

**EXPLORING THE USE OF DATA-DRIVEN  
METHODS AND COMMUNITY COLLABORATION  
TO REDUCE VETERAN HOMELESSNESS**

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**HEARING**

BEFORE THE

**SUBCOMMITTEE ON ECONOMIC  
OPPORTUNITY**

OF THE

**COMMITTEE ON VETERANS' AFFAIRS**

**U.S. HOUSE OF REPRESENTATIVES**

**ONE HUNDRED EIGHTEENTH CONGRESS**

SECOND SESSION

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THURSDAY, JUNE 27, 2024

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**Serial No. 118-72**

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Printed for the use of the Committee on Veterans' Affairs



Available via <http://govinfo.gov>

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U.S. GOVERNMENT PUBLISHING OFFICE

WASHINGTON : 2026

56-847

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**THURSDAY, JUNE 27, 2024**

SUBCOMMITTEE ON ECONOMIC OPPORTUNITY,  
COMMITTEE ON VETERANS' AFFAIRS,  
U.S. HOUSE OF REPRESENTATIVES,  
*Washington, DC.*

The subcommittee met, pursuant to notice, at 12:25 p.m., in room 360, Cannon House Office Building, Hon. Derrick Van Orden (chairman of the subcommittee) presiding.

Present: Representatives Van Orden, Crane, and Levin.

**OPENING STATEMENT OF DERRICK VAN ORDEN, CHAIRMAN**

Mr. VAN ORDEN. Good afternoon. The subcommittee will come to order.

I want to thank everyone for being here today to discuss veterans' homelessness, which is a very high priority for myself and for the ranking member. We are going to evaluate some topics of homelessness among our Nation's veterans. As always, I appreciate the nonpartisan approach the subcommittee takes in working on this issue.

Since 2010, homelessness among veterans has decreased by 52 percent, and that should be noted. Much of this reduction in homelessness is the result of the hard work of this committee, community providers, local officials, and the U.S. Department of Veterans Affairs (VA). However, I am concerned about the continued government spending on homeless veterans programs and the fact that in 2023 Point In Time count, despite the increased funding, the number of veterans experiencing homelessness actually increased. Why is it that we are spending over \$3.1 billion at the VA to address homelessness among our veterans this year, which shakes out to be about \$90,000 per veteran, but the number of veterans is increasing?

I want to bring up a very salient point here. The average E7, after serving 20 years in the military, retires with an honorable discharge, will receive a pension of \$34,810 a year. We are spending nearly three times as much for a single homeless veteran as an E7 honorably discharged after 20 years is receiving. That we are doing something wrong. We just are.

Nobody, Democrat or Republican, on the subcommittee wants to see a single homeless veteran. I want to be very clear with that. We have to be able to shape these policies so that we can be more

effective. I think that is going to take place when we look at more upstream solutions.

I hope to receive answers on the increase and what can be done to address this worrisome trend immediately. I also hope to hear from stakeholders in the VA about how we can be more flexible with the funding we have now, not just the funding in the future. We have heard from numerous providers about the need for more flexibility and how the funds in Congress appropriated can be spent. We have also heard the need for a better and more coordinated data collection by the VA so Congress and providers have a better picture of the state of veterans' homelessness nationwide and in their own communities.

I am, honest to goodness, I am sick and tired of hearing that it takes Congress years to act. I am just done. A veteran on the streets needs to sleep peacefully every night and they have to eat every day. They should not have to wait for us to get our act together collectively.

The subcommittee needs a better picture from the VA about the actual issues veterans and providers are dealing with so that we can be proactive. Whether it is a lack of mental health treatment, ineligibility for economic opportunity programs, or whatever it may be, we have got to focus on the root cause of homelessness. Doing this will keep veterans off the streets, save the taxpayer money, and, most importantly, save lives.

Suicide rates among veterans with indications of homelessness is 186–1/2 percent higher than the suicide rate for veterans without a homelessness risk. This is a very serious issue. It is literally life and death. Something clearly is not being done right at the VA, and this is too important of an issue for us to ignore.

Additionally, if Congress had more up to date information and providers could be more flexible with the resources they already had, we would not have to develop more legislation to try to fix the problem. VA does, in my opinion, have the tools that they need. There are a number of providers across the country that have developed creative ways to lift veterans out of homelessness. Some communities have developed one-stop shops to try to address the underlying needs of the veterans who seek help. Others have developed by name lists to allow the providers within the community to coordinate the services provided to the veterans and ensure no one is falling through the cracks.

Some communities in my State address homelessness through faith-based organizations that are not taxpayer funded. I am very pleased to welcome my constituent, Randy Withrow from Lutheran Social Services (LSS) of Wisconsin, as a witness today. Lutheran—did you bring cheese? Okay. We are running short here. Lutheran Social Services provides housing and services to veterans in three locations in Wisconsin, including Chippewa Falls, which is in my district. I look forward to you all hearing Randy's testimony and the story of hope and the good that Lutheran Social Services has been doing for our community.

Other communities, such as Miami, have developed a creative way to raise funds to supplement the taxpayers' dollars they receive. These alternative methods of funding provide additional flexibility to our providers.

I look forward to hearing from the VA and the second panel about what steps Congress should take to make sure the data on homeless veterans is more up to date. Communities are collaborating to address underlying causes of homelessness among veterans and how VA can more effectively use funding rather than continuing to balloon their budget.

With that, I now yield to my friend, Ranking Member Levin, for his opening remarks.

**OPENING STATEMENT OF MIKE LEVIN, RANKING MEMBER**

Mr. LEVIN. I thank the chairman for his nonpartisan focus on veteran homelessness today.

I have had the honor of serving for 5 years and the issue of veteran homelessness and ending it in my region and really throughout the United States has been top of mind for me for as long as I have had the honor of serving. It will be for as long as I serve. We have made good progress, as the chairman said, but we have such a long way to go. Getting into the community and understanding what our homeless veterans are going through, what service providers are going through, that has been really top of mind for me and will continue to be.

I want to talk about data. I know it is not the most exciting thing for everybody, but I think it is really important that we cut to the chase and we get the numbers and that we are all, at least as we consider the right public policy, we are playing from the same data set, understanding the same data.

We have witnesses from all over the country, from areas both urban and rural. We will talk about how their communities and programs are moving the needle to get every veteran into stable housing. That is really what this is all about. Those efforts look different in different parts of the country, but one thing underlies and unifies a successful homeless response, and it is data, I believe. I hope this hearing will maybe clear some things up about veteran homelessness, including the reality of the state of housing insecurity in this country.

Each January, continuums of care across the Nation participate in a Point In Time, or PIT count to estimate how many sheltered and unsheltered people are residing in their catchment area. During these annual surveys, continuums of care try to identify those veterans experiencing homelessness. Due to the changing methodologies and which definition of “veteran” each continuum chooses to use, results can vary from year to year, making PIT counts an imperfect, I am being kind with the word “imperfect,” picture of the reality of veteran housing insecurity.

Last year, the PIT count identified nearly 36,000 veterans, a decline of 50 percent from the 2010 count, which identified over 76,000 veterans. Now, I in no way want to discount the work that went into that decrease and the value of those numbers, which illustrates the downward trend in veteran homelessness. They clearly show that the approaches that VA and U.S. Department of Housing and Urban Development (HUD) and United States Interagency Council on Homelessness (USICH) and communities are taking to reduce veteran homelessness are working, but they do not necessarily show how many veterans are being served within the

system each year. As our witness organization community solutions frequently says, PIT counts are snapshots. Our communities need video.

VA has that video. In stark contrast to that 36,000 PIT count number from January 2023, VA's data shows that nearly 300,000 veterans engaged in its homeless programs during 2023. Whether these veterans are being served through Grant and Per Diem (GPD), Health Care for Homeless Veterans, Veterans Justice Outreach, Supportive Services for Veteran Families, U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), or the many other programs VA operates within its community partners, it is clear that housing insecurity, at the end of the day, is much more prevalent among veterans than portrayed in the PIT count. I think it is important that we in Congress start using the larger number to more honestly portray the need of housing insecure veterans in our communities who are at risk of homelessness.

Now, many of VA's programs prevent at-risk veterans from falling into literal homelessness, which helps drive that PIT count number down. There are still so many veterans who require assistance. We have got to continue to adequately resource VA to serve these veterans when they need it most.

I have a prop. I was telling the chairman, it is my first prop, I think, that I have had in House Veterans' Affairs Committee (HVAC). VA deserves our praise for making sure that 36,000, the 36,000 number over there, of homeless veterans in the PIT count does not rise to the 300,000 level of the number of veterans it serves through its homeless programs each year. It is clear that VA is integral to keeping that number of literally homeless veterans down.

VA has made impressive strides in refining its data management over the last few years. It has enabled VA to identify who the homeless veterans are in communities across the country. By knowing who each veteran experiencing homelessness is and where they are, VA and its providers can target outreach and interventions to get veterans on the path to stable, permanent housing, and they can do it quickly. This will allow VA to track returns to homelessness in the unfortunate circumstances when a veteran who was previously housed loses that housing. By identifying those veterans, VA can intervene with the resources to ensure the veterans' housing stability. Part of VA's mission for its homeless programs is to ensure that homelessness for veterans is brief, rare, and non-recurring. Data is clearly integral to VA fulfilling that mission.

I am so grateful, Mr. Chairman, for this conversation we are going to have today with our witnesses. I thank them for being here to discuss the good work happening nationwide to end veteran homelessness, and I yield back.

Mr. VAN ORDEN. Thank you, Mr. Levin.

I will now introduce the witness panel. Our first witness is Dr. Thomas O'Toole, deputy undersecretary for health and clinical services at the Veterans Health Administration. Our second witness is Mr. Jeff Olivet, executive director of the U.S. Interagency Council on Homelessness. I will ask the gentlemen to stand, please, and raise your right hand. Will you raise your hand? Thank you.

[Witnesses sworn.]

Mr. Van Orden. You may be seated. Let the record reflect that the witnesses responded in the affirmative. Please be seated.

Dr. O'Toole, you have not been here before? Yep. You know the deal. Five minutes is 5 minutes. Good to go? The old senior chief will come out.

Dr. O'Toole, you are now recognized for 5 minutes to deliver your testimony.

#### **STATEMENT OF THOMAS O'TOOLE**

Dr. O'TOOLE. Good afternoon, Chairman Van Orden, Ranking Member Levin, and committee members. My name is Thomas O'Toole, deputy assistant undersecretary for clinical services with the Veteran Health Administration. Thank you for the invitation to testify before you today.

For the past 30 years, I have been caring for homeless veterans, in the last 18 years at VA. I am incredibly proud to be part of our mission to end veteran homelessness. They have earned and deserve all the care, support, and services we can provide.

Over the past 13 years, we have seen a substantial decrease in veteran homelessness. As noted, a 52 percent drop in the Point In Time count compared to 2010. During that time, VA placed over 1 million veterans and their families in housing or prevented them from becoming unhoused. Most recently, Dallas, Texas, reached a remarkable milestone, joining 83 communities and 3 states in achieving functional zero. Dallas now has the systems, resources, and capacity in place to quickly identify and house any veteran experiencing homelessness.

All of this has occurred despite high unemployment rates following the Great Recession, disruptions from the COVID pandemic, and now with unprecedented housing shortages in many communities. There are many reasons why. We have benefited from consistently committed leadership and support from Congress and within VA toward our goal of ending veteran homelessness. The professionalism and dedication of our care teams has been critical, and we also must acknowledge the leadership of the U.S. Inter-agency Council on Homelessness, our partnership with other Federal agencies, collaboration with our Nation's Governors and Mayors, work with groups, including many on your second panel, as well as community organizations.

Most importantly, when a veteran experiencing homelessness is identified, they are not just screened and referred somewhere else. They get the full force of VA support. We are able to quickly provide integrated housing and social services, ready access to mental health and substance abuse treatment, primary and specialty care. We have data systems to measure our progress and map services to needs and capacity to fast track research innovations. This is at a scale unmatched. Last year alone, VA served well over 200,000 veterans.

We have ambitious goals for 2024, placing at least 41,000 currently homeless veterans into permanent housing, ensuring that at least 95 percent stay housed, and engaging with at least 40,000 unsheltered veterans to provide housing and wraparound services, targets that we are on pace to meet and exceed. To date, over

31,000 veterans have been permanently housed this year. We have a 97.8 percent retention rate and have engaged more than 28,000 unsheltered veterans. These goals are floors, not ceilings, and we will push ourselves as long as there are veterans in need.

All this means nothing if it does not translate to real impacts for our veterans. I am reminded of a friend and former patient, Steve Ayatolluka, whom I first met about 10 years ago at our homeless patient-aligned care team clinic. An Air Force veteran in his mid-fifties, Steve had been installing Heating, Ventilation, and Air Conditioning (HVAC) units until an injury caused him to be laid off. No paycheck quickly led to an eviction, and unwilling to burden his family, Steve found himself homeless. Our outreach team quickly got him a bed in our Grant Per Diem program, Gateway to Independence, run by the Young Women's Christian Association (YWCA) of Providence. Once there, we got him VA healthcare to address and stabilize long-deferred needs. He then received a HUD-VASH voucher, giving him permanence and stability while working with our employment specialists to reenter the workforce.

Steve now works full-time at the Providence VA Medical Center in our employee education department. He is helping others. He has graduated from the program, so the next veteran need can be helped. Being able to share Steve's successes make them successes for all of us.

Chairman Van Orden, Ranking Member Levin, every veteran should have access to permanent housing with the supports needed to affirm their dignity and allow them to achieve their potential. Thank you for the opportunity to update you on VA efforts. Although we have made significant progress, the job is not done and our continued partnership is essential. I look forward to continuing to work with you and your staff, and I am prepared to answer any questions you may have.

[THE PREPARED STATEMENT OF THOMAS O'TOOLE APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Dr. O'Toole. The written statement of Dr. O'Toole will be entered into the record.

Mr. Olivet, you are now recognized for 5 minutes to deliver your testimony on behalf of the U.S. Interagency Council on Homelessness.

#### **STATEMENT OF JEFF OLIVET**

Mr. OLIVET. Thank you, Chairman Van Orden and Ranking Member Levin. I am Jeff Olivet, executive director of the United States Interagency Council on Homelessness. It is an honor to appear before you today.

I am here to discuss the Nation's homelessness crisis and the administration's current and planned work to address it. As the sole Federal agency dedicated to eradicating homelessness, USICH holds a unique position. Our agency leverages the collective strength of 19 other Federal agencies to orchestrate a coordinated Federal response to homelessness. Our member agencies oversee more than 30 programs aimed at homelessness and numerous others supporting individuals grappling with poverty and housing instability. Our team of senior regional advisors, strategically positioned around the country, supports Mayors, Governors, and local

service providers to ensure the efficient, effective, and compassionate use of resources.

The story of USICH is a testament to the power of nonpartisan collaboration. In 1987, large majorities of Congress, transcending political lines, passed the Stuart B. McKinney Act, later renamed the McKinney-Vento Homeless Assistance Act. This law, signed by President Reagan, recognized the complexity of coordinating Federal efforts to address homelessness. It was a clear message that homelessness is a cross system problem that requires cross system solutions. No single agency, system, or sector can end homelessness alone.

Even just one veteran experiencing homelessness is a tragedy. It is unacceptable that anyone who has served this country leaves military service only to experience the trauma of homelessness. According to the Department of Housing and Urban Development's 2023 Point in Time count, as you said, Chairman, almost 36,000 veterans were experiencing homelessness in a snapshot at the beginning of 2023. That is 22 out of every 10,000 veterans. More troubling, the number of veterans experiencing homelessness increased by 7 percent between 2022 and 2023, including increases in both unsheltered and sheltered homelessness. Despite these increases, we know that over the past decade, homelessness among veterans has been slashed by 52 percent, and we should both celebrate that success and challenge ourselves to finish the work.

Ending veteran homelessness means that homelessness among veterans is prevented upstream whenever possible, and that when it does happen, it is rare, brief, and one time. In the work to end veteran homelessness I would also like to hold up the work of Dallas because it is fresh on our minds. As you heard from Dr. O'Toole, Dallas just joined 83 other communities around the United States in declaring a functional end to veteran homelessness, and that work has been done through very close collaboration between the VA local partners and with the resources of HUD-VASH, Supportive Services for Veteran Families (SSVF), and other critical programs. This collaboration is no accident. It is the result of everybody rowing in the same direction, and we want to build on that success and replicate it in other communities.

The Biden-Harris administration has taken sweeping new steps that are beginning to yield results on homelessness more broadly. Through the implementation of the White House Housing Supply Action Plan, more units are under construction than ever before. In 2023, HUD announced that it had helped more than 424,000 households avoid homelessness, exit homelessness, and connect with the housing and services they need. In January, the VA announced that it had housed more than 46,000 homeless veterans last year, surpassing its goal for 2023.

I believe that it is possible to solve veteran homelessness. I do not believe it has to be this way. We all have a role to play in that. We do within the administration, our partners on Capitol Hill do, and you all, I just want to commend the amazing work that you have done and the bipartisan nature of your work. I think it is an extraordinary example to the rest of us. This also requires local collaboration and deep partnerships with nonprofit providers, with some of the national and local organizations you will hear from in

the next panel, and with local leaders to finish the work of ending veteran homelessness.

I thank you for the opportunity to be with you today and look forward to your questions.

[THE PREPARED STATEMENT OF JEFF OLIVET APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. The written statement of Mr. Olivet will be entered into the record now.

I now recognize Ranking Member Levin for 5 minutes.

Mr. LEVIN. Well, thank you, Mr. Chairman. Thank you both for the work that you do as well. Thank you for your kind words. Mr. Olivet. Hopefully, we will never do anything on this committee to disappoint you or dissuade you of your opinion.

Dr. O'Toole, I wanted to bring up the budget for VA homeless programs, which is a sizable one. It is \$3.2 billion dollars. What I want to do is give you the floor for just a second to explain how VA's data backs up that budget and what assurance you can provide us that that \$3.2 billion dollars is being put to its best and highest use.

Dr. O'TOOLE. Thank you, Congressman Levin, and I appreciate the question being raised. It is a very generous budget. We are very appreciative of Congress' support for us over these years through this initiative and for the oversight and holding us accountable. These are taxpayer dollars. We need to be good stewards of them.

I think it is extremely important, and I want to provide some clarification, particularly to your chart and I think to provide some backstop to some of the, you know, points and considerations it raises. VA serves significantly more veterans than the 36,000. Our job is to prevent individuals from becoming unhoused and homeless. Our job is to quickly rehouse them when they do. Our job is to move them into permanent housing, and our job is to keep them in that housing, which includes providing the necessary supports, the necessary care, and the necessary services that they need so that they can stay permanently housed and really return to their lives and livelihoods and potentials they have before them.

As you know, the 36,000 veterans identified in the PIT count reflects really an incident count. It is a snapshot view, as you have noted, of how many veterans are identified on a given night in January, either in our emergency shelter system or in a street count. I am not going to try to defend or deflect challenges and limitations to the counting process. It is something that has evolved, and there are always efforts to improve upon that. What I will say is that it does not measure how many people are going to be homeless the next day, the next week, or the next month. Data from the Continuum of Care (HMIS) system has consistently shown that the actual number of homeless over a year's time tends to run four to five times higher than that PIT count from that given night. It, unfortunately, misrepresents the full scope and need of homelessness that we are seeing across all of our communities.

The issue, though, that I think is extremely important in addressing the question that you raised is that the 3.2 billion represents a segue into a large scope of services within the VA. It is—these are resources that are leveraged to provide the needed

healthcare, mental health care, job employment services, veteran benefit services for veterans. It is an all-in effort by VA, and it should not be viewed as something that is isolated to only the Homeless Program Office, to only those 3.2 billion, but a much broader scope and a much broader investment in these men and women who have served our country, who need to get a hand up to be able to get back on their feet.

Mr. LEVIN. Thank you, Dr. O'Toole. With the time I have left, I want to ask about the VA By Name list. In my opening statement, I mentioned the importance of knowing who each veteran experiencing homelessness is and where they are. Without comprehensive by name data, every veteran experiencing homelessness across the country will never be able to properly target outreach or interventions to get veterans on the path to stable, permanent housing. Dr. O'Toole, how close is VA to having a national by name list that shows each veteran experiencing homelessness? Please use actual timeframe months, weeks.

Dr. O'TOOLE. The by name list is a game changer for us. Let me be very clear, it is essential from going from aggregated data to actionable data, to be able to have that by name list. We have in place right now a by name national list of veterans who have experienced homelessness, who are part of the VA system. What we are working on currently, however, is making sure that—

Mr. LEVIN. He has got his gavel. Give me the time. How long?

Dr. O'TOOLE. We are beta testing the capacities to be able to interface with the community—

Mr. LEVIN. Months? Weeks?

Dr. O'TOOLE.—Continuum of Care by late—by the end of this calendar year we will be testing it.

Mr. LEVIN. End of the calendar. Thank you. Yield back. Thank you.

Mr. VAN ORDEN. Yes, that is good. Do not try to filibuster that cat.

The chair now recognizes my great friend from the State of Arizona, Mr. Crane.

Mr. CRANE. Thank you, Mr. Chairman. Thank you gentlemen for showing up today.

I was looking at Mr. Levin's chart there and, sir, were you saying that on average, on any given night that number could be around 150,000 veterans that are homeless? Is that what you were saying?

Dr. O'TOOLE. No, sir. On any given night there may be 36,000—

Mr. CRANE. Okay.

Dr. O'TOOLE.—which is what was consistent, but it is not going to be the same 36,000. It is a—

Mr. CRANE. I thought you said it was 5X that number.

Dr. O'TOOLE. Right. Over a period—so the incident count is a snapshot that looks at homelessness on that given night. The individuals who are homeless may change and there is an influx into homelessness and efflux out of homelessness into doubled up arrangements. Collectively, if you look at all of the individuals who experienced homelessness over that 12-month period, it is going to be 4 or 5 times higher than the 36,000 counted on that one night.

Mr. CRANE. What kind of trends are you guys seeing when you look at this demographic? Are you seeing regional trends? Are you seeing service-specific trends? Can you enlighten us on any trends that you guys are seeing?

Dr. O'TOOLE. Well, clearly, our challenge points are in communities that have some of the most difficult and tightest housing markets. You know, as we all know, different parts of the country have seen the stock of affordable housing dry up and it becomes extremely difficult. We are seeing increases in the homeless communities in those settings very much. We have subpopulations of homeless that we are tracking and working diligently to try to address. There is an aging homeless population that poses significant challenges and issues. We have seen an increase in women veterans who become homeless, in part because of the number of women veteran that have increased as well. This is a significant and concerning issue, particularly those who are unsheltered and a few others.

Mr. CRANE. Mr. O'Toole, is there a—has the VA done a study to illuminate the major causes of veteran homelessness?

Dr. O'TOOLE. I mean, the VA and academic affiliate organizations around the country and world have been looking at how to end veteran homelessness.

Mr. CRANE. Is there a study that you guys cite and use?

Dr. O'TOOLE. We know that housing is the solution for homelessness. We know also that it needs to be housing with supports, and that is the strategy that we follow. I think the blueprint that USICH has developed—

Mr. CRANE. Sir, that is not what I asked you.

Dr. O'TOOLE. Okay, please, sir.

Mr. CRANE. I have asked you twice now. Is there a study that you guys have done to look at the causes of veteran homelessness, like drug abuse, living under the poverty line, you know, not having affordable housing in your region? Is there a study that you guys use and can cite or provide to this committee?

Dr. O'TOOLE. Thank you, Congressman. Let me—we can take that as a due out. There are a lot of studies that we use and reference, and I am happy to provide that to the committee.

Mr. CRANE. Okay. In the three point—please do that, sir. In the 3.2 billion that you were talking about, I think you mentioned healthcare, mental health, job, employment, are three of the big focuses. Was there anything else in that?

Dr. O'TOOLE. Yes, sir. There are prevention and our prevention services through the SSVF program. Supportive Services for Veterans and Families is a huge issue and has a significant impact for our veterans. Providing permanent supportive housing and the case management support for those veterans, providing outreach through our outreach team stand downs, providing transitional and just-in-time housing would be the other bucket that I would want to emphasize beyond that.

Mr. CRANE. Do you guys see a segment, sir, even if it is a small segment, of veterans that even if you were to provide them programs to help them find a job, even provide them housing, that just do not want to live traditionally and just want to, you know, be out

on their own? Is there even a cross section of veterans that you find that are in that boat?

Dr. O'TOOLE. You know, Congressman, I have been working in the space for a long time, providing direct care to veterans. Yes, there definitely are some. I could not give you a—quote you a specific number, but I would also tell you that, you know, motivation changes, situations can impact motivation. Somebody who may say that they do not want to move out of an encampment this week, they may change their mind the following week, and our job is to continue to be there and be available and be with them and encourage them to make those changes.

Mr. CRANE. Mr. Chairman, can I have one more question?

Mr. VAN ORDEN. Please do, Mr. Crane.

Mr. CRANE. What about addiction, Mr. O'Toole? Do you see any correlation with veteran homelessness and addiction?

Dr. O'TOOLE. Yes, absolutely. Substance use disorders, addictions clearly correlate. It is not necessarily the majority of homeless by any stretch. I think that is an important emphasis point, as with mental health. We see roughly 40 percent, 30 percent to 40 percent of individuals with active addictions when they come in. Providing for them the treatment that they need is critical to their pathway to sustainable, permanent housing.

Mr. CRANE. Thank you, Mr. O'Toole. Mr. Chairman, I yield back.

Mr. VAN ORDEN. Thank you, Mr. Crane.

What I got from this little discussion that you guys just had is that the VA is using multiple different studies to try to determine what the causes of homelessness are. I want to—Mr. Crane, I would like to get with your staff when we are done here, and potentially Mr. Levin, and we will do it first. That is a wholly unacceptable answer, man. Which study do you trust? Who did the study? Do they have equities involved? If we cannot figure out why they are homeless, how in the hell are we going to help them not get there to begin with?

Mr. Crane, if you are okay with that. I think we have had experiences with the VA before, Mr. O'Toole. Not you in particular. We have learned in the 7 minutes that Eli and I have been in Congress that if we do not tell you to do something, it is not gonna happen. Let us figure out, Mr. Crane, something to figure out a way to direct that because we need to have that data. That dovetails perfectly with what the ranking member was saying about having actual real data.

Is that right, sir? Okay, so we are good.

All right. I now recognize myself for 5 minutes. Mr. O'Toole, you have a budget of \$3.2 billion. How many employees do you have?

Dr. O'TOOLE. There are 6,800 employees that work within the Homeless Program Office providing services—

Mr. VAN ORDEN. Roger that.

Dr. O'TOOLE.—into the committee.

Mr. VAN ORDEN. I got it. I was just asking for a number. What is the average pay grade?

Dr. O'TOOLE. I will have to—I do not know that off the top of my head, sir. We will have to due out.

Mr. VAN ORDEN. Okay. Have you increased your numbers of employees since 2022?

Dr. O'TOOLE. Yes, we have, sir.

Mr. VAN ORDEN. By what factor?

Dr. O'TOOLE. We are current—I do not know by what factor. We strive for a 90 percent employment rate. We are currently in the high 80's in terms of filling our vacancies.

Mr. VAN ORDEN. Let us say you had 100 employees in 2022. Now you have like 110. Okay. We are spending \$3.2 billion, \$90,000 per homeless veteran. You have increased your manning, your administrative staff from 2022. Since then, the veterans homeless rate has increased. That dog does not hunt.

This is not okay. We are spending money on administrative people, bureaucrats, and not on veterans. We are not getting a return on investment. The return on the investment is not a monetary thing. It is a homeless veteran not killing themselves or becoming a drug and alcohol addict and committing a crime, and then starting this downward spiral of permanent incarceration, which we need to end.

When you approach this problem set, and that is exactly what this is, do you have a plan for a continuum for individual veterans? Meaning veteran enters program, veteran exits program.

Dr. O'TOOLE. Yes, sir. Well, may I first clarify? The 6,800 employees are direct service care providers. These are not administrative positions.

Second, yes, sir, one of the efforts—

Mr. VAN ORDEN. Hold on a second. You have increased care providers and you—still homeless veterans are increasing. What is the difference?

Dr. O'TOOLE. Well, I can—I would like to, if I can clarify or at least amend one of the observations there. Yes, the Point In Time count did increase, and we fully accept that and are working for it. It is not acceptable. The increase among veteran homelessness was actually much less than the increase in the general population. There are a lot of factors that go into that increase, and I fully acknowledge that, and that is another discussion and happy to spend the time going forward.

Mr. VAN ORDEN. Do you have a plan for each individual veteran, a continuum of care, veteran enters program, veteran exits program?

Dr. O'TOOLE. Yes, we do, sir. This is part—

Mr. VAN ORDEN. What does "exit" mean to you?

Dr. O'TOOLE. Exit for us can reflect one of two things. Permanent supportive housing where those supports are continuing to be needed, but they are—

Mr. VAN ORDEN. You are still involved in a program because—

Dr. O'TOOLE. They are still involved in the program because they may have ongoing care needs, mental health, substance use, disability management, and so forth.

Mr. VAN ORDEN. Mr. O'Toole, where I come from, that is not an exit, sir.

Dr. O'TOOLE. Okay.

Mr. VAN ORDEN. That is just a different involvement in a program. It just is. If they are still involved in a program and they are not living autonomously in dignity, then they are still involved in a program. They have not exited the program.

Steve got a job at the VA. That is awesome. That is a government job. What percentage of the veterans that we are helping, that you are helping with your 6,800 employees, go on to work in the civilian sector, where they are actually not part of the government? We can wind up hiring the entire population. That is called communism. I am not implying that you are a Communist or that Steve is a Communist. I am saying that when universal governmental employment is taking place, that is a different system of governance than we live under.

What percentage of your veterans that are participating in this program are getting jobs in the private sector?

Dr. O'TOOLE. That will have to be a due out for us to give you those specific numbers, but we do have about 10 percent of our population every year leaving the HUD-VASH program because their personal economics and their income prices them out.

Mr. VAN ORDEN. That is awesome. That is a good thing.

Mr. Olivet, 84 communities have gotten to functional zero. That is an incredible accomplishment. What percentage of those communities—or excuse me, what is the difference between those 84 communities and other communities that are not at functional zero?

Mr. OLIVET. I think what we see as common across those communities is very, very close collaboration, where there are strong local nonprofits working with strong VA leadership at the local level, and making very efficient use of the resources, both VA and private resources. We also see a real commitment to housing, getting people into housing as quickly as possible so they are not—

Mr. VAN ORDEN. Mr. Olivet, my time has expired. I just asked the ranking member and he is cool that I am going to yield myself an additional 2 minutes. Please continue with your answer.

Mr. OLIVET. Thank you. The commitment to housing is fundamental. When we see communities emphasize housing, I was in Dallas last month and met with a number of leaders, met with a number of people in these programs.

Mr. VAN ORDEN. Mr. Olivet, you are saying that the 84 communities that have reached functional zero have a higher level of coordination in between these different agencies than others?

Mr. OLIVET. I certainly think that is one of the ingredients.

Mr. VAN ORDEN. Okay. What percentage of these organizations that are communicating with each other better than the other rest of the Nation are faith-based?

Mr. OLIVET. It would be hard to quantify that number. What we do see is that the faith-based community has a very strong role to play in this work.

Mr. VAN ORDEN. Do you actually have a list of these different entities within the 84 communities that are coordinating better to each other that have reached functional zero?

Mr. OLIVET. A list of the local agencies working on it?

Mr. VAN ORDEN. Yes.

Mr. OLIVET. I am not sure that we have a comprehensive list for every community.

Mr. VAN ORDEN. Okay. If you find a winning team, you look at the composition of the winning team, sir. What I want from you is a list of the different groups in these 84 individual communities that have reached functional zero so that we could take that as a

basic model and apply it to the other communities that have not reached functional zero. It just seems like we are shooting in the dark here. When Mr. Levin says he wants data, that is real data.

We want to get to functional zero. Eighty-four communities have, the other thousands of communities have not, including Camp Pendleton in San Diego. Mr. Levin, he has got a beautiful district. He represents Camp Pendleton, Home of the Marine Corps. I mean, they are bad. I mean, good dudes, right? They are. No one will besmirch the glorious Corps of my presence.

Let us see if we can get the models from these 84 communities to his district. I want that from you, sir. Let us look at this collectively.

Now with that, my time is expiring. I thank you very much.

Okay, the witnesses are excused. I hope you will stick around for the second panel.

[Recess]

Mr. VAN ORDEN. On our second panel, we will hear from the following witnesses: Ms. Haggerty, president of Community Solutions; Mr. Carville, public affairs manager of Veterans Inc.; and Mr. Wood, regional site director at Nation's Finest. I would now like to welcome the witnesses on our panel and ask them to stand and raise—oh, Dr. Withrow. Are you here, too? Yes, you are. Dr. Withrow. Yes, my one constituent. I am sorry about that, sir. Please raise your right hand.

[Witnesses sworn.]

Mr. VAN ORDEN. Let the record reflect that all witnesses have answered in the affirmative.

Ms. Haggerty, you are now recognized for 5 minutes to deliver your testimony on behalf of Community Solutions.

#### **STATEMENT OF ROSANNE HAGGERTY**

Ms. HAGGERTY. Members, thank you for the opportunity to appear before you today to share how communities in suburban, urban, and rural areas are reducing veteran homelessness through a data-driven, collaborative approach. My name is Rosanne Haggerty. I am the president and chief Executive Officer (CEO) of Community Solutions.

First, I would like to acknowledge the progress of our Federal partners at the VA, U.S. Interagency Council on Homelessness, and HUD and the progress they have made in reducing veteran homelessness. I especially want to recognize the adoption of the one team approach, which involves coordinated actions and program interventions aimed at ending veteran homelessness and providing homeless veterans with a holistic housing and tailored services plan.

Now, Community Solutions is a national nonprofit working toward a lasting end to homelessness. We support a network of more than 140 U.S. communities across 38 states. Our aim is to reach a tipping point where homelessness is understood as solvable, progress is expected, and a critical mass of communities are achieving measurable reductions by the end of 2026.

Now, working with communities through an initiative called Built for Zero, we use a rigorous, data-driven methodology to help communities change how local homeless response systems work

and the impact they achieve. The key to this methodology is the creation of a comprehensive, by name, real-time list of each person experiencing homelessness in that community. Real-time by name data has proven to be a game changer for every type of community working to end veteran homelessness. The use of real-time information allows teams to diagnose individual and system challenges, to problem solve, coordinate services, track progress, and course correct as needed, and gives local system leaders and policymakers the actionable information they need to know what is working and where things are stuck. It also enables teams to test ideas, innovate, and apply proven practices like continuous quality improvement to achieve measurable results.

Now, currently, over 80 communities within our Built for Zero network are focused on reducing veteran homelessness, and of these, 45 communities have seen measurable reductions, and among those, 12 communities have made veteran homelessness rare and brief, the functional zero standard. I will say proudly that over 105,000 veterans in these communities have been housed since 2015.

Now what this looks like on the ground is, for example, in Chattanooga in central Tennessee, a multisector team can quickly rehouse any veteran who becomes homeless. Gulf Coast, Mississippi, can rehouse any veteran who becomes homeless within 11 days. Detroit, Michigan, has reduced veteran homelessness by 50 percent, leveraging data to coordinate services and expedite housing placements. Similarly, Metro Denver has reduced veteran homelessness by 30 percent and the Twin Cities have reduced veteran homelessness by 24 percent. Also in Charlotte, North Carolina, we see the community team is working to make de-identified data available to the public to galvanize local support for ending veteran homelessness. These examples illustrate the power of quality, real-time data to drive measurable reductions in veteran homelessness across diverse communities.

Now, our vision is that every community in the United States, regardless of size or resources, can leverage data to its fullest potential to confidently identify and assist every person experiencing homelessness. To harness the potential of quality data, we recommend several key policy changes.

First, adopt the use of by name data to drive reductions in veteran homelessness. Reconfigure systems, including the already strong homes data system, to adopt a by name data model. This approach allows for personalized tracking of each veteran, facilitates targeted coordination of services, such as through the one team model being used by the VA, and accelerates their path to a stable home.

Second, shift data standards to rely on regularly collected and reported real-time data. Once aggregated and de-identified, use this current data as the primary performance indicator for progress in addressing veteran homelessness. This provides a continuous and therefore more accurate picture of veteran homelessness and allows for timely and targeted interventions to ensure no veteran is left behind.

Finally, enhanced VA and community data sharing for homeless veterans. The Federal Government can enhance data sharing be-

tween the VA and community partners that are providing services for homeless veterans. Cleland-Dole section 309 mandates that the Secretary of Veterans Affairs and the Secretary of HUD collaboratively develop a system for effective data sharing and reporting between the community-wide homeless management information systems defined in McKinney-Vento, and the VA's Homeless Operations, Management, and Evaluation System, HOMES. This system, which must be operationalized by the end of 1925, aims to improve service coordination.

Thank you very much for your time, and I look forward to answering any questions you may have.

[THE PREPARED STATEMENT OF ROSANNE HAGGERTY APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Ms. Haggerty. Ms. Haggerty's written statement will be entered into the hearing record.

Mr. Carville, you are now recognized for 5 minutes to deliver your testimony on behalf of Veterans, Inc.

#### STATEMENT OF RAY CARVILLE

Mr. CARVILLE. Good morning, Chairman Van Orden, Ranking Member Levin, and the distinguished members of this committee. Thank you for the opportunity to testify today. My name is Ray Carville. I am the public affairs manager of Veterans, Inc. We are the largest provider of supportive services for veterans and their families in New England. We are located in Massachusetts. We currently administer roughly 33 Federal, State, and local grants. I am also a service-connected veteran. I have served as an Army human intelligence sergeant in Iraq and as a military contractor in Afghanistan.

Today I would like to discuss the critical importance of data, as we all are, and try and think of some convenient ways to visualize it. I would like to break it down into three sections. First, methodology and technology. How are we using the tools that we have already to facilitate greater efficiency in the people that are out there conducting the outreach, the people that are case managing the veterans once they are with us, and the grant managers that are reporting that information back up to their grantors? The second thing is policy ways that this committee may be able to influence the ease with which we can provide these supports to veterans. Finally, a model that we may be able to use to more efficiently determine funding for our programs in disparate geographic areas of the United States that have different costs of living and different standards.

First and foremost, I would like to say that when we talk about—I was pleased to learn that SSVF has the document management program in the works, which has essentially addressed my central point in the middle, which is that our case managers are completely overwhelmed with the lack of technological support that they currently have. The duplicative entries of data across multiple forms with no central repository in which to store them dramatically increases their workload. If it takes 45 to 60 minutes to enroll one of our veterans into one program, it takes that same additional amount of time to enroll them in another. If 75 percent

of our veterans are enrolled in more than one program, our case managers are duplicating their efforts 75 percent of the time.

Indeed, with that duplication comes even more problems, comes with transcription errors comes with incomplete data. We need a client resource management system that is intuitive, that is able to communicate with a client from one silo to a provider in another silo. Somebody who is receiving homelessness assistance should never not receive training and employment just because there is no communication between those two silos.

First and foremost, we need to acquire these veterans. How do we get our outreach people in the ground with the tools that they need to find veterans today? We have to change our way that we think about veterans. Right? We need to establish a whole new behavioral modeling of what post 9–11 veterans do because, frankly, they do not do the same things that veterans from Korea and Vietnam and former eras do. We need a concerted effort to think about these folks as human beings, as individuals, where they tend to go, and behaviorally modify them in a way that I am familiar with from doing my work as a human intelligence collector. You figure out where they are going to go, and you go to them to provide services.

Now, I would like to go back to your point, Representative Van Orden, about the composition of the winning team. A valuable tool for these outreach people on the ground, to see what services are being provided and where the needs are, are graphic interface systems, a map system that you can overlay with multiple layers of data. If Dallas has a winning team, then I want to know where on that map of Dallas all those service providers are, what their outreach is, what representatives handle those areas, what city counselors, where the hotspots are for veteran homelessness, where the food pantries are, where the mental health centers are. I want to know who is covering down. With that visual information, I can easily identify gaps. If I model it through analysis, I can easily identify trends. Where are homeless veterans going? Where were they 5 years ago? Where might they be in 10 years? These are the kinds of things we need to think about to get ahead of these issues.

We can see things like the cost of housing going up in Massachusetts and veterans being pushed west. A graphical analysis tool for our outreach people that could be used handheld in the communities would be of an enormous importance. They can input the data from the veteran on the ground in almost real time and have the veteran there with them during the whole thing.

Now, once we have acquired that data, it is getting it to that next level, that management and analysis level, where we want to run it through more robust programs than we are currently using. The military uses a wonderful network, a visualization tool called Palantir. I used it in Afghanistan. It is amazing for seeing what networks there are and laying that over the ground.

I am running out of time, so I am going to jump to policy, Transition Assistance Program (TAP). We need to take TAP out of the bases where soldiers are leaving and we need to put TAP into the domiciliary states into which they are returning. This will give us an opportunity to ingest these returning veterans at the largest inflection point of their career, when they return to their homes, to

sit down and apply community based organizations to triage them for their needs and ingest their data into our State veteran services repositories. We can know what veterans are at risk before they even step out of the TAP program.

Finally, I would just like to add the DTS, Defense Travel Service, has established a method of funding ZIP codes all across the United States. Take one funding point, establish it, another funding point, you have a ratio of what it costs to provide services in that area.

I am sorry, I am out of time.

(THE PREPARED STATEMENT OF RAY CARVILLE APPEARS IN THE APPENDIX)

Mr. VAN ORDEN. The gentleman's time has expired. Did you go to Huachuca?

Mr. CARVILLE. I did, sir.

Mr. VAN ORDEN. You did? Okay. Yes. You are discussing something that is the term of art is human terrain mapping. We brought Palantir into the U.S. Department of Defense (DOD) initially for another purpose and it is to find and remove people from the battle space. If we could use that to find and remove people from homelessness, it is a great application for a program that was originally designed for something else. I think that that has merit and it is also commercial off-the-shelf technologies. There are other ones but I would like to, Kate, will you—let us get together and talk about this. That is a very good idea.

With the VA I know it is real hard to kind of get them to do stuff, especially when you are talking about advanced technologies and whatnot. I do know that their heart is in the right place. I think we just have to show them how to aim. That is very compelling. I appreciate that very much.

Mr. Carville's written testimony will be entered into the record. The chair now recognizes Mr. Withrow for 5 minutes.

#### STATEMENT OF RANDY WITHROW

Dr. WITHROW. Short arms. I am Dr. Randy Withrow. I am the site director of the Veterans Housing and Recovery Program in Chippewa Falls. I have been hearing a lot of macro talk about the veterans. I am here to offer the micro.

Klein Hall is a 48-bed transitional program, GPD funded. Lutheran Social Services have been providing services in three spots across Wisconsin: Green Bay, Union Grove and Chippewa Falls. To start my discussion about the micro I would like to talk to you about Rocky.

Rocky arrived to our residence feeling powerless over addictions to drugs and alcohol and without a place to live. With the help of LSS counselors and peer specialists, he found sobriety, secured VA disability, saved a substantial amount of money, and found independent housing.

Going to your statement of when does the program end? Well, unfortunately, recovery is rarely a linear process, and so much in funding we look at it as linear versus being more of the string approach. Rocky relapsed and statistics are showing 85 percent are going to relapse. After several months, Rocky once again found himself dependent on drugs and alcohol, in significant debt, and

staring at a 5-day housing eviction notice. He was in a dark place, contemplating suicide, and needed a safe place to be. Coming back into the program, he embraced his needs that programmatically we were able to provide. He attended all groups and meetings and counseling sessions. He connected with 12-step programs in the community. He became ServSafe-certified through the program. Rocky graduated from the LSS Veterans Homeless Services in May. He is looking forward to independent living and committed in maintaining his sobriety.

As somebody who has looked at statistics as a therapist, it is important to identify what data points that we need to know: adverse childhood experience, or ACEs, knowing what has happened in their lives, to be able to identify. People are not homeless because they do not have shelter. People are homeless because of ancillary and secondary problems: mental health, substance abuse, self doubt, Post-Traumatic Stress Disorder (PTSD). Getting somebody to just as simply file for their service-connected benefits will look at you and say I do not deserve it. To have to completely reframe their mental direction is a challenge and it does not happen overnight and it does not happen linearly.

We want to look at what we call motivational interviewing, getting people to find where they are and where they need to be. Part of that is finding their strengths. The idea that they come in feeling helpless, worthless, and without—we talk about dignity, they are absent of dignity. The idea of retraining, and there is not a manual of how do you get somebody to feel dignity? That is what we struggle with every day.

We have 3 case managers overseeing the 48-bed facility. We are nonmedical, so we do not have any services that we can provide to even making sure they are taking their medications. We do have transitioned from a paper system to an electronic system, and with that we will be able to collect more data on the individual so we can direct treatment.

I appreciate the invitation and the time and I hope that we can continue to work toward the goal.

[THE PREPARED STATEMENT OF RANDY WITHROW APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Mr. Withrow. Mr. Withrow's testimony, written testimony will be entered into the record.

The chair now recognizes Mr. Wood for 5 minutes to deliver his testimony on behalf of Nation's Finest.

#### **STATEMENT OF NICK WOOD**

Mr. WOOD. Thank you. Chairman Van Orden, Ranking Member Levin, members of the committee, thank you for the opportunity to offer testimony on behalf of Nation's Finest today.

For 50 years, Nation's Finest's purpose has been to serve, house, and rehabilitate veterans experiencing homelessness. My name is Nicholas Wood, and I serve as the regional director for our operations in Arizona and Nevada. I am proud to have served the veterans in our communities for the last 10 years.

Nation's Finest specializes in serving veterans in rural and remote areas. We do this for two reasons. First, there is a higher per

capita rate of homelessness among veterans in rural areas. Second, there are fewer resources available to those veterans.

One of the greatest challenges we face are inaccuracies with the PIT counts, which, as you know, determines funding sources federally. For example, in 2023, the Reno PIT count said that there were 152 homeless veterans in the area. We have already served 282 veterans this year in our Reno office. Clearly, the PIT count dramatically undercounted veteran homelessness in Washoe County. Reno is not an anomaly. We frequently see that official data does not reflect the actual number of veterans we serve.

Starting in 2022, Nation's Finest began development of our own tool called Veteran View. We did this to help get a more comprehensive count of potentially homeless veterans. Using this information, here is what we see in the Reno area. PIT counts have ranged between 119 and 152 homeless veterans over the last 5 years. Census data tells us that there are 1,598 below-poverty disabled veterans, which are the veterans most likely to experience housing instability. Because the ratio between these two data points is high, we know that the PIT probably underestimates the number of veterans we actually serve.

Chairman Van Orden, let us look at your district. The lack of major metropolitan areas means providers must use the PIT balance of State data, which is every town and county that is not in the major metropolitan areas of the State of Wisconsin. This is overly broad and another weakness of the PIT count. For your district the PIT says there are 176 homeless veterans outside of the major metropolitan areas. Census tells us that in Eau Claire and La Crosse, there are 363 below-poverty disabled veterans. I believe that that just goes to show that there is a disconnect between what providers are seeing on the ground and what the data is producing.

Ranking Member Levin, for your district we look at both the San Diego and Orange County numbers. Given the population size and size of these counties, it is difficult to say how exactly this impacts your district. However, we know that PIT says there are 1,052 homeless veterans in Orange and San Diego Counties, but the census identified 6,622 below-poverty disabled veterans. This ratio tells us that the actual number of homeless veterans is probably much higher than what is projected by the PIT count.

I would be happy to build additional profiles if anybody is interested. Clearly, PIT counts are insufficient for capturing a complete picture of the need, and basing resource allocations on PIT counts alone is highly detrimental to rural and urban services providers alike. Even with better data and, therefore, more equitable distributions, we still will not be able to meet the need of the currently available resources. The current rate for the Grant Per Diem Program is grossly insufficient. For instance, we do not operate GPD in Carson City because it is not sustainable. To address this, I believe Congress should enact the Elizabeth Dole Home Care Act and implement and fully fund a new formula for GPD over the long term. Congress and the VA should also allow for SSVF providers to receive administrative costs at the same rate as other VA programs.

Finally, Congress must recognize that reaching veterans in rural communities requires unique resources. In our case, we developed

our telehealth-equipped mobile service units so that we can meet veterans where they are instead of waiting on them to come to us. Congress and the VA should provide rural partners additional funding to ensure we can reach every veteran, regardless of where they are.

As I conclude my testimony, I want to recognize the fantastic work that this committee and the VA has done to improve the lives of all veterans. We have made great strides in recent years, but until we connect every veteran to the services they have earned, we are not done.

Thank you again for the opportunity to be here today, and I look forward to answering your questions.

[THE PREPARED STATEMENT OF NICK WOOD APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Mr. Wood. Mr. Wood's written statement will be entered into the record.

I now recognize Ranking Member Levin for 5 minutes.

Mr. LEVIN. Thank you, Mr. Chairman. I was going to start with Ms. Haggerty. I will come back to you because I have to thank Mr. Wood for those numbers. They are striking, and they are consistent with roughly what we have seen on our team.

One line from your testimony particularly struck me was the difference between what your data is showing in terms of the number of homeless veterans you serve versus what we see in the Point In Time count. I have another prop: 300,000 veterans each year accessing these services. We have talked a lot today about the true need in the community in terms of the prevalence of homelessness or keeping people out of homelessness. Can you speak to the true needs of providers in terms of serving veterans and what resources you need? You spoke a bit about GPD, but if you could elaborate on that and what else you need to do the job.

Mr. WOOD. Thank you for the question. If I can answer your first question, when it comes to the GPD program, we are not receiving the resources that we need. I have conversations monthly, as I talked about, with the Carson City site. They desperately want to start a GPD program and reach people that we otherwise would not be able to reach. We cannot do it because it is not a sustainable model at the moment. I look forward to a time where we can do that and start providing that service to those veterans.

Mr. LEVIN. What would you need?

Mr. WOOD. Truthfully, we would need an increase in the bed night rate, sir. Currently it is sitting at around \$69 per bed night and we are not able to provide all the services that we need at that rate.

Mr. LEVIN. The number that I have heard locally is around \$100 would do it. Is that accurate?

Mr. WOOD. That would fall in line with what I would think, yes, sir.

Mr. LEVIN. Appreciate that very much. Let me turn to Ms. Haggerty. Cannot forget about you. Really have appreciated working with Community Solutions in my district in San Diego, Ocean-side, in the area in North County, just helping all of us understand, again, the data around the drivers of homelessness, the efficacy of different sorts of solutions.

One thing that struck me in your testimony was something I talked about before, was the importance of by name level data and identifying veterans who are experiencing homelessness to target individualized interventions and resources to end their homelessness. I concur with what Dr. Withrow was saying. Really, my experience is every veteran is unique. Everybody has their own story, the underlying factors.

I appreciated the testimony earlier of Dr. O'Toole in the end of the year—you know, at the end there, we got him to say that. How close do you think VA is to having a national by name list of every veteran experiencing homelessness? How can we help VA get all the way there other than forcing an answer at a hearing?

Ms. HAGGERTY. Thank you for the question, and we so appreciate the opportunity to work with you in the city of San Diego and the team.

Mr. LEVIN. I think your mic may need to be turned on.

Ms. HAGGERTY. Thank you. We are so appreciative of the chance to work with you in the city of San Diego and your team there. With respect to where HOMES is and the VA's ability to have a nationwide by name list of veterans, we understand that they are on track certainly. I think the target date was the end of 2025. What Dr. O'Toole shared was consistent with everything that we have been seeing and hearing. I think HOMES is definitely a robust system and will be able to do the job.

I think this focus on the consolidation with HUD and also the interoperability of data with other systems is going to be critical to get at what the chairman's point was about upstream systems. The more interoperable the data is from HOMES to the HMIS system and also other public systems of data that are flagging people in crisis that would be the, I think, the promise here. We are hopeful that everything we have been hearing from the VA is very consistent with their reaching the goal of the end of 2025.

Mr. LEVIN. Thank you for that. How do VA's data capabilities compare with those of HUD?

Ms. HAGGERTY. We find that the HOMES system is really solid. One of the things that we work with in the communities that are part of Built for Zero is helping them to better optimize the HMIS system that HUD mandates. It has more capabilities than many communities are using. I think the overarching concern that, as I mentioned in my testimony, is really creating the expectation and the standard of practice in HMIS that we have communities using by name data.

Mr. LEVIN. Watch out. He is tough with that gavel, so we are going to have to—

Ms. HAGGERTY [continuing]. by name data and real-time data. It is those features more than the system itself.

Mr. LEVIN. Thank you. Appreciate it. I yield back.

Mr. VAN ORDEN. The gentleman yields.

The chair now recognizes Mr. Crane from the great State of Arizona.

Mr. CRANE. Thank you, Mr. Chairman. Thank you guys for coming.

I realize this is a committee hearing about veteran homelessness and what we can do to prevent that. We talk about policy, we talk

about technology funding, housing investment, healthcare data, all these different things. I think all these things are great. I am going to be honest with you, though. I think in many ways one of our biggest problems is we do not actually get to the root cause. That is why I was disappointed when I asked the panel before you guys, do you guys have any studies that you have done to actually look into the causes of this? Especially when we are talking about numbers like \$3.2 billion that this Congress, through the American people's hard-earned tax dollars, are going to be devoted to this cause.

I want to read you guys a verse real quick. It is Matthew 11:28 through 30. It says, "Then Jesus said, come to me, all of you who are weary and carry heavy burdens, and I will give you rest. Take my yoke upon you. Let me teach you, because I am humble and gentle at heart, and you will find rest for your souls."

The reason I read that to you guys is because when I got out of the military, I had done five deployments. Three of them were combat deployments with the Sea, Air, Land (SEAL) teams. Yet I realized many had done way more than I did. Many have given up way more than I did. I was like this first. I was tired and I was weary and I was pissed off, and I had survivor's guilt, and I was angry at the world. The best thing that I ever did was I went to a Christian men's retreat that I did not want to go to. I am not saying that is the answer for everybody. I am not. I would love to see us do a better job of actually addressing some of the issues that I believe can only be dealt with when we actually look at people's heart and some foundational stuff like faith.

Why do not we talk about that when we talk about veterans' homelessness? Why do not we talk about that when we talk about some of the causes that lead to veterans' homelessness, like addiction? I believe what Dr. Randy Withrow, sir, you said something on the panel today, you said it is not always about not having a house. Did not you say that, sir? I agree with that statement. I really do. Just because it worked for me does not mean it is going to work for everybody else. When we are talking about a sum like \$3.2 billion, I am worried that sometimes we just throw money at things without attacking the real problem and getting at the root cause. I will tell you this right now, if it worked for me, it will work for some other veterans out there.

I just wanted to say that today because I do care about my brothers and sisters, regardless of what service they were a part of, regardless when they served, what their job was. I know from experience that for a lot of them, they are weary, they are heavily burdened, they are pissed off. They saw things that most human beings should never see or do. Sometimes giving them a house is not going to fix what the root cause is. I just wanted to say that today.

Thank you, Mr. Chairman. I yield back.

Mr. VAN ORDEN. The gentleman yields back. Mr. Crane, I thank you for that. I would like to associate myself with your comments. We had hoped that we would have Hope Ministries here also; unfortunately, was not able to travel here. I used to work with something called the Mighty Oaks Warrior Foundation and they addressed the root issues. The true upstream cause of many of these issues is the wounds that we have on our souls.

Mr. CRANE. Mr. Chairman, I looked up, I did a quick search on it. I found easily 20 or 30 faith-based ministries for veterans. They are not all my faith, they are across the board. I think that is something that we should maybe look at in the future, doing a hearing on something like that, Mr. Chairman. Thank you.

Mr. VAN ORDEN. Mr. Crane, there is something called the Sergeant Fox Grant Program and I asked specifically one of our people from the VA what percentage of the moneys are going to faith-based programs, and I believe he said 19 percent. We looked that up and that is just not true. Is that right, Jason?

Part of the issue that we are having here is that the VA is not being honest and they are intentionally excluding some of these faith-based programs that have proven to be some of the most effective. I think two or three people that have gone through the Mighty Oaks Warrior foundation have committed suicide out of the, you know, 8,700 people or so that have gone. That is an amazing record.

Am I trying to say that people need to go to a Christian program? I am not. Am I saying they should go to a program that is based on the Islamic faith? I am not. Or on Mormonism or any—I am not saying that. I concur with you, Mr. Crane. It is very heartwarming to hear you say that. If we are not taking all options, then why are we taking any? We are sticking with these treatment modalities that have proven to be not effective. Let us do something different. Thank you for that, Mr. Crane.

I now recognize myself for 5 minutes.

Ms. Haggerty, what is your budget?

Ms. HAGGERTY. Twenty-four million dollars.

Mr. VAN ORDEN. How much of that is government money?

Ms. HAGGERTY. None.

Mr. VAN ORDEN. Zero. Okay. That would make 100 percent private.

Mr. Carville, what is your budget?

Mr. CARVILLE. Twenty-five million.

Mr. VAN ORDEN. Twenty five? How much of that is government?

Mr. CARVILLE. Roughly 70 percent from the Federal Government.

Mr. VAN ORDEN. Seventy percent. Okay. Mr. Withrow.

Dr. WITHROW. Not—we roughly get from the Wisconsin Department of Veterans Affairs (WDVA) right at about 8 million.

Mr. VAN ORDEN. Your total budget is 8 million?

Dr. WITHROW. Right.

Mr. VAN ORDEN. It is 100 percent government?

Dr. WITHROW. Yes.

Mr. VAN ORDEN. Okay. Mr. Wood, what is your budget?

Mr. WOOD. To be honest with you, sir, I am not sure.

Mr. VAN ORDEN. Okay.

Mr. WOOD. I know that a vast majority of it is government money.

Mr. VAN ORDEN. Okay. Ms. Haggerty, would you consider your organization to be effective?

Ms. HAGGERTY. Very, sir.

Mr. VAN ORDEN. Okay. Mr. Carville.

Mr. CARVILLE. Extremely.

Mr. VAN ORDEN. Mr. Withrow.

Dr. WITHROW. Mostly.

Mr. VAN ORDEN. Excuse me, Doctor. I apologize. Dr. Withrow.

Dr. WITHROW. Mostly.

Mr. VAN ORDEN. Very well. Mr. Wood.

Mr. WOOD. Yes, sir.

Mr. VAN ORDEN. Okay. I think just by this little mini cross section here, from 0 to 100 percent government funding, we can say that the effectiveness and the efficacy of these programs are not based on government funding. Right? I mean, because they are not. If you are effective and you are effective, and we have every little—you know, we go from nothing to everything spectrum here.

I think that we need to look oftentimes externally to the government. I do not think the government is the solution to these problems. I believe that we can be very effective in helping move the ball down the field. Again, that is functional zero. I also think that we need to utilize some of these other groups and allow them to serve their people, their constituents.

That is why, talking about what Mr. Crane was saying, if we are not engaging these groups across the board, we do have on our previous panel a gentleman that is responsible for interagency coordination, if we are not honestly and openly looking at all of the available options, then we are not doing service to the veterans. When the Veterans Administration serves the Veterans Administration and not the veterans, they are out of sync with this committee, and they are out of sync with the vast majority of the Members of Congress on both sides. I do not know a single—Mike, do you know a single Member of Congress if you go from the far left to the far right that does not want our veterans to succeed?

Mr. LEVIN. I sure as hell hope not.

Mr. VAN ORDEN. Okay. If we are all thinking this collectively in a nonpartisan way, and you guys are thinking about this in a nonpartisan way, but we have a government agency that appears to not be approaching this problem set, for whatever reason, in a nonpartisan way, that is a problem. If they are failing to look at all of the available options, they are not doing their jobs for the veterans. If the Veterans Administration is not doing the job for the veterans, that means, by default, they are doing the job for themselves. That is unacceptable. It is completely out of line.

I would like to see some more honest reporting. I want to talk to that guy again, by the way, that gave me that 19 percent of the Staff Sergeant Fox budgets going to faith-based programs. I would like to see him sitting here again. I also want to get down with Mr. Crane again and have a—if we can do a faith-based program panel. You look at the level of recidivism, you look at the level, sir, of people going back and falling back into drug and alcohol addiction and spousal abuse and all that stuff when you actually do the upstream solution that Mr. Crane was referring to, it plummets because you are addressing the soul, not the physical condition.

I guess I do not really have any questions other than ones I asked you about your budget. I really want to thank you guys and gals—gal for coming today. On the first panel, I see you back there, I appreciate you showing up.

We have more work to do. It is very simple. Until we have every community join the 84 that have reached functional zero, our work

will not be done. I do appreciate the term functional zero. Actually, my ranking member told me that term, and it is true. We are always going to have folks that are going to be on the streets, unfortunately. When we can get to functional zero, it is an incredible accomplishment.

With that, I would like to recognize Ranking Member Levin for any concluding remarks he may have.

Mr. LEVIN. I just thank the chairman for the hearing today and for just our shared purpose and commitment to ending veteran homelessness. It is a daunting, difficult, complex issue, and I am very grateful to all of you for the work that you do each and every day as service providers, as community leaders. Everybody has a different approach. Every region is different, every area is different. I do think it is worth the time and trouble to understand as best we can how these 84 communities got there. I am sure different communities got there different ways. It is not a one size fits all, but I do think it is worth understanding best practices.

I am very grateful for all 6,800 people, Doctor, at VA as well, and the work that they do. It is difficult work, but it is extraordinarily rewarding. If anything like the work that we do on the committee here, where we actually see the positive benefit of the work that, you know, hopefully makes a difference in people's lives, then I think it will all have been worth it.

Thank you, Chairman, and I will yield back.

Mr. VAN ORDEN. Thank you, Ranking Member Levin. Thank you all again for coming today.

I ask unanimous consent that all members may have 5 legislative days to revise and extend the remarks and include extraneous materials. Without objection, so ordered.

This hearing is adjourned.

[Whereupon, at 1:47 p.m., the subcommittee was adjourned.]

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**A P P E N D I X**

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## PREPARED STATEMENTS OF WITNESSES

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### **Prepared Statement of Thomas O'Toole**

Good afternoon, Chairman Van Orden, Ranking Member Levin, and other Members of the Subcommittee. My name is Thomas O'Toole and I serve as the Deputy Assistant Undersecretary for Health for Clinical Services with the Veterans Health Administration (VHA). Thank you for the invitation to testify before you.

No Veteran should face homelessness in the country they fought to defend. Ending Veteran homelessness is not only a moral imperative but also a practical investment in the well-being of those who have sacrificed for our Nation. By ensuring all Veterans have access to safe, affordable housing, and supportive services if needed, we can improve their quality of life and further honor their service. The Department of Veterans Affairs (VA) is committed to ending homelessness among all Veterans because it is our Nation's duty to ensure they have a place to call home.

#### **VA Homeless Programs**

VA leads the Federal response to end Veteran homelessness, offering a comprehensive array of services to meet the diverse housing needs of Veterans and their families. In Fiscal Year (FY) 2023, VA served over 210,000 Veterans in VA Homeless Programs.

VA's outreach efforts, such as the Health Care for Homeless Veterans (HCHV) program and the National Call Center for Homeless Veterans, play a crucial role in identifying and assisting Veterans experiencing homelessness in gaining access to essential health care, mental health support, and crisis intervention. For emergency and transitional housing, VA offers Health Care for Homeless Veterans (HCHV) Contracted Residential Services and the Grant and Per Diem (GPD) Program, providing short-term residential treatment and supportive housing.

Permanent housing and supportive services are critical components of VA's strategy. The Supportive Services for Veteran Families (SSVF) program provides financial assistance in the form of grants to eligible entities who provide and coordinate the provision of supportive services for very low-income families in an effort to prevent homelessness among Veterans and their families at risk for homelessness and rapidly re-house those who have become homeless. A collaboration with the U.S. Department of Housing and Urban Development (HUD), the HUD-VA Supportive Housing (HUD-VASH) Program provides permanent housing subsidies paired with VA case management and supportive services to help Veterans maintain stability and improve their quality of life.

Specialized programs like the Veterans Justice Program address the unique needs of Veterans involved with the criminal justice system. Employment and rehabilitation services, such as the Homeless Veterans Community Employment Services (HVCEs), support Veterans in gaining employment and regaining their independence.

#### *Goals, Progress, and Challenges*

For the last 3 years, VA has set enterprise-wide goals to end Veteran homelessness. In calendar years (CY) 2022 and 2023, VA aimed to house 38,000 homeless Veterans each year. VA exceeded these goals, housing nearly 40,500 homeless Veterans in 2022 (6.3 percent above the target) and more than 46,500 in 2023 (22.5 percent above the target). Building on this success, VA has set three goals for Fiscal Year 2024: (1) place at least 41,000 Veterans experiencing homelessness into permanent housing, (2) ensure that at least 95 percent of Veterans housed in Fiscal Year 2024 do not return to homelessness during the year, and (3) engage with at least 40,000 unsheltered Veterans to help them obtain housing and other wraparound services.

As of May 31, 2024, VA has made significant progress toward these goals. More than 31,000 Veterans (75.8 percent of the goal) have been permanently housed, and VA is on track to meet this target while closely monitoring to ensure homeless Veterans receive the necessary housing resources. Notably, 97.4 percent of the Veterans

housed to date have remained in housing, with just over 800 Veterans (2.6 percent) returning to homelessness. VA is closely monitoring this goal to ensure Veterans stay housed or are re-engaged if they become homeless again. Additionally, more than 28,000 unsheltered Veterans (70.1 percent of the goal) have been engaged, and VA is on track to meet this target while ensuring unsheltered Veterans are connected to housing resources.

VA homeless programs also utilize various performance indicators to evaluate operational effectiveness. These include permanent housing metrics to measure the placement rate of homeless Veterans into permanent housing, employment metrics to support housing stability, targeting metrics to identify engagement of homeless Veterans and ensure the right programs serve them, negative exit metrics to measure program and service effectiveness that will inform program operations to prevent homelessness, and hiring metrics to track the filling of specific purpose-funded positions.

While unhoused Veterans and Veterans at risk of homelessness face numerous challenges to housing stability, the primary obstacle is the lack of affordable housing. Although VA is working with Federal partners to identify policy solutions to this barrier, America's homeless Veterans need landlords who are interested and willing to rent to them in the meantime. Landlords have a unique opportunity to give back to those who have served. Housing Veterans not only provides shelter but can lead to life-changing health, social, and socioeconomic outcomes for them and their families.

#### *Tailoring Approaches for Veteran Subpopulations*

VA is deeply committed to addressing the diverse and complex needs of unhoused Veterans through tailored approaches that reflect the expertise and perspective of Veterans with lived experiences. We actively engage these Veterans through channels such as the Advisory Committee on Homeless Veterans and the Veterans Engagement Panel for the Center for Homeless Veterans Research and Education.

To meet the specific needs of older Veterans, we have introduced the HUD-VASH Homeless Aging and Disabled Veteran initiative. This initiative aims to enhance access to Geriatric and Extended Care services, develop specialized housing options, expand the use of project-based vouchers with onsite services, and build stronger partnerships with community agencies. These efforts ensure comprehensive support for our aging Veterans, enabling them to live independently and with dignity.

Recognizing the unique needs of various subpopulations within the homeless Veteran community, including women Veterans, Veteran families, and those with acute social, mental, and physical needs, we have expanded our efforts. SSVF plays a critical role in preventing and addressing homelessness among these groups. In Fiscal Year 2023, SSVF served over 100,000 Veterans and family members, including more than 10,000 women Veterans and over 11,000 households with children, providing essential services that promote housing stability and access to necessary resources.

We have also enhanced the adaptability and flexibility of our homeless programs. We offer short-term residential treatment and supportive housing tailored to Veterans' specific circumstances. This ensures they have access to health care, mental health services, and substance use treatment. Additionally, we are strengthening partnerships with community-based organizations to continue to enhance our transitional housing and services focusing on subpopulations such as women Veterans, Veterans with families, and those with mental health and substance use disorders. In Fiscal Year 2023, the GPD program served over 18,000 Veterans, helping them achieve residential stability and improve their skills and income.

Furthermore, we have awarded GPD capital grants to convert transitional housing into individual units, provided Emergency Housing Assistance through SSVF, and offered training on outreach and access for unsheltered Veterans. VA remains dedicated to ensuring that every Veteran receives the support needed to rebuild their lives and achieve stability.

#### **HUD-VASH Program**

The HUD-VASH program pairs HUD's Housing Choice Voucher rental assistance with VA case management and supportive services to help homeless Veterans and their families obtain permanent housing and access necessary health care, mental health treatment, and other support services to improve their quality of life and maintain housing over time. As of May 31, 2024, more than 85,500 allocated vouchers were under a lease, while the remaining vouchers were in various stages of utilization, including being in the hands of Veterans searching for housing and vouchers set aside for project-based development.

To increase voucher utilization, HUD and VA hosted ten in-person boot camps last year, providing staff from VA, HUD, and local public housing agencies (PHA)

with opportunities to improve processes, share best practices, and create action plans to move Veterans from homelessness to permanent housing more efficiently. HUD and VA are now collaborating to evaluate regional action plans, collate boot camp themes, and provide targeted technical assistance.

Recognizing the need to expand integration efforts, VA is implementing enhanced and innovative service models, including providing guidance on co-enrollment with other VA and community partner programs and developing collaborative case management models with VA-funded grantees and community partners as VA-designated service providers to augment services to Veterans.

### **Data Collection and Information Sharing**

VA effectively utilizes a variety of data sources to monitor, evaluate, and improve its homelessness programs, ensuring that Veterans receive the highest quality care and support. Central to this effort are the Homeless Management Information System (HMIS) and the Homeless Operations Management and Evaluation System (HOMES), both of which play critical roles in data collection and analysis.

HMIS is a community-based technology system used to collect client-level data for individuals receiving services related to homelessness or being at risk of homelessness. Administered through local Continuums of Care (CoC) designated by HUD, each CoC has an HMIS Lead responsible for managing the system according to HUD's data standards. HUD has established performance measurements that utilize HMIS data to analyze the effectiveness of the homeless response system. These standards are updated every two to 3 years in collaboration with VA and other Federal partners, ensuring the data remains relevant and accurate.

HOMES is VA's primary platform for collecting information on homeless Veterans, with the exception of the SSVF program, which utilizes HMIS. VA ensures that data from HMIS and HOMES are consolidated, processed, and de-duplicated for reporting purposes. The data collected through HMIS and HOMES includes comprehensive service delivery information over a full year, compared to the single-day estimates provided by the Point-in-Time (PIT) Count conducted by local CoCs. This approach allows VA to capture a more detailed and continuous picture of the services provided and the outcomes achieved.

SSVF grantees upload relevant data from HMIS to a VA HMIS Repository each month. Similarly, GPD Case Management grantees submit data to HMIS for upload to the Repository. These uploads enable VA to maintain a comprehensive data base that supports informed decision-making and program evaluation.

Additionally, the Homeless Programs Gap Analysis tool is a key component of our resource allocation and request process. It is updated annually and incorporates data from VA, HUD, and community sources. This includes HUD's Point-in-Time (PIT) and Housing Inventory Count (HIC) data, VA resource and housing placement data, and community By-Name List (BNL) data when available. VAMCs are encouraged to share the Gap Analysis with the local CoC and community partners. By analyzing this data, VA can estimate future needs, identify potential gaps, and determine areas of excess. This information is utilized at both the national and local levels for resource allocation and planning. A use case example at the VAMC level, involves discussion of the Gap Analysis with VA and community partners, identifying opportunities to improve operational strategies, and working together to close gaps. This helps promote collaboration between programs/partners resulting in improved housing placements.

### *Improvements*

VA and HUD have been collaboratively working on information sharing between the HOMES and HMIS systems since approximately 2017. This collaboration has involved convening workgroups with Federal and community partners, as well as privacy and information security officers. Together, they achieved the authority for VA to disclose relevant health care and demographic information to agencies, housing resources, and community providers for purposes such as coordinating care, expediting housing access, providing services, participating in coordinated entry processes, reducing Veteran homelessness, identifying individuals in need of immediate assistance, and ensuring program accountability.

VA is actively collaborating with HUD and other external stakeholders to implement section 309 of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 (Division U of P.L. 117-328). Under section 309, VA and HUD are required to work together to develop a system for effectively sharing and reporting data between the community-wide homeless management information system described in section 402(f)(3) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360a(f)(3)) and HOMES. VA

will need to expand its HMIS Repository to allow data imports from CoCs for all Veterans in their catchment area by December 2025.

VA is currently focused on testing expanded uploads to the HMIS Repository by the end of calendar year 2024. This phase allows for thorough troubleshooting and the development of technical assistance, paving the way for a full national rollout by the end of 2025. While this progress is promising, several ongoing areas of engagement may influence the timeline, including addressing privacy and information security concerns, managing potential increased costs from CoCs associated with expanded uploads and reporting, and ensuring adequate resources to handle the influx of data and develop meaningful reports. VA remains committed to collaborating with stakeholders to navigate these challenges toward the implementation of the expanded HMIS Repository uploads.

### **Conclusion**

Significant progress has been made toward ending Veteran homelessness, with Veteran homelessness cut by more than half since 2010. However, much work remains to be done. VA will not rest until every Veteran has a safe, stable, accessible, and affordable home. We are deeply grateful for the ongoing support and investments from Congress in addressing the challenges of Veteran homelessness, especially in the face of soaring housing shortages and costs, high unemployment rates following the Great Recession, and disruptions from the COVID-19 pandemic. Your continued assistance has been crucial to sustain and accelerate the progress we have made in reducing Veteran homelessness.

Chairman Van Orden, Ranking Member Levin, this concludes my testimony. Thank you once again for the invitation to join you today. I am prepared for your questions.

**Prepared Statement of Jeff Olivet**



**Statement of Executive Director Jeff Olivet  
United States Interagency Council on Homelessness**

**Before the United States House of Representatives  
Committee on Veterans Affairs  
Subcommittee on Economic Opportunity**

***Exploring the Use of Data-Driven Methods and Community Collaboration to  
Reduce Veteran Homelessness.***

**June 27<sup>th</sup>, 2024**

Good afternoon, Chairman Van Orden, Ranking Member Levin, and distinguished subcommittee members. I am Jeff Olivet, Executive Director of the U.S. Interagency Council on Homelessness (USICH). It is an honor to appear before you today. I am here to discuss the nation's homelessness crisis and the administration's current and planned work to prevent and end it.

As the sole federal agency dedicated to eradicating homelessness, USICH holds a unique position. Our agency leverages the collective strength of 19 other federal agencies to orchestrate the federal response to homelessness. Our member agencies oversee more than 30 programs aimed at homelessness and numerous others that help individuals grappling with poverty and housing instability. Our team of Senior Regional Advisors, strategically positioned across the country, collaborate directly with mayors, governors, and service providers in various regions, ensuring the efficient, effective, and compassionate use of resources. All In, the Federal Strategic Plan to Prevent and End Homelessness, which guides USICH's work, includes several strategies to related to veterans experiencing homelessness:

- Increasing and improving coordination between DoD, VA and other partner agencies to identify opportunities to strengthen appropriate housing connections with follow-up services for transitioning service members (TSMs).
- Providing information and outreach to military communities and legal service providers about federal foreclosure and eviction protections for service members and veterans.
- Broadening community outreach and marketing of VA's resources to promote health, volunteerism, and national service, wellness, education, employment, economic mobility, and legal assistance.
- Strengthening and building partnerships across federal, state, and private entities to expand housing stock availability as identified in the VA Homeless Programs Office Strategic Plan for 2021-2025.
- Promoting the use of tools and providing guidance on how to screen for housing instability for TSMs.

The story of USICH is a testament to the power of bipartisan collaboration. In 1987, large majorities in Congress, transcending political lines, passed the Stewart B. McKinney Act, later renamed the McKinney-Vento Homeless Assistance Act. This law, signed by President Reagan, recognized the complexity of coordinating federal efforts to address homelessness. It was a clear message that homelessness is a cross-system problem that requires cross-system solutions. No single agency, system, sector, or jurisdiction alone can end homelessness. The McKinney-Vento Act, a product of this bipartisan understanding, requires USICH to develop and annually update a national strategic plan, providing a shared vision of the work required to end homelessness and the strategies necessary to accomplish that vision. Today, I would like to provide a picture of homelessness in America and discuss the challenges we still face.

Homelessness is a life-and-death public health crisis. Thousands of people die every year due to the dangerous conditions of living without a home. People who experience homelessness die 20 years earlier than people who are housed.<sup>i</sup> According to the [latest annual Point-in-Time Count](#)<sup>ii</sup>, more than 650,000 people in the United States experienced homelessness on a single night in January 2023. But this is only a snapshot. According to the 2021 Annual Homelessness Assessment Report Part 2, over the course of a year, at least [twice that number](#)<sup>iii</sup>, more than 1.2 million people experienced sheltered homelessness at some point during the year<sup>iv</sup>. When we consider households that are "doubled up"—where multiple families or generations are living together out of necessity—homelessness and housing

instability surge even higher. Recent data from The Department of Housing and Urban Development's most recent Point in Time Count found more than 650,000 people were experiencing homelessness on a single night in January 2023, a 12% increase from 2022.<sup>v</sup>

People of color are disproportionately affected by homelessness. For example, while Black Americans comprise 13% of the overall population, they account for 37% of the homeless population. American Indians, Alaska Natives, and Asian Americans are even more disproportionately represented. Latinos, who are undercounted in our national estimates, are overrepresented compared to their share of the general population.<sup>vi</sup>

Homelessness touches both the young and the old. Children—who made up 17 percent (111,620 children) of the homeless population in the 2023 Point-in-Time Count -- are [more likely](#) to experience severe health conditions, abuse, and violence if they have experienced homelessness, according to a 2022 analysis published in the *Journal of Community Health*<sup>vii</sup>. Furthermore, according to data from the Department of Education<sup>viii</sup>, more than 1 million students experienced homelessness during the School Year 2021-2022. This represents 2.4% of all students enrolled in public schools. At the other end of the spectrum, older adults are the fastest-growing number of homeless Americans. According to one study, people aged 50 or older are the fastest-growing group of people experiencing homelessness in America, and their numbers are estimated to triple by 2030.<sup>ix</sup>

When considering how people lose their homes, no two stories are the same. Among the root causes of homelessness is the lack of affordable housing and incomes that do not keep pace with the cost of housing. A job has never guaranteed a home—and that is even more true today. Some measures have shown that half of the people living in shelters or on the streets are employed. However, according to the most recent “Out of Reach” report from the National Low Income Housing Coalition, there is no county in America in which a full-time minimum-wage worker can afford even a modest two-bedroom apartment.<sup>x</sup> Meanwhile, according to the Center on Budget and Policy Priorities, rents have risen far faster than wages across the United States, with growth in median rents outpacing growth in median renter income in nearly every state since 2001.<sup>xi</sup> Evictions can come fast, while government assistance is often too slow. Decades of growing economic inequality have left more than half of Americans living paycheck to paycheck and one unexpected car repair or medical bill away from homelessness.

Even when people can afford a home, one is not always available. In 1970, the United States had a surplus of 300,000 affordable homes. Today, according to various estimates, we have a shortage of approximately 2 million units nationwide. For lowest-income renters, this gap is even more significant.<sup>xii</sup> Some measures have indicated that, for every 100 extremely low-income renters, there are only 37 affordable homes. Where do we expect the other 63 to live? Furthermore, people using housing vouchers struggle to find landlords who will rent to them.<sup>xiii</sup> Some landlords don't want to go through the bureaucratic hurdles to accept vouchers, including inspections, paperwork, and making needed repairs.

Preventing homelessness from happening in the first place is also critical because every day, roughly 2,500 people, or around 900,000 people each year, exit homelessness—yet roughly the same number fall into homelessness. To end homelessness, it is vital that we not just house people experiencing homelessness now but that we also find ways to ensure people do not become homeless in the first place.

We also know that homelessness and health are inextricably linked. While mental health, substance use, domestic violence, and other risk factors influence who is most likely to become homeless, lack of affordable housing and wages that do not keep pace with housing costs remain the root causes that have driven homelessness in the United States over the past few decades. The current state of homelessness is heartbreaking. This is not the way it should be.

More specifically, I'd like to discuss veterans. Even just one veteran experiencing homelessness is a tragedy. It is unacceptable that anyone who has served this country in uniform leaves military service only to experience the trauma of homelessness. According to the Department of Housing and Urban Development's (HUD's) 2023 Annual Report to Congress (AHAR), 35,574 veterans were experiencing homelessness on a given night. That is 22 of every 10,000 veterans in the United States.<sup>xiv</sup> More troubling, the number of veterans experiencing homelessness increased by seven percent (2,445 more veterans) between 2022 and 2023.<sup>xv</sup> The increase included a 14 percent rise in unsheltered veterans (1,943 more veterans) and a three percent increase in veterans experiencing sheltered homelessness (502 more veterans). Despite increases in experiences of veteran homelessness between 2022 and 2023, the number of veterans experiencing homelessness is 52 percent lower than it was in 2010, the year that the federal government first set a goal to end homelessness, including among veterans.<sup>xvi</sup>

This tremendous success—sustained over 15 years—has spanned Democratic and Republican administrations, received bipartisan Congressional support, and demonstrated that it is possible to solve homelessness. The 52% reduction in veteran homelessness is the proof point. When we provide stable housing with strong wrap-around supports, that is the recipe for ending homelessness. The challenge ahead for all of us is to finish the work of ending Veteran homelessness and to apply these lessons to other groups—families, youth, single adult non-veterans, and older Americans.

Ending veteran homelessness means that homelessness among veterans is prevented whenever possible and is otherwise a rare, brief, and one-time experience. In the work to end Veteran homelessness, one community I would like to highlight is the City of Dallas, Texas, which recently joined 83 other states and communities across the United States in formally declaring an effective end to Veteran homelessness through the achievement of the USICH Criteria and Benchmarks.<sup>xvii</sup> The City of Dallas joined the Department of Veterans Affairs (VA) North Texas and community stalwarts Housing Forward and the All-Neighbors Coalition in formally declaring the effective end of homelessness for North Texas Veterans at Dallas City Hall on May 22nd. This was due to collaborative efforts and the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program. In addition to the HUD-VASH program, the VA awards grants through the Grant and Per Diem program to eligible entities to provide transitional housing with wraparound supportive services to assist veterans with moving into permanent housing. This multifaceted approach ensures that the VA can meet the diverse needs of our veteran population and provide them with the necessary resources to rebuild their lives.<sup>xviii</sup>

Finally, the Biden-Harris Administration has taken sweeping new steps that are beginning to yield results. Through the implementation of the White House's Housing Supply Action Plan, more units have been under construction than ever before. In 2023, HUD announced that it helped more than 424,000 households connect to homeless support services, exit homelessness, or avoid homelessness altogether. In January, the VA announced that it had housed more than 46,000 homeless veterans, surpassing its goal for 2023.

The President's 2025 Budget<sup>xix</sup> includes a plan to invest over \$258 billion to build 2 million housing units, support millions of first-time homebuyers, guarantee housing vouchers for hundreds of thousands of extremely low-income veterans and youth aging out of foster care, and advance efforts to end homelessness. The Budget includes \$20 billion in mandatory funding for competitive grants to incentivize State and local jurisdictions and Tribes to expand housing supply. The grants will fund multifamily developments, including commercial-to-residential conversions and projects near transit and other community amenities; support planning and implementation grants to help jurisdictions identify and remove barriers to building more housing; launch or expand innovative housing models that increase the stock of permanently affordable rental and for-sale housing, including community land trusts, mixed-income public development, and accessory dwelling units; and construct and rehabilitate starter homes.<sup>xx</sup>

The 2025 Budget also provides \$4.1 billion for Homeless Assistance Grants to continue supporting approximately 1.2 million people experiencing homelessness each year and to expand assistance to approximately 25,000 additional households, specifically survivors of domestic violence and homeless youth. These new resources build on Administration efforts that have expanded assistance to roughly 140,000 additional households experiencing homelessness since the President took office. The Budget further reflects the Administration's commitment to making progress toward ending homelessness by providing \$8 billion in mandatory funding for the acquisition, construction, or operation of housing to expand housing options for people experiencing or at risk of homelessness, as well as \$3 billion in mandatory funding for grants to provide counseling and emergency rental assistance to older adult renters at-risk of homelessness.

Finally, it's important that I mention USICH's All Inside initiative, launched in May of 2023, USICH along with our 19 federal member agencies are partnering with state and local governments for up to two years to strengthen and accelerate local efforts to help people move off the streets and into homes where they can recover from the trauma of homelessness and rebuild their lives. ALL Inside focuses on reducing unsheltered homelessness in seven communities: Chicago, Dallas, Denver, Los Angeles, Phoenix Metro, Seattle, and California. Veterans are part of the work in California, including developing a white paper on veterans and older adults.

Thank you for inviting me to be here with you today. I look forward to your questions.

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<sup>ii</sup> HUD Releases January 2023 Point-in-Time Count Report  
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<sup>iii</sup> The 2020 Annual Homeless Assessment Report  
<https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>

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- <sup>iv</sup> HUD Releases January 2023 Point-in-Time Count Report  
[https://www.hud.gov/press/press\\_releases\\_media\\_advisories/hud\\_no\\_23\\_278](https://www.hud.gov/press/press_releases_media_advisories/hud_no_23_278)
- <sup>v</sup> HUD Releases January 2023 Point-in-Time Count Report  
[https://www.hud.gov/press/press\\_releases\\_media\\_advisories/hud\\_no\\_23\\_278](https://www.hud.gov/press/press_releases_media_advisories/hud_no_23_278)
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- <sup>vii</sup> Risk Behaviors and Experiences Among Youth Experiencing Homelessness—Youth Risk Behavior Survey, 23 U.S. States and 11 Local School Districts, 2019  
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<https://nlihc.org/oor/about#:~:text=Housing%20is%20out%20of%20reach&text=In%202023%2C%20a%20full%20time,federal%20minimum%20wage%20of%20%247.25>
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- <sup>xii</sup> ESTIMATING THE NATIONAL HOUSING SHORTFALL  
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- <sup>xiii</sup> The 2023 Annual Homelessness Assessment Report (AHAR) to Congress  
<https://www.huduser.gov/portal/sites/default/files/pdf/2023-ahar-part-1.Pdf>
- <sup>xiv</sup> The 2023 Annual Homelessness Assessment Report (AHAR) to Congress  
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- <sup>xv</sup> The 2023 Annual Homelessness Assessment Report (AHAR) to Congress  
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- <sup>xvi</sup> The 2023 Annual Homelessness Assessment Report (AHAR) to Congress  
<https://www.huduser.gov/portal/sites/default/files/pdf/2023-ahar-part-1.Pdf>
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<https://www.usich.gov/guidance-reports-data/federal-guidance-resources/criteria-and-benchmarks-achieving-goal-ending>
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<sup>xx</sup> FACT SHEET: Biden-Harris Administration Announces New Actions to Boost Housing Supply and Lower Housing Costs  
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**Prepared Statement of Rosanne Haggerty****COMMUNITY  
SOLUTIONS**

1005 North Capitol Street NE  
Washington DC 20002  
www.community.solutions

**Testimony for the Record Submitted to  
U.S. House of Representatives  
Committee on Veterans' Affairs  
Subcommittee on Economic Opportunity**

**"Exploring the Use of  
Data Driven Methods and Community Collaboration  
to Reduce Veteran Homelessness."**

*June 27, 2024*

Rosanne Haggerty  
President and Chief Executive Officer of Community Solutions

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Chairman Van Orden, Ranking Member Levin, distinguished members of the Subcommittee, ladies and gentlemen, thank you for the opportunity to testify today on the critical issue of ending Veteran homelessness. My name is Rosanne Haggerty, I am the President and Chief Executive Officer of Community Solutions.

First, I would like to acknowledge the tremendous progress that the Department of Veterans Affairs (VA) has made in reducing Veteran homelessness. I especially want to recognize the adoption of the One Team approach, which involves coordinated actions and program interconnections aimed at ending Veteran homelessness and provides Veterans, regardless of their entry point, with a holistic housing and service plan tailored to their personal choices. Community Solutions is honored to work with the VA and community partners throughout the country toward our joint mission of ending Veteran homelessness and seeing that all Veterans receive the help they need to live with dignity. Additionally, I want to extend my thanks to the Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH) for their tireless work in this critical effort.

[Community Solutions](#) is a national non-profit organization working toward a lasting end to homelessness. We support a network of more than 140 US communities of all sizes, rural, urban, and suburban across 38 states as well as with more than 70 international communities in five countries outside the US. Our aim is to reach a tipping point where homelessness is understood as solvable, progress is expected, and a critical mass of communities are achieving measurable reductions by the end of 2026. Working with communities, we provide the backbone support for an initiative called [Built for Zero](#) (BfZ). BfZ uses a rigorous, data-driven methodology to help communities change how local

homeless response systems work and the impact they can achieve toward making homelessness rare and brief. BfZ communities create a unified, multi-agency team focused on that goal and collaborate to create and work from a comprehensive, by name, real time operating awareness of each person experiencing homelessness in their area.

This shared view of the dynamics of homelessness enables communities to align their efforts and resources to achieve measurable results. Local teams are able to see what's working to reduce homelessness and quickly detect when shifts in strategy are needed. These coordinated teams can target interventions to improve individual outcomes while creating a high performing local prevention and response system to make homelessness itself increasingly rare and brief.

Quality data is the key to the BfZ methodology; quite simply, communities identify every individual experiencing homelessness by name. Privacy is protected through formal releases of information and strict access protocols. Local teams continually update this information at least monthly. This common operating picture enables each individual to benefit from the full array of local resources to overcome their homelessness, and enables the community team to understand and respond quickly to trends and opportunities to accelerate overall progress.

[Real-time, by-name data has proven to be a game changer for every type of community working to end Veteran homelessness.](#) It focuses front line workers from multiple organizations on the individual Veteran and how best to serve him or her. It gives these workers, whether from the VA, local homeless services or the housing authority the timely information needed to diagnose individual and system challenges, to problem solve, coordinate services, track progress and course correct as needed. It gives local system leaders and policy makers the actionable information they need to know what's working or and where things are stuck. This real time data reporting also enables teams to test ideas, innovate, and apply practices like continuous quality improvement needed to achieve measurable results. Communities that utilize by-name data demonstrate the power of precise, up-to-date information to enable significant progress.

Currently, over 80 communities within the Built for Zero network are focused on reducing Veteran homelessness. Of these, 45 communities have seen measurable reductions and among these, 12 communities have made Veteran homelessness rare and brief.

These local teams are demonstrating that the foundational elements for reducing Veteran homelessness are a unified team and knowing every Veteran experiencing homelessness in their community by-name in real time.

We see this in communities of all sizes and types that have successfully adopted the use of quality real-time data. For instance, Chattanooga and Central Tennessee have made Veteran homelessness rare and brief. Gulf Coast, Mississippi can rehouse any Veteran who

becomes homeless within 11 days. [Detroit, Michigan](#) has reduced Veteran homelessness by 50%, leveraging data to coordinate services and expedite housing placements. Similarly, Metro Denver has reduced Veteran homelessness by 30%. The Twin Cities have reduced Veteran homelessness by 24%. In [Charlotte, North Carolina](#), efforts toward quality data on Veterans have led to making de-identified data available to the public to galvanize local support for ending Veteran homelessness. These examples illustrate the power of quality real-time data to drive measurable reductions in Veteran homelessness across diverse communities.

The tenaciousness of these communities to shift to a team based approach to ending Veteran homelessness and develop quality data highlights the potential for accelerating progress nationally in reducing Veteran and all homelessness. This level of local collaboration and individual level awareness may have other impacts. For example, improved collaboration and data may allow for quicker and more precise identification of Veterans at risk of suicide. By identifying Veterans who are struggling, community teams can connect them with critical resources and support before they reach a crisis point.

Our vision is that every community in the United States, regardless of size or resources, can leverage data to its fullest potential to confidently identify and assist every person experiencing homelessness. This approach not only benefits individuals in housing crises but enables local teams to identify bottlenecks, optimize their resources and respond swiftly to emerging trends to reduce homelessness overall.

To harness the potential of quality data, we recommend several policy changes:

1. **Adopt the use of By-Name Data to drive reductions in Veteran homelessness.**  
Reconfigure systems, including the already strong HOMES data system to adopt a by-name data model. This approach allows for personalized tracking of each Veteran, facilitates targeted coordination of services such as through the One Team model being used by the VA, and accelerates their path to a stable home.
2. **Shift data standards to rely on regularly collected and reported real-time data.**  
Once aggregated and de-identified, use current data as the primary performance indicator for progress in addressing Veteran homelessness. It provides a continuous and therefore more accurate picture of Veteran homelessness and allows for timely and targeted interventions to ensure no Veteran is left behind.
3. **Enhance VA and community data sharing for homeless Veterans.**  
The federal government can enhance data sharing between the VA and community partners providing services for homeless Veterans. Cleland Dole Section 309 mandates that the Secretary of Veterans Affairs and the Secretary of Housing and Urban Development collaboratively develop a system for effective data sharing and reporting between the community-wide Homeless Management Information

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System (HMIS), as defined in the McKinney-Vento Homeless Assistance Act, and the VA's Homeless Operations Management and Evaluation System (HOMES) ([Cleveland Dole Section 309, H.R. 2617, 117th Congress](#)). This system, which must be operational by the end of 2025, aims to improve service coordination and support for homeless Veterans by securely integrating these data systems, thereby enhancing personalized and expedited care. Adopting a by-name data methodology for Veterans' homelessness will further personalize and expedite care, ensuring Veterans receive the timely and individualized support they need. Strengthening these data-sharing practices will enhance Veterans' access to essential services.

These policies can enhance the effectiveness of local housing systems and help make homelessness for Veterans across the nation rare and brief. Community Solutions is proud to support the VA, HUD, and USICH and our community partners in these efforts to help end Veteran homelessness once and for all.

We have attached additional information to our written testimony, providing detailed insights into the impact of real-time, by-name data and how it is being utilized by communities across the country to drive reductions in homelessness. This includes a comprehensive breakdown of our approach to data modernization as a tool to end homelessness, along with a PowerPoint presentation on Built for Zero's approach to quality data.

Thank you for your time and attention. I look forward to answering any questions you may have.

# Homelessness Data Modernization Policy Brief

*The Power of Real-Time, By Name Data to Reduce Homelessness*

## What's needed?

National efforts to reduce the number of people experiencing homelessness are lagging, in part, because we don't have the right data to accurately drive solutions.



**The federal government can accelerate efforts to reduce homelessness by investing in a high quality, real-time, by name data homeless platform.** Starting with a by-name list of everyone who is homeless helps communities to better coordinate services and house people faster. Monthly reports generated from real time data give leaders better data analytics to use. This data model has been tested through the philanthropically-supported, national "built for zero" model and once prioritized, could be accomplished through a modified Homeless Management Information System (HMIS).

## Our vision

Every community in the United States, regardless of size or resources, should be able to leverage technology to its fullest potential to confidently and confidentially identify every person experiencing homelessness by name in real time. This data then allows communities to coordinate services, identify log jams, make sure their resources are being used to best advantage, and help systems to identify and respond to trends promptly and strategically.

## Real-time, by-name data is proving to be a game changer for communities across the country that are solving homelessness.

While homelessness may be rising nationally, communities large and small are reducing homelessness by leveraging data to accelerate their efforts. Modernizing homeless response systems built on real-time, by-name data improves the delivery of the right assistance to individuals, and enables local, state, and federal stakeholders to monitor progress and problem-solve more quickly, accurately, and effectively.



### Examples of communities where by-name data has accelerated reductions in chronic homelessness:

- **Detroit, MI** : Achieved a 50% reduction in veteran homelessness.
- **St. Louis, MO**: Largest city to achieve Quality Data on all singles.
- **Missoula, MT**: First city in Montana to achieve Quality Data on all singles.
- **Charlotte, NC**: LA large city with Quality Data for veterans, noted for making their [data public](#) and utilizing an innovative approach to reporting.
- **Washoe County/Reno, NV**: Achieved Quality Data for all singles.
- **Shenandoah Valley, VA**: Rural community successfully figuring out and making Quality Data work.
- **Denver, CO**: Implementing a subregional approach to achieve Quality Data, demonstrating effective results through this method.



### It's time to put HMIS to work to reduce homelessness.

While HMIS works well for program compliance, it falls short as a tool to drive reductions. Communities have to pay vendors to generate reports from their own data for case management, care coordination, and system improvement. We are not fully leveraging the power of data to solve homelessness. And we can.

### What policies are needed?

The federal government should enable communities to fully utilize HMIS to drive reductions in the number of people experiencing homelessness. HMIS and reports should provide real-time, person-specific support and system analytics by enacting these policies.

- 1. The federal government should clarify that HMIS is more than just a tool for compliance. It is a dynamic platform to actively combat homelessness.** Federal legislators should emphasize that HMIS was created with the purpose of serving as a real-time, modern, person-centered platform to drive down homelessness. The goal of this clarification is to ensure that HUD has the authority to modernize HMIS to better support program operations and ensure the platform's efficacy in addressing homelessness.
- 2. Update the HMIS Data Standards.** HMIS systems must have the capability to produce a by-name list on a real-time basis. This list should be designed for use by front line workers in the homeless system to coordinate services and accelerate the housing process. From that by-name list (de-identified and aggregated), regular reports, once coded through the HMIS software, should be able to produce dashboards identifying inflow and outflow, trends and patterns. Specifically, reports should show the number of people who are newly homeless and those who have been housed or are inactive with the goal of creating an accurate, real time picture of homelessness in the community.

3. **Require HMIS to be interoperable with data from all related systems including physical and behavioral health, public housing, criminal justice, child welfare, and the U.S. Department of Veterans Affairs.** The goal of interoperability is to center the needs and goals of the people experiencing homelessness, coordinate and speed up service delivery, and break down barriers created by data incompatibility. Action by HUD is needed to establish the standard of interoperability between these large systems.
4. **Provide communities, through the HUD-funded Continuums of Care (CoCs), the software tools and administrative permissions necessary to access and use their own data in real time to ensure effective housing and support services.** The HMIS Data Standards should require software vendors to allow open source Application Programming Interfaces (APIs) and provide a standardized number of administrative licenses so that CoCs can query data and create internal reports consistently and affordably.
5. **Federal legislators should work with HUD streamline HMIS by undertaking a study to identify and eliminate data elements that are duplicative, do not advance the goal of reducing homelessness, and/or ensure grant compliance.** While monitoring taxpayer dollars and providing oversight falls within HUD's mandate, Congress could prioritize data requests that support elevating trends.
6. **Congress should support and encourage the use of local real time data reports to align efforts and build stronger partnerships between CoCs, state and local leaders, and people with lived experience.** Communities that have close partnerships among stakeholders reduce homelessness by working together toward shared goals.

### High quality, real time, by name data standards defined.

Ensure that the data for quality, real time, by-name data meet these standards.

1. **Comprehensive**, verifiably encompassing each person experiencing homelessness within a given population living on the street, in shelters, or in other programs serving people experiencing homelessness.
2. **Person-specific** means knowing who people are, by their names, with social histories, resource eligibility, and goals to determine the best and fastest path to stable housing.
3. **Continuously updated**, meaning that the overall number of people experiencing homelessness, as well as their flows and pathways through the homeless response system, are equitable and can be monitored and dynamically understood.
4. **Reliable and extractable** for frequent analytics on a community's entire homelessness response system.
5. **Interoperable** with upstream systems such as physical and behavioral health, foster care, and criminal justice as well as across geographies and CoCs.
6. **Private and consent-based** in accordance with all relevant policies and laws.

### About Community Solutions

Community Solutions powers Built for Zero (BFZ), a national network of more than 130 communities that adopt a rigorous, data-driven, public health approach to making homelessness rare and brief. More than 30% of BFZ communities have achieved a measurable reduction in homelessness. Community Solutions was awarded the MacArthur Foundation 100&Change competition for a \$100 million grant through which we have piloted, tested and proven the real time, by name data modernization methodology presented in this brief to help the nation end homelessness leaving no one behind.

Addendum 2

# Built for Zero's Quality Data Approach to Drive Reductions in Homelessness

*Empowering Communities through Data-Driven Solutions and Collaborative Efforts*

*Adam Ruege, Director, Strategy & Evaluation*

5/2/2024

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**Built for Zero**

# **Built For Zero.**

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## **A MOVEMENT TO END HOMELESSNESS**

Community Solutions is a nonprofit that leads Built for Zero, a national initiative of more than 100 cities and counties committed to measurably ending homelessness.

Homelessness is solvable. This isn't a statement of aspiration — communities across the country are proving it.



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# Built for Zero - Core Elements

## THE PROBLEMS



**No single actor is fully accountable for ending homelessness in a community.** Each local agency or program holds its own small piece of the solution, but no one has their eye on how the pieces fit together.



**Funders evaluate success on the performance of individual housing programs, not on whether a community collectively reduces homelessness.** But single programs don't get us to zero — whole communities do.



**A once-a-year count of a problem that changes nightly.** Annual street counts are a snapshot; your community needs a video. Getting to zero takes time of sight into how people move through your system over time.



**Housing supply paralysis.** Expanded housing resources are crucial, but many cities have dramatically expanded housing supply without making a dent in homelessness. The reason? They never fixed the housing system.

## THE BUILT FOR ZERO SOLUTIONS



**An integrated, command center team.** Key agencies, like the Continuum of Care, the housing authority, local government, and the VA, work together every week toward a shared definition of zero.



**Community-level measurement.** Built for Zero communities measure success by the total number of people experiencing homelessness, not by program outcomes. Data enables communities to rapidly test new ideas and understand if those efforts are working.



**Comprehensive, real-time, by-name data.** Built for Zero communities know everyone experiencing homelessness by name, in real time. The result is more tailored solutions for individuals and a clearer picture of the system as a whole.



**Strategic, data-driven housing investments.** Built for Zero communities use real-time data to secure the housing resources they need and target them for the greatest possible reductions in homelessness.



## **Vision**

Every community in the United States, regardless of size or resources, can leverage technology to its fullest potential to confidently identify every individual experiencing homelessness, understanding the unique challenges they face and the specific actions required to achieve lasting solutions.

This data allows communities to not only understand individual stories but also identify trends and patterns. With this valuable information, communities can work collaboratively to develop strategic action plans to prevent and end homelessness for all.

## Core Elements of Quality Data

It all starts with a [By-Name List](#):

A comprehensive list of every person in a community experiencing homelessness, updated in real time. Using information collected and shared with their consent, each person on the list has a file that includes their name, homeless history, health, and housing needs.



## Built for Zero Data Model



## Core Elements of Quality Data

|                                 |  |
|---------------------------------|--|
| <b>Comprehensive</b>            | <ul style="list-style-type: none"><li>• All agencies and programs sharing data in a single place</li><li>• List includes people sleeping in temporary accommodation and on the streets</li></ul> |
| <b>Person-Specific</b>          | <ul style="list-style-type: none"><li>• Each person has an entry that includes their name, history, health and housing needs</li><li>• Each person can be followed through the system</li></ul>  |
| <b>Regularly Updated</b>        | <ul style="list-style-type: none"><li>• List is updated monthly, at a minimum</li><li>• As people's housing status changes, so do their list entries</li></ul>                                   |
| <b>Quantitative Reliability</b> | <ul style="list-style-type: none"><li>• Data balances month over month, just like your checkbook</li></ul>   |

## Assessing for Quality Data

| Effective Outreach Systems      | Provider Participation                      | Policies & Procedures                         | Data Infrastructure             |
|---------------------------------|---|---|---------------------------------|
| Defined geographic outreach     | 90% of providers reporting data             | Data submission, updating and review policies | All inflow tracked              |
| Coordinated, effective outreach | 90% of actively homeless included in system | Inactive policies                             | All outflow tracked             |
|                                 |   | Non-consent policies                          | Homeless status tracked         |
|                                 |   | Outreach policies                             | Population status tracked       |
|                                 |   |   | Demographic information tracked |

We work with over **130 communities**, at varying levels of intensity, to achieve these standards through data coaching, application of technology, capacity building, and deployment of asynchronous tools.

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## Results

Since 2016, **72 communities across the United States** have achieved the Quality Data Standard for at least one subpopulation (e.g., Veterans, Chronic) or a broader population (all single adults). These communities now possess the capability **to accurately understand the total number of actively homeless** individuals, including detailed insights into the causes of both inflow and outflow.

Leveraging this foundational data, communities have improved coordination and overall system performance. Notably:

- **14 communities have reached the "functional zero"** milestone\* for at least one subpopulation, meaning that homelessness is rare and brief.
- **42 communities have achieved a measurable reduction in homelessness**, demonstrating significant progress towards reducing homelessness.

Communities consistently report their data to Built for Zero on a monthly basis. This data is transformed into actionable dashboards and tools, empowering communities to implement strategies that effectively reduce homelessness

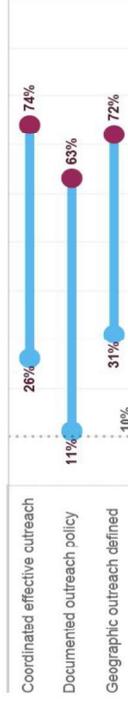
\*[Functional Zero - Community Solutions](#)

## Results

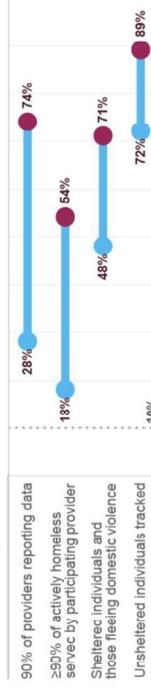
Higher standards have led to improved data quality in HMIS systems.

In the year one ORS Impact Evaluation Report, they [identified key improvements](#) in data quality, provider participation, and unsheltered outreach among communities.

### Outreach



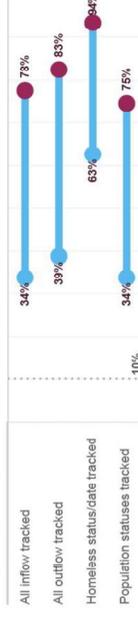
### Provider Participation



### Policies and Procedures

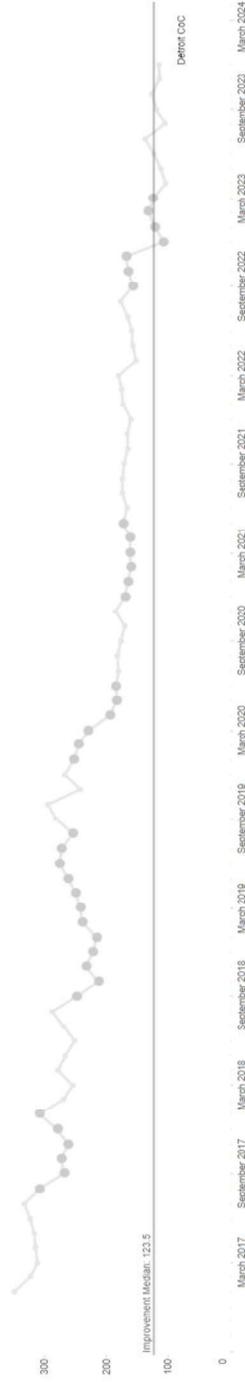


### Data Infrastructure

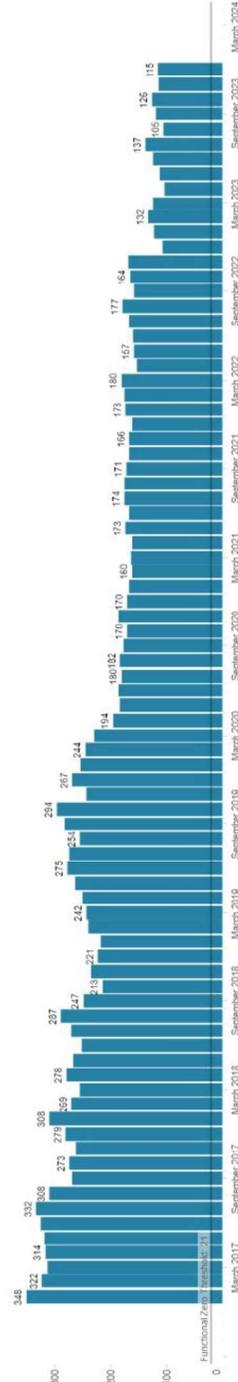


# How Communities are using data... Veterans

Actively Homeless Monthly Veteran Single Adults data with signal indicators for Shifts



Actively Homeless Population Monthly count for Veteran Single Adults



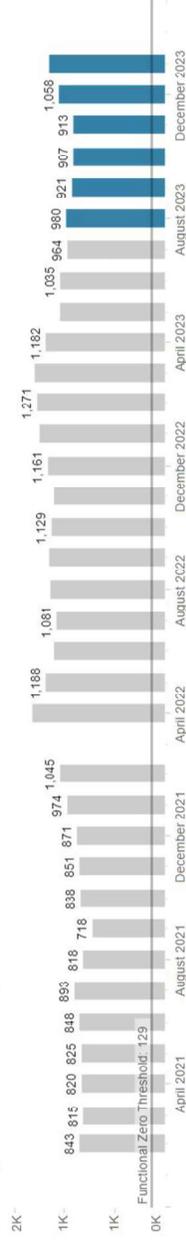
COMMUNITY SOLUTIONS

## How Communities are using data...All Singles

**Actively Homeless** Monthly All Single Adults data with signal indicators for Shifts

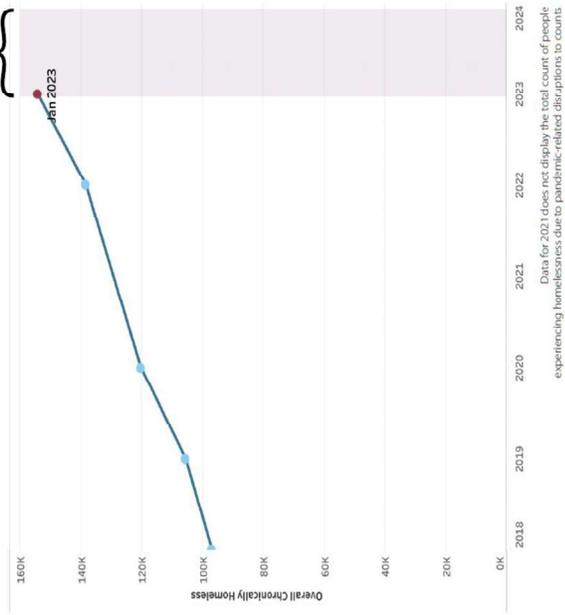


**Actively Homeless Population** Monthly count for All Single Adults

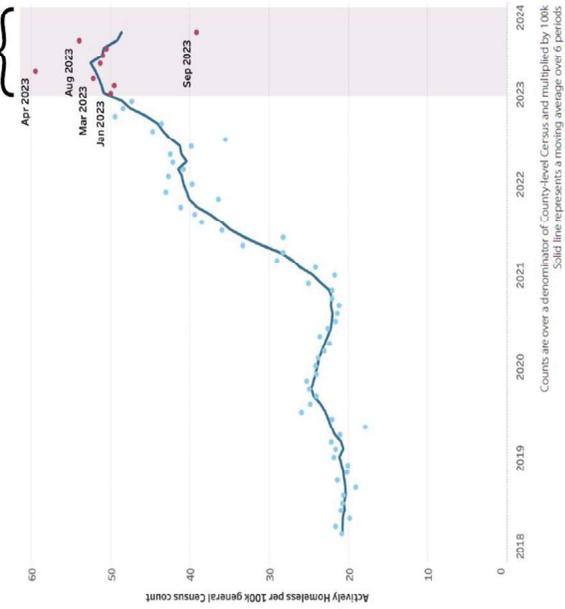


## How we could use the data nationally...Chronic

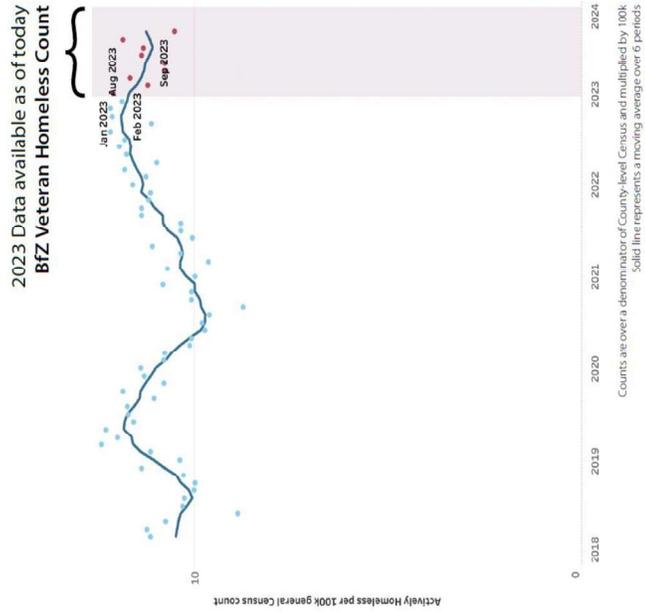
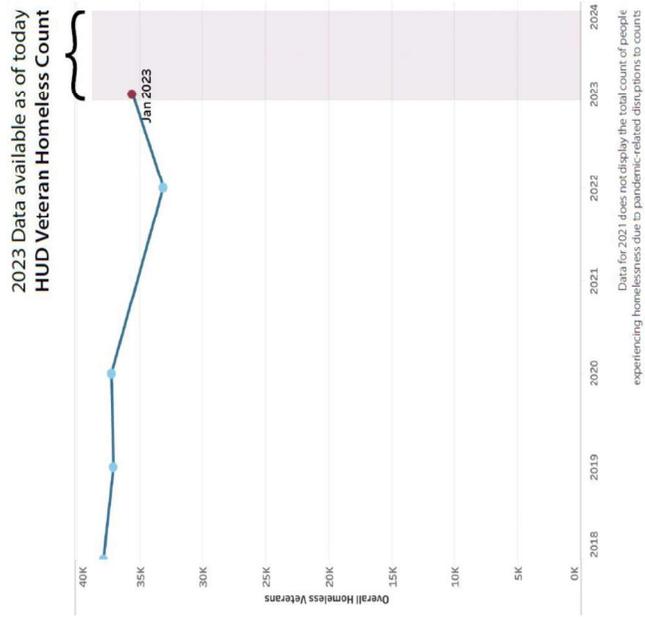
2023 Data available as of today  
HUD Chronically Homeless Count



2023 Data available as of today  
BfZ Chronic Homeless Count



## How we could use the data nationally...Veterans



## Resources

[Community Solutions Website](#)

By-Name Data Website: [What is a by-name list? - Community Solutions](#).

Primer Video on By-Name Data:

[How By-Name Data Helps Communities End Homelessness](#)

Questions? [ARuege@community.solutions](mailto:ARuege@community.solutions)

## Prepared Statement of Ray Carville

### Testimony of Ray Carville, Public Affairs Manager, Veterans Inc., before the House Committee on Veteran Affairs, Subcommittee on Economic Development, June 29, 2024.

Chairman Van Orden, Ranking Member Levin, and distinguished members of this most Honorable Committee, thank you for the opportunity to testify today. My name is Ray Carville, and I am the Public Affairs Manager for Veterans Inc., a non-profit organization that has been providing supportive services to veterans and their families since 1991. Veterans Inc. provides dozens of holistic, wrap-around services to veterans and their families across thirty-three separate federal, state, and local grants. We are the largest provider of supportive services for veterans in all six New England states, Montana, and North Dakota.

I am also a service-connected combat veteran, having served as an Army Human Intelligence Collector in Iraq, and as a military contractor in Afghanistan.

Today, I would like to discuss the critical importance of utilizing data intuitively and creatively to better reach homeless and at-risk veterans, providing them with housing and comprehensive supportive services. Effective data management is essential for several reasons: **it helps keep program management costs low**, maximizes staff time in the field, ensures funding goes to geographic areas where it is most needed, and identifies emerging trends in homelessness demographics and geographic density.

I strongly believe that investing in these systems and processes now will yield enormous cost efficiencies in the long run. To achieve this, we must focus on several key areas.

There are four opportunities to dramatically improve the provision of services to homeless veterans. All of them impact, and are impacted by, data.

- I. **Finding the homeless or at-risk veteran** and providing them services.
- II. **Managing the data relationship with the client-veteran** to maximize the likelihood of a successful outcome (i.e., reintegration of the veteran into their community). **And analyzing that data** acquired from veterans to predict trends in homelessness, identify service gaps, visualize population densities, maximize coverage areas etc.
- III. **Reporting data in a more efficient way.**
- IV. **Geographically appropriate allocation of funding for veterans' homeless services.**

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#### I. Finding the Homeless or At-risk veteran.

##### - Data Acquisition: We Need GIS Mapping Software

- Old methodologies of outreaching veterans no longer work for Post 9/11 veterans.
- Solution: Behavioral Modelling of Post 9/11 veterans, visualized on GIS mapping software.

Traditional methodologies of outreaching veterans to provide them services are no longer efficient in their application to Post 9/11 veterans. For instance, veterans of former eras are far more likely to patronize VFWs, American Legions, and other organizations than veterans of Iraq and Afghanistan.

We need a need new methodology, a way of planning our disbursement of resources, which is based on the Behavioral Modelling of the post-9/11 veteran demographic.

The best way to understand who a population is, where they are, where they might be in the future, what their needs are and might be, **is to incorporate multiple layers of data in a format that is visually accessible.**

Think – Google Maps.

Now, Google Maps is not the solution I am advocating for, but it is a useful illustrator here.

Google Maps is a type of **Graphic Information System (GIS)**. A GIS enables one to take things like street addresses and business names and put them on a map of your hometown so that you can see which restaurant is closest to your workplace, for instance.

Effective data acquisition involves having a comprehensive data collection methodology, modeling and understanding of your target demographic, process training for front-line providers, and the use of targeted **GIS mapping/outreach software** to support outreach activities. Behavioral modeling of post-9/11 veterans can assess patterns of activity and likely intersections with service providers, allowing us to find veterans more effectively.

Drawing from my background as a former Army 35M Human Intelligence Collector, I see a strong correlation between human intelligence collection principles and veteran outreach, engagement, management, and client cultivation. Incorporating behavioral modeling into a software platform that can visualize this data geographically, such as through 'heat' maps, can optimize our outreach efforts and reduce staff outreach costs.

We can incorporate this functionality from many pre-existing software programs without reinventing the wheel. **Palantir** is an incredibly useful battlefield system employed by our military for conducting the mapping and network analysis of complex systems, like local populations in a forward area.

Software *like* Palantir would be incredibly useful to track network interactions of veterans with other veterans, community events/interaction opportunities, service providers, VA, community-based organizations, and multiple grants along with the geographic dispersion of all of them.

There are other, simpler programs like local election canvassing software that can be used handheld in the field on a digital device. I have worked with **MiniVAN** in the past for a City Councilor's election campaign. On my phone I could visualize all my targets for the day, have it plan the most efficient route for me to travel to them all, linked each personality's file to their location, which enabled me to input data about each interaction with a voter in near-real time.

A bespoke software platform that integrates Client Relationship Management (CRM) software with GIS maps can offer several benefits:

- **Client Density Analysis:** Understanding where the highest concentrations of veterans are located.
- **Pattern Analysis:** Identifying trends in veteran movement and service utilization.

- **Service Density Analysis:** Ensuring service providers are optimally placed.
- **Geographic Trend Modeling:** Forecasting future needs based on current data.

Further capabilities such as geofencing, geotagging, network analysis, and handheld interoperability enable outreach providers to identify their assigned catchment areas and track/update resident clients in near real-time with greater data input efficiency and accuracy.

As mentioned above, MiniVAN is an existing canvassing software for street-level election outreach that possesses much of the functionality we require. The military's Palantir system offers excellent GIS and network mapping functionality that could be repurposed to build complex networks of service providers, community-based organizations, government entities, clients, and localized resources.

Palantir took a month to learn, MiniVAN took 15 minutes. These examples represent the spectrum of system complexity we could consider. I am certain that by incorporating aspects of both these software platforms we can create a simple yet revolutionary way to expand our services to veterans while lowering costs to the grant and the taxpayer.

Finding the veteran is the *sin qua non* of providing that veteran services. **GIS mapping software is critical.** The use of the latest scientific thinking about demographic modelling, with innovative mapping software will enable front-line, on-the-ground providers to meet the veteran where they are, and not where they were 30 years ago.

#### **Stopping Veteran Homelessness Before It Starts – Transition Assistance Program (TAP)**

The best, most cost effective, and easiest place to find a veteran is at the moment they become one. The Transition Assistance Program should be conducted for the soon-to-be-veteran not at their military post of departure, but in their intended domiciliary state of return.

TAP program ingestion and data acquisition at this domiciliary point of return would enable data collection of every transitioning veteran in the region they will settle with the most updated and relevant personnel and contact information.

An initial assessment of the veteran's needs – for housing, employment, and other supports – would enable a seamless provision of those supports *prior to the veteran every intersecting with the cycle of chronic homelessness.*

TAP education, information, networking, and support structure would be far more useful to the transitioning veteran by being relevant to the area to which they are transitioning, and not the area they will likely never see again.

**Let us get ahead of the problem of veteran homelessness by addressing it at the moment the veteran becomes a veteran.**

It is far, far less expensive to keep someone housed in the housing they have, than it is to rectify their homelessness.

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## II. Managing and analyzing the data relationship with the client-veteran.

**Problem:** Massive inefficiencies in ad hoc local client record keeping systems lead to duplication errors, **cost grants critical funds**, and overwhelm Case Managers' time, all while failing to enable cross-referrals of those clients between supportive grant program silos, and without any mechanism to efficiently report program data to grantors.

**Solution:** Data management and analysis enabled by **Client Relationship Management Software (CRM, e.g., Salesforce)**

Veteran homeless service providers desperately require a proper data management system to track their clients. **This lack of proper technological resources like cloud-based CRM software incurs the largest single unnecessary cost in the provision of homeless services.**

Salesforce is the market leader in Client Relationship Management software (CRM). Acquiring a CRM system for managing the provision of services to homeless and at-risk veterans is critical to the success of the overall endeavor and a very fiscally responsible solution to pursue.

Clients' records could be available, updateable, referable, transferable, quantifiable, analyzable, and reportable all from one system.

- Critical for **eliminating time costs and duplication errors** associated with paper files and ad hoc localized computer files.
- Enables robust cross-referrals between service provider programs (housing – E&T – supportive services – suicide prevention/behavioral health), which increases the likelihood of successful long term client outcomes (**lowering long-term costs of chronic homelessness**) while providing an economy of scale and economy of proximity to services.
- Front line providers are positioned to be the most agile responders to changing demographics and community needs, when they can visualize the data that they have collected. CRM software together with GIS software enables accurate catchment visualization.
- Critical for **lowering program costs by enhancing case manager retention and productivity**. Burnout, turnover, hiring and retraining costs – all weigh on programs' ability to cost-efficiently deliver services.
  - A unified and useful tool that increased efficiency and support for Outreach teams' needs **lowers long-term costs** and increases provider efficiency.

### Veterans Inc. Case Study – Data inefficiencies due to lack of cloud-based CRM system.

#### Duplicative Data Fields

A Case Manager is assigned to each client entering a Veterans Inc. service or program. After an initial review and determination of eligibility, enrollment forms must be completed. Currently, between twelve (12) and twenty-four (24) forms must be completed for each enrollment.

Because none of the forms are integrated with one another, and often exist across multiple formats (Word, Excel, PDF), duplicate data must be entered repetitively. For example:

Examples of *minimum* input for one client in one grant

|                     |          |
|---------------------|----------|
| Client name         | 11 times |
| Date                | 10 times |
| SSN                 | 5 times  |
| Address             | 5 times  |
| Contact information | 11 times |
| Phone number        | 3 times  |
| Case Manager Name   | 7 times  |
| Client signature    | 8 times  |

Each duplicative input of data increases the likelihood of a transcription error, and extrapolated over hundreds of clients, equates to hundreds of wasted personnel hours.

Additionally, every action between a Case Manager and a client requires documentation of that action in at least two separate and nonintegrated forms (Word, Excel, and possibly PDF) followed by manually placing the printed, scanned, and updated forms into client files.

And yet despite this effort to enroll a veteran client in a single program, that client's information and potential eligibility for other services and programs is not visible in other grant "silos." Clients cannot be cross-referred between mutually supportive grants in the same organization. Peer reviewed research clearly shows the likelihood of successful outcomes in reintegrating any homeless person improved by the provision and inclusion of wrap-around, holistic supportive services.

When grant programs are audited by grantors as part of the natural grant cycle, the decentralized nature of the current client management system means service providers like Veterans Inc. require hundreds of personnel hours spent tracking down relevant documents across multiple computers and accounts, physical files, folders, and binders, all stored and enumerated in compliance with ad hoc local procedures. A fully integrated cloud-based data management program could reduce audit compliance time from hundreds of personnel hours to a click of a button.

Lastly, reducing enrollment time enables Case Managers to spend more time with veterans. If 30 case managers each enroll an average of six new clients a month, approximately 135 to 405 person/hours would become available to provide services to veterans.

#### **Multiple Grant Enrolment Duplications**

Currently we provide services to veterans under thirty-three (33) grants from multiple sources (VA, DOL, CODE, State, HUD). Client enrolment for a single grant takes 45 to 60 minutes. But the client must be entirely re-enrolled in any other program they might be eligible for.

If roughly 75% of our clients are receiving services under more than one grant, then Case Managers need to duplicate entire enrolments 75% of the time.

#### **Case Manager Retention as a Cost Issue and Grant Performance Issue**

Case manager retention, and the previously mentioned isolation and unavailability of client records across different grant record silos, are two root causes of service providers not achieving grant objectives.

A modern and intuitive cloud-based CRM software platform would provide the tools Case Managers desperately need to succeed in their role and reduce the organizational costs of rehiring and training, all while maximizing each Case Manager's career productivity.

Over the last three years at Veterans Inc., the average new case manager across all grants was employed for 7 to 8 months. The major reason given for leaving the organization was "burnout", but more specifically, inefficient, laborious, repetitive, and unnecessary duplication of client records; lack of any training on a CRM system; and the inability to enroll clients across grants.

The national average of replacing an employee costs 20% of the employee's salary. A case manager, at a salary of \$54,000 will usually require \$10,800 in advertising, interviewing, vetting, and initial training.

Additionally, the average new case workers take 3 to 6 months to achieve proficiency and reach expected productivity levels. At a salary of \$4500/month, this equates to an *additional* investment, beyond the \$10,800 cost of employee procurement of between \$13,500 to \$27,000 to acquire a productive case manager.

By extrapolating those numbers over a three-year grant period, Veterans Inc. will have to hire at least four (4) new case managers for each vacant case manager position, and cost Veterans Inc. \$97,200 to \$151,200 for each position, to achieve 4 to 16 months of productivity per person.

These scenarios are representative of the challenges faced by *every* organization conducting complex outreach to homeless and at-risk veterans.

### III. Compliance/Regulatory Assistance: Federal assistance with streamlining reporting processes.

Streamlining reporting processes to grantors and federal assistance can significantly reduce the cost inefficiencies currently plaguing homeless provider programs. Current local ad hoc processes, with significant regional and program variations and requirements, create massive cost inefficiencies in homeless provider programs that drive up costs.

For instance, Congress might consider reviewing the benefits of a homogenized Homeless Management Information System (HMIS), as states like Massachusetts alone have five different systems.

Although Congress created the requirement for the use of HMIS, they did not specify a particular system or format to be used, only the demographic information that should be collected.

Additionally, a single point of access to file reports for all Federal veteran homeless programs would **dramatically reduce the cost of reporting**. Regardless of the source of funding (HUD, DOL, VA) report formats should be intuitive, interoperable, and homogenized.

#### **Data mapping to different report formats**

Accurate and timely reporting of field and program data is crucial to all aspects of the veteran service provision cycle, including resource allocation and program efficiency maximization. This includes program audits and regularly scheduled reporting, which currently take hundreds of person-hours to comply with but could be simplified with the touch of a button.

In the absence of the above suggested homogenized end reporting formats, enabling individual providers to **"map"** their CRM client files **directly to disparate reporting formats** would save enormous amounts of time and money.

Enabling report **"mapping"** at the user level is critical to connecting the data a provider collects with the multiple formats in which the service provider must issue grantor compliance reports.

#### **Example of Report Mapping:**

- **Homeless Service Provider X** is completing statutorily required reporting to three different grants.
- **X's** cloud-based CRM program has all of Veteran Client **Y's** personal information, such as first name, last name, and social security number.
- In **X's** CRM program, all **Last Names** are stored in **Field #2**.
- In **Grant 1**, all Last Names are reported in **Field #4**
- In **Grant 2**, all Last Names are reported in **Field #6**

- In **Grant 3**, all Last Names are reported in **Field #7**
- **Provider X** utilizes the mapping function on their CRM software to automatically populate their local Last Name field in the appropriate end reporting Last Name field. (#2 to #4, #2 to #6, #2 to #7)
- Every time subsequent reports are run, fields are now populated automatically.
- This enables virtually automatic uploads without incredibly cost-expensive manual entry into each report.

**Providers must be relied upon to help define Homelessness categories**

Providers should be included in a process to reassess how homeless veterans are categorized and reported. It is far more useful for accurate, granular data collection if those on the front lines define terms of art like emergency shelter, transitional housing, permanent housing, and permanent supportive housing. For example, there is no utility in assuming that a veteran sleeping in their car or on a neighbor's couch is housed in any real sense. They are functionally homeless, yet their needs differ from veterans in congregate care emergency shelters. **Achieving "functional zero" in veteran homelessness cannot ethically ignore the functionally homeless. Homeless veterans will continue to impact system costs until they are fully reintegrated.**

**IV. Modernization of resource distribution methodology: Defense Travel Service reimbursement rates as a model**

The current blanket reimbursement rates for veteran program services across disparate geographic regions are inefficient and detrimental to service provision. Since the lapse of COVID-era funding for programs like Grant Per Diem, providers across the country who provide homelessness services to veterans are facing financial insolvency and organizational collapse.

At the June 2024 conference for the National Coalition of Homeless Veterans, I spoke with several providers who were incurring unsustainable \$200,000-a-month losses since the reversion of the GPD rate to pre-Covid, pre-inflation, pre-supply chain problem, rates.

In the meantime, multiple GPD disbursement proposals have been made to redress the insufficiency of a single base domiciliary rate payment.

We can save significant funds by accurately assessing the necessary funding for each program area. Fortunately, we already have a system for categorizing localized differences in cost of living: **the Defense Travel Service sets and revises DOD reimbursement rates for every zip code in the United States.**

For example, an E-5 without dependents at Los Angeles Air Force Base in California is eligible for \$2865 per month, whereas an E-5 without dependents in rural Alexandria, Louisiana is entitled to \$939 per month. The **ratio** between these rates (\$2865/\$939 = 3.051) can be used to set rates for other locations. If a rural Louisiana service provider

receives \$65 per day for the GPD program, a service provider in downtown Los Angeles would need \$198.31. This approach allows us to adjust funding based on local cost variations accurately.

- Blanket reimbursement rates for veteran program services across wildly disparate geographic regions should intuitively seem inefficient.
- **We can save a lot of money** if we have a useful way of assessing how much funding is necessary for every program area.
- We need a better system for categorizing localized differences in cost of living.
- The great news is we already have one!
- The Defense Travel Service sets the reimbursement rates for every single zip code in the United States.
  - To wit – if I am receiving Vocational Rehabilitation benefits under Chapter 31, my basic allowances for my housing are determined by the zip code where I go to school.
- An E-5 without dependents at Los Angeles Air Force Base in California is eligible for \$2865 per month. The second highest out of all air force bases.
- An E-5 without dependents in rural Alexandria, Louisiana is entitled to \$939 per month.
- The ratio between the number of dollars you send to Los Angeles and the amount you send to rural Louisiana is  $(\$2865/\$939) = 3.051/1$ 
  - Set the rate in one place, and you know the rate for every other zip code.
  - If you give rural Louisiana service provider \$65/day for GPD, you know a service provider in downtown LA will need \$198.31.
  - Rurally located veterans will offset metropolitan veterans, but the degree is uncertain without further statistical analysis.
- **We have this wonderful data already, free of charge.**

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In conclusion, investing in data-driven solutions is crucial for enhancing our outreach to homeless and at-risk veterans. **And it will save the United States taxpayer money.** Programs will operate more efficiently, reach more veterans, have more successful reintegration outcomes, with greater Case Manager retention, and report to grantors with a higher degree of responsiveness and compliance.

By adopting Client Relationship Management software and GIS map overlays, employing Behavioral Modelling of our post-9/11 veteran population, and utilizing established cost-of-living data, we can improve the efficiency and effectiveness of our programs, ensuring that veterans receive the support they need, where they are, today, and not where they were 30 years ago. I urge the Committee to consider these data-driven strategies to optimize resource allocation and enhance the impact of our efforts.

For further program cost offsets, a successful software system for managing veteran outreach would be of great utility to *all* organizations conducting outreach. There may even be opportunities for academic partnerships to develop this system. Additionally, there may be a way to recoup

federal program costs through end-user licensing fees for this proposed outreach management software program.

Thank you for the opportunity to discuss this important matter. Should this Honorable Committee request, I will provide any additional data, reports, testimony, or papers as may be needed to assist in informing this important effort to modernize and maximize the way we use data to provide services to homeless and at-risk veterans. This would include peer-reviewed research and Best Practices established by reputable and established thought leaders in the field.

I know what this looks like. We can build it. Let me help.

Thank you for your time and attention. I look forward to your questions and to working together to better serve our nation's veterans.

Forward Always!

## Prepared Statement of Randy Withrow

### Intro

- Introduce yourself, title and role.
- Express that you are pleased to share about LSS and... whatever they are calling your testimony.
- "I would like to start by telling you about Rocky."

### Story of Hope

Rocky arrived at one of our residences feeling powerless over an addiction to drugs and alcohol and without a place to live. With the help of LSS counselors and peer specialists, he found sobriety, secured Veteran's Administration disability, saved a substantial amount of money, and found independent housing.

Unfortunately, recovery is rarely a linear journey, and Rocky's is no exception. Statistics show that more than 85% of individuals will relapse within a year after treatment<sup>1</sup>.

After several months, Rocky once again found himself dependent on drugs and alcohol, in significant debt and staring at a five-day housing eviction notice. He was in a dark place, but LSS was there to provide Rocky with a safe and secure residence and reintroduce the tools and resources he needed without judgment or stigma.

Rocky embraced his program. He attended all group meetings and counseling sessions, connected with 12-step programs in the community, became "Safe Serve Certified" to help in the kitchen, and served as a mentor to other Veterans in the program. With renewed hope and strength, Rocky "graduated" from LSS Veteran's Homeless Services in May. He is looking forward to living independently and committed to maintaining his sobriety.

<sup>1</sup>NIDA. "Treatment and Recovery." *National Institute on Drug Abuse*, 9 Mar. 2023

### Overview of LSS Homeless Services for Veterans/Program Data Analysis and Outcomes

- LSS provides the tools, resources, and therapies necessary for Veterans like Rocky to find success.
  - Tools including...
  - Resources for...
  - Therapies that are trauma informed/trauma responsive – addressing issues our Veterans' experience (PTSD, etc.)
- What we found, however, is that by incorporating data collection/analysis related to individual success in the program has significantly improved outcomes for our Veteran clients.
- Mention what data you are collecting and how you have seen improvements (e.g., comparing the 85% relapse statistic to actual LSS Veterans Services clients that stay with our program for that "sweet spot" amount of time)

### Close/Call to Action

- Thank the panel
- Affirm that data collection/analysis is not mutually exclusive from our services or the work that Veterans do to find recovery. It is an essential piece of our program.
- **The need for WI/across the US and how legislators can make a difference.**

- Bring it back to Rocky – and all Veterans like him – that deserve to receive services from providers like LSS that invest time/resources into improving their individual outcomes through data.

FYI – I have included a quote from Rocky about LSS Homeless Services for Veterans. It is too long for your story of hope. If you find an “in” then take a sentence or two and add it to the top or bottom of your remarks. It’s powerful!

*In his own words, Rocky says, “I came to LSS Veteran’s Services a very disturbed and lost soul. The staff was great in helping me get my bearings and played a huge role in the development of my very successful program. I am currently free of all outstanding debts, have accumulated a lucrative bank account, and I have a good credit score, which I have never had. All of this leads me to believe anything is possible...I have full confidence in myself. All I have learned through this program will continue to help me as I move forward in a positive direction.”*

### Prepared Statement of Nick Wood

Chairman Van Orden, Ranking Member Levin, Members of the Committee: thank you for the opportunity to offer testimony on behalf of Nation's Finest today.

For 50 years, Nation's Finest's purpose has been to serve, house, and rehabilitate veterans experiencing homelessness. My name is Nicholas Wood, and I serve as the Regional Director for our outreach and facilities in Arizona and Nevada. I am proud to have served the veterans in our communities for the last 10 years.

Nation's Finest specializes in serving veterans in rural and remote areas. We did this for two reasons:

1. **First**, There is a higher per capita rate of homelessness among veterans in rural areas; and
2. **Second**, There are fewer resources available to those veterans.

One of the greatest challenges we face are inaccuracies with PIT counts, which determines the funding for the work we do.

For example, in 2023, the Reno 2023 PIT count said there were 152 homeless veterans in the area. But we have *already* served 282 veterans this year. Clearly the PIT count dramatically undercounted homeless veterans in the Washoe County CoC.

Reno is not an anomaly. We frequently see that official data does not reflect the actual number of veterans we serve.

So...starting in 2022, Nation's Finest began development of our own tool called "Veteran View" to help us get a more comprehensive count of potentially homeless veterans. Using this information, here's what we see in the Reno area:

- PIT counts have ranged between 119 and 152 homeless veterans over the last 5 years.
- But Census data tells us that there are 1,598 below-poverty/disabled veterans, which are the veterans most likely to experience housing instability.
- Because the ratio between these two data points is high, we know that the PIT probably underestimates the number of veterans we will actually serve.

Chairman Van Orden, let's look at your district. The lack of major metropolitan areas means providers must use the PIT 'balance of state' data, which is every town and county that is not in a major metropolitan area in the State of Wisconsin. This is overly broad, and another weakness of the PIT. For your district:

- The PIT says there are 176 homeless veterans outside the major metropolitan areas.
- Census data tells us that in Eau Claire and LaCrosse, there are 363 below-poverty/disabled veterans.

Ranking Member Levin, for your district, we look at both the San Diego and Orange County numbers. Given the population and size of these counties, it is difficult to say how exactly this impacts your district, however we know that:

- PIT says there are 1,052 homeless veterans in Orange and San Diego Counties.
- But the Census identified 6,622 below-poverty/disabled veterans.
- This ratio tells us the actual number of homeless veterans is probably higher than what is projected by the PIT count.

I would also be happy to build additional profiles for other districts, if there is interest.

Clearly, PIT counts are insufficient for capturing a complete picture of the need, and basing resource allocation on PIT counts alone is highly detrimental to rural and urban service providers alike.

But even with better data, and therefore more equitable distributions, we still will not be able to meet the need with the currently available resources.

The current rate for the Grant Per Diem (GPD) program is grossly insufficient. For instance, we do not operate GPD in Carson City because it is not sustainable. To address this, Congress should enact the Elizabeth Dole Home Care Act and implement and fully fund a new formula for GPD over the long term.

Congress and the VA should also allow for SSVF providers to receive administrative costs at the same rate as other VA programs.

And finally, Congress must recognize that reaching veterans in rural communities requires unique resources. In our case, we developed our telehealth equipped Mobile Service Units so that we can meet veterans where they are instead of waiting on them to come to us. Congress and the VA should provide rural partners additional funding to ensure we can reach every veteran, regardless of where they are.

As I conclude this testimony, I want to recognize the fantastic work that this Committee and the VA has done to improve the lives of all veterans. We've made great strides in recent years, but until we connect every veteran to the services they have earned, we are not done. Thank you again for the opportunity to be here today, and I look forward to answering your questions.

## STATEMENTS FOR THE RECORD

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### Prepared Statement of Delia Ramirez

#### STATEMENT FOR THE RECORD

#### CONGRESSWOMAN DELIA C. RAMIREZ

ECONOMIC OPPORTUNITY SUBCOMMITTEE HEARING: Exploring the Use of Data-Driven Methods and Community Collaboration to Reduce Veteran Homelessness

HEARING DATE: June 27, 2024

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Thank you Chairman and Ranking member for holding this hearing today. It has been well over a year since I first came to Congress and as a member of this committee, a recurring conversation that we've had is how to best support our veterans experiencing homelessness, prevent veterans from falling into homelessness, and eventually end veteran homelessness altogether. Let me be clear—the urgency of this matter cannot be understated. Our veterans experiencing homelessness need our help NOW.

This is why I am a proud co-sponsor of the End Veteran Homelessness Act of 2024, which I'm so glad that we passed out of this subcommittee today. This legislation will expand eligibility for HUD-VASH vouchers and create a pathway for more veterans at risk of experiencing homelessness to obtain permanent housing. I look forward to moving this bill at the Full Committee level and with our partners over on the Financial Services Committee so we can ensure every veteran can access the housing they need.

I want to pivot to the topic of our hearing today. As a former director of a shelter and transitional housing program, I know what it takes to serve a diverse community of people experiencing homelessness, including veterans. Part of serving our veterans at risk of experiencing homelessness is being equipped with quality data that can help inform our policy decisions, so that our legislation is intentional and addresses root causes of the problem. Reviewing and providing oversight of the data that is available to us including, the Point In Time Count and the VA's data, is critical in how we measure the scale of the problem and the needs of our veterans. Lastly, how we use this data effectively to drive our decision making is key. Quality data that can help steer policy is how we end veteran homelessness.

**Prepared Statement of Black Veterans Empowerment Council, Inc.**



**Statement of  
Shawn L. Deadwiler  
President and Chairman of the Board  
Black Veterans Empowerment Council, Inc.**

**For**

**U.S. House of Representatives Committee on Veterans' Affairs,  
Subcommittee on Economic Opportunity Oversight Hearing on  
"Exploring the Use of Data-Driven Methods and Community  
Collaboration to Reduce Veteran Homelessness"**

**June 27<sup>th</sup>, 2024**

Chairman Van Orden, Ranking Member Levin, and Members of the Economic Opportunity Subcommittee:

Thank you for your leadership and for providing me the opportunity to share perspective on addressing issues faced by veterans across the country, on behalf of the Black Veterans Empowerment Council (BVEC). We are a non-partisan coalition of national, state, and local veteran organizations serving as a unified voice for the needs of Black veterans on long-standing racial and economic inequities in the United States.

BVEC's vision is very simple: to rapidly house our Black veterans and any and all veterans in need of housing, and to provide those veterans with the necessary resources to not only get back on their feet but stay on their feet. Through increased advocacy with BVEC's public and private partners, BVEC aims to be both a bottom-up resource to share with federal policymakers discrepancies or successes on the ground of federal action – and likewise, a top-down resource to ensure effective communication of new legislation, VA programs, or others to ensure it gets to the veteran and the veteran's family in the communities that BVEC supports.

One of the ways BVEC will be such a resource is through our housing project. We are developing the most comprehensive and cost-effective model for transforming the lives of veterans most at risk of chronic homelessness through the dynamic combination of transitional and permanent housing with an array of supportive care services that are carefully designed to address each of the identified root causes for homelessness currently confronting our nation's veteran population. This project shall comport with the regulatory framework and guidance established within the HUD-VASH and HCHV Housing Programs. BVEC's success will be objectively measured through a series of success metrics as determined collectively by each of its funding sources, and most importantly, by the homeless veteran population that it serves. The goal is for BVEC to become the premier national model for ending chronic homelessness among our veteran population through rigorous adherence to best practices. Elements of these "best practices" shall include, but not be limited to, the following:

- Identification of and effective outreach to veterans most at risk for chronic homelessness
- Establishment of comprehensive evaluative intake services to assess client needs
- Functional, secure, and comfortable transitional and permanent housing facilities (individuals and families)
- Employment opportunities, vocational training, and job placement services
- Supportive medical, mental health, substance abuse treatment, and counseling services
- Sustainable Veteran Owned Small Business formation, technical assistance, equity investment / financing, and veteran resident contracting preferences
- Social services to refer and facilitate veteran access to public and private grants, education, and other resources
- Financial counseling and services
- Homeownership counseling and financing
- Referral network with other available government service providers and resources

BVEC is appreciative of the work that the House Veterans Affairs Committee (HVAC) has completed thus far during this 118<sup>th</sup> Congress. We are supportive of H.R. 8371, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act and appreciate the bipartisan and bicameral nature of that package of legislative items. We also look to continue advocating sensible and sustainable legislative solutions affecting all veterans.

#### **HOUSING & HOMELESSNESS**

We cannot disregard the sheer number of veterans who are currently experiencing homelessness - even within the nation's capital. Because of this, BVEC has been actively combatting chronic disparities in benefit utilization, economic opportunity, and agency enforcement. This includes building upon the increasingly broad, bipartisan congressional support to enact meaningful progress on the Department of Veterans Affairs' (VA) short and long term goals to better serve veterans and military service members, such as increased funding for targeted outreach efforts in various portions of the veteran communities experiencing homelessness, expanding available assistance for at-risk veterans due to economic instability, and expanding community capacity to move veterans into permanent housing. BVEC has created public private partnerships with real estate developers and local organizations in three states (Maryland, Colorado, and Arizona) and Washington, D.C. to provide housing for homeless veterans, and wraparound services (medical assistance, mental health treatment, financial counseling, job training, etc.) so that those veterans can receive the care and stability they need. We aim to provide a model of addressing veteran homelessness that can be replicated across the country.

To fulfill its mission statement of serving minority and other underserved populations, the VA must improve micro-targeting outreach across the Black veteran community - which BVEC and its affiliate organizations support and stand ready to assist the Secretary in. BVEC as a council stands ready with our depth to directly interface with the homeless veteran population, to assist with housing and care solutions from the ground up. Further, BVEC supports extending access to the HUD-VASH voucher beyond the chronically homeless and the most acutely disabled - which would increase access to, and utilization of, these important vouchers. Further, BVEC is supportive of the HOME Act (H.R. 3848), and other housing-related legislation, that increases access to transitional housing and the maximum rate of per diem payments provided by the VA to entities to serve veterans. We appreciate this legislation was included in the 21<sup>st</sup> Century Elizabeth Dole Act.

#### **ECONOMIC OPPORTUNITY**

Though underserved communities are heavily recruited, many Black veterans return to resource-poor neighborhoods and withstand frequent denials, deterrence, or misinformation on how to appropriately utilize the veterans benefits they've earned. Startup capital and incentives for veteran-owned small businesses as well as service-disabled veteran-owned small businesses is critical. There are a number of regulations

made by agencies that require significant upfront capital just to be registered to do business - which is cost-prohibitive in a lot of cases for veterans to get into business.

BVEC currently serves as a critical touchpoint in advancing education, equity, and economic opportunity in the Black veteran community. Through our coalition of 32+ member organizations, BVEC has direct access to over 300,000 Black veterans nationwide. Even more, veterans are already highly trained in the many disciplines and transferable skills required to be successful in today's workforce. With all this in mind, we look forward to working with your subcommittee to support our shared mission of serving veterans, families, and communities across the country and removing barriers to opportunities for them to be self-sufficient. BVEC has been supportive of recent efforts on ways to improve Transition Assistance Programs (TAP) - which can significantly help Black veterans from the start as they transition out of service regardless of service branch.

### CONCLUSION

BVEC's success is and has been a public-private partnership that effectively brings together community-based non-profit organizations, federal and local government agencies, and other private business entities - utilizing industry-leading best practices and resources - towards achieving our mission of better serving the Black veteran population through housing, workforce development, and many more of the aforementioned topics. We would like to continue in that same vein of partnership, not just with the numerous organizations that we work alongside to serve millions of veterans across the country, but with each and every member of the Committees on Veterans' Affairs within both the U.S. Senate and U.S. House of Representatives.

Chairman Van Orden and Ranking Member Levin, thank you for the opportunity to provide our testimony today. We share your goal of eliminating chronic homelessness and strengthening the self-sufficiency of each veteran within our community, and seek to further bridge the gap between the various veteran communities, government, philanthropy and the private sector to better serve the needs of Black veterans. We stand ready to engage on the aforementioned issues as well as are prepared to answer any questions you may have.

**Prepared Statement of Endeavors**

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June 28, 2024

The Honorable Derrick Van Orden (R-WI)  
Chairman  
House Veterans' Affairs Subcommittee on Economic Opportunity  
364 Cannon House Office Building  
Washington DC 20515

The Honorable Mike Levin (D-CA)  
Ranking Member  
House Veterans' Affairs Subcommittee on Economic Opportunity  
550 Cannon House Office Building  
Washington, DC 20515

**Re: Endeavors Statement for the record for the House Veterans Affairs Subcommittee on Economic Opportunity hearing, "Exploring the Use of Data-Driven Methods and Community Collaboration to Reduce Veteran Homelessness"**

Dear Chairman Van Orden and Ranking Member Levin:

Thank you for convening this hearing to examine how data-driven methods and collaborative community engagement can help to improve outcomes and reduce veteran homelessness. Endeavors appreciates the opportunity to submit a written statement for the record on this important topic.

Headquartered in Texas, Endeavors is a nonprofit organization committed to providing a helping hand to affirm dignity and improve the quality of life for every client, every time, in every community we serve. Since our founding by five churches in 1969, Endeavors has been dedicated to serving vulnerable populations, which includes veterans, active-duty service members, first responders (including Customs & Border Protection personnel), disaster survivors, migrants, and people who are unhoused or struggling with mental health. Because we believe in the power of community, we care for individuals in these groups – as well as their families. For many years, Endeavors has been honored to be the largest provider of Veteran Supportive Services in the state of Texas, an achievement we take very seriously.

The state of Texas has the second largest veteran population in the country. Currently, Endeavors operates the Supportive Services for Veterans and Families (SSVF) in 115 Texas counties. The SSVF benefits our homeless veterans, and those at risk of homelessness, and provides much needed financial assistance with the personal guidance, and support of well-trained case managers, dedicated to helping veterans obtain and sustain permanent housing.

**Endeavors' Approach to Community Collaboration:**

As a large SSVF provider, Endeavors has served veterans and their families in urban and rural settings. In our experience working across multiple states, we have a strong appreciation for community collaboration, which is critical to our success serving clients. We have developed strong community ties in the areas we serve and remain focused on finding ways to reach veterans where they are located to best serve their individual needs. For example, we place our intake staff directly in the larger shelters in the regions we serve, and help process veteran walk-ins, who do not go through the coordinated entry system.

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In our work with local partners, Endeavors engages closely in coordination with civic and community leaders, and local organizations to work creatively to fill gaps and connect veterans and their families with necessary resources and supportive services. We hire locally in the communities we serve and build relationships with landlords who offer affordable housing to build trust and responsiveness. For example, this relationship can be critical when a landlord is able to reach our case managers when they need assistance with a veteran in distress. This trust provides them with a comfort level that they can get a response from our team to help them address issues that may arise. As markets have become more expensive over the last few years, these relationships have become imperative to getting clients housed.

In some of the rural communities, we work closely with local city councils, county judges, and surrounding county officials to address gaps in services and resources, including transportation related challenges. We also work with our clients to offer virtual services and connect them with our military family clinics.

### Existing Data Gaps: Access to Mental Health Care and Prevention

In order to address veteran homelessness, data is critical to identify where the gaps are and the risk actors. While, homelessness is a very complicated issue, we know that substance abuse and mental health play a role in veteran homelessness. We often see firsthand, the challenges veterans face accessing mental health or substance abuse care with long wait times at the VA. From our perspective, data on prevention needs, which includes mental health support should be a key focus to address issues further upstream. This can help service providers address issues at the front end rather than at the back end. For example, when our case managers take in clients, they need to examine how they got there, and we often see years of trauma, mental health challenges, and wellness factors.

### Recommendations:

Endeavors appreciates that there are unique challenges that impact different veteran populations. From our experiences serving veterans, we have identified gaps where Congress and the VA should consider flexibilities in the use of federal funding that if permitted, would increase the chance of long-term housing stability. These policy recommendations would be meaningful, given the impact of inflation on affordable housing and homelessness in the communities we serve.

We recommend the inclusion of the following in the SSVF program:

- **Car payment and repairs:** Transportation is vital to employment and would increase employment and income outcomes, likely leading to housing stability. Auto repairs can be covered by SSVF funds in certain cases. Expanding the circumstances in which car repairs are eligible program expenses would help veterans achieve financial stability and access care by avoiding expensive surprises and providing reliable transport to employment and supportive services, thus promoting job and housing stability, and veterans' wellness.
- **Child care:** The lack of financial resources for child care is a barrier to employment, job skills training, and educational opportunities. Low-income veterans struggle to find adequate child care and the cost of care is a significant hurdle to stable housing. We encourage the VA to explore covering child care costs under the SSVF program or helping to better coordinate available federal resources on child care.
- **Aging veterans:** While the number of homeless veterans has declined in recent years, communities are experiencing an increase in aging homeless veterans and increase in persons over the age of 60 entering homelessness for the first time. Aging veterans, similar to the rest of our aging population have difficulty getting to and keeping medical appointments due to painful, existing conditions. With an increase in the aging veteran population, the VA should examine flexibility in the use of funding for housing accommodations that may be needed for aging veterans – such as assisted living or in home care givers. We also encourage the VA to prioritize the adaption of existing spaces

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across the housing continuum—from emergency shelter through market rate housing—to make it accessible and adaptable to meet the needs of veterans as they age.

- **Pet deposits and Pet rent:** Pet support and companionship are key to mental wellness for veterans. Many landlords require upfront deposits and additive monthly payments in rent that are prohibitive towards veterans being able to find affordable housing. Authorizing pet deposits as an eligible use of SSVF funds would be beneficial and encourage more veterans to seek permanent housing through the program.
- **Mortgage payment assistance:** Veterans who use their earned benefit to purchase their home and may face the risk of not only becoming homeless, but losing their investment and good credit history. If veterans lose their home, they stand to lose their equity in their home. Although service providers work to try to help veterans get back on track with other community partners, they are often limited in offering available resources. SSVF does not provide mortgage assistance and the VA should examine this issue, including available data on veteran rates of foreclosures to help identify solutions.

We appreciate the Subcommittee and VA considering pathways to provide new flexibilities in the use of federal dollars to best serve our veterans and their families and improve data-driven methods to address veteran homelessness.

Thank you for the opportunity to provide Endeavor's perspectives on this important issue. We are happy to be a resource and look forward to working with the Subcommittee on these issues. Please do not hesitate to reach out to Darnell Salley at [dasalley@endeavors.org](mailto:dasalley@endeavors.org) with additional questions.

Sincerely,  
  
020C78F52A0B441...  
Chip Fulghum  
CEO, Endeavors

**Prepared Statement of New England Center and Home for Veterans**



27 June 2024

**Statement for the Record  
New England Center and Home for Veterans Cost Information for the  
United States Department of Veterans Affairs Grant and Per Diem Program**

The New England Center and Home for Veterans (NECHV) is one of the leading community-based service providers to Veterans who are experiencing, or at risk of, homelessness in the Nation. Located in Boston Massachusetts, the Center has provided services to Veterans from throughout New England and beyond for over two decades. The NECHV offers a wide range of Federal, State and locally funded grants and programs, including a Department of Veterans Affairs (VA) Grant and Per Diem (GPD) Program that encompasses a total of 65 transitional housing beds.

Last year, at the expiration of the Federal COVID-19 Public Health Emergency, the NECHV wrote to Congress to express concern over the return of VA GPD reimbursements from up to 300% of the State Veterans Home Domiciliary Rate, back to the statutory rate of 115%. As we noted, the reinstatement of pre-COVID rates reduced GPD payments to well below actual costs incurred to serve Veterans and created considerable financial stress for the Center and many similar community-based providers.

Now, at the one-year anniversary of the return to reduced rates, those concerns remain, and the circumstances have been exacerbated. The increase in the maximum Per Diem Only (PDO) rate to \$68.64 in November 2023 (from \$64.52) did provide some relief but failed to keep pace with increases in per-day cost to provide GPD Program beds and services to Veterans for organizations in high-cost areas, such as the NECHV.

In 2023, responding to Veteran need, the NECHV expanded its GPD Clinical Treatment Program from 40 to 45 beds. At the same time, the Center converted ten beds from traditional congregate dormitory configuration into individual private rooms with corresponding baths. While this improves the NECHV's ability to support an increasingly aging and medically frail Veteran population, the new facilities increase per-bed and per-day operating costs. The Center also operates 20 separate Low Demand model GPD beds for its most vulnerable Veteran residents. This program provides an enhanced level of services, including 24 hour per day clinical staffing, to support Veterans facing the most pressing personal challenges. However, the 24/7 staffing and support levels increase operating costs and widen the gap between VA reimbursement rates and actual expenses even further. Since the staffing requirements are constant, regardless of program occupancy rate, they are a fixed cost. This makes the program more costly at lower occupancies and reimbursement levels, creating additional disincentives for providers to offer more effective, but support-intensive, programs like Low Demand, as they can create increased financial strain.

The past year's increases in service and operating costs for providers, and specifically for the NECHV, reflect overall economic trends and are driven by higher prices for energy (utilities),

supplies, staffing, and personnel. Over the past 12 months, while GPD reimbursement rates did increase slightly, average consumer prices rose by approximately 3.5%, negating much of the effect of that increase.<sup>1</sup> In addition, staffing and personnel costs, in particular for experienced and credentialed human services providers, have also risen due to the increased demand for human services and mental health professionals triggered by the Pandemic. These skill sets are vital for community providers like the NECHV that support the high-risk population of vulnerable Veterans experiencing or at-risk of homelessness. Driven in part by the Public Health Emergency, during the period from October 2020 to September 2022, the average weekly wage for Social Assistance Workers (NAICS Code 624) in the Commonwealth of Massachusetts increased by 18%. Since the height of the Pandemic, the rate of increase has slowed slightly, but from 2022 to 2023, the average weekly wage for the same workers still rose by 13.2%.<sup>2</sup>

The effects of the financial pressures become starkly apparent when reviewing actual provider costs versus allowable GPD reimbursement rates. In 2023, the NECHV estimated that operating the Center's full array of GPD Program models at their then 60 bed capacity would result in a net operating shortfall of as much as \$1.3 Million per year. As the tables below show, those shortfalls have only grown larger.

Projecting forward into the next 12 months, if the Center's GPD programs operate at full capacity, the potential gap between actual costs and allowable reimbursements is expected to increase from \$1.3 Million to almost \$1.9 Million. Notably, due to the costs of increased staffing and support requirements, the 20-bed Low Demand program, which is limited to the same GPD reimbursement rate, will incur a shortfall equal to the Clinical Treatment Program, despite being half the size.

|                                  | <b>20 Bed Low Demand Program</b> | <b>45 Bed Clinical Treatment Program</b> | <b>Combined</b>  |
|----------------------------------|----------------------------------|--|------------------|
| <b>Total Costs</b>               | <b>\$1,306,080</b>               | <b>\$1,932,253</b>                       | <b>3,238,333</b> |
| Daily Cost per Bed               | \$178.92                         | \$117.64                                 | \$147.87         |
| Allowable Per Diem Rate          | \$68.64                          | \$68.64                                  | \$68.64          |
| <b>Daily Shortfall (Per bed)</b> | <b>\$110.28</b>                  | <b>\$49.00</b>                           | <b>\$79.23</b>   |

**2024 Projected Actual Costs versus Per Diem Rate for NECHV Low Demand and Clinical Treatment Programs**

|                         | <b>20 Bed Low Demand Program</b> | <b>45 Bed Clinical Treatment Program</b> | <b>Combined</b>    |
|-------------------------|----------------------------------|--|--------------------|
| Daily Funding Shortfall | \$2,205                          | \$2,205                                  | \$5149             |
| <b>Annual Shortfall</b> | <b>\$805,044</b>                 | <b>804,825</b>                           | <b>\$1,879,731</b> |

**2024 Projected Annual Impact of Current Per Diem Rates versus Actual Costs for NECHV Low Demand and Clinical Treatment Programs**

<sup>1</sup> Bureau of Labor Statistics, <https://bls.gov/charts/consumer-price-index>

<sup>2</sup> Bureau of Labor Statistics, [Private, NAICS 624 Social assistance, Massachusetts Quarterly data 2022 - 2023 , All establishment sizes Source: Quarterly Census of Employment and Wages - Bureau of Labor Statistics \(bls.gov\)](#)

The effects of this shortfall extend beyond the NECHV's GPD programs. While transitional housing is a core and essential mission for the Center, in recent years our operations have expanded to encompass greater focus on serving and supporting Veterans in their communities. By reaching out to serve Veterans where they are, the Center is able to take a more upstream approach and provide early intervention with at-risk Veterans before homelessness occurs. This has proven to be very effective, but it requires skilled and dedicated staff, as well as the logistic infrastructure necessary to support such outreach. Over the last 12 months, the Center's Clinical Treatment and Low Demand programs both operated at loss, which required reallocation of other funds to make up for the shortfall. Any funding diverted in that way cannot be used to support community-based operations. Since NECHV staff routinely provide outreach and case management support well beyond the greater Boston area, this impacts our ability to serve Veterans throughout Eastern Massachusetts.

The Senator Elizabeth Dole 21<sup>st</sup> Century Veterans Healthcare and Benefits Improvement Act (HR 8371), which was recently introduced in the House of Representatives, contains provisions that will provide much needed financial stress relief to community-based GPD providers. Section 401 of the bill mirrors the HOME Act, which was passed by the House in December 2023. This will authorize the VA to increase the maximum reimbursement rate to up 200% of state domiciliary rates for qualifying grantees.

The remedies proposed in the Senator Elizabeth Dole Act are critical to enabling providers like the NECHV to continue offering their essential services to Veterans in need. Throughout the past year, the reduced VA GPD reimbursement rates have had a substantial impact on the Center's finances and continue to put pressure on the ability to continue providing the same depth and scope of services to Veterans in need. We strongly urge support for this important legislation.

**Questions for the Record Submitted by Delia Ramirez**

**Questions Submitted for the Record  
Submitted by the Honorable Delia Ramirez  
Subcommittee on Economic Opportunity  
Subcommittee Oversight Hearing  
Thursday, June 27, 2024**

**Question for Mr. Jeff Olivet, Executive Director, U.S. Interagency Council on Homelessness.**

**1. U.S. Interagency Council on Homelessness (USICH)**

Mr. Olivet, thank you for being here today. USICH uses its Federal Benchmarks and Criteria to evaluate the effectiveness of a community's homeless response system. Just weeks ago, USICH certified that Dallas met the benchmarks and criteria and has effectively ended veteran homelessness. Mr. Olivet, what are the key characteristics you see in a community's homeless response system that enable that community to drive down its numbers?

**Questions Submitted for the Record  
Submitted by the Honorable Delia Ramirez  
Subcommittee on Economic Opportunity  
Subcommittee Oversight Hearing  
Thursday, June 27, 2024**

**Question for Dr. Thomas O'Toole, Deputy Undersecretary for Health for Clinical Services,  
Veterans Health Administration, Department of Veterans Affairs.**

**1. U.S. Department of Veterans Affairs**

Dr. O'Toole, a common misconception about people experiencing homelessness is that they all have mental illness or substance use issues. What does the data show in terms of veterans experiencing homelessness?

**Questions Submitted for the Record  
Submitted by the Honorable Delia Ramirez  
Subcommittee on Economic Opportunity  
Subcommittee Oversight Hearing  
Thursday, June 27, 2024**

**Question for Mr. Ray Carville, Public Affairs Manager, Veterans Inc.**

**1. Veterans Inc.**

Mr. Carville, thank you for your testimony. One thing you highlighted that I would like to hear more about is how effective data management can keep program management costs low, but the way that providers are currently required to enter and report data in order to participate in HUD programs actually costs organizations more money due to case manager burnout. Can you elaborate on this? How can Congress help make data management easier for providers and allow you to spend your limited funds on what you do best, which is to house veterans?

**U.S. Interagency Council on Homelessness Response to Questions for the Record Submitted by Delia Ramirez**

**Questions Submitted for the Record  
Submitted by the Honorable Delia Ramirez  
Subcommittee on Economic Opportunity  
Subcommittee Oversight Hearing  
Thursday, June 27, 2024**

**Question**

Mr. Olivet, thank you for being here today. USICH uses its Federal Benchmarks and Criteria to evaluate the effectiveness of a community's homeless response system. Just weeks ago, USICH certified that Dallas met the benchmarks and criteria and has effectively ended veteran homelessness. Mr. Olivet, what are the key characteristics you see in a community's homeless response system that enable that community to drive down its numbers?

**Response**

USICH's [criteria and benchmarks](#) outline characteristics that comprise an effective homelessness response system for veterans. The criteria and benchmarks are intended to help communities drive the number of veterans experiencing homelessness to as close to zero as possible, while building systems that support lasting solutions that can effectively and efficiently respond to future needs. The criteria for achieving the goal of ending veteran homelessness include that the community:

1. Identifies all homeless veterans using coordinated outreach, multiple data sources, and other methods.
2. Provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it while assisting the veteran in swiftly achieving permanent housing.
3. Provides service-intensive transitional housing only in limited instances, with a priority placed on using it as a short-term option while working on a permanent housing solution.
4. Helps Veterans move into permanent housing. A permanent housing intervention has been identified for all veterans known to be experiencing homelessness, and veterans are permanently housed within 90 days (about 3 months) of the date they were identified and/or accepted a permanent housing offer.
5. Has resources, plans, partnerships, and system capacity in place should any veteran become homeless or be at risk of homelessness.

In addition, communities that have been successful in effectively ending veteran homelessness have incorporated strategies to sustain their progress. This includes regularly assessing system performance, formalizing partnerships via memoranda of understanding or other agreements, developing and documenting protocols, providing ongoing training, employing homelessness prevention and diversion strategies, and educating local leaders about the importance of their continued support.

Dallas and Collin counties in Texas, for example, have transformed their homeless response systems since 2021, focusing on moving unsheltered individuals, including Veterans, into housing and connecting them with wraparound supports. Since then, overall homelessness in the region has dropped by 19%,

and unsheltered homelessness has dropped by 24%. A total of 2,265 Veterans experiencing homelessness have been housed in Dallas and Collin counties since 2019. These same evidence-based strategies are attributed to a nationwide decline in Veteran homelessness by more than 52% since 2010, a testament to collective local and national efforts. One of these national efforts is ALL INside. Through ALL INside, USICH and our 19 federal member agencies partner with state and local governments for up to two years to strengthen and accelerate local efforts to help people move off the streets and into homes where they can recover from the trauma of homelessness and rebuild their lives. ALL INside focuses on reducing unsheltered homelessness in six communities: Chicago, Dallas, Los Angeles, Phoenix Metro, Seattle, and the state of California.

None of this progress would be possible without the ongoing bipartisan investments in housing and services for Veterans, including the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program, Grant and Per Diem (GPD) program, Health Care for Homeless Veterans (HCHV), and Supportive Services for Veteran Families (SSVF). The success of any homelessness strategy also hinges on the availability of quality, safe, affordable housing, along with an array of voluntary supportive services to help Veterans stabilize and prevent returns to homelessness.