



Mile High
Behavioral
Healthcare

**STATEMENT OF
JAMES GILLESPIE, COMMUNITY IMPACT & GOVERNMENT RELATIONS
LIAISON**

MILE HIGH BEHAVIORAL HEALTHCARE

BEFORE A JOINT HEARING OF THE

SUBCOMMITTEES ON HEALTH

AND ECONOMIC OPPORTUNITY

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES HOUSE OF REPRESENTATIVES

ON

**ASSESSING THE VARIOUS PROGRAMS VA, HUD, AND DOL USE TO PROVIDE
HOMELESS AND AT-RISK VETERANS WITH HOUSING, HEALTHCARE,
SUPPORTIVE SERVICES, AND JOB TRAINING, SEARCH, AND PLACEMENT
ASSISTANCE.**

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Chairmen Wenstrup, Arrington, Ranking Members Brownley, O'Rourke, and distinguished members of the Subcommittees on Health and Economic Opportunity, on behalf of Mile High Behavioral Healthcare and its affiliates, thank you for the opportunity to submit this statement regarding programs that benefit our nation's homeless and at-risk Veterans. It is our firm belief that no individual who fights for our homeland should ever be without a safe place to call home.

Mile High Behavioral Healthcare is one of the leading providers of evidence-based substance use disorder and mental health treatment services in Colorado and also manages a Veterans' Administration (VA) Grant and Per Diem site through its subsidiary, the Comitis Crisis Center, in Aurora, Colorado. The VA's Homeless Providers Grant and Per-Diem (GPD) Program awards grants to community-based agencies that provide transitional housing and supportive services to assist homeless Veterans in achieving residential stability and self-sufficiency. The VA provides per diem payments to non-profit organizations to help offset the operational costs of these programs. The following remarks are respectfully submitted for your consideration from the viewpoint of an experienced, community-based provider that serves homeless Veterans and their dependent children.

Background

It is estimated that there are currently 39,471 Veterans experiencing homelessness in the United States. In FY 2017 alone, 600 GPD-funded sites provided services to 23,737 Veterans through the use of over 12,500 transitional housing beds. VA data systems only track Veteran admission

into GPD programs, so data on the number of children (and spouses) served in these programs is currently unavailable. However, based on an analysis conducted by the Homeless Program Office, the VA has identified that approximately 8% of Veterans who entered GPD programs and had a full assessment completed within 30 days prior to admission, had either full or partial legal custody of children. This is estimated to be 2,500 children in FY 2017. Additionally, 3,020 of the 23,737 Veterans served in GPD programs in FY 2017 were women, accounting for 13% of Veterans served.

The Grant and Per-Diem Program is an Effective Housing Intervention

It is our experience as a service provider that the VA's GPD program is a viable and effective housing intervention. Our organization is a Housing First agency, but also sees the need for transitional housing within the continuum of housing services to be essential, if not critical. There are distinct advantages to serving Veterans and their family members in a care setting through transitional housing. After all, *homelessness is a symptom and not the diagnosis*. It is the potential underlying root causes of homelessness that must be addressed, such as trauma or possible addiction to substances or mental health challenges. Some causes are circumstantial or environmental (i.e. the housing market or job loss), but others are internal and both should be addressed contemporaneously in order to help Veterans become permanently housed.

Our organization takes a "whole person" approach to our care—integrating primary care and behavioral healthcare services into a shelter setting. Because we get to know our Veterans and their family members through intensive case management and clinical care, we can accurately assess the risks associated with addiction and/or mental health struggles, such as suicidality. While in our care, Veterans and their family members not only receive dedicated shelter, but also a full suite of behavioral healthcare services that are customized to their individual needs. This ranges from parenting classes to certified, evidence-based interventions such as Family Therapy, Dialectical Behavioral Therapy, and gender-specific trauma groups.

Transitional housing also gives our Veterans the opportunity to self-resolve. This is critical. You have likely heard the expression "I am just one paycheck away from homelessness." The converse is also true. Many are just one paycheck, one security deposit, one car repair away from being housed. The GPD program gives our Veterans the opportunity to get back on their feet again and to work hard in doing so. If we immediately place our homeless Veterans on housing subsidies without the critical support services, what incentive would one have for enhancing one's income and quality of life and no longer having need of a housing subsidy?

A key component in our case management is to provide Veterans with increased skill and income. Whether through financial literacy classes, résumé writing classes, computer literacy workshops, or mock interviews, we want to prepare our Veterans to be able to put their best foot

forward in seeking and sustaining gainful employment. Working on soft skills and life skills within our care setting better prepares our Veterans to compete in the job market. Our agency has one of the highest rates of employment among GPD sites in Region 8, primarily due to the attention we spend on preparing our Veterans for employment, as well as our professional connections with business owners and employers. Attached are two articles highlighting our former clients “BANKS AND TRUST: Local credit union works with homeless vets to show them money matters” and “The new domestic war: A veteran’s fight for basic human needs.”

Here in the Denver Metropolitan region, housing affordability is a key barrier to finding a safe place to call home. Even with a housing subsidy, the Housing First approach only works if housing stock is readily available. Given that our vacancy rate is between 4%-5% in the Denver Metro, having transitional housing available is an important safety net program to ensure that Veterans and their family members are not left out cold on the streets while waiting for an affordable and accessible unit to become available.

Because of the GDP program, the Comitis Crisis Center is able to serve 25 Veterans through eight GPD-funded beds, as well as 65-100 attached family members in unfunded beds. (The GPD program does not reimburse providers for serving Veterans’ family members.) The opportunity for these families to move through the GPD program, with other Veteran families, is a collective life-changing experience for them. The program builds a strong sense of community, which is a cornerstone principle for those involved in recovery. Well after graduating through our programs, our Veteran families stay in touch with each other, creating an environment for pro-social activities, as well as accountability. Peer Support Services have been shown to be effective in improving health, abstinence, quality of life and social connectedness.¹ There is also evidence that peer-facilitated interventions improve social connectedness for women,² decrease alcohol use for individuals with criminal justice involvement³ and improve rates of post-discharge treatment adherence.⁴

¹ Giese-Davis, J., Bliss-Isberg, C., Carson, K., Star, P., Donaghy, J., Cordova, M. J., & Spiegel, D. (2006). The effect of peer counseling on quality of life following diagnosis of breast cancer: an observational study. *Psycho-Oncology*, *15*(11), 1014–1022.

² Marcenko, M. O., Spence, M., & Rohweder, C. (1994). Psychological characteristics of pregnant women with and without a history of substance abuse. *Health & Social Work*, *19*, 17–22.

³ Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O’Connell, M. J., Benedict, P. & Sells, D. (2007). A peer-support group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Service*, *58*(7), 955–961.

⁴ Tracy, K., Burton, M., Nich, C., & Rounsaville, B. (2011). Utilizing peer mentorship to engage high recidivism substance-abusing patients in treatment. *The American Journal of Drug and Alcohol Abuse*, *37*(6), 525–531.

The Changing Face of our Modern Military: Matching Services to Need

As noted earlier, 13% of all homeless Veterans served in a GPD program in FY 2017 were women. It is estimated that the number of Veterans who are women will expand by 16% by 2035. It is important that our services continually adapt to the changing face of our modern military, including the services offered by the VA’s GPD program. Currently, if you are a non-Veteran homeless family in the United States, federal funds (through HHS/TANF program) will pay a “head-in-bed” per diem for each family member to the service agency housing the family. If you are a Veteran homeless family, the VA’s Grant and Per Diem (GPD) program ***will only pay for the cost of occupancy for the Veteran but not for the attached and dependent children.*** This issue causes a barrier to access shelter services for both male and female Veterans with children, but more so for Veteran women who usually have children in tow. I have been asked why Veterans do not enroll in the TANF program for per diem services for family members when they come to our homeless shelter, the Comitis Crisis Center. The shelter is located in the seven-county Denver Metro area, but only has the capacity to administer TANF contracts with two of the counties through a competitive RFP process. If the Veteran happens to originate from one of these two counties, then the TANF benefit would apply. A challenge is that homeless Veterans are highly mobile and tend to cross state lines seeking employment opportunities or originate from counties that provider agencies do not have contracts with through their respective departments of human services. For these Veterans with family, we accept them into our GPD program, but absorb the cost of any associated dependents. Though it is the right thing to do, but it comes at a real cost to us and serves as a disincentive for serving homeless Veterans who have dependents. Below is a sample taken from an actual program year at Comitis:

Calculation for Family Gap	
	Total
No of Veterans served - 2013	25
No of family members - 2013	61
Average of family member per Veterans	2.44
Forecasting -2014	
Per diem rate	38.87
8 Veterans - per day	310.96
Average family member per Veteran - per day	758.74
Total expense per month for Veteran and family per day	1,069.70
for 12 months - 365 days expense for Veteran and family	390,441.38
Reimbursable from Per diem - Veteran only	113,500.40
GAP	276,940.98

Reimbursement Gap Due to Serving Veterans With Dependents

As you can see from the table, the Comitis Crisis Center must find alternative funding sources to cover the annual \$276,941 gap in reimbursement to house Veterans’ family members. Strictly

speaking from a financial and program sustainability standpoint, it would be more efficient for us to end the GPD program and utilize our shelter beds to serve homeless families through the TANF program, whereby each bed has an attached per-diem rate to cover operating costs.

Recommendations

Mile High Behavioral Healthcare appreciates the collective impact that the VA and provider agencies across the country have achieved in reducing Veteran homelessness. Aligning with the goal to completely eliminate homelessness among our Veterans, we recommend that the VA provide greater access to services for homeless Veterans with children. From operating costs to the reality that these children grow out of their shoes every month, we request that we better serve our Veterans by serving their greatest treasure—their children. A 2011 GAO study, “Homeless Women Veterans: Actions Needed to Ensure Safe and Appropriate Housing,” noted that more than 60% of surveyed GPD programs that serve homeless women Veterans did not house children, and most programs that did house children had restrictions on the ages or numbers of children. I believe that we can and should do better! We greatly honor the family members of those engaged in active service away from home, and it is time to also honor our homeless Veterans and their family members by housing them all together so families do not undergo further trauma resulting from being separated from one another.

Adapting policy to the changing needs of our homeless Veterans, we respectfully urge you to support H.R. 4099: **To amend title 38, United States Code, to ensure that children of homeless veterans are included in the calculation of the amounts of certain per diem grants.** H.R. 4099, also known as the “Homeless Veteran Families Act,” is a bi-partisan bill that gets us one step closer to providing better care for our Veterans **and** their family members.

In addition to Mile High Behavioral Healthcare, the following Veteran Service Organizations also support this bill: The American Legion, The Wounded Warrior Project, Disabled American Veterans, Paralyzed Veterans of America, Got Your 6, National Coalition for Homeless Veterans, Veterans of Foreign Wars, Military Order of the Purple Heart, and American Veterans (AMVETS). Attached are letters of support from Gold Star Wives of America, The American Legion, Volunteers of America, and the National Coalition for the Homeless. Additionally, attached are letters of support from a sampling of other GPD sites, including: Catholic Services of Acadiana, Ohio Valley Goodwill Industries, McCall Center for Behavioral Health, Friendship Service Center of New Britain, Veterans Village of San Diego, Talbert House, Homeless Empowerment Program, Clara White Mission, and Father Joe’s Villages.

Thank you for the opportunity to submit this statement. Questions concerning this statement can be directed to James Gillespie, Community Impact and Government Relations Liaison, Mile High Behavioral Healthcare, at (720) 975-0155, extension 13 or jgillespie@mhbhc.org.