service to our country and also, your effort to end homelessness for veterans.

And as you know, we had the Traveling Wall. It ***will*** be in Johnson City tomorrow through Saturday. I'll see you tomorrow morning.

Thanks, Sam.

MR. FANN: Thank you very much.

REP. FILNER: Thank you.

Officer Fann, you have fan here.

MR. FANN: Well, that's right, yeah. Okay. Thank you very much.

I appreciate the opportunity to be here. I was going to wear my Rolling Thunder vest and all that, but I thought you all had enough of that last weekend, so some of the folks that were here with Rolling Thunder up here at the wall. Dr. Roe and myself ***will*** be at the Wall in Johnson City this coming week, so if any of you are down in that area, please come by and see us.

We at Manna House, as Dr. Roe says, at Manna House, we're co- located with Mountain Home VA system. Just up the road five minutes, we have a lot of veterans. It's a 21-bed transitional facility. About 50 percent or better of our men who come there are veterans. We're funded through the Department of Housing and Urban Development and the VA center with some funds in the past.

Right now, we're funded through HUD's continuous care grant and we are ***working*** closely with the VA center in helping our veterans.

We've all talked about how many veterans are ***homeless*** at this point in time. The Appalachian Regional Coalition on Homelessness, which is our regional coalition, we did a 24-hour survey, our last survey in count of the eight-county region of upper east Tennessee reported nearly 30 percent of the 1,600 ***homeless*** that were counted were veterans.

Homelessness is not just a problem among middle-aged and elderly veterans. Younger veterans from Iraq and Afghanistan are now showing up in our ***homeless*** shelters. At this time, we have more than 20 men on our waiting list at Manna House. Ten of those men are veterans, four fought in Iraq.

Mental illness -- especially post-traumatic stress disorder and substance abuse -- have long been seen as the major causes of homeliness among our veterans. While those are certainly factors, they're not the only reason veterans are left ***homeless***. Affordable housing, medical care, mental health counseling, case management, education and employment assistance to transfer the military jobs into marketable civilian positions need to be expanded in an aggressive outreach program for our veterans.

The HUD and VA continual care grants and other federal and state grant programs has certainly helped to expand our ability to provide services for ***homeless*** veterans; however, we need to dedicate even more services to help these men, women and families.

I personally believe that people who don't have shelter are houseless, not ***homeless***. Homelessness has nothing to do with lack of shelter. We can define homelessness as an inadequate experience or connectedness with family and/or community. This fact is now recognized by Habitat, the United Nations Human Settlements Program.

Think of the illness, poor nutrition, exposure to the elements and even the elective crimes some of our ***homeless*** might be involved in just be able to eat or to have a roof over their heads. Also, imagine that only having contact with people in the community who are paid to have contact with you. That's what I call chronic ***homeless***.

In my opinion, the vet suffers from all the same problems as other people -- or another person who might be ***homeless*** but add one more factor: finding a job that you can do as a civilian that you were trained for in the

military. This creates a problem for the vet. He is trained to fight the enemy and do a job that, but there are none of those jobs available in the civilian world. We need to reeducate and retrain our veterans for reentry into the civilian world.

We are looking for a quick fix solution to the problem -- housing first. Let's give them in an apartment or room. But who are they going to invite to their apartment -- other ***homeless*** people. How long ***will*** they last isolated from our community? If the problem was a lack of shelters for the ***homeless***, why aren't all the ***homeless*** shelters always full? (Inaudible) -- yes, they're more busy, than more shelters won't solve the problem. Give them an address that they can get their mail; a telephone number for messages; a place to get services that they need. They apply for services, but we can't reach them to change the date to bring them back to change the services.

Even at the VA, if you miss an appointment, you may be dropped from treatment roles. We need a way to better communicate and case manage the veteran. Get to know some of the ***homeless*** and understand what they need to change their lives. Make the ***homeless*** a priority.

We can feed the world, but let some of our own go hungry. We can rebuild countries but cannot make housing affordable for a person who is ***homeless***.

Our veterans can't get a job, ***work*** for a temporary service or even open a bank account because they have no state identification card. In order to get a card, they need proof of physical address, their birth certificate, Social Security card, and another picture I.D. The VA I.D. card in not acceptable, because it doesn't have the veteran's Social Security number on it for privacy reasons. Even if they have all this, they may not have the transportation to get to the driver's license station. Without a bank account or physical address, they cannot receive their benefit check or other checks designed to help them, which is required to be direct deposited. Consolidate services can be effective for the average ***homeless*** person as well as our ***homeless*** veterans.

We at the Manna House believe that the majority of persons falling through the cracks of society are middle-aged males who are perceived to be drunk and lazy bums. These individuals have the most difficulty accessing and navigating the system because the system is designed to defeat them.

Manna House is attempting to be a safety net for those persons, who society has deemed criminal, worthless or even expendable. Our residents -- especially our ***homeless*** veterans -- are real people with real problems that can be solved. We can and do set them on the path to become productive citizens in our community. Our discharge history ***will*** bear this out.

The programs we have in place are effective, but could be more effective if we ***work*** to expand our transportation, education, and communication services for the veterans. Some of our veterans have given all the freedom of our returning veterans. Are we as a country getting involved to ensure our returning veterans at what they need to do to be a contributing part of our community and country?

I thank the Committee of Veterans' Affairs, especially my representative, Dr. Phil Roe, for inviting me to add my comments to this hearing.

REP. FILNER: Thank you, sir.

Mr. Landis.

MR. LANDIS: Mr. Chairman, members of the committee, I am honored and somewhat humbled to be before you today to talk about veterans' issues, and specifically that population that we serve in San Diego through Veterans Village of San Diego -- formerly known as Vietnam Veterans of San Diego.

I'd like to take a moment and just tell you a little something about what this population looks like.

We all have heard of safety nets. Well, the safety net starts way up here and it takes time normally for a human to fall through these safety nets. By the time they have fallen through the last safety net, they hit the concrete and then fall in about 12 feet below the concrete, that's where they find Veterans Village of San Diego.

We have over 400 veteran-specific beds scattered throughout the county. We currently, at our main campus, have over 140 -- I think the population this morning was 142 -- men and women that are in our treatment facility for ***homeless*** newly diagnosed veterans some of whom have chronic mental illness.

This is probably the toughest population to serve in the country. Many of our newer veterans coming from the current conflict also suffer with mild traumatic brain injury, TBI. When you couple that with PTSD, you've got a real issue for treatment.

We've been in this business of treating ***homeless*** veterans, ***working*** with ***homeless*** veterans for 28 years. I think we know a little something about it. Veterans Village of San Diego created what is now known as Stand Down. In 1988 we conducted the first Stand Down in San Diego. It's now replicated in over 200 locations around the country.

We created something called ***Homeless*** Court. If you're ***homeless*** and you have court issues, where do you go? Well, now there is a ***homeless*** court which is very effective helping formally ***homeless*** individuals get back on the street, having first demonstrated to the court that they have in fact done something to help themselves.

Our program is a pretty tough place to be. It's based on an AOD 12-step model. It's zero tolerant. And when you graduate from our program, you really want to do it. You're very motivated. It takes more courage -- and some of us all know the different kinds of courage. It takes more raw courage to graduate from our program than anything I've ever seen before, because it takes courage to face your demons and do something about it. That's what you are asked to do in a program such as ours.

We're looking at prevention.

We have a warrior traditions program which is designed specifically to outreach to the current group of warriors. It's a tough sell. I'll tell you that. We're trying it in two locations around San Diego County. We've been at it a little over a year. We're just beginning to earn their trust. It's tough to sell.

But outreach is the name of the game. If you want to prevent homelessness, we've got to get them before they come home. It sounds axiomatic. It's not as easy as it sounds.

I want to speak just a moment about Per Diem. Our program could not exist without it, but it covers less than 50 percent of the cost of treatment and we scramble on a monthly basis to keep our doors open to find that other 50 percent. It would be very helpful to us if there was a cost of living, if you ***will***, adjustment. As was said earlier, it costs more money in San Diego than it might in Kansas to run a similar program.

How do we end it? Well, I'm not sure I know. When we started this over a quarter of a century ago, everybody thought we'd be doing it for a few years. We'd clean up the mess, get everybody off the beaches, from underneath the bridges and then we'd all go home. It didn't ***work*** out that way. I don't think that it ***will***.

Permanent housing -- I'll say it again: permanent housing with service linked to organization like ours is the answer, folks -- permanent housing with service. The services ***will*** help bring a number of those folks into treatment over time. Statistics tell us that the combination of permanent housing with services ***will*** create the portal for a number of folks to finally decide -- wait a minute. I just don't want to live like this anymore -- to do something about it, get involved in the treatment program. And that, of course, is the whole reason why we're doing this.

I want to thank you for the opportunity to testify this morning. I look forward to your comments.

REP. FILNER: Thank you.

We thank all of you for your commitment and your energy. And we understand your frustration also with trying to do a job that needs more resources.

Mr. Hall, do you have any questions?

REP. JOHN HALL (R-NY): Thank you, Mr. Chairman and Ranking Member Lamborn. And thanks to our panel for the ***work*** you do for our veterans and the service to our country.

It is a shame on the face of this country that on any given night, somewhere upwards to 130,000 veterans -- numbers have changed little bit as we hear the testimony and estimates are obviously just that. But at least 130,000 of our veterans who served this country in uniform and risked their lives and gave parts of their bodies and sacrificed a normal -- what we would consider to be a normal life and comforts of home to defend our country and follow their orders, find themselves on the streets and the alleyways of this country -- whether it's the beaches of San Diego or the heating grates of New York City or anywhere else.

I would just say, I do have a statement to enter for the record, Mr. Chairman. I just want to mention that because approximately 45 percent of ***homeless*** veterans have -- in some instances higher from your experience -- have mental illnesses that I've introduced legislation to try to alleviate the burdens currently placed on veterans trying to gain disability benefits -- particularly for PTSD.

And the Subcommittee on Disability Assistance and Memorial Affairs ***will*** be marking up this legislation, the Combat PTSD Act H.R.952 later on this afternoon to try to make it automatic that a man or woman who serves in uniform and subsequently, at any time after returning home has a diagnosis by a psychiatrist or doctor that they do, in fact, have the symptoms that compose a PTSD diagnosis ***will*** automatically be eligible not just treatment but for compensation, and not have to connect it to a particular incident or a particular battle or a particular attack or a particular medal.

We know that the conflicts we're facing today are different than the ones we had in the past. And I think that the VA should be and the country should be of the attitude that our veterans have done enough and shouldn't have to prove that they're suffering and prove that they're traumatized after some of the things that they have done and seen and experienced that the rest of us who have not served may only be able to imagine -- may not be able to imagine.

So thank you for your ***work***. I have no questions. And I'll submit my statement.

I yield back, Mr. Chairman.

REP. FILNER: Thanks.

Mr. McNerney.

REP. JERRY MCNERNEY (D-CA): Thank you, Mr. Chairman.

I don't know where to begin. The testimony was fairly stark and I appreciate your honesty; I appreciate your hard ***work***.

One of the themes that was recurring was that the Per Diem needs to be increased. I think every single person on the panel said that much. So we'll be looking at the how to do that.

A couple of things that also stood out: Mr. Radcliff, you -- I'd like to ask how you advertised your programs -- and maybe everyone on the panel can answer this -- how widely known are the programs available to ***homeless*** vets? If you go out to a place where you see ***homeless*** vets, do they know what's available to them? Or how widely known is that and how easily can we get to them?

MR. RADCLIFF: (Off mike) -- oh.

Typically, in fact, one of the dilemmas that exist is a returning veteran has no idea there's a network or service. Marketing is a huge issue and, you know, there's really not a lot of money to pay for marketing.

We try to connect with the veterans based upon when there's an active crisis that is Happening. Typically it's a jail or it's a court hearing or it's a substance abuse dilemma or you know, we're seeing a veteran during an active crisis.

Our marketing is very limited. We're typically, as I mentioned before, we're barely thriving. We're barely surviving, let alone not thriving, as community-based organizations. And we're used to living there. We're on the edge.

REP. MCNERNEY: How do you get in touch with the veterans as having a crisis? Do the police contact you?

MR. RADCLIFF: We usually ***work*** with local government entities to be referred veterans, yes.

In this case, we would have veterans were in crisis, were in jail. We're actually doing outreach now where we're seeing those veterans. We're referred -- local VA have ***homeless*** centers where veterans are referred to different programs depending on the veteran's needs.

We do have a 1-800 number. We try to advertise through street outreach. But typically, the veteran find us.

REP. MCNERNEY: Is there a way we could be more effective? Does anyone want to take this -- it doesn't have to be you, Mr. Radcliff? How can we be more effective in reaching out? And if we did contact veterans, would that be effective? Would they respond to outreach on the street?

MS. FOUR: I think one of the real integral parts of this is there's a connection between the VA and the cities and municipalities, the government entity under which these programs fall. And that we also as nonprofits have a direct communications with those at the city level who are dealing with social services and their address of the ***homeless***.

Most social service areas -- arenas do not know the benefits entitlements for veterans. They don't know what to do with the veterans. And they certainly don't know how the VA ***works***. That's one major thrust that's very important.

I also see the VA enhancing the outreach of its programs in Grant Per Diems by communicating with other VAs and other VISNs on what programs are available for ***homeless*** in the case of special needs grants. I'll mention the women's program that the VA actually has an intranet communication with other and all mental health directors and all the directors of the mental health and domiciliary program within the VA so that their ***homeless*** outreach to members know if a specific specialized program for veterans that are ***homeless***.

MR. DRISCOLL: I'd like to add if I could.

REP. MCNERNEY: Sure.

MR. DRISCOLL: When I talk about the VA community organization partnership and I've seen this develop over 10 years, it's pretty incredible. Ten years ago, there were vet centers who would refer walk-ins to community resources as they existed at that time. But that number has increased dramatically over the last 10 years.

The VA vet centers -- every VA medical center has almost liaison who knows who in that community provides transitional housing or lesser services.

What is missing in my estimation -- because once you reached out and asked for help, there are referral systems that ***will*** get them to the organizations that can help them. What's missing in my mind is the person who realizes he's got stressors at ***work***. He doesn't know what to do. And so the idea of public service announcements --you know we see all of these advertisements about joining the Army and joining the Marines. And so obviously, there can be federal dollars spent to put out public announcements. And I believe that's what's missing.

If I'm marginal and I know I've got stressors, but I'm not sure who I should turn to, it would be nice to see a message saying, not matter what the need, you've earned this right. Call this number. And then the VA resource

call center takes over. They're putting that together now. And I meant to mention that in my testimony. That's a tremendous resource.

REP. MCNERNEY: If the chairman ***will*** allow -- Mr. Landis?

MR. LANDIS: Veterans Village truly has become a community resource. Of course, we've been ***working*** at this for a very long time.

One of our partners -- and we think in terms of the VA in San Diego as a partner truly with us -- ***works*** with us on a daily basis. The VA representative form the hospital actually has an office in our facility, is there on a weekly basis.

Outreach, outreach, outreach. It really falls to us as the providers of the services to create the avenues within the community. Sand Diego has created something called United Veterans Council. United Veterans Council is a group of all the service providers, all of the veterans' organizations within San Diego that meets on a monthly basis. And of course our organization, outreach is through them as well to the ***homeless*** community.

If you're a veteran and you live in San Diego and you're ***homeless*** or you're about to become ***homeless***, I guarantee you you know about our organization. And then we are referred -- we have referrals from every conceivable avenue within the community to our organization as well.

REP. MCNERNEY: Thank you.

I've exceeded my time. I thank the chairman for allowing that.

REP. FILNER: Thank you, Mr. McNerney.

Mr. Teague.

REP. HARRY TEAGUE (D-NM): Yes, thank you, Mr. Chairman and Ranking member.

Also, thank the panel for what I thought was some very interesting comments. I'm Harry Teague from New Mexico. And while I was home on the Memorial break, we actually had -- (audio gap) -- room facility for ***homeless*** veterans, transition home of sorts. So I'm glad to see more people, especially the nonprofits, are coming to help us take care of this. You know, the VA can't do it alone.

But what I wanted to ask, are the members of this panel: How do you feel that your individual programs defines success in getting the veterans off the street? And how do you measure that?

MR. LANDIS: Sir, if I can. It's pretty easy, sir.

First, you have to graduate from the program. And then, we do follow up. And we look six months and a year out and we try and contact our graduates at that point in time. We're fairly successful.

And what we look for are benchmarks: no nights of homelessness, no days in prison. And I want to add that 50 percent of our population at any one time comes to us from prison -- which is a whole different subject -- these are veterans. We want this individual to have a life-sustaining job, employment and we help with that as well. So when they leave us after a year staying with us, they have a job enough to support themselves. We want them to engage with us, with our alumni groups as well.

About 70 percent of those that graduate from the program have remained viable at the six-month and a year mark.

MR. FANN: I could add to that. At Manna House, we basically do the same thing. We have a two-year program that they can stay there up to two years. But the average is about six to eight months.

We do a two-year follow up program. We follow them for two years after that in order to see that they remain in an apartment -- permanent housing is the key -- or they're back with their families, which is, in a lot of cases, at Manna

House we end up with many going back to their families. Once have gotten their lives back together they can go back to their families and be in permanent housing. So we measure it that way.

MR. RADCLIFF: I'd like to say also, Congressman, there are measurable objectives and goals that are provided with the funding that we certainly look at.

You know, I would think that a veteran who is able to -- we're finding out physically, that a third of those veterans are non- custodial fathers. As we start finding out the needs and dilemmas that these veterans have, we try to identify and source programs to meet that need.

So I would define success as long term. You know, in various benchmarks, including income, housing, stability, the ability to interact with your family as a social support network in a long-term outcome that really says that the quality of life of that veteran has improved. That's done qualitatively and quantitatively.

So those measurements exist. I think we're ***working*** with universities and research providers to really look at how much we're helping and how much we're impacting those lives.

REP. TEAGUE: Yes?

MS. FOUR: Yes. I mean, I would -- we all sort of ***work*** in the same arena and do the same kinds of things, but the other thing that we also track is their ability to remain within their treatment regimes, their ability to stay on their medications, their ability to handle their own daily living construct.

Also, I know sometimes someone would say this may not be very positive, but even when we do have those veterans who have to leave the program for one reason or another -- especially if it's a recovery issue -- we find that they come back into a program much quicker. They don't fall as far because they have seen life from the other side. So in fact, in our minds, that is also a positive outcome of this program.

So I would add that too, because not all of them make it and not all of them ***will*** ever make it. And it is their choice. And I mean, our programs are developed on the fact that all of their actions produce a consequence, whether that's positive or negative, and they understand that.

REP. TEAGUE: Okay. Thank you for your response.

Thank you, sir.

REP. FILNER: Thank you, Mr. Teague.

Ms. Halvorson.

REP. DEBORAH HALVORSON (D-IL): Thank you, Mr. Chairman. And panelists, thank you so much for being here.

During our break, I held several roundtables. and one of them I held was with not only some veterans' assistants, not-for-profits or people that helped, but also my area agencies on aging and people that help with homelessness in general. And they all want to help.

They want -- and some of the problems they see are the veterans that don't want to be helped. They can't get them to come into their places, their shelters. They want to be ***homeless***. They don't trust anybody.

How do we help those who don't want to be helped? And do you have any sort of things that you would suggest that we do?

MR. DRISCOLL: I would like to answer that and yield to the direct service providers.

This is one of the things in the Grant Per Diem Program that has maybe not flourished the way it might were there more funding, and why we ask for the 200 million (dollars).

Allowable under Grant Per Diem is the drop-in center, and Marsha had mentioned that. Not everybody is ready to go into a housing program. Not everybody -- a lot of places, there's no capacity even once you present yourself and ask for help, there's no bed for you.

And then, yes, questions of trust. When somebody has lost everything and they're not sure who to turn to, it takes a long time to get that trust back sometimes.

The drop-in center's ideal for that outreach because it allows the client to start the re-socialization process at their pace. And each time they walk in that door and get a meal, get a shower, get a counseling session that they're not even aware that's what's happening, that trust starts to build. That is the center for referral to more stable services and housing and other supports. So that is one of the functions that needs to be increased under Grant Per Diem, I would submit.

And also, the other allowable thing is the vans -- mobile service vans that go into rural areas or into encampments where veterans feel comfortable with each other, but nobody else on the outside. Once you develop that trust on that mobile center coming out and talking to you on your terms, that's another way to bring those folks into the service delivery system.

MR. RADCLIFF: I would also like to express that that dilemma exists to returning veterans also. They don't want to be identified as having problems And oftentimes, kind of live on the periphery in kind of this rebellious state. And that takes -- that's probably the hardest veteran to interact with and engage into a process that is going to help them, you know, get housing, to get quality of life issues addressed. Those are difficult.

We do have outreach that is performed by veterans who, you know, the adage that there's more therapeutic than another one helping another one. Certainly that applies in this case.

Service center is one of the best interventions that I know of that exists, but at the same time, it's veterans outreaching to other veterans, and kind of that connection -- that trust factor that grows. And then having resources. You know, sometimes it's just giving a lunch. Sometimes it's banding together as stand down. Sometimes it's banding together at functions where veterans gather.

REP. HALVORSON: But these are people who are living on the street, have no place to go and they have to find that.

MR. RADCLIFF: Yes. And our street outreach is probably the best connection to doing that.

REP. HALVORSON: And that's everywhere?

MR. RADCLIFF: No, it's not everywhere. No. I would suggest that in your area that there would be a community-based organization that would do street outreach to those veterans. And utilizing veterans -- I think that peer-to-peer type counseling is the best intervention.

MR. LANDIS: With the -- if I may -- with the younger veteran population which we're beginning to treat at our center, we find that and not surprisingly they hit and then bounce out. And a lot of what was just spoken is certainly true.

In discussing this with other veteran providers across the country, it seems to be a trend. Part of it I think is the fact that they're just young. You know, they're in their early 20s. They don't want to admit to themselves or anybody else they've got a problem. They're not really ***homeless*** because they have a car, right? They're not really ***homeless*** because they sleep under a bridge. It's a mind- set.

Plus, this generation brings with them their own unique set of issues which are going to be different than my generation. Our model at Veterans Village was established over a long period of time and designed specifically for the Vietnam veteran -- my generation -- you know, with the cluster of issues that we brought to the table.

They bring the same cluster of issues plus. They've got TBI -- different generation. They have a completely different way of communicating than we have. We have to adjust that. They live in a world of instant gratification, of games. You win or you lose. You're playing the game. It goes quickly.

They also have a sense of entitlement, which is a little bit out of whack with reality and sense that it can be fixed. I can fix anything. I can do it right now. There's nothing wrong with me. I'm here for three weeks and ready to get out of here.

What we feel we're going to see is this going on for a number of years. And then, perhaps, five years from now, 10 years from now, 15 years from now, when these men and women -- I want to add women -- who are in their 30s and 40s, and have run out of excuses, run out of friends, run out of money, run out of relatives and living on the street in and out of shelters, can't hold a job -- that's when we're going to see them.

I would hate 10 years from now service providers begin to see a flood of folks like this that there is no money for it, because it won't be popular. Nobody's going to want to hold hearings about it, talk about it. That's when I think, service providers in this country are going to start to be hit.

REP. HALVORSON: Thank you all.

I yield.

REP. FILNER: Thank you.

Mr. Lamborn?

REP. LAMBORN: Thank you, Mr. Chairman.

We've touched on success earlier in response to a previous question. Can any of you tell me what the long-term success rate is for your graduates?

MR. RADCLIFF: I ***will*** comment on that because it varies. And it varies depending on the population we're looking at. We have some fixed-income veterans who have remained at some of our facilities for more than seven years. Their quality of life and their income is such that they won't be transitioning to other places. They like being there with other veterans. They, for some reason, like telling war stories. They trust the environment in which they live. And they don't want to transition.

So those veterans remain with us and their income is not going out very much, you know. So with those veterans, we would measure quality of life issues.

Are they engaging? Do they have a social support network? Is there family? Do they have activities in their lives? Are they giving back to veterans that are in the process?

So those measurements are different from the veteran who is looking at gaining employment. Employment -- and I think any one of our agencies can say that we have a -- probably an 80 to 85 percent placement rate into employment of the veterans we see.

If you're looking at, you know, a younger veteran, that's going to change because they're going to go through career changes. The average person loses employment or changes employment every so often. So we measure that based upon, you know retention, placement, wage at placement. We do follow-up service a year, 18 months afterwards. And so those figures drop off a little bit as you look out long, as you start really reviewing longevity.

Additionally, you know, we have female veterans who require extremely long lengths of stay. And you measure that -- are they unifying with their children, if they have children that are in system? Are they reengaging in housing that is outside of our housing and getting into permanent housing?

So there are various ways to measure based upon a veteran's desires and outcome.

REP. LAMBORN: Okay. Thank you.

Any of you -- else have a figure or statistic on that?

MS. FOUR: Yes. I have a -- I'll just talk about -- I have a 95- bed male veteran program also. And somewhere around 72 percent actually leave the program, having completed it, and have not -- and the other 30 or 28 percent have left either because they were not able to follow the policies and procedures of the program or because they had used drugs or alcohol.

Even of those who left having used drugs or alcohol for not following the program protocols, less than 4 percent have not had a job and went to a place to live, because they had been employed. They had been saving money -- because it's part of the program to have a forced savings plan. And so you know, you begin the process of discharge once -- as soon as you come into the program. So this is an ongoing process. So those would be some of those statistical numbers.

Again, if in fact, looking at the employment issue, they are all employed if they are employable. And if they not, and have disability, then -- or have no income -- we ***work*** with them to get either service-connected disability, VA non-service connected disability, or social Security interventions. And so they all leave the program with some type of income.

REP. LAMBORN: Okay, thank you.

Now, can I assume that all of you have separate facilities for ***homeless*** women veterans?

MR. RADCLIFF: We don't necessarily have separate facilities, but they are encompassed in our -- in some of our programs. So depending on the stage, you know, transitional or long-term permanent housing, oftentimes you'll see women veterans in a co-ed facility.

Early on, when they're going through treatment process, you probably want to separate out the women veterans. Their needs are unique and the resources are unique. So we do have female veterans programs that are both at permanent housing and programmatically.

MS. FOUR: I believe, sir, that there are very few programs in the country that are set up and designed specifically for ***homeless*** women veterans that are separate.

One of the problems that we've run into in a mixed-gender setting is sort of two-fold. One, the women veterans do not have the opportunity to actually be in a separate group therapy environment because there are many issues that the simply ***will*** not divulge in mixed gender populations. And so, those issues are never attended to.

The other is, we believe that in a program, you need to focus on yourself. And this is the time and place to do your issue deal. In a mixed gender program, there are too many, let's say, other interfering factors. Relationships are one of them. Many of the veterans to come from the street, so there's a lot of street behavior going on -- some of the women and men. But some of the women and men have participated in prostitution. And so there's a difficult setting for any of them to actually focus on themselves without having all of these other stresses come into play. So we feel that's an important issue.

REP. LAMBORN: Okay, thank you. And with the chairman's indulgence, may I ask one more question? Okay, thank you.

Do any of you charge any type of service fee or co-payment to those who are receiving service-connected compensation?

MR. RADCLIFF: Yes, sir. One of the -- we talked about sober housing, zero tolerance. WE talked about the regulatory discipline environments which we have and operated each of our programs.

One of the key factors is to -- is the sense of community and ownership in your own recovery. Most of these veterans want to participate. In fact, we operate a 500-bed program in Englewood, California near airport. Veterans who are going through our programs, when they are required to pay their program rent, I think they -- this is the first time that they're beginning to pay any part of a productive process. And they can't wait to come and pay, and then, tell our staff what to do.

You know, there's a sense of pride in ownership that comes with that and dignity that comes with that. The issue is clearly, for me, that someone who can should.

MS. FOUR: I think the other side of that, too, is -- and I agree with everything that Mr. Radcliff -- but the real dollar and cents part of it is that the nonprofits couldn't live if there wasn't some other income coming to them in order to hire the staff that's necessary for these complex situations. That's another added issue.

REP. LAMBORN: Okay. Thank you all for your answers and for your testimony, and even more than that, for the ***work*** that you do. I appreciate it.

Thank you, Mr. Chairman.

REP. FILNER: Thank you.

Let me just -- some quick questions, if I may?

Do I understand correctly that it was the Grant Per Diem Program only -- you're only eligible if you have a majority of veterans in your facility? Is that correct or not?

MR. RADCLIFF: That is correct. I think Grant Per Diem allows for up to 25 of the beds to be used for non-veterans.

REP. FILNER: I mean, should we open up that -- should that follow the veteran rather than the facility?

MR. RADCLIFF: Possibly.

REP. FILNER: All right. I mean, I think -- I mean, we have some in San Diego some major providers who may only have, say, 25 or 30 percent veteran. They don't get any other Per Diem as I understand.

MR. RADCLIFF: That's correct.

REP. FILNER: Can you all give me a gut reaction to -- we all know the (NBME ?) when it comes to housing, you know, people. I mean, Mr. Landis talked about, you know, when his thing was established in the '80s. I was on the city council then. It was hard to find a place, you know, to establish it.

Is there any -- have anybody thought about building some permanent or transitional housing on VA property, say, near medial center where in general, the (NBME ?) issues would be greatly reduced. Then you have the medical attention right there.

I mean, has anybody dealt with that issue or tried or thought about it?

MR. RADCLIFF: Well, you know, Mr. Chairman, I have. And our organization elected to not. The VA West LA has -- right now, it was an RFP process and I think they awarded that to provide permanent housing on site in a building

that would require almost $300 a square foot of renovations in a historical building on a historical setting on those historical grounds.

I think it's a good use of the land. I'm not sure it is the most -- easiest thing to do in that type of arena where you have to pay for, you know, all the historical retrofitting and preservation. It was too expensive for us.

REP. FILNER: In that setting, yeah, okay.

MR. DRISCOLL: I know the VA has an enhanced use lease driven policy that they've put into effect in the last couple of years. The idea was to streamline the enhanced use lease program. Some of you already have those things.

But they identified 45 -- about 45 VA campuses that have surplus properties suitable for use for ***homeless*** purposes, and they're bringing those RFPs up on line and requesting --

REP FILNER: How many actually have been let?

MR. DRISCOLL: So far I believe the number is eight or nine. I'm sure the VA team ***will*** address that. But up to 45, I believe, are going to be in the ***works***.

REP. FILNER: You guys have good or bad success and actually, I mean, taking some of the VA folks who benefit into the streets with you to deal with people person-to-person. I mean, is that easy, hard? Is that done, not done?

MR. RADCLIFF: Not done with us. We typically do not perform side-by-side outreach or in-reach for that matter. The benefit staff, you know, I don't -- I just, you know, they're overwhelmed. I know that there are some dilemmas there. It is a very -- and what the VSO says, DAV, and Vietnam Veterans of America, and American Legion -- you know, that's almost a dying bread of the VSOs doing an intervention for you.

There's a need to really buff it up.

REP. FILNER: I think, I mean, I don't know. This ***homeless*** liaison that somebody mentioned, is that generally a full-time position or somebody has that as something they're supposed to do on the side?

MR. RADCLIFF: That's a full-time position.

MS. FOUR: I believe it is a full-time position.

REP. FILNER: At each of the medical centers?

MS. FOUR: In Philadelphia, sir, we have a very close relationship with the regional office of outreach, ***homeless*** outreach. As I mentioned, a day service center. We have a fairly large one under Grant Per Diem in Philadelphia. That representative comes to that service center once a week and also goes out into the local streets and shelter areas actively looking for the veterans also.

REP. FILNER: Well, again, I thank you all for your commitment and for your -- I know you have a lot of frustration.

I was at the first Stand Down that Mr. Landis mentioned in San Diego. And I'll tell you, the speech -- what you see there is incredible cooperation and a sense of a sense of commitment, but also knowledge that is a comprehensive solution. I mean, you've got to bring everything to bear. But I tell you, the last five or six Stand Downs I've been to, I give the same speech.

It says, "I'm sick of coming to Stand Downs." That is, we know what to do. You know, why aren't we doing it 365 days a year and why, you know, the VA -- helped by all of you -- is just doing it?

You know, I don't know why we have to focus all our attention on those three days or whatever. Because, I mean, look, we're the richest nation in the history of the world. This problem is not insolvable. And you all do so much.

And you have sort of little successes relative to the big problem. But we should be able to solve this, in my opinion. And I hope, I mean, the VA secretary has said to me, it's a top priority with him. We're going to set a goal of zero, just so we have that goal. And I hope that ***working*** with all of you, we can get as close to that as possible.

Thank you so much.

MR. RADCLIFF: Thank you, Mr. Chairman.

REP. FILNER: I appreciate you being here.

Panel two, if you'll come forward. We have secretary of the Illinois Department of Human Services, Carol Adams.

You're going to be chair right now.

The commissioner of New York City Department of ***Homeless*** Services, Robert Hess, accompanied by Ronald Marte, a veteran from the Iraq War who has benefited, in fact, from the New York City ***homeless*** program.

We thank you for your testimony, for your being here, and we look forward to it. Please.

MS. ADAMS: Honorable members of the committee, I bring greetings from Honorable Patrick Quinn, Governor of Illinois and the state's 13 million citizens.

It's an honor to appear before you today to speak about the efforts of the Illinois Department of Human Services to serve ***homeless*** people in the state, including our veterans of whom we are very proud. These data that I present today represent numbers from the state's fiscal 2008, our most current accounting.

In 2008, Illinois Department of Human Services' Emergency Food and Shelter Program served 45,418 people who are actually living in shelters. This number does not include people who do not access shelters, people who are living with friends and relatives, nor does it include people who receive services in other facilities.

That same year, there were 12,441 households served by the Illinois Department of Human Services' ***Homeless*** Prevention Program. Sixty-five percent of all households served that year were families, defined as any household with children under the age of 18.

The total number of ***homeless*** veterans served was 2,560 people or 5.64 percent. Ninety-four percent of ***homeless*** people served were not veterans.

Our ***homeless*** prevention program is designed to help stabilize people and families in their existing homes, decrease the amount of time that they live in shelters, or help individuals and families secure affordable housing. Our program includes rental and/or mortgage assistance, security deposit assistance, payment of utility bills to bring legal services to people who are involved in illegal evictions, rental or mortgage arrears paid in the amount established as necessary to defeat eviction or foreclosure.

This failure must not exceed three months of rental or mortgage arrears. Security deposit payments, not to exceed two months' rent. And bringing utility payments current. Also, supportive services where appropriate for prevention of homelessness or repeated episodes of homelessness.

Prior to 1999, people were at risk of homelessness with us would be referred to a shelter or to a short-term stay for a hotel.

But we found that it was much more cost-effective for us and preserved family self-respect, and helps keep families intact, if we could invest our resources in ***homeless*** prevention rather than assistance after the fact.

So the Illinois ***Homeless*** Prevention Act was ***signed*** into law in December 1999 and it allowed for maximum flexibility of the various localities within the state, minimum income restrictions and various kinds of assistance -- broad definitions of allowable uses.

People eligible for assistance from our ***Homeless*** Division Program includes, again, households that are in eminent danger of eviction, foreclosure or homelessness or currently ***homeless***.

Applicants for this service must document temporary economic crisis beyond their control, such as loss of employment, medical disability or emergency, loss or delay of some form of public benefit, a natural disaster, substantial changes in household composition, victimization by criminal activity, illegal actions by a landlord, displacement by a government, private action or some other condition.

Homeless veterans or veterans at risk of homelessness can apply for homelessness privation funds. The state of Illinois does not have a specific set-aside for veterans.

Our ***Homeless*** Prevention Program is also administered by a network called the Illinois Continuum of Care Systems. This was developed by HUD and it's a network that helps people who are or who have been ***homeless***, or who are at imminent risk of homelessness.

In Illinois, there are 21 Continua of Care, and they serve the state's 102 counties and ***work*** to fulfill the needs of ***homeless*** people.

The network addresses problems of homelessness by providing comprehensive service delivery from emergency shelters to permanent housing. Its strong prevention strategy provides seamless services to help people achieve independent living.

When this program first started in 2000, it was funded through TANF dollars to the tune of only $1 million. This past year, it was funded to the tune of $11 million through a dedicated fund called the Affordable Housing Trust Fund.

In 2000, a mere 221 households were serviced, at an average cost of $450. But by state fiscal year 2008, 12,500 households were served, with an average cost per household of $883. That represents about 8,100 families.

Fiscal year 2007 was a peak year with the highest number of services provided, where nearly 10,000 households received rental assistance; 2,500 households received utilities assistance; security deposits were paid for 2,500; and supportive services related to illegal evictions were provided to over 100,000 families.

By 2008, rental assistance had declined a little, but we are again experiencing in 2009 an increase in the numbers of people who are looking for this assistance.

Without question, our ***Homeless*** Prevention Program has been successful. Prevention is cost-effective. The program serves an average of 700 households per Continuum, and there are 21 Continua in the state.

The program has promoted permanent housing options. Eighty-six percent of all households served in 2008 were still housed six months later at the end of the fiscal year.

On average, 70 percent of participating households returned their current housing -- excuse me, retained their current housing, while 22 percent move into other permanent housing. Nine percent of those served are able to move from emergency shelters into permanent housing.

The Illinois Department of Human Services conducts an annual evaluation measuring the effectiveness of the ***Homeless*** Prevention Program and its overall impact on reducing homelessness via a comprehensive follow-up strategy.

It requires six-month follow-up to be conducted with every household that's served to help determine if participants are maintaining independent living and self-sufficiency.

In addition to the families that are served through our ***Homeless*** Prevention Program, the Illinois Department of Veterans Affairs also provides permanent beds at the veterans' home in Manteno.

They also serve -- through a lottery ticket called Vets Cash we raise additional money to provide services for veterans. In three years that's been close to $7 million, and about a sixth of that has been used for ***homeless*** prevention, the rest for a range of other services for veterans. So that also has been very helpful.

We think we have a unique opportunity to collaborate and coordinate our prevention funds with those that we ***will*** receive from HUD through the American Recovery and Reinvestment Act of 2009 program.

Working with the Illinois Department of Commerce and Community Affairs, we think we can fill in gaps that are not covered by their programs.

Specifically, HUD's ARRA Prevention funds cannot be used for mortgage assistance, but our funds can. People who may have fallen behind on their mortgage for up to three months can get assistance through DHS.

Very often we see participants that fall behind on their mortgage due to illness or a loss of a job, or any other condition, and we can step in and assist them. And once this assistance is provided, they can continue to pay their mortgage.

By coordinating with the ARRA Prevention funds, participants can also receive rental assistance for an extended period of time. So we think that ***working*** together we can help to fill in gaps and service more people.

So on behalf of the people of the state, we're grateful to have this opportunity to share information with you about the ***Homeless*** Prevention Program in Illinois and the successes we've managed to achieve.

REP. VIC SNYDER (D-AR): Thank you, Dr. Adams, and thank you for what you do.

Before we go to Mr. Hess, what was your Ph.D. in?

MS. ADAMS: Sociology.

REP. SNYDER: Sociology.

MS. ADAMS: Yes.

REP. SNYDER: I should have guessed that maybe. Thank you.

Mr. Hess.

MR. HESS: Good morning, Chairperson and members of the Committee on Veterans' Affairs. My name is Rob Hess. I'm the commissioner of the New York City Department of ***Homeless*** Services.

Thank you for inviting me here to share with you innovative strategies that New York City is using to end veterans' homelessness.

I'm pleased to join my colleague, Secretary Carol Adams of Illinois, and members of the other panels from around the country. And I'm heartened by their dedication to serving the unique needs of ***homeless*** veterans.

Joining me here at the table is a true hero, Ronald Marte. Ronald returned to us after a tour of duty in Iraq where he served as an Army communications specialist. He recently moved from shelter to a home of his own with the assistance of a Veteran Affairs Supportive Housing voucher and is living a life of independence. I am more proud of him than I can say with words.

As a veteran, myself, I speak from personal experience when I say that we have to do everything we can to ensure that the men and women who serve their country receive the housing, the services and supports they need and are treated with the dignity and respect they deserve.

I'd like to take this opportunity to applaud the leadership of President Obama and Secretary Shinseki on this issue.

As you know, they have set the ambitious goal of preventing and ending veterans' homelessness for the approximately 150,000 ***homeless*** veterans living in this country on any given day. And this is the right goal for the country.

I believe this because in New York City, we are already starting to see the success that is possible when there is a strong partnership between the U.S. Department of Veterans Affairs, the local VA offices and local leaders.

This is an issue that I'm passionate about. As someone who spent my entire career advocating for, creating policy and talking one-on- one with ***homeless*** veterans, we cannot stand by and allow our fellow veterans who have served and fought for our country to live on our streets or to call shelter a home.

In New York City, we are continuously moving toward meeting our goal of ending homelessness for veterans. In fact, from December 2006 to May 2009, we have reduced the number of veterans living in our city's shelters by 60 percent. We've done this by creating new short- term housing models and other innovative strategies to better serve ***homeless*** veterans.

However, I would not be able to stand before this committee today and tell you of this great success had it not been for the shared commitment of New York City Mayor Michael Bloomberg and then-U.S Department of Veterans Affairs Secretary James Nicholson.

In December 2006, they created the Operation Home Task Force and charged it with creating the blueprint for a new veterans' service system, a dedicated service system outside the traditional ***homeless*** services system to meet the unique needs of ***homeless*** veterans and tied them to the rich array of resources already provided by the VA.

We were ultimately successful in creating our new veterans' service system because of the partnership between the federal and local VA and the city that this fostered.

However, another key to our success was the creation of specific and measurable goals that would transform services for ***homeless*** veterans -- ones that we continuously held ourselves accountable for.

One tangible first step was an intense effort to house 100 veterans in 100 days. We didn't waste a second. As we ***worked*** to develop the blueprint, we took the immediate action to permanently house ***homeless*** veterans.

Much of the lessons we learned during this time helped shape our vision and focus for the new system. I'm happy to report to this committee that we not only exceeded our goal by housing 135 veterans during the first 100 days, but since then, we have helped to move over 1,900 veterans from temporary shelter into permanent housing -- into their own homes.

The system we created now includes a multiservice center which serves as a single point of intake -- of access for ***homeless*** veterans and for those at risk of becoming ***homeless***. The center has been up and running since May 2008.

It integrates DHS intake services exclusively for ***homeless*** veterans with access to medical, mental health and substance abuse treatment available through the VA medical system, as well as housing and other support and benefit services.

The center also makes available preventative services needed to divert those veterans who are at risk of becoming ***homeless***. To date, over 1,066 ***homeless*** veterans have been served by the program.

We ***will*** soon open the first veteran-specific Safe Haven, a low- threshold, harm-reduction housing model that has proven to be the most effective tool for engaging street ***homeless*** clients.

Once veterans are placed in a Safe Haven, they ***will*** have access on-site social services and other supports offered through the VA and various non-profit partners.

New York City's efforts to end veterans' homelessness have also been strengthened by the U.S. Department of Housing and Urban Development's Veterans Affairs Supportive Housing Program or HUD-VASH.

New York City received 9.4 million (dollars) of this funding to permanently house 1,000 veterans -- ***homeless*** veterans with HUD-VASH vouchers. I'm happy to report that as of May 1st, 2009, the city has distributed 701 of these vouchers.

I'd like to take this opportunity to thank you and your colleagues, Mr. Chairman, for their past commitment to this important funding stream.

Ending veterans' homelessness is the right goal for New York City and the right goal for our nation. We all can do this, but as in the case of New York City, it ***will*** take a strong partnership between both the federal and local VA and the jurisdictional leaders.

I realize that what ***works*** in New York City ***will*** not ***work*** everywhere. There cannot be a one-size-fits-all approach. What ***works*** in New York City may not ***work***, for example, in Killeen, Texas.

And so those federal-local relationships ***will*** need to be developed with flexibility to the needs of each individual locality and allow them to create their own specific and measurable objectives to drive their success.

The key component here is that as a locality, we need a strong Federal partner to help us bring our initiatives to scale if we are to truly end veterans' homelessness.

Our continued progress in housing and better serving the needs of ***homeless*** veterans is a true testament to our strong partnership with both the local and national VA. Without their collaboration from the beginning, this system transformation would not have been possible.

Once fully implemented, we believe that this system ***will*** serve as a national model for permanently ending veterans' homelessness.

I thank you for the opportunity again to be here today and answer any questions you may have. Thank you.

REP. FILNER: Thank you so much.

Mr. Marte, I understand you served a tour in Iraq in the Army.

MR. MARTE: Yes, sir.

REP. FILNER: We appreciate your service. And you were mentioned as a success story. Would you want to tell us a little bit about what --

MR. MARTE: It was quite a journey.

REP. FILNER: how you -- what happened to you?

MR. MARTE: It was a problem. Now I'm living proof of the solution. I'm very grateful for the opportunity and it's priceless. Like I told Mr. Hess, you know, it gives quite a confidence, you know, to have your own place, you know, and go do your priorities in life, you know.

REP. FILNER: Do you want to tell us what was the key thing in changing your life around?

MARTE: You got to get over the pride. It's a big factor, you know, and ask for help. Being in that situation is not quite comfortable.

I mean, after that, you know, you got to go and get one better for yourself. And it plays a big factor. You go over those steps, you know, and after you achieve that, then it's kind of easy. It's more easy.

REP. FILNER: Habla Espanol?

MR. MARTE: Yes, sir.

REP. FILNER: (Speaking in Spanish.)

MR. MARTE: Yeah -- (in Spanish) -- played a big factor.

REP. FILNER: How did you even know about the program that was described here?

MR. MARTE: Well, when I -- when I came from Iraq, I become ***homeless***. And I went through the shelter process and eventually I end up in the veteran residence in Queens, New York and that's how I met Mr. Hess, through an interview they did over there.

After that, I'm here. But we're --

REP. SNYDER: Mr. Chairman?

REP. FILNER: Please.

REP. SNYDER: May we ask -- you said I became ***homeless***. I would like your -- just one veteran's story about what happened that led you to become ***homeless***, if you're ***willing*** to share that?

MR. MARTE: I got a lot of family. I just didn't want to ask for help to them, you know? I wanted to do it on my own. And one thing led to another, you know -- bad choices I did while I was in the military -- saving and doing, you know, what I was supposed to do.

And eventually --

REP. SNYDER: Once you got back you did not have a -- the money to --

MR. MARTE: Exactly.

REP. SNYDER: -- and difficulty finding a job?

MR. MARTE: Exactly.

REP. FILNER: We thank you again for your service and for your courage in talking about what -- what is going on here.

Are there additional questions?

Mr. Snyder.

REP. SNYDER: Dr. Adams, I'm going to pick on you because you told me that you have a Ph.D. in sociology. The chairman, Dr. Filner, likes people with Ph.D.s, by the way, so --

DR. ADAMS: (Off mike.)

REP. SNYDER: -- you're in good company.

We have heard from several people today that others become of different programs. Put on your scientific researcher hat here. How do we evaluate what is successful beyond anecdotal reports that, "Well, we're helping a lot of people?"

How do we evaluate what ***works*** more effectively than doing nothing? How do we evaluate what ***works***, that gets the best bang for the buck? How do we evaluate comparing one program to another when they -- there's such a variety of programs set in such different geographic areas?

MS. ADAMS: Okay, that's several questions.

But first of all, just to evaluate the efficacy of a single program, what's most important is the follow-up, because it's not just the help, but does it really do the job. If we find that over and over again we have to keep doing the same things, something's missing in the array of services. So we do follow-up on the people who've participated in our program to make certain they have continued to be ***homeless***, that the short-term help that we gave was enough to keep them housed and so forth.

Ongoing evaluation is what lets you know if there are problems in your program that you need to tweak. For example, our program -- in order for us to give the assistance for you to stay in your home, we have to be assured that after our assistance, you can continue to stay there. So we get other supportive services like financial counseling and what have you, associated with it.

Now, to your other point, how do you tell if one program ***works*** better than the other, that's going to require some comparative research, where you look at the kind of family or the kind of individual that has a similar kind of issue and see which track seems to ***work*** best for their setting. And you have to sort of look at it over time.

Most of the time -- REP. SNYDER: We don't do that --

MS. ADAMS: -- little money -- most of the time the dollars are such that --

REP. SNYDER: We don't do comparative research.

MS. ADAMS: Exactly.

REP. SNYDER: because it's not cheap research. I mean, you --

MS. ADAMS: It's expensive, and it's longitudinal.

REP. SNYDER: But over the -- and it's longitudinal. But over the long term, it might save us money if we were to do good comparative research.

I'm a family practice doctor, and when we talk about preventive care, we have figured out that we're better at research in this country on well, what's the latest gadget or what's the latest drug.

We're not so good on what's the best delivery system for getting things out there. But that requires some longitudinal comparative research, and it's not cheap either.

MS. ADAMS: No doubt about it. It saves us money in the long run. But when you have challenges around budget -- I mean, I'm looking at my agency this year. With the challenges that we have, the first thing that's going to get cut is evaluation and training, because you've got to stick to the core mission of providing the services.

REP. SNYDER: Thank you, Mr. Chairman.

MR. HESS: I would just say, Mr. Chairman, that I think one of the most important things we can do is set clear and measurable goals from the beginning.

And so in New York City, the mayor has been very clear it's our job to see that we get to a point where no veteran needs to sleep on the streets of our city and no veteran needs to sleep in a shelter in our city. That we need to create a system that provides all the support that our veterans need and helps them move as quickly as possible, as in Ronald's case, into permanent housing, and see that we provide the supports that people need in permanent housing, not in shelter and not on the streets.

And so with that kind of clear and measurable objective, I think it's easier for us to determine our level of success.

REP. SNYDER: Mr. Hess, you're very familiar with Mr. Marte and other veterans. Are there -- it sounds, from his brief description of where he started having problems, that it was very quickly after he got back home.

Do you see things that the military could be doing that would perhaps set these folks up for a lower rate of trouble as far as homelessness or stability in the community?

MR. HESS: I think it's difficult, Congressman. I mean, when -- I remember as a young veteran in my last days on active duty, I really didn't listen too closely to the information that people were trying to convey to me about services that would be available after I left the military.

And I suspect that that hasn't changed a great deal. When you get down to those last few days and hours, you're ready to move on. And it's not till some time later that you may realize that you're in need of some support.

And so I think the key for us is figuring out how to -- through our outreach teams and through our general communications -- in New York City, we use 311 a lot, but we also do advertising and community service and other things to convey the message to folks that if you need help, we're here to help you, and this is how you can access services.

And so I think it's more on us at the local level than it is on the military side. I think the military does a better job today than it did 30 years ago, and the VA certainly does a better job today than it did 30 years ago, on communicating the services that are available and providing those services in a way that veterans are more likely to accept.

But I think it really comes down to local jurisdictions reaching out as well and making those connections in partnership with the VA.

REP. FILNER: I wonder if you're letting the military off too easy there. That is, there must be risk factors that you all could list that people could be looking for before -- you know, before release from the armed forces.

I assume there is a correlation on mental health and homelessness, right? I mean, there must be.

MR. HESS: Yes.

REP. FILNER: So I mean, if we were dealing with these issues -- say mental health -- before they were discharged, wouldn't that be a big -- important to help you all? I mean, it would prevent --

MR. HESS: No question, Mr. Chairman.

To the extent that mental health issues can be identified prior to discharge and a treatment regimen started prior to discharge, that's very helpful and that would make it less likely that folks would experience some of the problems and difficulties they experience.

REP. FILNER: I mean, I think that's key to so many things. I mean, as I understand it -- and I may be wrong in some details or not, but there is not really a mandatory evaluation -- I use that instead of the word "screening" on purpose -- by competent medical personnel. There's no required evaluation for mental health issues or for brain injury, for example, before most of our soldiers leave the armed forces.

And it seems to me that when you're in the armed forces, mandatory can be accomplished. That is --

MR. HESS: That's certainly true.

REP. FILNER: -- you can say, you're not being discharged until we have this evaluation. It would seem to me not only would we save a whole lot of problems for families and for, you know, communities -- domestic violence from you know, to homicides. But it would give a head start on dealing with the situation you have to deal with.

MR. HESS: Certainly true.

REP. FILNER: By the way, everybody I see behind you is shaking their heads "yes," so I'm taking their cue that.

MR. HESS: No, I think it's --

REP. FILNER: I'm on the right track here.

MR. HESS: certainly true. The question is how early and how much treatment can you provide before the active duty individual becomes discharged, and then what's the hand-off to the VA --

REP. FILNER: But is your experience as what I described? That we don't get this adequate evaluation, that there's some self- administered questionnaires and kids who want to go home quick know how to check the right one so they don't, or their C.O. says, "Be careful of checking that one about demons and dreams because you'll never get a job again?"

I mean, there's this dynamic that prevents adequate diagnosis both from self-denial and from the, you know, systemic denial, and it seems to me we have to confront that directly.

MR. HESS: I think that, to the extent that can be done, it would be helpful.

REP. FILNER: Mr. Marte, do you remember when you left Army?

MR. MARTE: Yes, sir.

REP. FILNER: Did they -- what did you have? What kind of physical examination or mental health examination did they put you through? Do you remember?

MR. MARTE: Well, I did med -- like they call it medboard, medical board, where they do a physical and the psychological. They basically, you know, ask you some questions, the doctor, but it's not that deep. The physical part is the more -- more --

REP. FILNER: I mean, it sounds like some of the issues you had -- if you had been able to talk about them before and had some understanding of them, you might not have fallen into the situation that you did.

MR. MARTE: Better guidance would have been a lot better. That's definitely true.

REP. FILNER: Yeah, I think it's more -- you know, you talked about you're not ready to listen to, you know, the -- the TAP lectures and all this stuff, which I agree with.

But still, I think we are failing our soldiers by not doing a mandatory evaluation, by -- again, not just a two-question questionnaire or an eight-question questionnaire, but a real evaluation.

Most -- I mean, there are things you cannot see right away, and we know that. But psychiatrists tell me that, you know, they could -- a slur in speech or a memory loss that can come out in a 45-minute, hour interview -- they could see stuff that if they had time, that you might not observe in normal situations.

So I think we've got to do this. I call it, by the way, that we should have a -- when soldiers enter the -- any of the services, they go through a boot camp -- get the military ethic, get this, get that.

We don't have a de-boot camp or a time for decompression or a time for integration. And it ought to be mandatory.

It ought to be with the family and with the unit of soldiers, maybe a company of soldiers, because, you know, the isolation that comes when you leave your buddies and your comrades and the sense of belonging is there. And all of a sudden, you've got to face all these issues by yourself, you know, whether it's a small town or a big city.

And we ought to have that decompression, as it were, you know, mandatory. So you're going to help me in getting that, sir?

MR. HESS: We certainly would support, you know, identifying issues as early as possible and providing treatment as early as possible.

REP. FILNER: All right. I appreciate you're here very much. You know, you guys have a tough job, especially in the bigger cities. And your commitment and your -- you know, your ***work*** is incredible. So thank you so much.

MR. HESS: Thank you, Mr. Chairman.

MS. ADAMS: Thank you.

REP. FILNER: If the third panel ***will*** join us.

Carol Caton -- is it Caton?

MS. CATON: That's correct.

REP. FILNER: Is the director of the Columbia Center for Homelessness Prevention Studies. And Brendan O'Flaherty is the executive committee member of that center.

We thank you for being here and look forward to your testimony.

MS. CATON: Mr. Chairman, members of the committee, I want to thank you for the opportunity to be here today to tell you about The Columbia Center for Homelessness Prevention Studies, which is the nation's only NIH-funded advanced center for intervention and services research. It's focused on the public health problem of homelessness. We're funded by the National Institute of Mental Health.

The center's investigators bring expertise on many issues related to homelessness, housing, mental health and intervention development. And they represent a broad range of academic disciplines, from public health to psychiatry, medicine, social ***work***, and the economic and social sciences.

Providers, consumers and stakeholders contribute significantly to the center's activities and play an integral role in carrying out the center's mission.

Today I want to tell you about some of the advances the center's researchers have made in the past few years and about the ***work*** we are doing now. We know a lot more now about how to reduce homelessness than we did 10 years ago, and in the near future we should know even more.

I hope that the committee ***will*** be able to take advantage of these research advantages.

Let's start with what we've done already. Most of the ***work*** that we have done to date -- and that represents the ***work*** that's been done in the field -- is focused on severely and persistently mentally ill people, often who have co-morbid alcohol and substance abuse. And these people tend to be the chronically ***homeless*** population of people living in streets and shelters.

Two interventions supported by the center that have been demonstrated to help people exit homelessness and retain stable housing are Housing First, which is a streets-to-homes housing and services initiative that does not require sobriety or treatment engagement as a prerequisite for obtaining housing.

Housing First programs, modeled after Pathways to Housing in New York City -- Dr. Sam Tsemberis is a member of our center -- has become a staple in numerous 10-year plans to end chronic homelessness.

Critical Time Intervention, which is another one of our interventions developed by Drs. Ezra Susser and Dan Herman, was initially developed to assist long-term ***homeless*** mentally ill men to transition successfully from shelter life to community living.

The men that they studied had been ***homeless*** for a very long period of time. They were, so to speak, institutionalized in the shelter system. They had lost contact with their families, with their communities. And in order to re-engage them to stable housing and connection with treatment, a new neighborhood, landlord, neighbors, et cetera, Critical Time Intervention was developed.

It's a time-limited intensive case management intervention that is designed to transition or link people from, in this case, shelters to living in the community.

It's also been applied to other points of transition -- specifically, patients discharged from long-term psychiatric hospitals who have histories of homelessness and people who are being released from prison. Both men and women are being studied now in NIH-funded investigations. And all of these people have severe mental illness and a history of homelessness.

Pleased to say that Critical Time Intervention has been incorporated into some of the VA service program systems. I believe Mr. Radcliff mentioned that in his program it had already been implemented there.

In terms of ongoing research, one of our studies currently under way involves looking at a new program that's been set up in New York City for outreach to the street ***homeless***.

This program is a little bit different from some outreach programs, which just kind of go out and talk to people, maybe give them some coffee or chat and ***work*** on the process of engagement.

This program -- its success is determined by the ability of the workers to not only engage the ***homeless*** folks but also to get them into stable housing, so it's a process. It's a new model, and some of our researchers are studying this model.

They're looking specifically at how patients, people living on the streets, get engaged and how the staff, who might have been used to some other kind of a program model, are able to adapt to this new intervention.

Another one of our programs is focused on frequent users of services. These are clients who have been in at least four different shelter -- four different shelter stays and four incarcerations in New York City correctional facilities -- a very high-need, high-risk group.

They're being offered housing and services, and our researchers are trying to look at how they do in this program -- how the program ***works*** for them in terms of their trajectory, of ability to remain stably housed, how they use services, et cetera.

Now, I mentioned that a lot of our research has been focused on the chronically ***homeless***, severely mentally ill. More recently, there have been some very interesting programs that have been developed that we call primary prevention programs.

In other words, they're designed for people whose housing may be risky but they're not yet ***homeless***. And the idea is to see if it is possible to help these folks to remain stably housed without entering shelters or ending up on the streets. One of these programs is based in New York City. It's called Home Base. And it's run by nonprofits. It's funded through the government, city government. And because it's based in the community, the idea is to try to reach out to those folks who might be in unstable housing and at risk of homelessness.

And the kinds of services that are offered -- again, neighborhood-based services -- such as job training, entitlements advocacy, assistance with legal issues, housing relocation, and financial assistance for the payment of rent arrears and broker's fees.

We're currently involved in helping New York City Department of ***Homeless*** Services to evaluate this program. And this gentleman sitting next to me, Dr. O'Flaherty, is leading a part of that evaluation program.

We also have another program, research program, that's focused on trying to understand the process by which people end up ***homeless***. The question was asked just previously: Can you chronicle the process by which you actually lost your housing and ended up on the streets?

We think this is important because we want to find out when people might have periods of greatest risk. We want to know if they've tried to seek help and help hasn't been successful.

And the idea of studying this -- and it's a qualitative investigation that's being conducted by one of our anthropologists -- is to inform ways of positioning programs so that they can best ***work*** on the issue of preventing homelessness.

So the studies I just mentioned that are ongoing are going to be coming to fruition in the very near future. I just want to mention something that some of you probably already know, and that is good research takes time, so we can't promise major breakthroughs like Housing First and Critical Time Intervention every month.

But with all these projects ongoing, we're confident that we ***will*** be learning new ways to make life better for people at risk of homelessness on a regular basis.

And we'll be happy to keep you informed about our findings. We would welcome any suggestion or problem or questions that we should be looking at, because we want our research to inform decision-makers and to be put into practice.

I just want to mention that -- also that in one of our planned studies, we're going to be looking at social inclusion and community reintegration.

We're not just going to be satisfied that people with these serious disabilities get into housing, but how they are able to achieve some measure of life fulfillment and participate in the life of society at large. So we're going to be looking at a new program that is also based in New York City -- a recovery center that's designed to ***work*** on the issue of community reintegration.

We also have another intervention that, again, addresses the issue of engaging people and services. This is sometimes a very difficult thing to do, very challenging.

And it was mentioned, I believe, early on -- a question by Congressman Teague, a marketing approach -- if we'd ever used a marketing approach in the field to try to inform people about the availability of services and what they might be able to get out of that.

And so we're going to be doing a study, an experimental study of marketing to see if marketing doesn't improve engagement in services.

So again, thanks for the opportunity to be here, and I'll be glad to answer any questions you might have.

REP. FILNER: Thank you.

Dr. Flaherty, do you have a statement? Please.

MR. O'FLAHERTY: Mr. Chairman, members of the committee, thank you for inviting me to testify. I'm an economist. I teach at Columbia University.

Your staff asked me to talk about homelessness prevention and primary prevention of homelessness among people who are housed now but might become ***homeless*** in the future.

Homelessness prevention is hard. It's hard because the onset of ***homeless*** spells is unpredictable. Probably it's inherently unpredictable, like guessing which stock ***will*** go up tomorrow.

For 15 years, really good scholars with really great data sets have been trying to make such predictions, and the best they can do is to isolate groups of families that have pretty high probabilities of becoming ***homeless*** pretty soon.

But risk even in these super, super-high-risk groups is nowhere near a third. And most of the people who become ***homeless*** are not people from these super-high-risk groups. No comparable studies for single adults have been conducted.

Reasonable programs that humans could implement probably reduce point-in-time homelessness by no more than five to eight for every 100 non-***homeless*** households they serve.

The best relevant studies here are those of various kinds of housing subsidy programs. A wide variety of methods are used in these studies, and they invariably come up with numbers in the range of three to seven per 100 families served. I don't think the programs that I recommend below ***will*** do better than this.

These are prevention programs that start with people who are not ***homeless***. Some programs that start with people that are ***homeless*** do better on this metric, but they are not my topic.

So prevention is hard, but hard doesn't mean not worth doing. Hard means you have to think about what you're doing.

I'd like to use the analogy of fires. Fires, too, are inherently unpredictable. If you knew when and where a fire would occur, it wouldn't occur. Unpredictability implies that fire departments don't invest a lot of effort in trying to predict individual fires. They respond in force only to actual fires.

But still, they engage in fire prevention activities. Most buildings are covered by fire protection codes, like this one, even if they're unlikely to have fires today. When you hear that -- when you read that smoke detectors save lives, you don't complain that millions of smoke detectors in this country are being wasted in buildings that are not burning now.

Smoke detectors and fire codes ***work*** because they cover a lot of buildings. Fire prevention before the fact is wide and shallow; after the fact it is narrow and deep. It's a good principle for homelessness, too.

What does this mean for veterans and homelessness? I have two recommendations because I think it's a time to think a little bit differently, and I come from a different kind of background.

I think these recommendations ***will*** help a lot of veterans and keep some of them from being ***homeless***. I don't think they'll cost a lot. But they are novel, and I do not have direct evidence.

First, rent insurance. For over 60 years, the VA has been insuring the mortgages of veterans who buy homes. I propose that the VA expands the insurance to cover veterans who rent apartments. Details in my written testimony.

Give veterans who rent a safety net so that they don't lose their apartments when they're down on their luck. This program would also make it easier for veterans to rent apartments, especially leaving homelessness programs, since landlords would have more assurance that they wouldn't get stuck with rent.

In addition, that would be an excellent outreach device. If someone -- if a veteran falls behind with rent, the landlord has to contact the Veterans Administration to collect the insurance. That is the signal they can get the Veterans Administration, and the programs that we heard this morning get involved. You look for an outreach device. This is an outreach device.

Rent insurance also would promote equity among veterans. In the last year, I've heard members of Congress say repeatedly that home ownership isn't for everyone. I agree. But every veteran, no matter what form of housing he or she chooses, deserves some protection against hard times.

Since the veterans who rent are generally more vulnerable to homelessness than the veterans who buy, they seem like the veterans who need the insurance the most.

Second is shared housing. Today there are lots of people who are hard-strapped for cash, worried about foreclosure, and rattling around in houses that are bigger than they need. For some of them, a boarder or a relative who could pay some of the expenses would be a godsend. Some households would also welcome an opportunity to help veterans.

At the same time, there are lots of veterans who could use a temporary cheap place to live until the economy picks up. Why not bring the two together? This is not a program for everybody. This is not a problem for the majority of people. This is not a program for 90 percent of people.

But if one household out of 1,000 volunteered to house a veteran temporarily, 112,000 offers would come in. A lot of veterans might find some of these offers pretty good. Some people might avoid foreclosure. No one would be forced to do anything. It would not cost a lot of money. Why can't Congress promote this option?

In summary, I suspect that this is not what you expected me to say. It's not what I expected me to say either, but the logic compelled it.

When you cannot forecast who ***will*** be affected by a problem and when, the best way to prevent it is to treat many people in a cost- effective and intelligent manner. That is what fire departments do. That is how polio was eradicated. That is why every car has seatbelts, not just those that are going to crash today.

Wide and shallow before the fact, deep and narrow after the fact. Preventing homelessness requires building a better safety net for all veterans.

Mr. Landis talked about a safety net. This would come when the safety net fails. The raw materials for that better safety net are already in place. They're in place the excellent programs the VA has been running in the housing field for 60 years. They're in place in the respect that Americans have for veterans.

My suggestion is to use those resources in a new way. Thank you for the opportunity.

REP. FILNER: Thank you so much.

Dr. Roe?

REP. ROE: Just a couple of questions, briefly. I'm sorry I got here a little late.

When you were talking about the rent insurance, what figure? I read in your testimony $1,000 a month.

MR. O'FLAHERTY: Yeah. This is something to be developed. I'm thinking of -- I'm from New York -- $1,000 a month for six months. It might not be the appropriate figure. I'm thinking of an appropriate -- a reasonable rent for a reasonable period of time.

REP. ROE: Okay. That's fair enough. I kind of think in various areas, like in New York, that would be -- that's probably not a lot of rent. I know --

MR. O'FLAHERTY: No.

REP. ROE: Where we are you can probably -- I could probably find you a year's worth of housing for --

MR. O'FLAHERTY: Yeah, it might be appropriately indexed to the different areas.

REP. ROE: you know, I think one of the great challenges we have -- and as mayor of Johnson City, Tennessee, where I'm from, we have an area there that we -- or in upper East Tennessee -- a plan to reduce homelessness for everyone in the next several years, and specifically high on our list are veterans.

And there have been some great -- and the chairman, I ***will*** tell you, has helped one program that we implemented last year -- are finding houses for veterans. We've reduced our veterans' homelessness rate a tremendous amount in our region by using this program.

Also, just affordable housing in general is difficult, and we have one thing that we've done. It took us about seven or eight years to finally get it done, but we took a public-private partnership and built homes that are 12,000-1,300 feet with garages, concrete driveways, curbs, gutters, that a person making $25,000 a year can afford.

So it can be done. This was some public land the city used and then we had a builder who came in and was ***willing*** to obviously do this at not a great profit, I believe put 15 units. and we're going to have 50 units, both -- you know, sort of individual homes, some ***will*** be apartments, some ***will*** be assisted living.

But it can be done, but it is a challenge, and probably more so because property is so expensive where you are. I'm sure that that would raise that. But it's a huge issue not just for veterans but for everyone in this country, homelessness.

Interesting, in your comments in your research, Dr. Caton, have you found any particular factor that we could put our finger on -- and I'm sure it's regional and different in different areas -- that you could go to for not a lot of expense to try to get the biggest bang for your buck? Have you identified anything in your research?

MS. CATON: Well, I think in terms of getting chronically ***homeless*** people off the streets and into housing, we think Housing First has a pretty good track record. About 85 percent of the people placed in Pathways to Housing have remained stably housed. That's for that particular population.

I think you have to think carefully about the subgroup of ***homeless*** people that you're talking about or the people who might be at risk but not yet ***homeless***.

For ***homeless*** families who are at risk but not yet ***homeless***, there are a number of different strategies that the Home Base program in New York City is utilizing, again, to get ***homeless*** families and some single individuals out of ***homeless***, into housing. Housing vouchers, subsidized housing, seems to be quite effective.

In some cases, we know that a mix of housing and services is going to be probably required. The people who are more disabled -- psychiatrically disabled, disabled by substance abuse or physical disabilities -- they need services as well as housing.

But there are other constituencies of ***homeless*** people or people at risk who may just need to have some assistance to get themselves over a hump and back into housing.

So I think we have to have a lot of different options and have to keep in mind that the population of people who are either literally ***homeless***, meaning that they're on the street, they're in shelters, is only one group that could possibly be the benefit of some kind of housing assistance to prevent homelessness.

REP. ROE: Are you -- we have a program at home that is faith- based that churches do -- where if a family -- these are for families. If a family becomes ***homeless***, they'll -- we have a family ***will*** live in our church at night. We've had -- during the daytime they go to a resource for training for jobs, so that they are not on the street. They have a place to live.

Do you have any programs like that in New York?

MR. O'FLAHERTY: Yes, we do.

MS. CATON: We do.

MS. CATON: We do, yes indeed.

MR. O'FLAHERTY: Definitely in New Jersey and quite a bit in New York, too.

REP. ROE: Thank you, Mr. Chairman.

REP. FILNER: Thank you.

We appreciate keeping in touch on the research, Dr. Caton. And, Dr. O'Flaherty, thank you for your bold suggestions. I'm going to -- we have the VA coming as the panel after you, so I'm going to ask them what they think about your bold suggestions. You guys think about it, right?

No, I think we have to start thinking a little bit differently about all this stuff, and I -- you've helped us with those suggestions in terms of -- I mean, some of these seem to make common sense, and yet when you think about the government and the political system, sometimes it doesn't have the ***will*** to do something like this, which would be a hell of a lot cheaper than what we're doing now.

I mean, if we -- you know, whatever it costs for rental insurance, I'm sure it would be cheaper than dealing with people who are then ***homeless***, and we have to deal with all those issues.

MR. O'FLAHERTY: You'd be dealing with more people, but it would be cheaper.

REP. FILNER: Yeah. No, I mean, it's just -- insurance by its very nature -- you don't need it -- I mean, you don't spend it unless someone needs it, right?

MR. O'FLAHERTY: Exactly.

REP. FILNER: So it's -- you're spending a little bit of money for a lot of people, hopefully to prevent, you know, a lot of money for a few people, right?

MR. O'FLAHERTY: Yes.

REP. FILNER: Well, we appreciate it, what you're all doing, and we'll -- we'd like to keep in touch with you. Thanks so much.

We appreciate the folks from the VA listening to the testimony with us, and we have several witnesses from the Department of Veterans Affairs, the Department of Labor.

George Basher is the chairman of the VA Advisory Committee on ***Homeless*** Veterans. Pete Dougherty is the director of the VA ***Homeless*** Veterans Programs, and accompanied by I see Paul Smits, who is associate chief consultant of the ***Homeless*** and Residential Rehabilitation and Treatment Programs. Is that the biggest title in the VA?

John McWilliams is the deputy assistant secretary of the Veterans' Employment and Training Service of the U.S. Department of Labor.

We thank you for being here. I know for a fact that the secretaries of both your departments have a personal and I think deep commitment on this issue. Secretary Shinseki said, that there's going -- there's going to be a goal over X number of years for you all to try to reduce veterans' homelessness to zero.

When Ms. Solis became -- was nominated to be secretary of Labor, the first thing she said to me on the floor of the House was, "We've got to ***work*** on the veterans." So I know about her personal commitment also.

So we appreciate your being here and look to your testimony.

Mr. Basher.

MR. BASHER: Chairman Filner, honorable committee members and distinguished guests, I'm pleased to be here today to discuss the views of the VA Advisory Committee on ***Homeless*** Veterans on various programs designed to end homelessness among American veterans.

As chairman of the advisory committee, I want to thank you for this opportunity.

Not one single VA program for ***homeless*** veterans has been improved or adjusted without recommendations from the advisory committee. Our 15-member committee consists of direct service providers, policy makers and program administrators who all are dedicated to the elimination of homelessness.

On VA Grant and Per Diem: VA Grant and Per Diem continues as the workhorse program largely responsible for reducing the number of ***homeless*** veterans over 40 percent, to 131,000, during the past five years.

However, over the past several years the advisory committee has recommended a number of changes to the program that we feel would improve this record even further.

The funding mechanism, designed over 20 years ago, is outmoded. It's not user-friendly. It doesn't cover participation in high-cost areas. And the reimbursement process is somewhat complex.

Basing the program on actual costs of services provided instead of a rigid per diem would allow agencies to tailor programs to local needs and costs. The VA special needs grants take this approach and have been very, very successful.

The advisory committee has also recommended that the GPD program be authorized at a level of 200 million (dollars) for FY '10, and that the sums necessary to successfully sustain the program be appropriated thereafter.

Most ***homeless*** programs, with the exception of GPD, are covered under the McKinney-Vento ***Homeless*** Assistance Act, which allows other federal funds to be used as matches for their program.

GPD does not have the waiver allowing that, decreasing opportunities for participants to leverage a number of resources to increase their services to ***homeless*** veterans and expand their programs in ways that are common in mainstream programs.

REP. FILNER: Mr. Basher, I don't mean to interrupt you, but when I suggested earlier that the Grant Per Diem might follow the veteran instead of the facility, did you -- did your committee look at that at all?

MR. BASHER: We've discussed that, sir, and, you know, that's not a bad idea. Much the same --

REP. FILNER: Best compliment I've ever heard from the VA to me, you know?

MR. BASHER: Well, you have to recognize, I'm not speaking as a VA employee, sir. I am the chairman of the advisory committee.

REP. FILNER: Okay, so I haven't had that good compliment. (Laughter.) We'll see what Dougherty says.

MR. BASHER: Inspection of GPD providers is currently the responsibility of the local VA medical center staff. With the growth of GPD to hundreds of providers, over 10,000 beds, the inspection process has become very inefficient and inequitable.

The advisory committee has recommended a national standard be established and a national contract created for inspections.

On prevention of homelessness, the advisory committee has been concerned for some time about the need to increase efforts to prevent homelessness among those veterans returning to a weakened economy and less stable housing.

We've noted a slow but steady increase in the number of recent returning veterans seeking VA assistance through Health Care for ***Homeless*** Veterans program, now over 3,000 individuals. Over 500 of these have been referred to GPD providers for services as well.

The current economic downturn is also affecting older veterans from Vietnam to the first Gulf War as well, exposing those on the economic edge to a greater risk of homelessness.

Returning OEF/OIF soldiers transitioning from active duty to veteran status -- while all returning combat veterans have eligibility in the VA health care system, many do not enroll or take advantage of the services offered.

The advisory committee has consistently recommended that separating soldiers be automatically enrolled with VA.

We also look at PTSD and TBI as potentially something creating a risk for homelessness as a result of those conditions. The advisory committee has recommended VA and DOD continue to ***work*** with the National Institutes of Health, SAMHSA, and the Center for Disease Control to develop better screening and assessment tools and develop appropriate interventions to minimize the risk of homelessness for this population.

And research has shown that persons who enter the service from backgrounds at risk for homelessness often are the most likely to experience homelessness once separated from active duty. The advisory committee recommends further research on this vulnerable population and the prevention of homelessness be done as soon as it can be practically accomplished.

Outreach to veterans means different things to different people. There are as many definitions as there are advocates. In the world of ***homeless*** veterans, VA has done a good job of outreach to the chronically ***homeless*** through VA. Health Care for ***Homeless*** Veterans outreach workers and their community partners in providing transitional housing.

That said, veterans in HUD or other mainstream programs frequently miss opportunities to connect to VA benefits and services because those programs do not identify veterans or opportunities available to them.

Similarly, those veterans at risk for homelessness in the community are more likely to be noticed first by the community -- churches, schools, and the criminal justice system -- as opposed to the nearest VA Medical Center.

The advisory committee has recommended for some time that our partners at HUD and HHS identify veterans in their programs so that effective and timely access to VA services can be provided.

We've also discussed the need for VA to connect with community- based resources to develop true local access to VA services. Basic education on programs, eligibility, and points of contact for community organizations are necessary to make outreach a true community effort.

Over the past several years, the advisory committee's recommended to the secretary while VA Transitional Housing was a good program, collected data indicated a significant number of veterans were cycling through the program a number of times.

The result was HUD-VA Supportive Housing, HUD-VASH, providing Section 8 vouchers to those people in VA case management who are eligible.

The advisory committee ***will*** be reviewing the progress of the HUD- VASH program and making recommendations on the need for additional vouchers in its 2010 report to the secretary.

And as with any new program, there are issues in implementation. One difficulty with HUD-VASH is the absence of a reliable source of funds for things such as security deposits, utility deposits, and so forth for a population that typically lacks sufficient income for those charges.

Because of this issue, mainstream programs that provide such assistance are reluctant to include veteran housing providers in these programs.

VA should also consider contracting with community-based agencies to provide case management where appropriate as a way to extend the reach of VA staff while providing necessary services. Current GPD providers are a logical choice for permanent as well as transitional services in many cases. Congress and VA have done an admirable job in reducing the number of ***homeless*** veterans in the nation. Nearly 15,000 GPD beds and 20,000 Section 8 vouchers are formidable tools to reduce the incidence of homelessness amongst veterans.

Much remains to be done, however, especially in the areas of prevention and permanent housing. The advisory committee believes the key to success is providing programs that are adequately resourced and sufficiently flexible to meet the varied needs of this group of veterans.

Mr. Chairman, this concludes my testimony. I want to thank you for the opportunity and ***will*** be happy to answer any questions you may have.

REP. FILNER: I just want to say thank you for your leadership. This is not a Great -- you don't get a lot of thanks for chairing an advisory committee, nor a lot --

MR. BASHER: No, sir.

REP. FILNER: -- nor a lot of money, I would think.

MR. BASHER: Yeah, it's one of those high-paying federal jobs. Yes, sir.

REP. FILNER: And I wish we had adopted all of your suggestions by now, so we do appreciate all the ***work*** that you put in, and we're going to be looking more meaningfully at the suggestion there -- I mean, your recommendations.

In fact, Mr. Dougherty, you can start off by saying how come you haven't accepted their recommendations on the, you know, the whole Grant Per Diem program and its flexibility and its size. I'm sure there's a good reason. But we appreciate, Pete, your being here. You're known around the nation for your ***work*** and we do appreciate it.

MR. DOUGHERTY: Thank you, Mr. Chairman and members of the committee. It's a very exciting time, as you mentioned, for us who do this ***work***. Your hearing entitled "A National Commitment to End Veterans' Homelessness" is, in fact, very timely.

You've indicated Secretary Shinseki has announced that he wants us to eliminate homelessness among veterans within five years. While the numbers are going down from an estimated 154,000 published last year to 131,000, we all know that much still remains to be done.

With the help of this Congress, we have been making unprecedented strides to expand current and to create new service partnerships with others. We'll do this by actively reaching out to veterans who are ***homeless*** or at risk. We'll spend about $2.4 billion in health care services this year and another $412 million on ***homeless***-specific services at the Department of Veterans Affairs.

We're going to continue to do more to get veterans the benefits that they've earned because we know that income support ***will*** get many of them out of homelessness faster and keep them out of homelessness.

We're continuing to expand. You referenced Stand Down. We continue to participate in more and more Stand Down activities. Last year in calendar year 2007, there were 157 events that we participated in with community programs.

Over 34,000 veterans and family members -- over 30,000 veterans and over 3,500 children and spouses of veterans came to those. And very well, Mr. Chairman, I think it was also due to note that over 24,000 volunteers and some VA employees participated in those kinds of outreach events.

We know the best strategy to end homelessness is to stop it at the beginning. And homelessness prevention is really something that we're doing today that we never did in ways before.

Over the past four-and-a-half years, we've seen over 1,000 veterans in ***homeless***-specific programs who have served in Operation Enduring Freedom and Operation Iraqi Freedom. We've seen about 4,000 -- 3,800 all told -- but we've seen about 1,000 of them in ***homeless***- specific programs.

We do know that by expanding a new effort with HUD, that Congress has appropriated funds to HUD and to VA for, we're going to, for the first time offer pilots to ***work*** with at-risk ***homeless*** veterans.

Now, Mr. Chairman, there's a lot of discussion about well, this is, you know, sort of unknown, unseen. Let me suggest to you the analogy of one of the previous witnesses about a fire alarm system. No. What you want is a fire suppression system so when a small fire starts you get to put it out now. And that's what we're trying to do.

There are numerous studies that have already been done about what high-risk factors are there, who's likely to be ***homeless*** if we don't do prevention. I think this is going to give us for the first time a real opportunity to do that. We expect to start that later this year.

The 20,000 units of HUD-VASH vouchers that are out there now are significantly aiding this, and we do expect that the next 10,000 units -- the placement of them ***will*** be announced hopefully later this month.

One of the discussions earlier was about women veterans. We argued for a long time that we needed this kind of program. What we've found to date is about 12 percent of the units are being occupied by women veterans, and 14 percent of the units are occupied by veterans with children.

Those are traditionally populations that have been very tough for us to serve otherwise. Our Transitional Housing program, our Grant and Per Diem program -- we ***will*** have about 1,000 new beds that we'll announce some time in the next few months. We'll have over 15,000 beds across the country that ***will*** be there.

We're continuing special needs assessment, and we're doing more.

We have told the Congress that we don't think the multifamily housing loan guarantee is an effective program, and we're not going to continue it because it simply does not ***work***. You asked us to try it many years ago. We've tried it repeatedly. We have not been able to do it.

You -- I want to thank the committee. You've reauthorized the opportunity for us to ***work*** with veterans coming out of institutional settings. We think that's going to be a very effective thing -- not only for veterans who have been incarcerated, but veterans who may come out of long-term psychiatric care and so on.

We also know that we have authority and we are acting on the authority even though we didn't get an appropriation specifically to do it -- we're moving forward with supportive services for low-income veterans, those at 50 percent or less of median income.

We know that -- we think that that ***will*** help veterans who may be sliding toward homelessness. We also think those who are first coming out of homelessness ***will*** stay better and more healthy.

There's a lot of discussion today about what we don't know, and I certainly would fail to do my job today if I didn't reference that the secretary has agreed and we are now starting a ***homeless*** research center.

We are going to do the things that look at what communities are doing and how they are doing things effectively, what we at VA have been doing with program monitoring and evaluation, and we're going to meld those two together to see what we can do as best practice and to see what we can do to do it even better.

Mr. Chairman, I appreciate the opportunity to be here today and certainly look forward to any questions you or the committee may have. Thank you.

REP. FILNER: Thank you, sir.

Mr. Smits, do you have a comment, or are you just accompanying Mr. Dougherty?

MR. SMITS: Mr. Chairman, I do not have a prepared statement. I'm accompanying.

REP. FILNER: He needs all the accompaniment he can get, so -- (laughter).

I need people, too. I don't know why he has people.

Please.

MR. MCWILLIAM: Chairman Filner, Mr. Roe, I'm pleased to appear today before you to discuss how the Department of Labor's Veterans' Employment and Training Service fulfills its mission of providing veterans and transitioning service members with the resources and services to succeed in the 21st century workforce and, particularly, our ***work*** to help combat veteran homelessness.

We accomplish our mission through three distinct functions: employment and training programs, transition assistance services, and enforcement programs. All these activities form an effective front line in the prevention of veteran homelessness.

I would like to limit my remarks to one of those employment and training programs, the ***Homeless*** Veterans' Reintegration program.

This is the only federal nationwide program focusing exclusively on employment of veterans who are ***homeless***. HVRP provides employment and training services to help reintegrate ***homeless*** veterans into meaningful employment and address the complex problems they face.

Grants are awarded competitively to state and local workforce investment boards, state agencies and public agencies, private nonprofit organizations, and neighborhood partnerships. Grantees provide an array of services, utilizing a case management approach that directly assists ***homeless*** veterans and provides training services to help them to successfully transition into the labor force.

Homeless veterans receive occupational, classroom and on-the-job training as well as job research -- job search and placement assistance, including follow-up services.

Grantees network with federal, state, and local resources for veteran support programs, to include the Departments of Veterans Affairs and Housing and Urban Development, the Social Security Administration, state workforce agencies and local One-Stop Career Centers.

VETS has requested in the president's 2010 budget submission a total of $35.3 million for the HVRP problem, an increase of $9 million, or 34 percent. We plan to serve 21,000 ***homeless*** veterans with that money in 2010.

Last year, VETS awarded a total of 91 grants, including 16 newly completed grants and second and year funding for an additional 75 grants.

The HVRP also supports Stand Down activities. Approximately 40 current grantees participate each year. In addition, last year we funded an additional 46 Stand Down events across the United States.

Mr. Chairman, that concludes my statement. I would be pleased to respond to any questions.

REP. FILNER: We thank all of you.

By the way, when you throw out a figure that, you know, "we're putting this much money in" -- sounds like, you know, we're doing a lot. I hope you could tell us what you need, not just what you have.

And I hope the secretary ***will*** have a -- I don't know, a plan and a budget for that five-year goal. By the way, 412 million (dollars), which you mentioned --

MR. DOUGHERTY: Yes.

REP. FILNER: I mean, that's a half of 1 percent of your -- of the total budget of the VA Now, to me, that's not a commitment. I mean, 412 million (dollars) sounds like a lot of money and it is. But again, a half of 1 percent of the total budget is not really the kind of commitment I think we need to fulfill the secretary's goal.

And just -- I'd like to -- when you mentioned 35 million (dollars) -- I think when I started on this committee it was like 5 million (dollars). I mean, I -- it was ridiculous. What's the -- what's Department of Labor's budget, roughly?

MR. MCWILLIAM: I can't answer that, Mr. Chairman.

REP. FILNER: I mean, I bet you this is even less than one -- one-half of 1 percent. So you know, I -- you guys have to deal with what you've got, but you need to tell us you want more. I mean, you've got to be more aggressive here.

So again, I hope there's going to be a budget for that plan at some point.

MR. DOUGHERTY: Mr. Chairman, the secretary, as I've indicated and as you know, is pushing us to come with a very robust plan to address this issue. And if we're going to address this issue it ***will***, in fact, I'm assuming, ***will*** include resources, new resources, or certainly a reallocation of existing resources.

REP. FILNER: I'm sorry, thank you, Pete.

Mr. Roe, did you have a question?

REP. ROE: Just very quickly.

First of all, I totally agree that we need to ***sign*** up all the veterans -- I mean, soldiers when they ETS in the military.

I don't think that a bullet knows what your income level is when it goes by you. I have an objection to that.

I'm one of those veterans that can't qualify, and I would be more than happy to get in the back of the line because I can afford my insurance. But I still ought to be able to go to the VA if I want to.

I think a couple of things that I heard the chairman say that make a lot of sense to me -- we've got 133,000 or so ***homeless*** veterans. And in five years, General Shinseki has wanted to reduce that to -- obviously, it won't get to zero, but to a very manageable number.

What is -- a year from now are we going to have 26,000 less, or do we have a plan out there? We've got a problem. Now do we have a plan? And obviously, homelessness -- you can cure that with -- with some job skills and a -- and a job. I mean, that's how you cure homelessness.

MR. DOUGHERTY: Yes, sir. Joblessness is one of the issues, but you don't just cure it with a job, because if I have mental illness and substance abuse, getting me a job is not going to solve my problem. I'm going to lose my job and become ***homeless*** again.

You have to deal with it in a complex system so that getting a job is, in fact, what the result of this is. But for many veterans -- about 80 percent of the veterans that we see have substance abuse and mental illness problems. If we don't address that problem first, getting them a job is not going to solve the problem.

REP. ROE: No, I don't disagree with that. But back to my first question: Is there a plan? The chairman asked this. And is there a plan so that five years from now when we're sitting up here -- are we still going to be looking at 100,000 veterans?

MR. DOUGHERTY: Well, yes, sir. We -- that's what I was talking about in my statement and made in my oral statement was that we now have 20,000 units of permanent housing with case management services from VA.

So HUD ***will*** provide housing. We'll provide case management and direct services to those veterans. We now have supportive services, so many of those low-income veterans who are at risk of homelessness ***will*** get support services from community providers so they hopefully ***will*** never become ***homeless*** in the first place.

REP. ROE: That -- let me -- 20,000 is not 133,000. Is that 20,000 a year or are we going to have 40,000 next year and 60,000 and so on? Is that the plan?

MR. DOUGHERTY: Twenty thousand is what Congress has approved for us to get up to now. There is an appropriation that, as I understand it, has 80,000 units of undesignated new Section 8 that's available but the way that we got this to this point is Congress put a mark that said that we got 10,000 (dollars) the year before last, 10,000 (dollars) this year in HUD's budget.

REP. FILNER: But I think we're asking what do you need --

REP. ROE: Exactly.

REP. FILNER: -- to meet the goal. And are we providing enough? I mean -- and you need to tell us that. I mean --

MR. DOUGHERTY: Well, certainly. Certainly, we do know that we would need more than 20,000 units of HUD-VASH housing. We know that we need -- and we are looking at doing something I think equivalent to sort of the rapid re-housing.

I mean, that's sort of conceptually where we're ***working*** on with Secretary Shinseki's plan. Rapid re-housing means that if I don't have a place to stay now, I'm going into homelessness, I'm going to lose my housing, we'll get you into housing and get you support services that you need to have.

REP. FILNER: What do you think about the rental insurance idea?

MR. DOUGHERTY: Well, I don't think that rental insurance itself is the answer, because I mean, at least the -- the way it's described it's -- I'm the landlord, this is the veteran. I'm calling you up and saying he's not paying his rent, give me the money for rent. That's keeping him in housing, but there are issues that the veteran may have.

I think rapid re-housing -- that idea that is out there today, which is -- Congress has approved -- does much of that, but it also makes sure that I as the individual veteran is being addressed.

REP. FILNER: Okay, I think probably Dr. O'Flaherty had a more comprehensive situation.

If he'll just some time give us an answer, Dr. O'Flaherty, to what he said -- I'm sure there's a more comprehensive -- yeah, if you want to just briefly now -- I mean, I'm sure you were thinking of something that couldn't be handled so quickly and dismissed.

MR. O'FLAHERTY: No, I would agree that in many cases, there ***will*** be more serious problems. And one advantage of rental housing is that when the landlord asks for the money from the VA, you find out about it.

And this automatically kicks in the process of all the other supports that you have in place and all the other agencies, so that you don't have to wait for a veteran to show up at your doorstep six months before, you're hearing about this problem developing.

And so it's an information system from -- for the VA that the VA doesn't have now.

REP. FILNER: We don't have to debate this now, but I think it's a good idea -- or that we ought to be exploring.

I think there are some bold ideas, as Dr. O'Flaherty said, that we ought to be looking at.

We have to get to a vote, unfortunately. I wish we could spend more time, but we're going to adjourn the hearing.

We appreciate everybody's attendance, the commitment of everybody both in the community, and the researchers and those who are ***working*** in the -- our agencies.

We thank you for your commitment, and we're going to do more. Between the secretary and us, we're going to get this job done. Thank you so much.

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