

STATEMENT OF
JOHN F. CLANCY
PRESIDENT & CEO, TRISTATE VETERANS COMMUNITY ALLIANCE
TO
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
UNITED STATES HOUSE OF REPRESENTATIVES
JANUARY 18, 2018

Good morning, ladies and gentlemen, my name is John Clancy. I serve as the President and CEO of the Tristate Veterans Community Alliance (or TVCA). Thank you for inviting me to testify today at this important hearing regarding veteran homelessness. As an independent, veteran-led, non-profit organization focused on improving the access to, and the quality of, services offered to veterans and their families in the local community, we appreciate the opportunity to share our perspective and provide recommendations to address the challenges we see around veteran homelessness.

The TVCA was created four years ago to serve as a backbone organization responsible for aligning veteran support in our region, which is centered around Cincinnati, Ohio, but includes parts of Northern Kentucky and Southeast, Indiana. We partner with over 150 local organizations and operate a Veteran In-Processing Center that has serviced over 1,150 veterans since opening 28 months ago. We have four active workgroups focusing on employment, wellness, education as well as a special Northern Kentucky focused group. We have piloted programs that leverage our United Way 211 call center, that serve as a career accelerator for mid-level Non-Commissioned Officers, and that facilitate data sharing efforts both inside and outside our region. Our efforts are characterized by the following aspects:

- We are proactive, seeking to engage veterans and families before a crisis happens (often while they are still serving)
- We seek collaboration whenever possible. We do not want to add another drop to the "sea of goodwill".
- We work across sectors. We have many businesses involved in our efforts, but also include social services, veteran organizations and all major educational institutions.
- We look for systemic solutions in addition to program improvement.

That said, how do we view the efforts of the Department of Veteran Affairs (VA), the Department of Housing and Urban Development (HUD), and the Department of Labor (DOL) to reduce veteran homelessness? The efforts of all three agencies have been commendable and successful. The VA

designed a research-informed strategy called "Housing First" to address the problem, especially for those veterans who had experienced chronic homelessness (USICH, 2015). This strategy involved a co-sponsored initiative with HUD to invest resources in stable permanent housing for chronically homeless veterans and case management services to prevent them from experiencing further homeless episodes. Other programs, including the DOL's Homeless Veterans Reintegration Program (HVRP), have also served to facilitate the successful transition of veterans from homelessness. With the current strategy at its ten-year mark, the VA and HUD Housing First programs have successfully reduced veteran homelessness by nearly 50%. However, based on client trends seen in our region, we believe that the client needs and demographic profile are beginning to show signs of moving from traditionally "homeless" individuals to those who are "transitioning" or "at risk" (see Figure 1 and Table 1). To serve the new customer base, we should begin to adapt the current system to not only focus on homeless veterans, but also successful life transitions for at risk veterans.

While there has been much success using Housing First strategies with those who are chronically homeless, our experience shows that there are decreasing rates of return as specific subpopulations are engaged. At one of our veteran housing organizations the population is becoming increasingly younger (Table 1, as evidence of an ongoing trend). They are also starting to engage more first-time clients (Figure 1) and a large percentage of clients who previously lived with family and friends, local institutions or even their own home, rather than the streets (Table 1).

To accomplish this shift in mindset toward successful life transitions, a broader set of outcomes need to be developed that involves not just housing attainment, but boosting veteran self-efficacy, development of clear personal goals, and developing or enhancing the motivation to succeed in the civilian world. For veterans in distress, there are several strategies that correspond to how soon, or at what level, we engage.

- At an individual level for those in acute distress, work to ensure the right clinical levels of care are accessible and available.
- At a systemic level, we need to make sure existing organizations are communicating and strategizing across sectors, including the continuums of care, medical centers, and other veteran wellness and support groups (HUD/VA funded or not).
- Finally, and ultimately, we need to ensure that the transition system from military to civilian life is coordinated, veteran-centered, and resourced. This includes a greater level of information sharing, new and improved programming focused on proactive, strength building approaches.

We believe that regional veteran collaboratives are a key part of the solution. This collaborative approach allows the community to mainstream best practices, decrease competition, and allow for the scaling up of efforts to support transitioning veterans. A coordinated community-based approach that brings together diverse sets of resources and identifies new opportunities across public and private sectors is needed.

Several collaborative models have been developed including AmericaServes in New York, North Carolina, Pennsylvania, and Washington State; America's Warrior Partnership based in Georgia; Combined Arms in Houston; the San Diego Veteran Coalition and Military Family Collaborative and many

others. These various efforts have embraced and developed many critical aspects of a veteran’s collaborative and help push communities toward impact in important ways.

We applaud your review of the mix of programs available for veterans, assessing the correct mix for current needs and opportunities. We invite you to become more involved in regional veteran collaborative efforts, helping develop frameworks and resources for groups seeing to have a collective impact for veterans and military families. In closing, we would like to stress again the importance of a relevant, trusted community organization that can initiate and sustain the conversation for aligning strategy on transition support, employment and wellness.

References

Graeser, N. & Corleto, G. (December, 2014). More than a house: Ending veteran homelessness by addressing failed transition policies. Policy brief: University of Southern California: Center for Innovation and Research on Veterans & Military Families. Los Angeles, CA.

United States Interagency Council on Homelessness (USICH). (2015). Opening doors: Federal strategic plan to end homelessness (as amended in 2015). Washington, DC: Author.

Appendices

Figure 1. Joseph House Clients – Comparison of 2014 and 2015

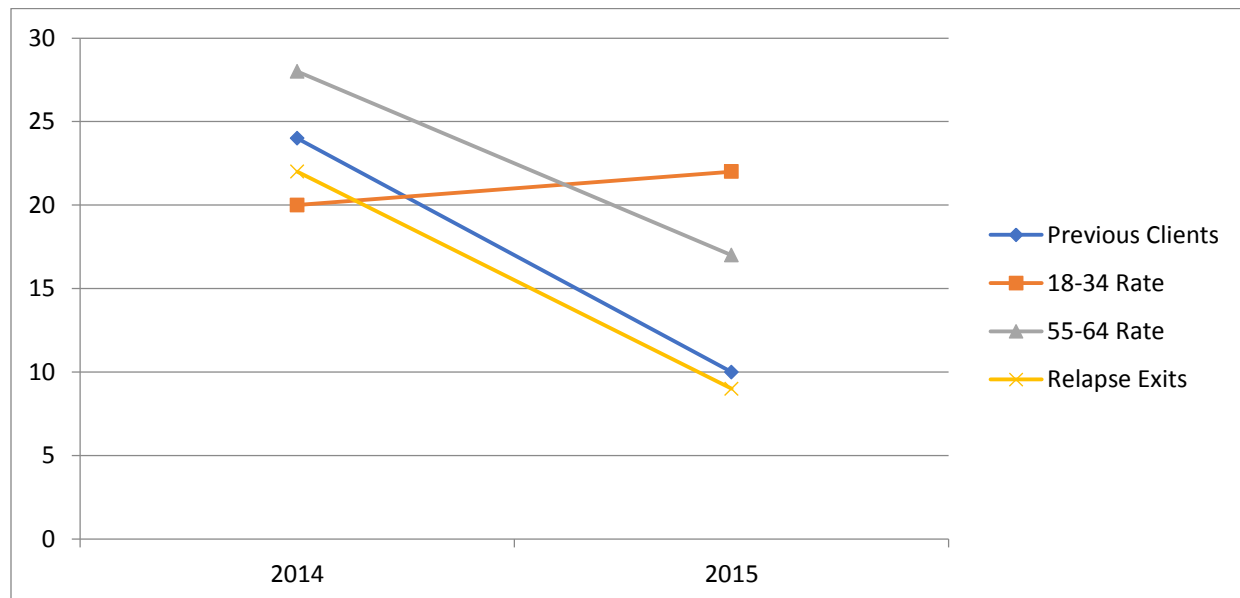


Table 1. Joseph House Client Survey – May 2016

<i>Variable</i>	<i>N</i>	<i>Percentage</i>
Prior living situation		
Family or friends	15	38%
Own home	7	18%
Prison or institution	14	35%
Homeless	15	38%
VA	5	13%
Total clients - May 2016	56	100%

Note: Joseph House began tracking client intakes and outcomes in HMIS in 2014. Up until then, Joseph House used an internal spreadsheet. The data above represents a blending of both data sources, highlighting the most complete and consistent fields.