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BEFORE THE  
SUBCOMMITTEES ON HEALTH AND ECONOMIC OPPORTUNITY  
HOUSE COMMITTEE ON VETERANS AFFAIRS**

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Good afternoon Chairman Wenstrup, Chairman Arrington, Ranking Member Brownley, Ranking Member O'Rourke and Members of the Subcommittees. I appreciate the opportunity to discuss the Department of Veterans Affairs' (VA) commitment to ending homelessness among Veterans. I am accompanied today by Dr. Keith Harris, Director of Clinical Operations, VHA Homeless Programs Office.

**Introduction**

VA remains committed to the objective of ending Veteran homelessness, and pursues that objective in close collaboration with our Federal agency partners, leading national organizations, State and local government agencies, Veteran Service Organizations, and other nonprofit partners in communities across the country. The ultimate goal is to make sure that Veterans have permanent, sustainable housing with access to high-quality health care and other supportive services, and that Veteran homelessness in the future is prevented whenever possible or is otherwise rare, brief, and nonrecurring. VA and our partners are striving to implement a systemic end to Veteran homelessness. VA, the Department of Housing and Urban Development (HUD) and the U.S. Interagency Council on Homelessness (USICH), have developed criteria for that systemic end of Veteran homelessness, including that communities across the country that have identified all Veterans experiencing homelessness, are able to provide shelter immediately to any Veteran experiencing unsheltered homelessness, provide service-intensive transitional housing in limited instances, have the capacity to help

Veterans swiftly move into permanent housing, and have resources, plans, and systems in place should any Veteran become homeless or be at risk of homelessness in the future. VA also continues to integrate resources in the homeless program to address mental health concerns and/or substance use disorders (SUD) of homeless Veterans and those at risk of becoming homeless, with an emphasis on evidence-based treatment and suicide prevention. Efforts in support of this include mandatory suicide prevention training for all homeless program employees, and the inclusion of SUD specialists in homeless programs.

### **Current Progress**

The number of Veterans experiencing homelessness in the United States declined by nearly half since 2010. To date, 60 communities, across 30 States, have been confirmed by VA, HUD, and USICH as having achieved the goal of effectively ending Veteran homelessness. Nationally, the total number of homeless Veterans, including those in sheltered and unsheltered locations on a single night in January 2017, was just over 40,000. While this represents a slight increase in Veteran homelessness over 2016, decreases in Veteran homelessness in the majority of HUD Continuums of Care in 2017, coupled with the overall decline in Veteran homelessness since 2010, demonstrate that the evidence-based strategies employed by VA and its partners to help Veterans become and remain permanently housed are working. In addition, over 600,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness through HUD's targeted housing vouchers and VA's homelessness programs.

Ending Veteran homelessness is not a single event in time; rather, it is a deliberate effort made to achieve the goal, and continued follow-up efforts to make sure that progress toward achieving the goal is maintained. We continue to identify innovative local solutions, especially in areas where higher rents have contributed to an increase in Veteran homelessness.

VA dramatically increased the number of services available to Veterans who are at risk for or currently facing homelessness. These programs and initiatives focus on identifying, interceding, and rapidly engaging homeless and at-risk Veterans on matters concerning housing, clinical care, and social services, as well as resources aimed at preventing homelessness. These programs include:

**Housing and Urban Development – Veterans Affairs Supportive Housing**

**(HUD-VASH):** Through this collaborative program between HUD and VA, HUD provides eligible homeless Veterans with a Housing Choice rental voucher, and VA provides case management and supportive services so Veterans can gain housing stability and recover from physical and mental health problems, substance use disorders, and other issues contributing to or resulting from homelessness. The program goals are to help Veterans and their families gain stable housing while promoting full recovery and independence in their communities. As of the last day of Fiscal Year (FY) 2017, 83,459 total HUD-VASH vouchers were in use and 77,850 Veterans were housed and are no longer homeless. Understanding that there are homeless Veterans who are not eligible for VA health care, and to further progress toward the goal of ending Veteran homelessness, HUD and VA are jointly piloting efforts to provide a small number of HUD-VASH vouchers to those who are ineligible for VA health care because of a disqualifying “other than honorable” discharge. This program allows communities that are able to demonstrate they have served and continue to prioritize eligible Veterans to provide a portion of their vouchers to former Servicemembers who do not qualify for VA benefits. As of the last day of FY 2017, 83,459 total HUD-VASH vouchers were in use and 77,850 Veterans were housed and are no longer homeless.

**Homeless Providers Grant and Per Diem (GPD):** The GPD program allows VA to award grants to community-based agencies to operate transitional housing programs and offer per-diem payments to such agencies that furnish authorized

services to qualifying Veterans. The purpose of the program is to promote the development and provision of temporary housing and/or related services with the goal of helping homeless Veterans access permanent housing, achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD-funded projects offer communities a way to help homeless Veterans by providing housing and other services, and at the same time assist VA medical centers (VAMC) by augmenting or supplementing care. As a result of section 712 of Public Law 114-315 (codified at 38 United States Code (U.S.C.) § 2013), the GPD program is able to offer a new case management grant to improve retention of permanent housing for formerly homeless Veterans exiting transitional housing programs. In FY 2017, over 600 GPD-funded projects participated in the program, which temporarily housed 23,737 Veterans – 14,530 of whom exited GPD into permanent housing.

**Supportive Services for Veteran Families (SSVF):** This program is designed to rapidly rehouse homeless Veteran families and prevent homelessness for those at imminent risk of becoming homeless due to a housing crisis. Funds are granted to private nonprofit organizations and consumer cooperatives, which then provide very low-income Veteran families with a range of supportive services designed to promote housing stability. SSVF is the only VA homeless program that can provide direct services to family members. In FY 2017, 21 percent of all those served by SSVF were dependent children. SSVF's ability to serve Veterans and their children helps keep families together. In FY 2017, SSVF assisted 129,458 individuals; 83,916 were Veterans, and 27,535 were children.

**Veterans Justice Outreach (VJO):** The purpose of the VJO program is to prevent homelessness and avoid the criminalization of mental illness and extended incarceration among Veterans. This is accomplished by ensuring that eligible justice-involved Veterans encountered by police, in jails, or in courts have

timely access to VA mental health, substance use treatment, and homeless services when clinically indicated, and other VA services and benefits as appropriate. In FY 2017, VJO provided services to over 46,000 justice involved Veterans.

**Health Care for Reentry Veterans (HCRV):** The HCRV program is designed to address the needs of incarcerated Veterans when it comes to re-entering their communities. The goals of HCRV are to prevent homelessness; reduce the impact of medical, psychiatric, and substance use problems on community readjustment; and decrease the likelihood of re-incarceration for those leaving prison. In FY 2017, the program served 9,732 Veterans and provided services to 890 Federal and State prisons.

**National Call Center for Homeless Veterans (NCCHV):** The NCCHV, which can be reached at 1-877-4AID VET (1-877-424-3838), was founded to ensure that homeless and at-risk Veterans have free, 24/7 access to VA staff. The hotline is intended to assist homeless and at-risk Veterans and their families; VAMCs; Federal, State, and local partners; community agencies; service providers; and others in the community. In FY 2017, NCCHV received more than 131,310 total calls, 80,777 from Veterans. More than 59,000 Veterans were referred to the homeless programs at their local VAMCs.

**Health Care for Homeless Veterans (HCHV):** The central goal of the HCHV program is to reduce homelessness among Veterans by connecting homeless Veterans with health care and other needed services. This program provides per diem payments to community-based facilities that provide housing; outreach services; case management services; rehabilitative services, and care or treatment to all eligible homeless Veterans. The program also provides HCHV Contract Residential Services, ensuring that chronically homeless Veterans, especially those with serious mental health diagnoses and/or substance use

disorders, can be placed in VA or community-based programs that provide quality housing and services that meet their specialized needs. In FY 2017, over 6,300 Veterans exited the HCHV program, and entered independent housing. HCHV is also responsible for the Coordinated Entry Initiative, providing guidance to VAMCs on their participation in their partner Continuums of Care coordinated entry systems.

**Homeless Veterans Community Employment Services (HVCES):** To help improve employment outcomes and connect with homeless Veterans who are the most difficult to reach, VA continues to support Vocational Development Specialists, who serve as Employment Specialists and Community Employment Coordinators within HVCES. HVCES staff members are embedded in homeless program teams within the medical center, complement existing medical center-based employment services, and are a bridge to employment opportunities and resources in the local community. In FY 2017, roughly 7000 Veterans existed homeless residential programs with employment. VA staffmembers work very closely with their colleagues at the Department of Labor (DOL), especially through the Homeless Veterans Reintegration Program (HVRP) and Jobs for Veterans State Grants (JVSG), which are two programs that address the employment needs of homeless Veterans.

**Homeless Patient Aligned Care Teams (H-PACT):** H-PACTs provide a coordinated “medical home” tailored to homeless Veterans’ needs. H-PACTs are open-access, provide wrap-around care and case management, and are performance-based and accountable. At selected VA facilities, Veterans are assigned to an H-PACT that includes a primary care provider, nurse, social worker, homeless program staff, and others who offer medical care, case management, housing assistance, and social services. The H-PACT provides and coordinates the health care that Veterans may need while helping them obtain and stay in permanent housing. Patients engaged in an H-PACT were

permanently housed 81 days faster than a non-H-PACT enrolled homeless patient. In FY 2017, H-PACTs provided care for almost 20,000 Veterans at 63 locations.

**The National Center on Homelessness among Veterans (the Center):**

Authorized by section 713 of Public Law 114-315 (38 U.S.C. § 2067), the Center promotes recovery-oriented care for Veterans who are homeless or at-risk for homelessness by carrying out and promoting research; assessing the effectiveness of VA programs; identifying and disseminating best practices; integrating evidence-based and best practices into policies, programs, and services for homeless or at-risk Veterans; and serving as a resource for research and training activities carried out by VA and by other Federal and non-Federal entities with respect to Veteran homelessness.

**Community Resource and Referral Centers (CRRC):** CRRCs are a collaborative effort of VA, communities, service providers, and agency partners. Centers are located in strategically selected areas to provide both a refuge from the streets and a central location to engage homeless Veterans in services. The goals of CRRCs include: (1) to provide Veterans with more efficient and better-coordinated access to the range of VA and community-based services and programs that can best address their needs; and (2) to support a more efficient and cost-effective delivery of that support to Veterans. When Veterans enter these centers, they are referred to physical and mental health care resources, job development programs, housing options, and other VA and non-VA benefits. In FY 2017, over 29,000 Veterans received services through VA's 31 CRRCs.

**Domiciliary Care for Homeless Veterans (DCHV):** The DCHV program provides time-limited residential treatment to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and

psychosocial needs such as homelessness and unemployment. In FY 2017, over 7,000 Veterans received services through the DCHV program.

**Homeless Veterans Dental Program (HVDP):** HVDP helps increase the accessibility of quality dental care to homeless and certain other Veteran patients enrolled in VA-sponsored and VA partnered homeless rehabilitation programs. In FY 2017, over 15,430 Veterans were provided dental care through HVPD.

### **Future State**

Maintaining strong support for Federal housing and homelessness programs is essential for preventing and reducing Veteran homelessness. Overall, the message is positive: communities, in partnership with VA, are preventing and reducing Veteran homelessness.

Recently, in an attempt to give VAMC facilities more control over homeless funds that directly impact the Veterans they serve, VA proposed a conversion of Specific Purpose funding to General Purpose funding, including funding in support of HUD-VASH. We received feedback from some of our valued internal and external partners that they need additional information from us about this conversion, and that we need to have more discussions with them before proceeding. As a result, VA will continue to pause plans to reallocate funds from specific purpose funds to general funds in FY 2018 to allow time to evaluate the feedback we are receiving from our stakeholders and partners. Over the next several months, VA will engage in a formal interagency process to solicit further input to ensure that any realignment of funds best supports our Nation's Veterans.

VA's way forward is to work with Federal partners to implement the elements of our interagency strategic plan to end Veteran homelessness. Important strategic objectives include enhancing integrated services for homeless Veterans struggling with suicide risk and SUD, addressing high need communities by recapturing and reallocating available resources, emphasizing efforts to improve employment outcomes, addressing prevention of new episodes of homelessness as well as recidivism, and fully



committing to coordinated entry efforts in local communities. VA's strategy for addressing the needs of homeless and at-risk Veterans will be improved by integrating suicide prevention, mental health, and substance use disorder resources with the programs that are currently available through VA's Homeless Program.

Of the Veterans assessed by VA homeless programs in FY 2017, 57 percent who are at risk of homelessness, or currently homeless, have a mental health diagnosis and 46 percent have a substance use disorder. Additionally, VA research shows that nearly a third of Veterans receiving care for suicidality showed evidence of homelessness. It is critical that VA addresses this aspect of Veteran homelessness in order to save their lives. Therefore, our Homeless Program is working with our Mental Health and Suicide Prevention offices to identify ways in which we can harness our collective resources to respond to this clinical priority.

In order to end Veterans' homelessness, VA's efforts must comprehensively be linked with local community efforts. VA's Federal partners, including DOL and HUD, require that all communities develop and operate a coordinated entry system (CES) for all homeless individuals, including Veterans. CES is a critical element in our continued effort to end Veteran homelessness because it ensures coordination of community-wide services for Veterans experiencing homelessness, system-wide awareness of the availability of housing and services, and easy access to and appropriate prioritization for these resources for Veterans who are in need. VA is committed to participating in this national effort.

VA's plan is to expand prevention and diversion efforts. We must reduce the flow of Veterans into homelessness if we are to continue the decline nationally, as tracked by HUD's Point-in-Time (PIT) count. After six years of consistent progress, the 2017 PIT Count data shows a mix of continued declines in Veteran homelessness in most communities, but stalled progress in others due largely to high rent and low vacancy rates. We are continuing to promote development of affordable and permanent supportive housing. We are also working with all partners to encourage efforts aimed at financing and developing additional housing stock in order to address the market factors that contributed to increases in 2017.

**Conclusion**

When Veterans become homeless or even at-risk for homelessness, VA and its Federal, State, and community partners must work together to rapidly connect them with appropriate assistance to provide housing stability. Sustaining the momentum and preserving the gains made so far requires continued attention and investments of financial resources. Failure to provide such resources will severely jeopardize our ability to sustain our progress and will put at risk thousands of Veterans and their families in the future. It is critical that we do not allow Veterans to slip into homelessness in the future.

Mr. Chairman, this concludes my testimony. My colleague and I are prepared to answer any questions.