STATEMENT OF
JACQUELINE GARRICK, ACSW, CSW, CTS
DEPUTY DIRECTOR, HEALTH CARE
THE AMERICAN LEGION
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
IMPROVEMENT OF HOMELESS VETERANS PROGRAMS

SEPTEMBER 20, 2001

Mr. Chairman and Members of the Committee:

The American Legion is pleased to have been invited to comment on H.R. 936, the Heather French Henry Homeless Veterans Assistance Act and H.R. 2716, the Homeless Veterans Assistance Act of 2001.

Homelessness in America is a travesty, but veteran homelessness is a disgrace. Left uncared for and discarded, these men and women who once proudly wore the uniforms of this nation and defended her shores are now wandering her streets in desperate need of medical and psychiatric attention and financial support. Last year, VA estimated that there were 344,983 homeless veterans in America, which was a 34 percent increase above the 1998 report. Unaddressed in either H.R.936 or H.R. 2716 is the cause of this increase in homelessness among America's veterans. It cannot go unnoticed that the increase in homeless veterans coincides with the under-funding of VA health care, which resulted in the downsizing of inpatient mental health capabilities in VA hospitals across the country. Since 1996, VA has closed 64 percent of its psychiatric beds and 90 percent of its substance abuse beds. Where did VA expect these veterans to go? It is no surprise that many of these displaced patients would end up in the jails, on the streets, or in early graves. There needs to be a focus on prevention of homelessness, not just measures to respond to it. Preventing it is the most important step in ending homelessness. VA psychiatric services must be adequately funded, and staffed, additionally, inpatient beds need to be re-opened for psychiatric patients and substance abusers to have the safety net the need.

The American Legion is committed to assisting homeless veterans and their families. There are many programs within The American Legion that support this mission. There are American Legion posts in Massachusetts and New York that support VA's efforts through volunteering and donations. In Pennsylvania and Tennessee there are posts that own and operate their own homeless shelters for veterans. Therefore, The American Legion recognizes the significant contributions that community based programs can make in responding to the needs of homeless veterans.

The bills under consideration have been reviewed by The American Legion and we offer the following comments and recommendations.

H.R. 936 - Heather French Henry Homeless Assistance Act

First, The American Legion commends the efforts made by Heather French Henry in bringing attention to this issue. The time and support she has devoted to veterans has made a difference in getting the benefits and services they need. This bill is another step in the right direction.

Sec 3. National Goal to End Homelessness Among Veterans

The American Legion adamantly supports the goal to end homelessness among veterans. However, it should not take a decade. That is too long for veterans to be left out in the cold. Strategic planning should be done to include short term and long term goals. Tactics must be designed to meet those goals on a continuous basis if we are to truly end homelessness. Immediate medical and psychiatric needs must be met first by bolstering VA inpatient and outpatient services and by developing a referral and transitional network.

Sec 4. Advisory Committee on Homeless Veterans

The American Legion fully supports the establishment of the Advisory Committee on Homeless Veterans. This committee will be comprised of people from many different organizations who are committed to helping homeless veterans. The function of the committee is to review information, provide advice and assess the Department's services in assisting homeless veterans in diverse geographic settings and with special problems, such as homeless families or aging. These are lofty goals and will require a great deal of time and attention. The American Legion is available to serve this committee in any capacity deemed appropriate.

Sec 5. Meetings of Interagency Council on Homeless

This council has been in place since 1987 and led by representatives from HUD and VA. Unfortunately, this council has not met very often to coordinate their efforts. Many innovative initiatives did result from the efforts of this council. The American Legion fully supports this valuable council holding at least an annual meeting.

Sec 6. Evaluation of Homeless Programs

This section calls for the continued support of at least one center for evaluation to monitor the structure, process, and outcome of programs of the Department that address homeless veterans. It also requires the Secretary to submit an annual report on VA programs addressing the health care needs of homeless veterans. The American Legion supports this provision and suggests VA provide a detailed analysis of the workload to include user population and specialized needs.

Sec 7. Changes in Veterans Equitable Resource Allocation Methodology

Veterans who are receiving services in homeless chronically mentally ill programs, specialized programs, substance abuse treatment, sheltered housing, and post-traumatic stress disorders (PTSD) treatment will be assigned to the Veterans Equitable Resource Allocation (VERA) "complex care" category. The American Legion fully supports this assignment and believes it will change many VA manager's approaches in their outreach to the chronically mentally ill.

Sec 8. Per Diem Payments for Furnishing Services to Homeless Veterans

This section would set the per diem payments at the same rates as the rates authorized for State homes for domiciliary care. This rate appears to be appropriate. The only caution is in the variance in the populations served. Some programs are more expensive to maintain than others. For example, the cost to effectively run a program for homeless veterans who are HIV positive would be more than a program for homeless veterans who are not HIV positive.

Sec 9. Grant Program for Homeless Veterans with Special Needs

This section establishes a program whereby VA may make grants to its health care facilities and grant per diem to providers in order to encourage development of programs targeted at meeting special needs within the homeless veterans population.

The Secretary will also study the effectiveness of the grant program in meeting the needs of this very special population. Included in the study will be comparative results in terms of veterans' satisfaction, health status, reduction in addiction severity, housing, and encouragement of productive activity with results for similar veterans in programs of the Department or of grant and per diem providers that are designed to meet the general needs of homeless veterans.

The American Legion supports the establishment of this program.

Sec 10. Coordination of Outreach Services for Veterans at Risk of Homelessness

There have been concerns in the field that VA hospitals and Vet Centers do not communicate well together. However, this varies from location to location. An outreach plan should first look at networks that have had success communicating with the Vet centers and emulate those best practices.

Sec 11. Treatment Trials in Integrated Mental Health Services Delivery

This provision proposes to carry out two trials in mental health treatment. One that deals with strictly mental health primary care and one that deals with patients assigned to mental health primary care that is linked to medical primary care. There has been a great deal of discussion on the benefits of mental health primary care. Studying

the effectiveness of these models seems to be an appropriate step in implementing a more coordinated approach to mental health services.

Sec 12. Dental Care

Providing dental care to homeless veterans is an obvious step in improving their care. Unfortunately, this is all too often an overlooked element of care that can result in infection, pain and reduces self-confidence. The American Legion supports an inclusive dental program for homeless veterans.

Sec 13. Programmatic Expansions.

The American Legion fully supports the expansion of mental health services. VA has not maintained capacity in this area and it must return its treatment availability back to the 1996 levels.

Sec 12. Funding

The grant and per diem program must continue to be increased if it is to meet the needs of the growing homeless veteran population.

The opioid substitution program has been very successful according to VA data and should be expanded throughout the VA system.

Sec 14. Various Authorities

The compensated work therapy (CWT) program is a vital piece of rehabilitation for homeless veterans. It is through this program that homeless veterans gain job skills while actually earning a salary. Coordinating other benefits and employment services, especially while a veteran is still in the CWT program, allows them to move beyond the CWT program into a full time successful employment and housing situation.

Sec 15. Life Safety Code for Grant and Per Diem Providers

It is not unrealistic to ask the community based programs to come into compliance with the National Fire and Safety Codes since money in the grant would be available for such a function.

Sec 16. Transitional Assistance Grants Pilot Program

This provision calls for VA to carry out a three-year pilot program for eligible homeless veterans. Veterans would receive a transitional assistance grant while awaiting total and permanent service connection, which are to be expedited by the regional office. Although this seems like a sound concept, The American Legion has concerns over the regional office's ability to expedite such a program, considering the current back log it already faces.

Sec 17. Assistance for Grant Applications

The American Legion supports VA in being able to provide support to nonprofit organizations as they apply for these grants. Grant applications can be a laborious process and for many small non-profit organizations the staff time and expertise is simply not there. Many valuable community programs would miss out on being able to expand their services to our nation's veterans.

Sec 18. Home Loan Program for Manufactured Housing

The American Legion supports the home loan program for manufactured housing.

Sec 19. Extension of Homeless Veterans Reintegration Program

The American Legion supports the increases as outlined in the Homeless Veterans Assistance Act of 2001. These appropriations are more in line with the demand the new provisions would place on VA.

Sec 20. Use of Real Property

Although The American Legion understands the value of enhanced-use lease of VA property, it is cautionary that these agreements are done in a cost-effective manner and that protections for veterans and the VA system are included.

H.R. 2716- Homeless Veterans Assistance Act of 2001

This bill will amend title 38, United States Code, and revise, improve, and consolidate provisions of law providing benefits and services for homeless veterans. Again, The American Legion is committed to helping homeless veterans and their families.

Sec 2. Sense of the Congress Regarding the Needs of Homeless Veterans and the Responsibility of Federal Agencies

The American Legion is in full agreement that the federal efforts to assist homeless veterans should include prevention of homelessness. We also support the cooperation of the federal agencies, particularly the Department of Veterans Affairs and the Department of Housing and Urban Development, to address the problems homeless veterans face as they try to reintegrate themselves as fully functioning citizens of our society.

Sec 3. Improvement and Consolidation of Provisions of Law Relating to Homeless Veterans

This section establishes a new chapter and comprehensive guidelines for the carrying out of benefits for the homeless. This new chapter is comprehensive in nature and allows VA the necessary authority to provide these services to homeless veterans.

Sec 4. Rental Assistance vouchers for HUD Veterans Affairs Supported Housing Program

This program was initiated in 1992 and has been very successful over the years. It is the closest to a permanent housing program VA has to offer veterans. The American Legion supports the proposed incremental increase in the rental assistance vouchers. The increase of 1500 vouchers over a span of three years, to a total of 2000 vouchers for fiscal year 2006, is a step in the right direction.

The case management of those veterans who receive these vouchers is vital to the success of the program. The NorthEast Program Evaluation Center (NEPEC) is in the process of evaluating this program. In the past, the NEPEC has demonstrated that veterans participating in this program have had fewer relapses and have less psychotic episodes.

The number of case managers must be sufficient to allow the veteran easy and timely access to a manger when needed. Social Work Services should be involved in evaluating and recommending staffing patterns for successful case management. The American Legion evaluation of such programs deems a ratio of 25 patients per provider is a manageable caseload, depending upon the severity and complexity of those assigned.

Sec 5. Increase in Representative Payee Services for Homeless Veterans

This section allows VA to enter into contracts with community agencies to provide representative payee services for veterans who are not competent to manage their own personal funds. There is a demonstration project being conducted in Veterans Integrated Service Network (VISN) 1 that uses this concept to teach veterans how to manage their finances. Once evaluated, The American Legion believes that the results of this demonstration project could be used as the framework for this service.

Sec 6. Joint Methodology to Monitor Results of Services Furnished to Homeless Veterans

It is of the utmost importance to ensure the efficient monitoring of a program such as this. Measurable improved performance outcomes in the areas of mental illness, substance use disorders, general health, housing, and employment need to be tracked and the information analyzed as to determine how successful the program has been.

The American Legion sees this concept as extremely complicated, although necessary. However, HUD is not predicting that it will be able to provide comparable data until 2004. These would be very expensive items to track and additional funding would need to be provided so that all of the proposed outcomes could be measured.

Sec 7. Enhanced-Use Leases for Facilities That Serve Homeless Veterans

The enhanced use lease process has been very complicated and has not worked well for VA. This overall process needs further attention by VA Central Office. There are many concerns in the field regarding successful implementation of these leases. Access to care for veterans must be protected. Ideally, these leases should be able to expand upon services to veterans, but that does not seem to have happened yet. The American Legion remains optimistic that with better guidance, the enhanced use lease program could become successful.

Sec 8. Authorization of Additional Domiciliary Care Programs

The American Legion is in full support of establishing ten additional Domiciliary Care Programs. There are currently 35 programs already in existence, which have been very successful at helping veterans' transition from hospital programs back into the community. However, not every VISN has such a program. VISNs 11 and 19 are not currently offering this level of care. The American Legion recommends that first priority for establishing these new programs be given to these networks. The American Legion also recommends that this number (10) be re-evaluated once implemented to determine where in the VA system additional domiciliaries could be supported. VA must be given sufficient appropriations to carry out these programs.

Sec 9. Demonstration Program Relating to Referral and Counseling for Veterans Transitioning from Certain Institutions Who are at Risk for Homelessness

This section calls for the Secretary of Veterans Affairs and the Secretary of Labor to carry out a demonstration program to determine the costs and benefits of providing referral and counseling services to eligible veterans. The focus of the program is to help eligible veterans' transition from institutional living back into society. Six locations will be selected to carry out this program. One of the locations must be at a penal institution under the jurisdiction of the Bureau of Prisons.

The program will provide counseling and referral services. The counseling will include job training and placement, housing, health care, and other benefits to help veterans in their transition. In addition, the referral services are to be conducted in person, during the 60-day time frame prior to the date of release of the veteran. Out-reach information will be provided to officials at the penal institutions for dissemination and presentation to the veterans during the 18-month period before release or discharge.

The American Legion supports this proposed demonstration program. Currently there are successful programs in Los Angeles, New York, Chicago and Columbia, SC

that VA should consider as it develops the demonstration project. The American Legion also recommends that the Compensated Work Therapy program managers be included in this process since they have expressed previous interest in working with the Department of Justice in reaching out to incarcerated veterans.

The American Legion further recommends that the 60-day period be re-evaluated as not being sufficient enough time to allow for discharge planning from a correctional facility.

Sec 10. Demonstration Program for Grants for Independent Group Homes for Recovering Veterans

This section gives VA the authority to establish a demonstration program to assist in providing housing for veterans who are recovering from alcohol or substance use disorders. VA will do this by making grants to eligible entities that in turn will provide independent housing units and group houses for the veterans to live in.

The veterans will be living in a group home environment with rules and policies that they must adhere to or risk being expelled.

The American Legion believes that this program will be a significant measure in assisting veterans who are trying to maintain their sobriety in an atmosphere that will be conducive to their recovery. Veterans living in these homes should be participants in a mental health treatment program and vocational rehabilitation as well.

The American Legion is very pleased to see provisions that would allow VA to recover unused funds. However, there should also be provisions for VA to be able to repatriate its patients if there are any concerns over the quality of care or the satisfaction of the veteran.

Mr. Chairman and members of the committee, that concludes my statement. The American Legion is available to discuss these issues in further detail.