

COMBATING VETERAN HOMELESSNESS IN THE TAMPA BAY AREA

HEARING

BEFORE THE
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
OF THE
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COMBATING VETERAN HOMELESSNESS IN THE TAMPA BAY AREA

Monday September 16, 2019

COMMITTEE ON VETERANS' AFFAIRS,
U. S. HOUSE OF REPRESENTATIVES,
Washington, D.C.

The Subcommittee met, pursuant to notice, at 10:06 a.m., at the West Pasco County Government Center, 8731 Citizens Drive, New Port Richey, FL, Hon. Mike Levin [Chairman of the Subcommittee] presiding.

Present: Representatives Levin and Bilirakis.
Also present: Representative Spano.

OPENING STATEMENT OF MIKE LEVIN, CHAIRMAN

Mr. Levin. Good morning. I call this hearing to order.

I want to thank everybody for joining us today for the House Veterans' Affairs Committee Economic Opportunity Subcommittee. I am Mike Levin from Southern California, 49th District, honored to be with you, honored to chair the Economic Opportunity Subcommittee.

I am very excited to be here in New Port Richey with my good friend, the Ranking Member, Gus Bilirakis, representing the 12th District here in Florida. I am also happy to have our friend Ross Spano from the 15th District here in Florida.

It is really a pleasure to get to work with my friend, the Ranking Member, on veterans' issues. It is, I think, the one area in Congress where we are working together across party lines. And for everybody, I hope, if nothing else, you walk away today knowing that we are trying to get things done for our veterans, trying to give back to those who are serving and those who have given so much for our freedom and our security.

Our Subcommittee addresses many of the key challenges facing veterans such as housing and homelessness, transition assistance, education, and job training programs. Today our hearing is titled "Combating Veteran Homelessness in the Tampa Bay Area," and it is going to examine how Federal, state, local, and nongovernmental resources are working to reduce veteran homelessness. I can tell you, we just had a similar hearing in my neck of the woods, in San Diego, California, and I can already tell from my discussions this morning there are a lot of issues that are very, very similar that we will be discussing today.

I thank the Ranking Member for joining me in California a couple of weeks ago to see the issues that we face there, and I look forward to learning more about the issues here. I can already tell

things like trying to find enough affordable and available housing for our veteran community is really critical. The cost of housing might be a little different in California, the tax system might be a little bit different in California, but the issues are the same. I notice your gas prices are pretty good.

[Laughter.]

Mr. LEVIN. I hope everybody knows that there is more going on in Congress than you see on the cable news, and the work we do on veterans' affairs doesn't always get covered but it is an area where we are already making progress. I think we have gotten something like 20 bills out of our Subcommittee, something like that, and a lot of them are going to be signed into law. A number of them have already been signed into law by the President, and we are very, very grateful, everybody on the Committee is very grateful for the opportunity to serve.

One of the things that we learned in our hearing last month was that if we can prevent veterans from falling into homelessness in the first place, as opposed to having to deal with the issues surrounding homelessness, the cost is maybe one-tenth for prevention as it is for actually dealing with the acute problem. So that is something I want to keep in mind.

We also learned about the difficulty in actually counting homeless veterans so we can focus our efforts and resources where they are needed. There is some dispute over how that count works. We heard ideas about how to better educate servicemembers about Federal resources that will help them avoid housing insecurity, specifically things like the HUD-VASH program. A lot of people use SSDF, as well. I am really excited. I think I can say this, right? That this week we are going to be voting to reauthorize \$380 million for SSDF, so I am very excited about that.

We need to do more. We need to expand HUD-VASH so that it provides assistance to more veterans. We need to improve data collection, and we need to better share the data between the Federal Government and local leaders, and we need to increase Federal assistance to homeless veterans with children in particular. We heard from a woman recently at one of our hearings in D.C. that some mothers, veteran moms, single moms, are worried that if they come forward and talk about the services that they need, that they may be at risk of losing their children. We have to make sure that we eliminate that fear however possible.

We are only effective as members of Congress when we learn from the experts, and that is why I am really grateful that you are all here. I look forward to learning from you and hopefully to continue the collaboration in the months and years ahead as we try to craft public policy based on the actual needs on the ground of the veterans in your community, the veterans in my community and throughout the country.

And we have a couple of other great members.

I do need to say one technical thing. The lawyers, you know, they make me say technical things. So I ask for unanimous consent that any members of Congress present or that may appear later, because we have invited a couple of others, may be seated at the dais for the purpose of participating in this congressional hearing. So, Ross, there you go; good stuff.

[Laughter.]

Mr. LEVIN. Second thing. With that, I would like to introduce my dear friend, the Ranking Member of the House Veterans' Affairs Subcommittee on Economic Opportunity, Florida's very own Gus Bilirakis.

**OPENING STATEMENT OF GUS M. BILIRAKIS, RANKING
MEMBER**

Mr. BILIRAKIS. Thank you.

[Applause.]

Mr. BILIRAKIS. Thank you, friends. Appreciate it.

Mr. Chairman, welcome to California without the taxes.

[Laughter.]

Mr. BILIRAKIS. It is a great place, and Pasco County is a wonderful place to live, and I just want to thank all of you for being here. We have the experts here, but there are experts in the audience as well. It is just that we don't have enough chairs for everyone to testify, but we will be available for you after the hearing if you would like to come up to us.

I do have some prepared remarks, so I probably should stick with them, and then we can hear from all these experts about how to solve this issue because you are doing such a great job here in Pasco County. But the entire congressional district, we can do better. So we want to know what works and what doesn't work, and we need to know how well these programs are doing so we can continue the funding. But if they are not doing well, let's put the funding elsewhere.

So, thank you, Mr. Chairman. I want to thank you all for joining us here for this field hearing of the Subcommittee on Economic Opportunity of the House Veterans' Affairs Committee.

Who says Republicans and Democrats don't get along? We work together in a bipartisan fashion for true American heroes, and I want to thank Chairman Levin. He has been outstanding. I am telling you; they have been more than fair to me being in the minority with regard to veterans' issues and getting veterans' issues done.

So we are kind of a model for the rest of Congress, and hopefully they are listening, and they are hearing us today because these are non-partisan issues. They are American issues.

My name is Gus Bilirakis. It is my pleasure not only to serve as a congressman from the 12th Congressional District of Florida—and, of course, we are here today in Pasco County—but also to serve as the Ranking Member, the lead Republican, on the Subcommittee.

I want to thank the Pasco County Government, the government center, for providing the facilities to host this field hearing, especially Vito Tomasco. Where is Vito? He is probably working.

Vito, thank you so very much for what you have done. Really, I know you have put a lot of hours into making this happen, so we appreciate it very much.

And then also my colleague, as I said, Chairman Levin, for being here and holding this field hearing. I had to get permission from the Chairman to hold this hearing. I did go to California, and we

learned quite a bit. I never think it is a difficult thing to come to Florida, Mr. Chairman, but I really appreciate you being here.

And then Sheriff Nocco. I am not sure if Sheriff Nocco is here yet. Oh, there he is.

Hi, Sheriff. Thank you so very much.

[Applause.]

Mr. BILIRAKIS. Thanks for keeping us safe, Sheriff. We appreciate it so much.

Let's see, Dan Anderson from the Homeless Coalition.

I want to thank all of these people.

Steven Phears, who is representing Congressman Crist today. As a matter of fact, I did call Congressman Crist a couple of times. He probably has a conflict, but don't be surprised if he shows up in the middle of the hearing, which is fine.

Katherine Starkey, Pasco County Commissioner. She is coming, on her way.

And Jack Veriano.

I don't want to leave anyone out here.

And then, of course, Judge Shawn Crane. Shawn does a wonderful job for our veterans, heading up the veterans' court in this circuit. We appreciate you so very much.

All of you, you are veterans' advocates, you are selfless as far as I am concerned. You know your priority is with our heroes, and that is where my priority is as well.

It is great to work with a thoughtful legislator, again, like Chairman Levin, on our continued goal to provide economic opportunities for veterans. I thank him for traveling to our community and hearing firsthand from Floridians on the issues that our veterans face.

Let's just pause for a second, please, or more than a second, to allow all the veterans to recognize themselves. If you are a veteran, please raise your hand, or if you would like to stand, if you are capable of standing, that is fine too. Please, we need to honor you.

[Applause.]

Mr. BILIRAKIS. Thank you very much. Thank you for your service, again, to our country. It is an honor to represent you in the United States Congress.

Before we begin, I want to point out members of my staff standing in the back. We have a few.

Rob Leach. Where is Rob? Raise your hand, Rob. Rob is our veterans outreach staffer. He does an outstanding job. Obviously, he served in the Army as well. He was in the first invasion of Iraq.

Joe Peters is here as well. Raise your hand, Joe. Joe can help you with any case work you might have.

Our Chief of Staff might be running late, Elizabeth Hetos, but she will be here.

And everyone knows Summer Robertson, who is our District Director and our Deputy Chief of Staff. Raise your hand, Summer. Thank you so very much.

[Applause.]

Mr. BILIRAKIS. Again, if you have any issues concerning veterans, or anything to do with the Federal Government, please don't hesitate to approach my staff. We will be happy to help you out in any way we can. Please feel free to stop and ask any questions you have. They work hard every day, again, for our veterans in the

12th Congressional District to assist with VA and Department of Defense-related issues.

Today we are here to examine and highlight programs and benefits that help combat veteran homelessness. There has been a significant amount of progress made nationwide in reducing homelessness among veterans, but we still have much more work to do.

Several municipalities have even eliminated veteran homelessness altogether by obtaining functional zero, and we will define that during the hearing. While this is good news, as funding for homeless veteran programs in the Department of Veterans Affairs and the Department of Labor have reached record levels, we must ensure that we have a true picture of how this money is being spent.

Last month we held a similar field hearing, as I said, on veteran homelessness in Chairman Levin's district near San Diego, California. One of the biggest issues facing homeless programs in California is the lack of affordable housing and the difficulties of building more of it. Sound familiar?

I am interested in finding out from our witnesses today how high housing costs create major issues for homeless programs in the Tampa Bay area and in Florida as a whole. While I believe it is important to provide veterans with housing through the VA's HUD-VASH housing voucher program, it is even more critical for the long-term success of these veterans if they also receive comprehensive wraparound services that help them find meaningful employment. Do you agree? It is so important.

Without helping veterans find meaningful employment, we are only providing them temporary housing and not setting them up for positive long-term success.

I am grateful to our witnesses for giving us an opportunity to hear directly from those on the ground in this fight against veteran homelessness about what they believe works, doesn't work, and how we in Congress can help combat this problem.

While we have had success in combating veteran homelessness in our community, I know we all share the common goal to ensure those who have worn the cloth of our country are never homeless.

Once again, I thank the Chairman for holding this field hearing in the 12th Congressional District, and before I yield back, I wanted to thank Representative Spano, our neighbor here in Hillsborough County, for being here today and caring for our heroes.

So with that, I will yield back, Mr. Chairman.

Mr. LEVIN. Thank you, Mr. Ranking Member.

Just to say something that hopefully you all realize, Ranking Member Bilirakis is really one of the leaders in the United States House of Representatives when it comes to advocating for our veterans. You have a true national leader on this issue, and I think everybody knows that, right? If you don't, you have a great Member of Congress. We love our friend, Gus Bilirakis.

With that, I would like to introduce another friend from Florida's 15th District, Ross Spano, for his opening statement. Thanks for being here.

OPENING STATEMENT OF ROSS SPANO

Mr. SPANO. Thank you, Mr. Chairman. Thank you for having me, Chair Levin and Ranking Member Bilirakis. It is an honor to be with you.

When I talked to the Ranking Member on the floor last week, he made sure to remind me that he had invited me to be at this event this morning, and as you probably are aware—you guys certainly know this—we get so many invitations from all over the place, but I immediately contacted my staff and said we are going to move whatever we can move around so that we can at least be there for the beginning of the hearing and show our support for this effort, because it is an important one.

I do have the honor of representing Florida's 15th Congressional District, and that is most of eastern Hillsborough County and parts of Polk County and Lake County over near Orlando. It is an honor to serve.

Very quickly, I just wanted to give a shout out to my former colleague in the Florida House, Danny Burgess, who now serves as Director of Florida's Department of Veterans Affairs. It is good to see you, brother. I thank you for being here and offering your testimony this morning.

I want to personally thank each and every one of the veterans who are here this morning. Thank you for what you do and have done. I am grateful, my family is grateful to you for your service and your sacrifice. Thank you.

I am pleased to be co-sponsor of a number of veteran support bills, one of which kind of falls right within the wheelhouse of the hearing this morning, and that is H.R. 95. It is the Homeless Veterans' Families Act. You may or may not know about that bill, but it goes a long way toward ensuring that the children of veterans have access to shelters and housing, and I wanted to kind of give you an idea.

So currently, if you are a non-veteran homeless in the United States, Federal funds will pay for each head in bed a per diem to the service agency housing a family. However, if you are a veteran homeless family, the VA's GPD program will only pay for the cost of occupancy for the veteran but not for the dependent family member. That doesn't seem to make a whole lot of sense to me.

So what this has resulted in, unfortunately, is many GPD providers not accepting homeless veterans with dependent children, and that needs to change.

You have all heard the quote that freedom isn't free. That is true in the sense that there is a great cost to defend freedom emotionally in the sacrifices of health and life, but also the understanding that we must devote our financial resources as a Nation to support the men and women when they come home to us. G.K. Chesterton once said that courage is almost a contradiction in terms. It means a strong desire to live taking the form of a readiness to die. So publicly, nationally, we thank, and we honor the courage of our veterans, and we demonstrate that gratitude by our actions when you return home.

So I believe I speak for the entire Congress, and I know I speak for the Committee, when I say that we now stand ready to do

whatever it takes, whatever it takes, to support you. So thank you again. It is an honor to be here.

Thank you, Mr. Chairman.

Mr. LEVIN. Thank you for being here, Representative Spano.

[Applause.]

Mr. LEVIN. Well, we have a great panel, and we are going to have, I think, plenty of time to dig into the issues with you, just as we did, Mr. Ranking Member, back in California. My hope is that we are informed, the work that we do in Washington is informed by what you tell us today. I like to tell our local constituents that my output as a legislator is only as good as the input. So we need all the input we can get, and we have a great panel. So I would like to introduce everybody.

First is Mr. Joe Battle, Director of the James A. Haley Veterans Hospital. Thanks for being here, sir.

Mr. Danny Burgess, Executive Director of the Florida Department of Veterans Affairs. Thank you so much for being here and your service in Florida.

Mr. David Lambert, Chairman of the Pasco County Housing Authority. Thanks for coming.

Mr. Michael Raposa, Chief Executive Officer of St. Vincent DePaul CARES. Thanks for being here.

Mr. Brian Anderson, Founder and CEO of Veterans Alternative. Thank you so much.

And Ms. Mary White, a formerly homeless veteran who served the United States Army. We are deeply grateful for your being here today to share your story with us.

As you know, you are going to have 5 minutes for an opening statement. Then we will have time for questions. I think we will have plenty of time for questions. Hopefully we will have time for two rounds of questions. Your full statements, to the extent you submitted written statements, will be added to the record. Of course, we will welcome your comments and feedback, and our dialogue doesn't just end here today. We need your active participation in all the work that we are doing in service of our veterans in the months and years ahead.

So with that, I would like to turn it to Mr. Battle. You are recognized for 5 minutes for your opening statement.

STATEMENT OF JOE M. BATTLE

Mr. BATTLE. Thank you, sir. Good morning, Chairman Levin, Ranking Member Bilirakis, and Representative Spano. Thank you for the opportunity to speak before you today on the topic of veteran homelessness.

Each area of the country brings unique challenges faced by veterans at risk of experiencing homelessness. For those of you who aren't familiar with the James A. Haley hospitals and clinics, we are located in Tampa, Florida, with community-based outpatient clinics in Hernando, Hillsborough, Pasco, and Polk Counties. Haley is one of the five poly-trauma centers within the VA system of care, and when combined with our 100-bed Michael Bilirakis Spinal Cord Injury Center, it is the largest Federal rehabilitation center in the country. In Fiscal Year 2018, we treated over 97,000 unique veterans and active-duty patients, with almost 12,000 admissions

and more than 1.4 million outpatient visits, of which 129,000 of those visits were performed just down the road at the New Port Richey outpatient clinic.

I firmly believe that to be successful, we need to be an active partner in the communities we serve, and nowhere is that more evident than in our mission to end veteran homelessness. Through VA and our partners' efforts, homelessness among veterans has reduced about 50 percent nationally from 2011 to 2019. Locally in our catchment area, it has reduced by more than 70 percent during the same timeframe. Guided by the principle of housing first and a goal of finding permanent housing, HUD-VASH vouchers have been a key in providing homes for these veterans.

We have accomplished these remarkable results to help meet the need and challenges faced by homeless veterans through our collaboration with our community partners, from local housing authorities to veteran service organizations to faith-based organizations, just to name a few. Haley has partnerships with law enforcement and legal communities throughout our catchment area. Staff provide outreach services in local jails to justice-involved veterans. Individualized services are offered with an effort to assist in discharge planning to prevent homelessness upon release. The VGAO specialist staff work in treatment courts with an effort to support justice-involved veterans engaged in treatment services.

The priority of our Health Care for Homeless program is to break the cycle of homelessness using a variety of community resources which include permanent supportive housing programs, transitional housing programs, prevention and diversion programs, rapid re-housing programs, substance abuse treatment programs, medical and mental health services, employment services, and case management.

But most often it comes down to finding housing. At Haley, we have 1,060 HUD-VASH vouchers available for use, and currently 919 veterans are permanently housed using these vouchers. Our staff connect homeless veterans to a variety of services, including the HUD-VASH program, contract residential services, grant per diem programs, and have job programs such as supportive services for veterans' families, rapid re-housing, and homeless prevention.

The team manages a wide array of homeless veteran outreach programs through street- and clinic-based services. I freely admit we haven't eradicated homelessness as it continues to be an issue in our catchment area, but we are a continuous improvement organization, always striving to be better at what we do and find innovative solutions to universal challenges. The greatest challenge we face with housing veterans is the rapid rise in rents throughout our area of operation. We are working with Federal, state, and local partners to meet this challenge and find innovative solutions.

The James A. Haley Veterans Hospital is committed to providing high-quality care to our veterans that they have earned and deserve. We will strive to continually improve access to services to meet the needs of all veterans. We are committed to working with our community partners to end homelessness amongst veterans. We appreciate the opportunity to appear before you today and the resources the Congress provides the VA for our veterans.

Mr. Chairman, this concludes my testimony and I am prepared to respond to any questions that you have.

[THE PREPARED STATEMENT OF JOE M. BATTLE APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you, Mr. Battle.

Mr. Burgess, you are now recognized for 5 minutes for your opening statement.

STATEMENT OF DANNY BURGESS

Mr. BURGESS. Thank you, Mr. Chairman and Ranking Member Bilirakis, and Congressman Spano. It is truly an honor to be able to present my testimony before this Committee today. Welcome to Pasco County, proud to have you here.

FDVA seeks to address ways to provide the assistance the veterans have earned and deserve by their service to the Nation. As the newly appointed Executive Director for the State of Florida for the Florida Department of Veterans Affairs, I felt the need to look and find ways to address gaps in veteran services and work together to solve some of the most crucial and time-sensitive issues that face veterans today.

I am joined today by my Deputy Director, United States Marine Corps Major General Retired James Hartsell, who is just behind me to the back, and also a Pasco resident. We are so very proud to have him on our team and have him with me today. Together, our team and FDVA, we are scattered throughout the state, and we led an initiative kicked off by Governor Ron DeSantis called Forward March. FDVA hosted working groups in this Forward March initiative in key communities across seven regions of the State of Florida in a five-month period. Those regions included Tampa, Pensacola, Jacksonville, Lake Worth and West Palm Beach, Ocala, Miami, Cape Canaveral, and Sarasota. Leadership from state, Federal, city, and county municipalities, civic groups, church groups, veteran service organizations, and anybody operating within that region that has an ability to impact the veteran community were invited. I would say collectively we touched over 1,000 leaders in the veteran community throughout the State of Florida in this five-month process, and this mission began on March 29th of 2019 and continues to this day.

It is a combination of knowledge from leadership on the state and local level, as well as the private sector, and these groups and charities across the state, they address many important topics, one of which, of course, we are here to address today, which is the homelessness crisis amongst our veteran community, veteran homelessness, and work groups focused on the challenges, the impacts and gaps, best practices and initiatives, and resources necessary to bring about change to these existing conditions within these structures.

The results of these discussions across the state is that there are a host of fragmented veteran services that augment the Federal VA benefit system. That patchwork tends to be locally focused, community oriented, and effective for its regional population but often working in silos that are separate and distinct and limited in their scope of focus. Because they are local and inward, these groups face

issues of inadequate funding, lack of proper information dissemination and sharing, lodging and subsistence inadequate resources for outreach. So they are insular and must rely on benefits coordination and mutual assistance and resource sharing, which is one of the big things we gathered from Forward March, that need for collaboration to help fill the gaps, open up lines of communication and barriers, and everybody is marching to that same beat of the drum and that same direction. That collectivity and community-based effort will help resolve those issues.

So we realize that we at FDVA can really become a true conduit to try to help bridge those gaps and help connect all these different resources and all these great organizations that are doing so much good and help them work together to combine their efforts.

As of August of this year, Florida has five counties and three communities that declared functional zero for homelessness. Those are Flagler County, Miami-Dade County, Ft. Myers and Lee Counties, Punta Gorda, Charlotte County, Volusia, and Daytona Beach. Homelessness among veterans in Florida, as Mr. Battle mentioned before, has effectively been cut in half from 2011, and a significant cause for this is because of the national initiatives such as the HUD-VASH program. So we can't thank you enough for your support and encouragement of those.

It is a very telling and significant decrease, but there is still so much more we could do. The support clearly has not yet ended or eradicated to functional zero veteran homelessness. We have about an estimated 2,543 homeless veterans in Florida that we know about. As we all know, some veterans do not want to be identified. They may not want to come out of the woods, which means we have to reach into those wraparound services and provide that support for mental health and other community care.

Employment is a critical issue. We have to work on transition in employment to help them get better connected to the skill trades that they had put into full effect in a masterful way in the military. That is a keyway that we can do this.

So the bottom line is we stand ready as an FDVA to assist our local partners, our Federal partners, our members of Congress on the legislative level, and we want to be a resource, we want to be a conduit, we want to help connect dots and raise awareness. What we found more than anything is that the key is raising awareness, raising awareness to what is available and what is out there. If veterans don't know, then we won't be able to get them connected to those services. So we need to be more proactive as an FDVA, get out of our foxhole, and make sure that we are reaching those veterans who served us.

Thank you so much, Mr. Chairman, for coming here. Ranking Member, so proud to call you my congressman and my friend. It is an honor to be here. Thank you, and we stand ready to answer any questions that you may have. Appreciate your time.

[THE PREPARED STATEMENT OF DANNY BURGESS APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you, Mr. Burgess, appreciate that very much. I would now like to recognize Mr. Lambert for this opening statement.

STATEMENT OF DAVID LAMBERT

Mr. LAMBERT. Thank you, Mr. Chairman, Congressman Bilirakis, and Congressman Spano. I represent one agency who works to combat veteran homelessness, along with other issues related to homelessness in our community. Today I will specifically speak to a local level, and I look forward to answering any questions that you may have, especially on the question of jobs as we move forward.

The Pasco County Housing Authority is the recipient of Federal funds through the Department of Housing and Urban Development. We receive VASH vouchers that are specifically for veterans. Housing for veterans and others is extremely hard to come by. So in our local area, there are no homes to be had, to put a VASH voucher to.

The PCHA, in order to address this issue, we recently purchased property to build a 78-unit veterans housing and mental health housing community. While one would think that progress has not been made and there is an extreme lack of affordable housing in our area, in the case of the PCHA we tried to get financing to build this new community. However, banks would not lend to us, even though we are one of the best agencies to help combat homelessness for families, even though the VA and HUD approved project basing VASH vouchers, which virtually guarantees the property would be successful, meaning it would cash flow through the process.

We have met resistance at every level. This has been based on the low funding from HUD through the Federal budget and our balance sheet. Housing authorities are designed by nature to have a very slim margin. We have been able to cobble together approximately \$2 million in funding, and we are seeking a legislative budget request through working with our representative, Mr. Burgess, to get funding to construct this project.

We respectfully request the Federal Government create regulations to do what you already have done in the housing arena to allow banks to fund our projects even though we operate on a low margin level, and to provide banking through the Department of Housing and Urban Development, which is exactly what they are tasked to do and we have done in the past in order to get local housing stock for veterans and folks with mental illness.

Those are my comments, Mr. Chairman.

[THE PREPARED STATEMENT OF DAVID LAMBERT APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you, Mr. Lambert. I know the Ranking Member and I were writing notes down, so I am sure we are going to have some follow-up regarding that project.

Now I would like to recognize Mr. Raposa for his opening statement.

STATEMENT OF MICHAEL RAPOSA

Mr. RAPOSA. I am really grateful for the opportunity to sit before you, and I am incredibly grateful to Congressman Bilirakis for his leadership in our area. Every community needs a herald, and every

community needs an advocate, and there is no greater advocate than Gus Bilirakis for our community.

St. Vincent DePaul CARES is carrying out a 400-year tradition that was set forth by our namesake in Paris, France, and our worldwide role continues to be obliterating poverty on the planet. Since 2012, St. Vincent DePaul CARES has been the leader in many of the areas in ending veteran homelessness in West Central County, including the counties of Pasco, Pinellas, Hillsborough and Polk.

In 2018 we expanded our efforts to include the counties of Citrus, Hernando, Sumter and Lake, and we are about to announce that in 2019 we are going to be expanding our efforts to Manatee, Sarasota, Charlotte, Harding, Highlands, Henry Lee, and Collier Counties. At this point, I need a helicopter.

When we embarked on the mission, the mere concept of ending homelessness for any subpopulation was a dream that many felt unrealistic. To that end, at one point I was summoned into a local county administrator's office who requested that I stop talking about it publicly because the commissioners of that community thought that I was crazy.

I understood where he was coming from, because at that time the number of veteran homeless was at 2,850, both on the street and in shelters, and I am really pleased to say that the number in that same county today is at 149. We have made significant progress, much thanks to the congressional appropriations over the years. And for that, we are really grateful.

The creation and the continuation of the Supportive Services for Veteran Families program has completely transformed homeless service delivery nationwide. The data continue to show that the majority of veterans on the street can be immediately moved into housing and, with wraparound services, thrive. The length of time between being on the street into housing has declined from nearly 180 days when we began to just under 60 days today, not quite at the 30 where we would like to be, but that is substantial progress.

In addition, the positive impact that SSVF has had on the clients and the households served, the greatest impact has been on our local communities. The program has proved that a systematic approach to ending homelessness across our country will produce a dramatic decline in the number of homeless.

In the Tampa Bay region alone, we have seen a dramatic decline, as already recorded. Whereas within our community there are some that are lagging behind, and there are some that are not seeing the dramatic decrease. The numbers are stagnant, or the numbers are on a slight increase. This has to do with that system.

To that end, during the month of August, Pinellas County saw the number of homeless families with children seeking shelter and housing intervention at zero for four days. While this may seem meager, you have to bear in mind the fact that that number has been up over 200 at times, and we are making great progress.

So the rapid access to affordable housing, supportive stabilization services, community organization and coordination, and strong advocacy for change have proven to be the perfect combination.

The greatest obstacle that we have faced as a Nation is that availability of affordable housing across the country. We have to

adapt our services to meet those needs, and I have some real specific suggestions that I have put together in conjunction with my friends at the VA.

The first is the need to expand the affordable housing supply. VA's Enhanced Use Lease, EUL, program allows for the development of housing on underutilized or unused VA properties, but there are currently no capital funds associated with this project. Allowing the EUL to offer both capital resources as well as the ability to collaborate with the HUD-VASH project-based one-stop procurement process, we would eliminate the need for developers to seek out multiple resources and operating assistance. This would help integrate project-based HUD-VASH in EUL development.

And finally, we here in the State of Florida continue to see the state's affordable housing trust fund being swept by our state legislature. This is a huge problem for us, because the resources are there, they were designated for that, and our state legislature continues to move them in a different direction. 2019 was the first time in many years that we saw the Governor's Office and the Senate on the same page to release an historic portion of that money, but the House did not support it, and we desperately need your help with that. When we get to the point of questions, I can offer some other specific solutions to that, and I also hope that we will talk about reaching an effective end of homelessness. Functional zero was the definition that was set for one group, and the effective end of homelessness is much more comprehensive and a better alternative. Thank you.

[THE PREPARED STATEMENT OF MICHAEL RAPOSA APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you, Mr. Raposa, for your words.

I would now like to recognize Mr. Anderson for 5 minutes for your opening statement.

STATEMENT OF BRIAN ANDERSON

Mr. ANDERSON. Good Morning, Chairman Levin, Ranking Member Bilirakis. My name is Brian Anderson. I am a medically retired Green Beret, social worker, Founder and CEO of the Veterans Alternative, and a Master's of Social Work candidate at Columbia University with a focus on Social Enterprise Administration. I truly appreciate the time given to speak on a problem I am really familiar with.

I moved to Pasco County in 2012. At that time, Pasco and Hillsborough Counties ranked in the top 10 for overall homeless, and Hillsborough and Pinellas Counties ranked in the top 10 for overall homeless. All three counties were rated as small cities, counties, or continuums of care. Real change in that area is not that significant, as the 2018 Point-In-Time Counts reveals Pasco and Pinellas counties leading in several homeless statistics, including veteran homelessness.

As valiant an effort as James A. Haley, Bay Pines, the State of Florida, local municipalities, and nongovernment organizations have made in the last seven years, homelessness remains a major issue amongst our veteran population. Models such as housing first have emerged as the leading evidenced-based approach to ending

homelessness, yet we lack the number of beds needed, and unfortunately, we cannot build and fund fast enough to keep up with the demand. This brings into focus how we catalog homelessness, health care or societal, and the approach in which we attack the issue.

By necessity, our country is shifting the focus of health care from acute to preventive. You, our elected officials, have played a major role in this shift, and it is evident in our Veteran Health Administration. For the most part, at least in the James A. Haley area of operation, a whole-health approach is practiced and is increasing overall health and well-being of the veterans served, but our approach to homelessness is still acute, and that needs to change.

The health care shift articulates good health care as an exercise in interdependency, yet our homeless programs focus on reactive solutions and little on the preventive practices often implemented by community wellness programs serving the psychosocial needs in the population. Reactive solutions do little in addressing the root cause of the problem, which was a major topic in our Nation's discussion on health care practices.

Homelessness is not the root cause. Rather, it is a byproduct of several contributing factors, including mental health, medical and economic hardship. These are being addressed in standard practices of care, especially at the state and Federal levels, but there is an element missing at the community level, and it is prudent we address this by allocating more resources to wellness programs addressing the psychosocial needs of our veteran population.

These wellness programs are critical in reaching our most isolated individuals who are often reluctant to engage services through normal means of care, such as the Veterans Health Administration. Community-based wellness programs are a crucial part of the solution to prevent homelessness, suicide, and risky behaviors from occurring, yet are often pacified as "feel good" services. It is time we start including community-based nonprofits as a necessary part of overall veteran care and prevention programs.

Many of these community-based nonprofits are providing services alternative in nature, and include camaraderie as a key component of programing. Numerous studies indicate the loss of "fictive kinship" and the disconnect between veterans and civilians as a major problem we face. Social isolation is a significant concern among veterans from all generations, including our transitioning veteran population, and is often associated with homelessness, suicide and suicidal ideations, risky behaviors, and use of drugs and alcohol. Veteran nonprofit organizations providing alternative care often utilize a model that includes peers in treatment in an environment outside the standard medical model, and this phenomenon needs to be researched, resourced, and replicated.

As the medical model would dictate, focus on treatments rather than programs have emerged as the legislative test to see what these nonprofits bring to our interdependent practice. What started with the VA Committee as the COVER Act has been replicated in the State of Florida. An extensive program evaluation of alternative treatment options for veterans is being implemented right now, and 12 of the 15 current participants represent community-based nonprofits. It is premature and under-resourced to hypoth-

esize results on a larger scale as it relates to homelessness, but our current standard of practice is doing little to address prevention, and these community-based veteran nonprofits providing wellness programs are structured to prevent isolation, which is a documented cause and result of homelessness, along with suicidal ideations and risky behaviors.

If we can accept societal issues are man-made phenomena, then we have the opportunity to change through our constructed system of human interaction. We can end a systemic problem, like veteran homelessness, through the very structures we created or place value on, such as legislation, resources, and approaches. So I beg you, for the health and well-being of my fictive brothers and sisters, include wellness programs as a part of prevention in the legislation you present and in the resources you allocate. Thank you.

[Applause.]

[THE PREPARED STATEMENT OF BRIAN ANDERSON APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you for your service and for your words, really appreciate your being here.

Now I would like to turn to Ms. White, and I would like to thank you again. I had a chance to read your testimony. Thank you for your courage to come and speak to us today, and hopefully we can learn from your story both things that worked and other things that can be improved.

So with that, I will turn it over to you for your opening testimony.

STATEMENT OF MARY WHITE

Ms. WHITE. Thank you for the opportunity.

I am an Army veteran. I am also a mother. I became a single mother when my son was 1 and also found us to face a financially burdened situation. At that point, we had become homeless. We couch surfed for a little while before I learned that the VA had programs to assist us. I started advocating for myself, and that is how I was connected to HUD-VASH. Through that process, I was able to also find community organizations such as Saint Vincent DePaul's Supportive Services for Veterans and Families, and Boley Centers' Federal Employment Grant that offers assistance to homeless veterans.

Saint Vincent DePaul assisted us with finding suitable housing and the other financial aspects of actually moving into that apartment. Once we had suitable housing, HUD-VASH was able to take over with a housing voucher and case management. Local nonprofit organizations donated furniture, household goods, and sometimes food. They even provided Christmas presents for my son.

Due to having sustainable housing, I was able to go back to school utilizing the G.I. Bill and Vocational Rehabilitation Chapter 31 educational benefits. I performed my required Master's Practicum at the James A. Haley VA Medical Center as a social work intern. I graduated with my Master's in August of 2018. While attending school and working, I received a voucher to defray childcare costs through the Early Learning Coalition, which is a very limited resource in the community that HUD-VASH was able

to connect me with. Without childcare assistance, it would have been virtually impossible to succeed. Many single parents remain trapped in the system due to this barrier alone.

During this time, in addition to mental and medical health care by the VA, I also worked with the VA's Compensated Work Therapy program. I also worked with the Boley Centers' Homeless Veterans Reintegration program, who assisted with my job readiness and my resume. I continue to work with vocational rehabilitation employment services and Career Source's veteran employment services to find a job that will utilize my Master's degree. I am currently an Employment Security Representative for the Department of Economic Opportunity.

All these programs, for me, started with HUD-VASH. HUD-VASH interlinks with a multitude of resources to assist homeless veterans in connecting us to the needed resources. One resource is the Pasco County Housing Authority. They enrolled me in the Family Self-Sufficiency and Earned Income Disallowance programs, which allow me to continue to work towards financial security and independence. I am working with these resources to meet my last treatment goal of incoming out of HUD-VASH and no longer being eligible.

These programs and resources available to assist homeless veterans are the reason I am where I am today. I am a single mother with a Master's degree and working towards becoming a Licensed Clinical Social Worker. I am able to support my family and maintain a normal living environment for my son. I would not be successful without the assistance of these programs and organizations that assist the homeless veteran population.

Even with these resources, barriers remain a very big reality for struggling veterans. Transportation is a very major barrier. Public transportation in Pasco County is minimal, rendering it almost impossible to maintain employment or school attendance without a vehicle. The financial burden is overwhelming and impossible for the homeless. I was blessed to have a vehicle, but the fear of repossession was a reality. When my car broke down and I could not afford repairs, I could have easily been derailed. But HUD-VASH was able to connect me to Wounded Warriors, who helped to pay for my car repairs. If they hadn't, I would still be solely relying on these programs for financial stability and security rather than phasing them out. Without reliable transportation, veterans also remain trapped in the system. There are very few resources to help obtain and maintain transportation.

In Pasco County, there are no shelters or transitional housing opportunities for women and children, and very limited shelter beds for men. Without short-term housing solutions, many never have the opportunity to seek permanent housing and independence. Mental health and medical treatment are a very real option once someone is stably housed in a program such as HUD-VASH. However, no dental resources have resulted in major medical concerns that derail progress towards independence.

I entered into HUD-VASH in 2016, and it has taken me just under four years to get where I am today. I am still a veteran receiving services through HUD-VASH, but I aim not to make it to the 5th year. Instead of being a homeless veteran family, we are

on the path of becoming homeowners with full-time employment and being completely self-sufficient.

The resources my son and I utilized are vital to one another and were possible through various grants and programs that the VA helped me access. I have personally witnessed both sides of these programs, one as a client/recipient of the services, but also while completing my internships at the Tampa VA. I got to see the clinical and administrative side of the programs. It is my goal to put my experiences to good use and help other veterans navigate my path to help them meet their goals as well. None of it would have been possible without the funding Congress provides through Federal grants, HUD, and educational benefits. Additional funding is needed for emergency and transitional housing, transportation and ancillary services that will ultimately save money, as more veterans become self-sufficient and productive members of their own communities.

[THE PREPARED STATEMENT OF MARY WHITE APPEARS IN THE APPENDIX]

Mr. LEVIN. Thank you so much, Ms. White.

[Applause.]

Mr. LEVIN. Very grateful.

So, as you can see, we have a really, really good panel here, and we want to get right to questions, and I would like to recognize myself for 5 minutes to begin the question portion of the hearing, and then the Ranking Member will have 5 minutes, and we will probably have more questions after that.

Mr. Burgess, thanks for being here. You mentioned five counties in Florida that have effectively ended homelessness for the veteran population in Florida. You discussed the definition, but I nonetheless commend you. Flagler County, Volusia County, Lee County, Miami-Dade County, and Charlotte County. I would really like for San Diego County to get there as well.

What lessons can we learn from these areas to effectively end veteran homelessness in other places, whether it be Tampa or San Diego or elsewhere?

Mr. BURGESS. Mr. Chairman, thank you for the question. We can learn a lot from their experiences and their successes. What we have found and what we believe, to piggyback off of Mr. Anderson's statement, is that these community-based organizations are where everything lives and dies. They are the boots on the ground. They are the ones that know the people that are within their own communities and neighborhoods.

So we as a state and as a Federal Government, I believe we need to look to them for not just an example but the way I see our DVA playing a role in this is discovering what those areas that you just identified as our functional zeroes in Florida, what did they do right, what were their lessons learned, and how can we replicate that statewide, how can we support them, as opposed to reinventing the wheel at the next level of government. How can we support our local communities, our local organizations, and provide them the resources they need to take that and have a broader brush, be able to apply that across a wider spectrum, and still have

that community-based localization within each respective area that you wish to expand to?

I believe that that same principle applies to suicide prevention among veterans and many, many other crises that we are facing when it comes to our veteran community.

Mr. LEVIN. Thank you very much.

Mr. Raposa, I am going to turn to you. We talked before about the use of the term “functional zero” and perhaps the need for a more realistic view. We have a real issue getting an accurate count of the homeless, not just homeless veterans but the homeless, period. The methodology of the point-in-time count could be improved. The data is sometimes misleading. For example, the survey doesn’t include individuals who live in cars or are couch surfing, which leads me to believe if there is a better, more accurate way to capture a snapshot of all homeless individuals.

I would like your comments on this, and specifically the 2018 point-in-time count of 281 homeless veterans in Pinellas County, 186 homeless veterans in Pasco County. Do you think that is accurate? And if not, how can we get a more accurate depiction of the homeless veteran population in the Tampa Bay area?

Mr. RAPOSA. So, I am going to deliberately choose not to discuss the accuracy of it, because there are no two communities in Tampa Bay that count the same way. I like the pit count, just standing before the Eiffel Tower on the ledge facing east with Notre Dame behind you and taking a picture of the people who are standing there, and going back 12 months later on the same day and taking the same photo. It is a snapshot, and it is not an accurate portrayal, and it is not scientific.

The Department of Housing and Urban Development, which mandates the count, does not provide—provides zero direction to local communities on how to determine that. It is really easy to count with your eyes closed, and it is really easy to count in areas where you know there are no veterans. We have seen as a community in some areas, and not Pasco, that I am making reference to, where law enforcement has gone out for 48 hours to the areas where they know the homeless have gathered and antagonized them to the point where they have fled and scattered, so that when they have gone back to do the count, there was no one there. That, to me, is just not right.

I think that there needs to be—and I think the administration, the staff at HUD and VA and the Department of Labor, really need to take a hard look to provide some specific structure and some specific guidelines.

A more accurate look at it is through the AR reporting. The AR report is a methodology that HUD uses that every community through the HMIS system uploads. It more tracks the flow of homeless in the system the other 364 days of who is in shelter, who has moved from shelter into permanent housing, who has moved from shelter to the street, who has moved from shelter and died, who has moved from shelter to jail, and all of those transitions. I think that that is a healthier picture for us to look at as a community, and we need to be able to take a look away.

There are communities that are afraid to report and afraid to count too well in the pit count because they are afraid, they are going to lose money if the count shows things that are too good.

If I may, I would like to talk about the difference between functional zero and an effective end.

Mr. LEVIN. Please do. That would be great.

Mr. RAPOSA. Okay. Functional zero—

Mr. LEVIN [continued].—[inaudible].

Mr. RAPOSA. Well, it is not easy to explain in a few seconds.

So, functional zero is a valid concept and one of the early adopters and early leaders in this process of community solutions in a nonprofit. However, as time went on and the numbers started to show, many of the communities that declared functional zero immediately rebounded with a number of homeless on the street astronomically in the opposite direction.

What we have learned through VA and through HUD and through partnerships with the local communities, continuums of care in the local communities, is that a more systematic and a systemic approach needs to be looked at. Your funding of the USICH, the United States Interagency Council on Homelessness, has been mission critical to this process. They have released five benchmarks that local communities need to be striving for. This is a much more holistic approach. They are harder to obtain, but once obtained, they are easier to manage.

Three of the counties in Florida that were mentioned of having achieved functional zero are struggling to maintain it, hence our expansion south, because if they did it again today, in all likelihood they would not achieve it today because the systemic approach was not developed.

The communities need to be able to identify all veterans experiencing homelessness almost instantly, instant identification. The clock starts ticking when we say hello, not once you hit shelter, not anywhere else. Once you say hello and someone in the system has seen you, the clock starts ticking. We need to be able to provide shelter to any veteran that is experiencing homelessness and who is unsheltered. You are sitting in a community with no shelter beds, and our county leadership who are sitting in this room have taken bullets to try to put this in place for a local community that does not want shelter, and they are amazing. I know Kathy Pierson is sitting behind me. Amazing leaders in this, and it is very difficult to get the community to embrace that need.

The community needs to be able to provide intensive transitional housing, but only in limited instances. We have used GPD and transitional housing too prolifically, and it is only for four targeted populations where it actually works. It is very expensive to put people into transitional housing.

And we need to be able to measure the capacity of the community to move veterans into housing quickly, and put benchmarks behind that.

And finally, we need to have the resources in place. The community needs to have the resources in place to plan, to build partnership, to look at a systemic capacity in this so that any veteran that becomes homeless or is at risk of becoming homeless can do that in the future.

The challenge with functional zero was that many thought it was a one-time thing that you reached. You grab at the brass ring, mission accomplished, and we move forward, and that is not what the communities have seen, especially here in Florida and in California. We are two target communities because of our palm trees and our mild winters, and we see about a 23 percent increase in homelessness in the wintertime. The community has to be able to—it is a more fluid and a more organic approach to this than just mere functional zero.

Mr. LEVIN. Thank you, Mr. Raposa. We really appreciate that.

[Applause.]

Mr. LEVIN. I would like to turn it over to Representative Bilirakis for his first round of questions.

Mr. BILIRAKIS. Thank you so much. Thank you so much, Mr. Chairman. I appreciate it.

Mr. Raposa, thank you for your exceptional work on behalf of our heroes, and I want to thank your organization as well.

Ms. White, I want to start off with Ms. White, if that is okay. Ms. White, first of all, I want to thank you again. You are an inspiration to all of us, to all of us.

Ms. WHITE. Thank you.

Mr. BILIRAKIS. And we appreciate it so very much.

Let me ask this quickly. How many people do you know that are a success story like you? How many would you say were in your position?

Ms. WHITE. I would honestly say not many.

Mr. BILIRAKIS. Not many? Okay.

Now I will ask this question. Thinking back, what was the one thing that you wish had been made just a little bit easier for you to reach your goal of self-sufficiency? I know you mentioned transportation and childcare were challenges. But what was the biggest hurdle that you faced?

Ms. WHITE. The biggest hurdle would honestly be childcare. Without that, I would have been stuck trying to find a part-time job so that I could actually find someone to take care of my child and afford it at the same time. I would essentially be working to pay for childcare. I would never have been able to go to school or even have a full-time job.

Mr. BILIRAKIS. Okay. Conversely, what was the program or benefits that helped you the most, and what would your recommendation be to Congress on how to expand and invest in this program or benefit?

Ms. WHITE. The program that probably helped me the most would be HUD-VASH and the housing voucher. Without that, I would probably still be couch surfing with my son. But something that I think the program needs to expand on is the full—as you can see from my story, there are a lot of different programs that all interlink and work together. Unless somebody specifically tells somebody—I am very good at advocating for myself. But if somebody was not aware of all these programs, some of them would never have been introduced or explained to them, so they wouldn't have known how to actually get some of these programs.

For instance, the Family Self-Sufficiency program through housing, I was calling every day to find out what things I could do to

try to get more self-sufficient for myself and my son, but I would never have been introduced to those programs unless I hadn't actually extended my own hand to do it for myself. So I just think that better communication between the actual programs and referrals to one another would help a lot.

Mr. BILIRAKIS. Okay. And also, for the audience and all veterans, please contact our office, our congressional office, because we can refer you to those programs.

Public awareness is so very important. But let me ask you—maybe I missed this. I know that you are an exceptional woman, but how did you know to get in contact with the housing?

Ms. WHITE. It was kind of a nonchalant—I was kind of looking for a job, and I had come across one of the programs online. I didn't know if our housing authority actually had it, so I kind of called and found out.

Mr. BILIRAKIS. Okay. Thank you very much.

Ms. WHITE. Thank you.

Mr. BILIRAKIS. I know we are going to have a couple of rounds. Mr. Chairman, can I ask more—

Mr. LEVIN. Go ahead.

Mr. BILIRAKIS. Okay. This is for the entire panel, so we will start with the Director of Haley. My good friend is doing a good job, by the way, a very good job.

From your point of view at the local level, what is the one message that I need to take back to Washington with me that would make your job easier or would reduce homelessness among veterans? And that is for the entire panel.

Mr. BATTLE. Well, thank you for the question, Congressman Bilirakis. For me, what I am seeing from a big-picture perspective, it is rapidly rising rents, and how can we adjust HUD vouchers to be able to accommodate for rising rents in different areas and having affordable housing, having a mechanism. As the gentleman said, he couldn't get a bank to loan money, and this is a project-based voucher project where we provided vouchers to help support the pro forma for that project. Apparently, it wasn't enough for them to get a loan. So some way to have these projects where they could be guaranteed, kind of like a VA home loan, if you will. But how can these projects get guaranteed backing where they can get funding to build more affordable housing, because the biggest problem I am seeing in Florida overall is people are still moving to Florida, they want to live in the state, and it is driving rents up.

There was just an article in the newspaper on August 29th about rapidly rising rents in this area of Florida. So anything we can do to provide help with that.

Mr. BILIRAKIS. Very good.

Dan?

Mr. BURGESS. Thank you, Ranking Member Bilirakis. I still have to call you that. I will call you Gus after the meeting.

Mr. BILIRAKIS. All right.

[Laughter.]

Mr. BURGESS. Thank you, Ranking Member. I would say that a key takeaway from today's meeting that I would love for you to take back to D.C. would be the need for enhanced transitional programs for our servicemembers that are getting out of the service.

We do a really good job, I believe, in the military of teaching servicemembers to put their uniforms on, but maybe not as good of a job teaching them how to take it off. So I believe it is absolutely mission critical that we have a more structured, unified approach to that, as opposed to, say,—you hear veterans say it all the time, the “check the box” type of approach. I believe that there is the first line of defense; not the only defense, of course. It is wrap-around services, as you mentioned, Ranking Member.

But we absolutely need to, I believe, do a better job of helping servicemembers take that uniform off and find their new purpose here in the civilian world and connect them to those resources, connect them to those jobs, and I believe FDVA can play a big part in that in being partners with our Federal partners at the VA, and of course DoD and other initiatives, by utilizing our veteran claims examiners, our VCEs, who are also our outreach individuals who do excellent work, and making sure that we are being more proactive here in the State of Florida, as opposed to reactive when a veteran calls us, or maybe finding ways that we can reach out to them and see if we can help them get connected to their earned benefits and services, as opposed to maybe years later somebody tapping them on the shoulder and saying you should probably check in to see if you are eligible for some benefits. That is an all-too-common occurrence. So maybe we can help bridge that gap that way.

Mr. BILIRAKIS. Very good, Captain Burgess.

[Applause.]

Mr. BURGESS. Thank you, sir.

Mr. LAMBERT. Congressman, I think one of the biggest things—and our county has been very progressive. Kathy Pierson has been excellent for us, and Dan Viles and our commission on moving things forward. I can't say that enough, what a great team, and we were certainly behind the eight ball.

But I would say this to the gentleman who oversees Haley: it is access to capital, quite frankly, to build affordable veteran housing units for families and for single people, folks that are homeless. Just take a look at our project, and we will build that project right now on Massachusetts Avenue. But banks will not lend us money even though the county has put a million dollars behind this project. Danny and I are working with our legislative partners to try to get a \$2 million budget request, and we put about \$1 million together for it. We have the property; it is a PUD. But it is access to capital. Our balance sheet is so low with HUD because we are not designed to make money. We are designed to exist and to provide, try to provide affordable housing communities for our most at-risk populations. But because of that, we cannot get banks to finance us for these types of communities.

So even though this project is going to be backed by HUD–VASH and Section 11, I believe, homeless vouchers are vouchers for folks with mental illness, we still can't get a bank to lend us money, unless you go out to developers. By the way, when you go out to those folks, get ready to add about 25 percent to the project cost. It will increase because they are going to make money off this project. They are not in the development business.

And that is a key component for us. We are taking on this project to do it ourselves, but that is a key component to us, to ensure that we have affordable housing so when the rents rise within our market area, we can pretty much stay at or below to continue to make sure that the VASH voucher in this particular instance funds the project so it remains a viable project, so it supports itself so we can make the improvements that we need within the community. To me, that should be a pretty simple thing to do because HUD has backed loans historically to build housing communities across the country, and they have transitioned out of building public housing and things like that, which I don't think is a bad thing.

But why can't HUD—I believe that HUD should be able to back these types of housing communities and provide oversight of these housing communities when they back it to ensure that they are viable and to ensure that they are maintained the way that they need to be maintained, and to ensure that we can increase veteran housing stock.

You have housing agencies that you fund all across the country every day, the Tampa Housing Authority, places like that. But if we can't build housing, then we have problems, Congressman, and it is access to capital, especially when there is a project like this that will easily cash flow. We shouldn't be having a problem to get this project built.

Mr. BILIRAKIS. Thank you very much. We already came up with an idea based on your testimony.

I will turn it to Mr. Raposa. What can I take back to Washington with me so that we can make your job easier and help our heroes?

Mr. RAPOSA. So, we might—in the backup to my testimony, there is great specificity that I obviously couldn't get to in my opening remarks. I want to tell you right now that if we could convince the State of Florida to release the Sadowski Trust Fund, we wouldn't be having this conversation.

[Applause.]

Mr. RAPOSA. We wouldn't need to have this conversation. Our local health authorities wouldn't have to grovel to get the money to fulfill the mission which they are funded to do, and they are supposed to be doing, and the Federal Government wouldn't have to come in and save us. We have the set-aside money in Tallahassee. It is sitting in an account and being used for purposes other than that which the voters put into place for it.

I think that the greatest thing that we have going on right now has to do with our ability to subsidize housing short term and long term. An initiative under the Supportive Services for Veteran Families program that is currently being piloted in 10 BOCs, and none of ours is one of them, has to do with child subsidies. It would give the grantee the ability to take a situation like Ms. White, who is really, really working hard, working with the Department of Labor's Homeless Veteran Integration program, to get an education, to get better job training, to carry the subsidy that we currently offer them from six months to nine months, to up to two years, and that would allow greater stabilization in those families.

It is currently being piloted in 10 communities across the United States. I think a large number of them are in California, either in San Diego, L.A., or San Francisco, that really do have a market

issue there. But our veterans need more time in the program to stabilize the economic situation of their family. We are oftentimes struggling to get them to stand on their feet in a matter of nine months or twelve months.

I think that if we can expand this—and we know that everything happens as a pilot. But I think that if we can expand this across the country or in areas where high demand and rental issues are, I think that that would be something that could be taken back.

I have already spoken to you about lowering the barrier for HUD-VASH in allowing a little bit more wiggle room in who is able to jump through the eye of that needle, and we have begun the process of waivers in some of our communities to make those vouchers available to more people. But I will tell you that the landlord community and the free-market system is reluctant to take a voucher of any kind to subsidize it because of the lack of quality case management services that has happened in the past, that that needs to be beefed up, because we are not having an issue. St. Vincent DePaul is not having an issue in re-housing people.

We have put 683 households from homelessness into housing since October 1 of the current fiscal year, 683, all of which are stable, and it is because of our relationship with the landlords that we are able to do that.

Mr. BILIRAKIS. Thank you very much.

Mr. Anderson?

Mr. ANDERSON. Ranking Member Bilirakis, Chairman Levin, I think it is pretty great that Danny kind of brought up transition. On the transitional webpage, there are actually five paragraphs about psychosocial well-being or mental health care, behavioral health care. Inside the manual there are three paragraphs about it.

Transition and wellness and psychosocial well-being don't really pair. Instead, what we have done is we have taken transition counseling and we have put it on the vet centers, and the vet centers are not designed for transitional counseling.

So we have this problem with wellness, but every single place I go, and I travel a lot—I like to fly. Every single place I go, I meet another organization that is providing community-based wellness programs for veterans in that area, yet we are not a part of the interdependent practice of serving veterans. So it is only through VA grants, like the sports grants and physical fitness grants, that you become part of that. It is only through legislation passed at the state for alternative treatment options for veterans that you become part of that.

We are helping in the mental health/psychosocial area, and I think these nonprofits that are across the United States really need to be part of this game. They are interwoven into our societies, and they need to have a bigger seat at the table.

Mr. BILIRAKIS. Very good. Let me add that the COVER Act, Brian, which brings in alternative therapies into the VA, they have just completed their work pretty much, and we have some really good government agents. I asked them if they could give me a hint as to what those recommendations might be. They said, well, we will know in about a month, but it was very, very positive. So I look forward to following up with legislation to make sure that al-

ternative therapies are available for all of our veterans to access through the VA.

Ms. White, please? Again, what message—I know we touched on this a little bit, but what message do you want to give me and the Chairman to take back to Washington to see how we can help you and others like you?

Ms. WHITE. I would honestly love to see some of the barriers—I know they won't get broken down, but I would love to see some of them just minimized a little, such as the transportation. It is just very hard to actually move up in the world when you have no transportation to do it.

Another one would be—I know I have worked with homeless veterans who have no teeth or no front teeth, or just a lot of dental work that needs to be done, and it is a huge barrier for employers when they go in for job seeking. So that is definitely something that I would love to see touched on as well.

Mr. BILIRAKIS. Very good. Thank you so very much.

And I yield back, Mr. Chairman.

Mr. LEVIN. Thank you.

I wanted to just, very briefly, address two of the topics discussed to let you know kind of the lay of the land in Washington on transition assistance. We actually passed in the House earlier this year H.R. 2326. It is the William Mulder Transition Assistance bill. It is named for a very good friend of my colleague, Jodey Arrington, Republican from Texas. A good friend of his, Bill Mulder, they went to high school together and he served in Iraq and, of course, he took his own life. My friend, Mr. Arrington, believes had he had better transition assistance, that may have been prevented. So the bill is designed to really ramp up transition assistance, including a lot of off-days transition resources and grants for perhaps places like Florida or California where they are trying to do innovative things and have more collaborative relationships between the community and the veteran service organizations in those jurisdictions.

So that bill right now is in the Senate. We have been working with our friends Johnny Isakson, Senator Isakson, and the Ranking member, Jon Tester, to try to get that language inserted in a package of veteran legislation that we are hopeful will be voted on and will pass the Senate sometime by the end of the year. That is what we hope, so knock wood on that.

On the financing issue, it is really interesting. I know the Ranking Member and I will talk about this. I think it is probably going to require our colleagues in the Financial Services Committee to get involved, and maybe Appropriations as well. But it is one of those where I think we will definitely take a look and try to figure out what can be done.

Mr. Battle, I want to turn to you for some questions. During our Committees, we have a Member Day in the Veterans' Affairs Committee. In fact, all the Committees have that same Member Day, where members that are not on the Veterans' Affairs Committee come in and testify about what they would like to see our Committee do. There were a few members of Congress that echoed an issue that I hear in my own district in San Diego, and really it is that there is a delay in the VA referring veterans to public housing authorities through HUD-VASH.

Mr. Battle, can you briefly talk about your intake process for veterans who seek HUD-VASH resources?

Mr. BATTLE. Chairman Levin, thank you for the question. Yes, I can. An initial intake, we try to turn that around within 24 hours. Maybe if it is a holiday weekend, it may be a little longer. But business days we try to turn that around in 24 hours because the person needs help. And then once that is done, then it goes to the public housing authority to start an orientation process after that. That is what we try to do. Usually in the orientation process where a voucher would be issued, that step can take two to four weeks, depending on where you are at. And then once the voucher is issued there is a housing search, and that search can vary depending on the ability to find housing.

But usually in three or four weeks they would look for a place to live, and then you have the rental application process, which is generally around three to five days. Then you have the housing inspection where the inspector has to come and validate that it meets HUD standards for someone to live in it. That typically can take up to a week to get that inspection done. And then signing a lease to move in is another three to five days.

So when you add all that up, you have a nine-week timeframe, something like that.

Mr. LEVIN. Got it.

Another issue that you hear a lot is that the VA nationwide is suffering a shortage of support staff, and specifically HUD-VASH case managers. In fact, I think I even heard that today. Would you care to comment on the HUD-VASH program and the case workers themselves?

Mr. BATTLE. Sure. At the Haley VA today, we have five case workers and one social worker associate assigned to Pasco County. One of those case workers is vacant. It has been hired. Selection has been made, and that person is going through the boarding process to fill that position.

Overall across our enterprise, we have around 70 people associated with homelessness. That also includes vocational rehab. It includes veterans' treatment court, HUD-VASH, some substance abuse and other things. Out of the 70 FTEs altogether, we have three vacancies. Two of those are case workers, and one is a VJO that has to be hired.

Mr. LEVIN. What hurdles do you face in hiring, and what can we do in Congress to provide the resources to help you in the hiring process?

Mr. BATTLE. Well, thank you for that question. The hurdles we have in hiring, fortunately in Florida we have been able to hire social workers and mental health professionals that are affiliated with homeless programming. The process of going through and getting someone on-boarded, a social worker, for example, who has a clinical background, and so they have to go through a boarding process and their credentials have to be verified, and that takes some time.

Mr. LEVIN. Thank you.

Ms. White, I wanted to turn to you and ask you whether your experience lines up with all of that, and specifically—and I want to thank you again for your candor and your courage to come and

speak with us all. It is not the easiest thing in the world to testify, but you are doing a great job, and you are really helping to inform us as we go back and try to, again, craft good policy.

Can you speak to, I guess, the timing, what the HUD-VASH application process looked like for you and kind of walk us through how that process worked?

Ms. WHITE. Yes. It roughly took us about three months from the day we actually started intake to actually move into an apartment. So the timeline is actually pretty much perfect right there. The same thing, we also had St. Vincent DePaul in that timeframe also assisting us with finding housing as well.

Mr. LEVIN. And you had mentioned before getting childcare, the importance of getting childcare. Where did the—I guess which program did you take advantage of to be able to get childcare?

Ms. WHITE. The Early Learning Coalition.

Mr. LEVIN. And do you happen to remember, if you care to share this with us, do you happen to remember roughly how much a month was provided or how long it took to get the program—

Ms. WHITE. I was actually on the waiting list for the ELC voucher for about a year, and then once I had entered into HUD-VASH, it just so happens they called and said they had a couple of vouchers just for veterans, which is very, very rare. So it actually went from a year to you have it. And they actually do it based off of income. So at that time I was paying, I believe, when I first initially started, about \$25 a week for childcare.

Mr. LEVIN. Another question. When we had an advocate for homeless veterans, homeless women veterans specifically come and testify before us in D.C., she had mentioned that there are some who are afraid to come forward and to try to seek services or support because they don't want Child Protective Services or someone else to say what is going on with this child.

I guess how did you overcome that? Were you ever worried about that? Did you have anybody at VA or otherwise that did anything to assuage your concerns about that?

Ms. WHITE. A little bit. I had my son through the VA, so I had known the social worker at the outpatient clinic over here in New Port Richey, and I kind of briefly talked with her about the homeless situation, what would happen with my son, because that was the last thing I wanted, for my son to be taken away. So just talking with her kind of helped me, that reaching out for help wasn't going to harm us in any type of way. So that is when I found out that there was HUD-VASH and everything like that, and I was able to actually get in touch with those programs at that point.

Mr. LEVIN. So that is really interesting. If you hadn't known, if you hadn't had your child through the VA, you may not have known that social worker. So that really is a real problem, and I think it is important that we are always thinking about what we can do to better educate folks who are in need, that we are going to be there to help and that they are not at risk of losing their child by getting the support.

I want to turn it over to my friend, Mr. Bilirakis, if you have more questions.

Mr. BILIRAKIS. Absolutely. Thank you very much, Mr. Chairman. I appreciate that.

I want to start with Mr. Battle, if that is okay. What role does substance abuse and mental health play in hindering success for the chronically homeless, and which programs should we be investing in to address this particular issue?

Mr. BATTLE. Ranking Member Bilirakis, thank you for the question. Substance abuse and mental health issues clearly play a role in the homeless situation. As a result of those issues, veterans may experience incarceration, they may get evicted multiple times from housing that they have been in. Again, employment can be an issue. Transportation can be an issue. So all those things play against the substance abuse.

Now, in our homeless program, we actually have two substance abuse staff that work in the homeless program that are not mental health; they are embedded. We also have some ARPs embedded in the staff. We are a facility that also has a homeless primary care clinic that homeless veterans can walk into. So we look at this as a no-wrong-door approach, whether it is us or the community, and we try to follow these veterans to those services that they need. We do look at it from a housing-first perspective. We want a person to address their health care needs, in this case if it is mental health and substance abuse. If they don't have a safe place to sleep, the chances of them addressing those issues are very slight. So we try to approach it from those perspectives.

So anything that we can do as a collective, the VA and the community working together. One of the things that we tried to do recently is work with more faith-based organizations. While clergy may not be mental health counselors, a lot of people will go to them. So we want to make sure the clergy know how to direct these veterans to resources where they can get the help they need. So that is something we have been doing more of in the last couple of years in that regard.

But from a congressional perspective, I would say making sure that we have the resources to continue providing the support that we currently have is the most important.

Mr. BILIRAKIS. What about those who are being released from incarceration?

Mr. BATTLE. Well, thank you for asking that question. We try to safety-net those veterans. What we believe is that if a veteran is incarcerated or in jail with the potential of long-term incarceration due to a mental health or substance abuse type of issue, or maybe a physical issue that manifests a certain way, we would rather have that veteran in treatment where we can take care of them where they can reintegrate into society in a productive way, and that we are not using resources of the Federal, state, or local government to keep them incarcerated. We are not necessarily helping anybody by having them incarcerated. If we can get them in treatment, that is life changing, and that is what we need to do.

Mr. BILIRAKIS. I see my friend, Judge Crane, in the front row. Do you work with the veterans' board in all these counties that you—

Mr. BATTLE. Yes, sir, we do. In fact, at the homeless stand down here in Pasco County, the judge runs court there, and we work with them to help veterans get certain legal issues taken care of. In Hillsborough County, we actually host a court once a year at our

hospital, at our primary care annex, and the county court there actually comes to the hospital.

Mr. BILIRAKIS. Very good.

One follow-up to the Chairman's question with regard to medical professionals, medical providers, in this case specifically doctors. I have heard that doctors want to work with the VA, but it takes so long for the verification process, sometimes a year, so they just give up and go back into the private sector. What can we do to fix that issue? I mean, I don't think it needs to take a year to get verification as to what their qualifications are when looking into their background. Can you give me some suggestions on that?

Mr. BATTLE. Well, I can give you one in particular. The VA historically, every time a person comes to work at a particular facility, we require primary source verification for every one of those, even if they are transferring within the VA. One thing might be if we could do primary source verification within the VA once, and then if you are moving around within the VA, you wouldn't have to do that again.

Mr. BILIRAKIS. That makes a lot of sense.

Mr. BATTLE. Or even for the Federal Government. If someone was in the military wanting to come to work for the VA and their stuff had been primary-source verified, do we need to do it again?

Mr. BILIRAKIS. That makes a lot of sense. Even volunteers, doctors who want to volunteer their services, it takes so darn long for them to do it, and they get frustrated. So they will go work for a free clinic instead, which is good too. But the fact is I want to tell you that all these witnesses are in the field. They are boots on the ground. They are grassroots people. They are in the community talking to veterans. So you are not getting any lawyer answers here today, the lawyer answers that you would get in Washington, D.C.

So I have a proposal for you, Mr. Chair. We can, instead of having our hearings in Washington, D.C., we can have half in San Diego and half here in Florida. How does that sound?

[Applause.]

Mr. LEVIN. If that means I get to see my wife and kids more, I can deal with that.

[Laughter.]

Mr. LEVIN. Well, I wanted to thank the Ranking Member for his excellent questions. We will begin to wind this up.

But before that, I wanted to ask each one of you—just go in order—what we missed, what questions didn't we ask, what comments do you have to inform our work in Washington.

Mr. Battle, I will start with you.

Mr. BATTLE. Thank you, Chairman Levin. I appreciate the opportunity. For us, combating homelessness is very much about having affordable housing for veterans to be able to take advantage of. I see that overall as a huge issue that is preventing us from getting homelessness not only down to zero but below that. It also would allow us the opportunity to safety-net veterans in a more efficient manner to have that. So anything we can do along those lines would be much appreciated.

I would also be remiss if I didn't mention one thing that began in our hospital a few months ago, and actually it is about a home-

less veteran who passed away. Many times they have no family or no one to claim them. One of our employees saw a hearse coming to get a veteran to take him to the National Cemetery to be buried, and nobody was going to be with them. They were just going to go up there and be interred.

Our employee said, you know, that is not right, we need to do something. So his veteran organization, Combat Veterans Motorcycle Association, they have started a program that is starting to spread across the country, and it is an honor escort where they actually escort that veteran to the National Cemetery and make sure that they have proper honors for their last act. While that is kind of on the back end of the issue, I think it is still nonetheless important that every veteran, if they are homeless, they have value in their life that means something, and that people want to honor. So I would like to leave you with that.

Mr. LEVIN. Thank you.

[Applause.]

Mr. LEVIN. Mr. Burgess?

Mr. BURGESS. Thank you, Mr. Chairman, Ranking Member. It has been an absolute honor to be able to be here today and participate in this worthwhile and engaging discussion with these experts. I have learned more today than I ever knew before on this topic coming into today, so I think we are all better for what we have gone through and where we can go from here.

I think what I would like to do in the short time that I have to be able to close is to just give a plug for the State of Florida, as well as for this community here. I think it is no coincidence that we are here in Pasco County. The people here lead the way every day on community services and support, whether it is veteran homelessness or any other type of opportunity to help our neighbors in need.

So Pasco County is a great example of that, but even more so across the State of Florida. Florida is the bellwether state of the Nation. We are such a diverse state. We have a little bit of everything here that is out there in the rest of the Nation, which makes us a great test site, a great beta test site to pilot programs, to pilot initiatives. We have such an amazing working relationship with VISN-8 and our partners at Haley and across the State of Florida and the Federal VA system. There are plenty of examples of existing partnerships that we have had a lot of success with.

So I would just like to encourage the Committee, encourage our friends and partners in D.C. that when you are looking to implement a program—the PREVENTS Program is a great example with the suicide prevention—look to Florida. We will work with you. And we also, I believe, are just a great conglomerate of opportunity for that test and that result that could then be multiplied and set a standard nationally.

Mr. LEVIN. Thank you.

Mr. Lambert?

Mr. LAMBERT. Mr. Chairman, thank you for coming. Congressman Bilirakis, it is always a pleasure. You are a great asset to our community and a great congressman. We appreciate it.

I appreciate your comments on saying we need to get out of Washington and not have attorneys come and testify before Con-

gress, because they don't really represent what is going on within our communities. The people who are volunteering here each and every day—and I am a volunteer, as the Chairman of the housing authority—see what is going on, see the resources that have worked, and see the resources that you have allocated that have been extremely wasted.

I leave you with this conversation: housing first. Housing is critical. We have to have access to capital. We have to have housing for our veterans, but for every member of our community. We are the greatest Nation in the world.

We see when people get housing, then we can get them into recovery.

The electric cooperative, my regular job that I actually get paid for, we have seen an initiative for recovery, recovery through work so that folks with a mental illness—and we serve veterans at Benson House, the clubhouse model—can get into recovery and we can partner with transitional employers to get these folks jobs.

Many of our veterans who come in have had brushes with law enforcement. That is an issue. So when they go in and they talk with an employer, we know what is going on with them. Then we can transition to the work component to get them back into the workforce, because there is dignity in work. I have not met a veteran, or I have not met someone who is homeless that doesn't want to go to work, that doesn't want to have a full and sustaining life, just like Ms. White did for her son.

Then I would say the housing authority, which I am very proud of, implemented a self-sufficiency program. No veteran, no person who is homeless, wants to be on a lifetime of dependency for the Federal Government. Family self-sufficiency is absolutely critical in those steps. When we get them in there and we can get them in and start working through the Family Self-Sufficiency Project and get them a home and get them a permanent roof over their head, you will have basically taken them from homelessness through recovery, into the workforce, to a permanent roof over their head, and then you will have success.

Listening to some group of people who come to Washington to tell you that probably don't have an idea of what we are faced with and challenged with within our community with the Department of Veterans Affairs, with our local county government, and with St. Vincent DePaul and Veteran Alternatives, this means everything to the people in these local communities because we are facing it every day. If I can tell you that, I can tell you housing, recovery, mental health counseling, training—training is absolutely critical.

So at WAC, we have a training program for linemen. Electrical [inaudible] across the country have made veteran employment a first option for us. So we have apprenticeship programs. We are facing a severe shortage of linemen. They come in, they are allowed to use their VA GI Bill, and then we put them through a five-year apprenticeship program. When they leave our program and they are employed, they are making a six-figure salary with overtime, usually, which enables them—and yes, there are some challenges. We have veteran service officers that help us with those folks. We know that there are challenges, but we make that a priority with the employment.

So working and self-sufficiency will lead to permanent housing, stable families, and we can keep them in recovery and into work and be productive citizens in our society.

So I thank you for coming today and I look forward to seeing us do a lot of great things together.

Mr. LEVIN. Thank you, Mr. Lambert. I appreciate that very much.

[Applause.]

Mr. LEVIN. Mr. Raposa?

Mr. RAPOSA. So again, I echo the incredible sense of gratitude to be here. It is really easy to focus in on what is broken and what is wrong with us, but I have to tell you that I was just appointed this year by our organization as one of 15 ambassadors for homelessness and affordable housing development across the planet to work within the veteran family, and also work within the Catholic Church and the Vatican.

In the two meetings that we have had, we are the only Nation on the planet that has solutions, and we have begun the process to educate the rest of the planet on what is working here in the United States of America. It is easy to focus in on what is wrong with us, but the fact of the matter is that in the last 15 to 20 years, the delivery of services has been revolutionized, and we are well on the way to achieving great success, and it is a matter of fine-tooth-combing and getting some stuff in mind.

The first and foremost thing that you need to take back to Washington has to do with the need for a systemic and systematic approach to doing this. There are communities across this country that are claiming to be functioning in the system, and they are claiming to be doing a systematic approach to this, but they are not, and the numbers are beginning to prove it, and the data is beginning to prove it.

I think those of us that are should be reinforced, and those of us that are should be given the opportunity to kind of take the lead and fix that in other areas.

I have grave concerns about the HUD-VASH program and about the service delivery within the HUD-VASH program. You do not have the housing location services in that program that are required. When you look at the recidivism rate and the success rate of the Supportive Services for Veteran Families program going back to 2012, we are running year after year after year with an 85 percent or higher success rate. This means that these veterans, once housed and once stably housed, do not return to the homeless system. I think it is time to take a look and try to model the delivery of services under HUD-VASH in accordance with the successes that have been proven through SSVF. This has to do with housing location. You have Master's degree case management people who are brilliant and excellent in the field, but they are not housing locators. The housing location function needs to be introduced into that HUD-VASH system.

And also, the relationship with the landlords long-term is really, really lacking. We have landlords in our community that will rent to us who will say I will do it as long as you are not going to turn the case over to HUD-VASH, and that is a problem, and I don't believe that we are doing anything extraordinary. It is about rela-

tionship-building, and I liken it to the only healthy triangular relationship that exists on the planet, because triangular relationships are clearly not good in interpersonal relationships, but they are good when it comes to housing veterans. It is the relationship between us as an agency and the client, the veteran, and it is also a relationship between us and the landlord, and then the lease becomes the relationship between the landlord and that veteran. We maintain that triangular relationship even after we close the case, and we maintain that relationship so that the landlord knows that if St. Vincent DePaul has his or her hand on that client, we are never letting that client go, and therefore landlords are willing to rent to us.

This is a huge issue, and I also think that a huge issue within the HUD-VASH program is the case load ratio to case manager. They cannot effectively manage a chronically placed veteran in housing with their emotional, mental, and psychological needs anything above 25 to 1. It is just not humanly possible, and our state welfare system can prove that, because the last thing that our state welfare system—I don't believe that we have the issues that you see in other parts of the country where families are afraid they will have their children taken away, because our state welfare system, they can't afford another child in shelter.

We don't have that worry, and we address that right from the beginning. They tell us, "Please, please, please, please, please, continue to intervene," because there is no more capacity in the child welfare system across this country, and I don't know of a state that has extra capacity in child welfare.

So there is a lot of work to do, but I have to tell you, we are a lot better than we think we are. When you take a look at what is happening in Europe and what is happening in Australia, and even what is happening up in Canada, and what is happening in Africa and all of these other areas where I now have access to what is happening in those areas, we are really in a good spot.

Mr. LEVIN. Thank you, Mr. Raposa. I appreciate that.

[Applause.]

Mr. LEVIN. Mr. Anderson?

Mr. ANDERSON. Well, I heard a lot of talk about capital. We can always change the tax laws and allow nonprofits to have a share of the market. But it is probably a bigger obstacle to overcome.

Prevention. I mean, we talk about it and it is always brought up, but when are we ever actually applying and allocating resources towards prevention? I think it would help out on the back end quite a bit. Are we going to catch everybody? That is not the reality. But if we can catch a majority of these guys through prevention—and I am looking forward to looking up H.R. 2326 to find out what that entails. But I think that preventive maintenance, being able to have some of these programs, will help us reduce a lot of the social isolation, the isolation that our warriors face.

The University of Southern California did a study. They found—not one study; they did multiple studies in various areas. And they found three-quarters of our veteran population felt disconnected from the civilian world. That is already isolation in itself. So that is something that we have to combat. We are taking guys from an institution and bringing them into this open world, and they are

feeling isolated, and that is what leads to so much of what we have that are problems—suicide, suicidal ideations, risky behaviors.

So at some point, we need to start taking a look at how we can prevent that social isolation that these warriors are going through after they leave military service. Thank you.

Mr. LEVIN. Well, hopefully the veterans of the 12th District, and for that matter California's 49th District, know that they are not disconnected, that at least in their congressional offices that they have a place where they can turn for resources and for fellow veterans to actually work in those offices.

Mr. ANDERSON. On that, sir, just real quick, you guys passed the COVER Act back in 2016. It took about three years to pass it, and then it took about three years for the Committee to start. But my friend Danny Burgess down there on the end, he put it up in the State of Florida because this is good legislation, and he said we are going to get it going as quick as possible, and it took about three years to pass it. But now it has passed, and it is actually going into formation right now. So when he said that Florida would be the perfect test site for some of these programs, we are actually laying the foundation to be the test site.

Mr. LEVIN. Very good.

Ms. White, some closing remarks?

Ms. WHITE. I just want to thank you again for the opportunity for veterans like myself and other veterans like myself. I am really looking forward to hopefully seeing more success stories like mine in the future. And given some of the subjects that were touched on today, I am hoping that is going to start soon. So I just want to say thank you. I know just from my experience, the programs that I have dealt with, they have phenomenal people. A lot of my case managers are actually here today from HUD-VASH. Even without their individual assistance, looking at my situation individualized, I wouldn't be where I am. So I just want to say thank you.

Mr. LEVIN. Thank you so much.

Well, I will have a few closing comments. I know the Ranking Member will, too. Before that, I want to just say thank you. I want to say thank you to everybody in this room for spending a good chunk of your morning with us.

I want to thank our law enforcement. Can everybody thank our law enforcement?

[Applause.]

Mr. LEVIN. I want to thank the amazing staff of the House Veterans' Affairs Committee. Can you all raise your hands?

Can we give them a round of applause also?

[Applause.]

Mr. LEVIN. We are actually live streaming this on YouTube. I hope we got some people to watch. If they are watching right now, thank you for watching. But we had the great audio-visual folks come out to live stream this as well, and it is really an honor to get to do this.

I learned a lot today that did not come up in California, and between those two, I think we got a whole bunch of information that we are going to use in the weeks and months ahead.

With that, I would like to turn it over to my friend. Not just for hosting us today but for all the work that you do and that we con-

tinue to do together, I am truly honored to get to serve with you, Ranking Member Bilirakis.

Mr. BILIRAKIS. Thank you very much, Mr. Chairman. I really appreciate you bringing this hearing to Florida.

You know, as a matter of fact, we were going to have possibly the gentleman here that represents the St. Vincent DePaul. He was thinking about coming out to California, but he didn't get the approval, so we brought it here to you.

[Laughter.]

Mr. BILIRAKIS. He did a wonderful job in the community, all of you, and I know you all personally, and I know the veterans know you. More importantly, the veterans know you all personally, and I think we got a lot of suggestions, great suggestions today.

I also wanted to thank the organizations that came out today. I haven't had a chance to shake their hands, but I would like to. This is a wonderful community. I know I am biased, but I think it is number one in taking care of our veterans in the Tampa Bay area. We just have great people, volunteers, volunteers, and they give their time to our veterans, and they work together.

I want to specifically thank our Vietnam veterans for making things easier for the veterans from our current military personnel. When they become veterans, they are going to have it a lot easier because of our Vietnam veterans.

If you are a Vietnam veteran, raise your hand, please.

[Applause.]

Mr. BILIRAKIS. We love you all, all the veterans. But again, the Vietnam veterans stand out because they are selfless in their service. They were selfless in their service in Vietnam, and they are still serving our community.

So thank you, God bless you, and again, Mr. Chairman, think about my proposal, because this was outstanding. We had a great one in San Diego as well.

So thank you, God bless you.

I also want to tell Ms. White that you are welcome to serve on my advisory council.

You mentioned dental care; we are working on that.

Ms. WHITE. Good.

Mr. BILIRAKIS. We are working on that, and the Chairman knows that I have a bill in Committee.

So thank you, God bless you, thanks for the turnout, and we will continue to fight for our heroes.

[Applause.]

Mr. LEVIN. I will bring this hearing to a close.

It is a great honor to be with you all.

Gus is going to take me to what he says is a really good Greek restaurant.

[Laughter.]

Mr. LEVIN. So I am very anxious to do that.

My grandfather was a World War II veteran. The resources that we have been able to bring for our veterans since the Greatest Generation, I think we have made a lot of positive progress. We are cutting down on the rate of homelessness. One homeless veteran is still one too many, and I am absolutely committed to getting that

number down to effective zero, I hope better than that, functional zero in my district, in my part of the country.

Just note, and I will say it again, this is one issue where it is in no way, shape, or form a partisan issue. We work across the aisle to get things done in support and in service of those who have given so much on behalf of our country, that have sacrificed for our freedom. We are truly grateful for your service and for all that you continue to do to be engaged with your fellow veterans. We will continue to work as hard as we can to get things done.

All members are going to have 5 legislative days to revise and extend their remarks and to include additional materials.

Again, thank you so much.

Without objection, the Subcommittee stands adjourned.

[Applause.]

[Whereupon, at 12:06 p.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Joe D. Battle

Good Morning, Chairman Levin, Ranking Member Bilirakis, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today on the topic of Veteran homelessness, the challenges faced by homeless women Veterans, and the risk factors and unique challenges faced by all homeless Veterans with respect to nutrition, employment, and criminal justice.

James A. Haley Veterans' Hospital (JAHVH) is committed to improving Veteran outcomes and providing Veterans access to comprehensive homeless programs, services, and resources. We also provide Veterans, including those who are at-risk of or experiencing homelessness, with a full spectrum of services designed to meet their unique needs. JAHVH is committed to ending homelessness among Veterans. Our focus is threefold:

- Conducting coordinated outreach to proactively seek out Veterans in need of assistance;
- Connecting homeless and at-risk Veterans with housing solutions, health care, community employment services, and other required supports; and
- Collaborating with Federal, state, and local agencies; employers; housing providers; faith-based and community non-profit organizations; and others to expand employment and affordable housing options for Veterans exiting homelessness.

Introduction

JAHVH is accredited by The Joint Commission and has 21 programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). JAHVH is in Tampa, Florida with Community-Based Outpatient Clinics (CBOC) located in Hernando, Hillsborough, Pasco, and Polk Counties, including the new South Hillsborough Outpatient Clinic that opened May 2019. Additionally, JAHVH will begin serving Veterans in Citrus County when it takes administrative control of the Lecanto CBOC beginning in October 2019. The number of Veterans in Tampa and surrounding counties is estimated to be over 230,000. The hospital is comprised of 499 operating beds, including medical and surgical inpatient, acute psychiatry, pain/rehabilitation units, and a community living center. JAHVH is also one of five Polytrauma Centers and when combined with our 100-bed Michael Bilirakis DVA Spinal Cord Injury Center, it is the largest Federal rehabilitation center. In Fiscal Year (FY) 2018, JAHVH treated 97,045 unique Veteran and Active Duty patients with 11,720 admissions and more than 1.4 million outpatient visits - of which about 129,000 were performed just down the road at the New Port Richey Outpatient Clinic.

Policy Issues Related to Veterans Homelessness (Risk Factors)

According to the 2018 Point in Time (PIT) Count (the most recent publicly available data), Tampa and its surrounding counties reported a total of 2,376 homeless individuals, of which 411 (11 percent) identify as Veterans. Veteran status and character of discharge are not verified during the PIT. Of those who identify as Veterans, 174 were sheltered and 237 were unsheltered. The total number of homeless Veterans in the region decreased by 1 percent since the 2017 PIT count. Since 2011, the region's overall number of homeless Veterans has decreased by 72 percent. This doesn't include Hernando County since PIT data is combined with Citrus, Hernando, Lake, and Sumter Counties for years except in 2019, which recorded 5 unsheltered and 2 sheltered Veterans in Hernando County.

VA's Homeless Veteran programs comprise the largest integrated network of homeless treatment and assistance services in the Nation. As a component of this network, JAHVH strives to provide a continuum of service-from outreach to permanent housing-to our homeless Veteran population. JAHVH partners with local com-

munities to offer a wide array of special programs and initiatives designed to help homeless Veterans live as self-sufficiently and independently as possible.

Over the past 5 years, VA and its partners have made a concerted effort to collaborate at the Federal level to ensure strategic use of resources to end Veteran homelessness. Coordinated Entry Systems (CES) were developed to provide a systematic approach that is needed at the community level to ensure resources are being used effectively and Veterans in that community are offered the resources he or she needs to end their homelessness. The CES framework is designed to promote community-wide commitment to the goal of ending homelessness and efficiently using community-wide resources (including VA resources) for any Veteran experiencing homelessness.

At the local level, we collaborate with Federal, state, and local agencies; employers; housing providers; faith-based and community nonprofits; and others to expand employment and affordable housing options for Veterans exiting homelessness. The JAHVH Health Care for Homeless Veterans (HCHV) program fully participates in the CESs throughout all our counties and will expand engagement to Citrus County in FY 2020.

A priority of our HCHV is to break the cycle of homelessness using a variety of community resources, including permanent supportive housing programs; transitional housing programs; prevention and diversion programs; rapid-rehousing programs; substance use treatment programs; medical and mental health services; employment services; and/or case management. Veteran sub-populations served range from those who are newly homeless and can self-resolve, to those who need temporary housing with short-term intensive services, to those who have severe mental health and/or substance use disorders and require ongoing supportive services to maintain permanent housing.

Our HCHV manages a wide array of Homeless Veteran programs including those focused on the following:

1. Conducting coordinated outreach to seek out Veterans in need of assistance. Including those focused on the following:

- JAHVH has outreach social workers who provide services at our VA clinics. The Outreach staff work alongside community partners, such as Supportive Services for Veteran Families (SSVF) program outreach teams. The outreach teams respond to calls from the National Call Center for Homeless Veterans and work directly with social workers from our hospital and CBOC locations.
- JAHVH has an extensive Veterans Justice Outreach (VJO) program. Staff provide outreach services in local jails to justice-involved Veterans. A few of the jails have established pods to keep Veterans centrally located, which assists in more localized assessments and interventions. Individualized services are offered with an effort to assist in discharge planning to prevent homelessness upon release. VJO specialists staff Veterans Treatment Courts with an effort to support justice-involved Veterans engaged in treatment services.
- And JAHVH participates in community stand-down events such as the annual three-day Pasco County Annual Homeless Stand-Down and the City of Tampa's Operation Reveille.

2. Another area of focus is connecting homeless and at-risk Veterans with housing solutions, health care, community employment services, and other required supports. JAHVH offers a variety of services to homeless Veterans and/or Veterans at risk for homelessness. These programs include the following:

- Department of Housing and Urban Development-VA Supportive Housing Program (HUD-VASH), offering permanent supportive housing; Grant and Per Diem (GPD), offering transitional housing and program services; Contracted Residential Services Programs (CRS), offering specialty transitional housing and program services such as Recuperative Care and Safe Haven; Outreach, providing street-based and clinic-based outreach services, as well as responding to the National Homeless Call Center; Homeless - Patient Aligned Care Team, offering primary care services to homeless Veterans; and VJO and Veterans Treatment Court programs. We collaborate with adjunct programs, such as SSVF to ensure Veteran accessibility to prevention, rapid resolution, and rapid rehousing programs.
- JAHVH also participates in the S.A.V.E. (signs, ask, validate, encourage, and expedite) program, a partnership between our HCHV and Suicide Prevention Program. Homeless program staff will provide suicide prevention training to community partners about this vulnerable population.
- We have a Homeless Veterans Community Employment Services (HVCES) program that connects Veterans to local employers and assists Veterans through

individual and group services to access competitive employment opportunities. HCHV staff refer Veterans to VA's Therapeutic Supported Employment Services Program and Vocational Rehabilitation and Employment programs. Staff also link Veterans to the Homeless Veterans Reintegration Programs, a Department of Labor-funded program offered by local grantees.

3. In addition, JAHVH HCHV has actively participated in past local community initiatives such as the 25 Cities Initiative. These community partners have been strong partners in our efforts and we appreciate their contributions to our Veterans' health and welfare. JAHVH has worked with our community partners for more than 30 years. Ending Veteran homelessness depends heavily upon collaborative, joint efforts from community agencies and local governments. Some of our local partners include the following:

- **Permanent supportive housing:** JAHVH HCHV program collaborates with Hernando, Hillsborough, Pasco, and Polk Housing Authorities, HUD, and Project-Based housing organizations contracted to offer HUD-VASH units, such as Steps Forward and Volunteers of America.
- **Permanent housing programs:** JAHVH HCHV collaborates with Tampa Hillsborough Homeless Initiative, and local SSVF programs, including, St. Vincent DePaul and Tampa Crossroads.
- **Transitional Housing programs:** JAHVH HCHV collaborates with Agency for Community Treatment Services (ACTS), Steps to Recovery, Tampa Crossroads (Athena House), and Volunteers of America.
- **CRS Programs:** JAHVH HCHV collaborates with Circle of Veterans, New Beginnings, Salvation Army and Steps to Recovery.
- **VJO:** JAHVH HCHV collaborates with County Sheriff Departments, County Jails, Circuit Courts (each County has a Veterans Treatment Court), State Attorney, and Public Defenders.
- **Outreach:** JAHVH HCHV collaborates with Homeless Community of Care (CoC), Tampa Crossroads, Saint Vincent DePaul, local Police Departments, Salvation Army, New Beginnings, Steps To Recovery, and Circle of Veterans.
- **Stand Down:** JAHVH collaborates with local County Homeless CoC's for Stand Down events.
- **Operation Reveille:** JAHVH collaborates with Tampa Hillsborough Homeless Initiative for Operation Reveille events.
- **Coordinated Entry System:** JAHVH HCHV collaborates with the local Continuum of Care Councils and is an active member of these councils.
- **Other non-profit organizations providing goods and services:** JAHVH HCHV collaborates with the Knights of Columbus, AmVets, Feeding Tampa Bay, and American Legion.

These community partners have been strong partners in our efforts, and we appreciate their contributions to our Veterans' health and welfare.

Homeless Women Veterans

The women Veteran population is growing. In FY 2018, JAHVH saw a 19 percent increase in women Veteran patients from the previous 2 years. JAHVH offers services to women Veterans in the Tampa Crossroads (Athena House) GPD program. The local emergency shelter offers emergency shelter beds to women Veterans. JAHVH staff have established relationships with the shelter program staff and are able to assist with referrals for women Veterans when beds are available. Our HCHV collaborates closely with the Women Veterans Program at JAHVH, which offers resources to women Veterans, and connects them to specialty care for medical and mental health services.

VA has made significant progress serving women Veterans in recent years, but homelessness among women Veterans remains an important concern and focus. Women Veterans can face many challenges when returning to civilian life, including raising children on their own and dealing with the psychological after effects of events such as military sexual trauma, employment, and housing barriers. Local Communities across the Nation are continuing to align resources to address these unique challenges. The following VA Women's Health services programs are engaged to support a systematic and coordinated approach to care:

- **Women Veteran Program Managers (WVPM)** are located at every VA Medical Center (VAMC). WVPMs help coordinate all the services that women Veterans may need. Services include primary care, pregnancy care, psychiatric care and sexual trauma counseling, inpatient medical/surgical care, programs for homeless women Veterans, and quality of care issues.

- **Military Sexual Trauma (MST)** is the term used by VA to refer to sexual assault or repeated, threatening sexual harassment experienced during military service. Homeless women Veterans who use VA health care have higher rates of experiencing MST compared to all women Veterans who use VA health care. MST-related health care for physical and mental health conditions is available free of charge at every VA facility for eligible persons. There are MST Coordinators at every VAMC who can connect Veterans who have experienced MST to VA health care programs and services.

Mental Illness

Secretary Wilkie recognizes Veterans who are homeless are a high-risk population for suicide and has made suicide prevention one of his top priorities.

VA's National Center on Homelessness among Veterans published research in 2018 (<https://www.va.gov/HOMELESS/nchav/research/HERS6—Suicide.asp>) that found homelessness is associated with an increased rate of all-cause mortality and of suicide in Veterans. A study by John McCarthy highlighted at the VA Homeless Evidence and Research Synthesis Roundtable Proceedings in 2018 found that the suicide rate among Veterans with homelessness in the past year was 81.0 per 100,000 as compared to Veterans without recent history of homelessness with a rate of 35.8 suicides per 100,000.

Because suicide prevention is one of the Secretary's top priorities, VA Homeless Programs are required to collaborate with Suicide Prevention programs using the S.A.V.E. program to cross-train homeless program staff on suicide prevention programs and to enable homeless program staff to train community providers and first responders on suicide and suicide prevention. Additionally, regular meetings occur to review high-risk Veterans to discuss and develop appropriate treatment plans to address risk factors. JAHVH has staff that meet with the Suicide Prevention Coordinator monthly. Staff involved in this effort are working towards providing formal training to local GPD and Contract Bed Providers as well as other Veteran community partners and first responders.

Affordable Housing

VA continues to promote the establishment of affordable and permanent supportive housing and works with all partners to encourage efforts aimed at financing and developing additional housing stock to address the market factors. JAHVH's Homeless Program is working with local housing authorities to open project-based housing units for the HUD-VASH program. The first project came online in 2015, with an additional project in 2016. JAHVH's Homeless Program is currently working with Housing Authorities in Pasco and Hillsborough Counties for two additional housing projects.

Criminal Justice History

Studies of Veterans receiving VA homeless services have shown that 65 percent have a history of incarceration in prison or jail. Criminal justice histories create barriers-in addition to those noted above-to permanent housing, employment, education, and other resources, further limiting VA's ability to help homeless Veterans access these resources. This limitation is particularly acute for Veterans with histories of sexual offenses, for whom barriers to critical resources imposed by Federal, state, and local authorities pervade most areas of life. VA serves Veterans with criminal justice histories in its own programs (e.g., HUD-VASH) and facilitates Veterans' access to legal services, which may offer opportunities for record expungement; however, access barriers for those with criminal justice histories continue to limit the ability of many Veterans to take advantage of non-VA resources.

Employment

The lack of employment opportunities and services that mitigate barriers to employment will adversely impact housing stability and community integration for formerly homeless Veterans. Without enough income, transitioning homeless Veterans will not be able to exit homelessness into permanent housing successfully. As mentioned above, VA's HVCES staff work closely with community partners and VA Medical Facilities to ensure that a range of employment services are accessible to Veterans who have experienced homelessness.

VA continues to support Vocational Development Specialists who are embedded in homeless program teams and serve as Employment Specialists and Community Employment Coordinators. In addition, HVCES program staff ensure that Veterans who have experienced homelessness, including chronically homeless Veterans, have access to a range of employment services that complement existing medical center-

based employment services and are a bridge to employment opportunities and resources in the local community.

- In April 2018, the HVCES program set a national goal of reaching 10,000 unique instances of employment (each episode of employment gained by a Veteran) between April 1, 2018, and March 31, 2019.
- As of April 1, 2019, there were over 21,000 unique instances of employment, more than double the employment goal for Veterans engaged in or who exited from VHA Homeless programs or Services.

Data Sharing

Due to the transient nature of this population, a loss of access to Veteran health care information may also lead to inaccurate master by-name lists of Veterans experiencing homelessness in local communities and local resource planning as a result. Improving data sharing processes between VA and communities will ensure that Veterans experiencing homelessness have access to available services and resources. The risk of not improving data sharing processes will impact community's ability to successfully assess needs of homeless Veterans and match services to meet those needs.

Reducing Veteran Homelessness

Reducing the number of Veterans who become homeless continues to be a vital step towards VA's goal of ending homelessness among Veterans. VA is working to improve predictive strategies and deploying evidence-based practices designed to identify and prevent homelessness. VA has begun a national rollout of the Rapid Resolution Initiative which expands on a pilot program begun in FY 2018 to reunify Veterans with family members or friends as an alternative to shelter entry. SSVF is supporting mediation training by conducting free train-the-trainer programs for grantees around the country supported by an SSVF technical assistance grant. The train-the-trainer approach literally trains grantee staff to become trainers, so they can educate other staff in their agency and the broader community on these mediation techniques. VA Community Entry Specialists have also been invited to these trainings so VAMC staff are able to join this collaborative effort. In addition, SSVF has provided grantees with additional funding so they can support education for their staff on these techniques. Using mediation training and modest financial incentives through the SSVF program, VA is working with HUD, the U.S. Interagency Council on Homelessness, and other Federal agencies to create policies and train community-based staff to support implementation of this model. VASDHS SSVF providers have been working with VASDHS HCHV to implement the Rapid Resolution program locally in FY 2020.

Unique Challenges

Nutrition, the Criminal Justice System, Health Care, and Employment

Significant progress has been made in preventing and ending Veteran homelessness. The number of Veterans experiencing homelessness in the United States has declined by nearly half since 2010, as more than 700,000 Veterans and their family members have been permanently housed or prevented from becoming homeless. Although significant progress has been made, homeless and at-risk Veterans are faced with many challenges. VA has taken the following actions to address these challenges.

Nutrition

In 2018, VA partnered with Feeding America with a shared goal and commitment to Veterans who require immediate hunger assistance in support of ending Veteran food insecurity. Through this partnership, VA and Feeding America have worked together to support participating Feeding America network food banks and VA medical facilities, through the development of pop-up food pantries at 18 VAMCs. Through these pantries, more than 600,000 meals have been served to more than 30,000 Veterans and their family members who were experiencing food insecurities or those at risk of experiencing food insecurity. This partnership is growing as more VAMCs set up pantries through this partnership.

Veterans Justice Outreach

VA serves justice-involved Veterans through two dedicated national programs, both prevention-oriented components of VA's Homeless programs: Health Care for Reentry Veterans (HCRV) and VJO. Known collectively as the Veterans Justice Programs, HCRV and VJO facilitate access to needed VA health care and other services

for Veterans at all stages of the criminal justice process, from initial contact with law enforcement through community reentry following incarceration.

Part of the continuum of services offered by JAHVH is the VJO program. This program provides resources, referrals, and case management services by VJO Specialists to Veterans with a variety of justice-involved needs, ranging from those participating in Treatment Court to those who are incarcerated, those that may be on probation/parole, and for those in need of homeless court advocacy.

Each year, we participate in two Veteran outreach courts. One in conjunction with the Pasco County stand-down and one we co-host with the Hillsborough County 13th Judicial Court at our Primary Care Annex. Outstanding legal issues can be addressed such as active misdemeanor warrants, fines, legal fees, court costs, and ordinance violations. In addition, we hold Legal Clinics for Veterans monthly to cover Family Law, Landlord/Tenant, Bankruptcy, Expungement, and Civil Matters. JAHVH VJO Specialists are assigned to provide case management services to Veterans involved in the following VTCs: Hernando County (5th Judicial Circuit), Hillsborough (13th), Pasco (6th), and Polk (10th).

The VJO program works closely with local police and Sherriff departments. Many Veterans are linked by the VJO Specialists to VA-funded GPD programs, SSVF, and HUD-VASH programs, as well as JAHVH alcohol and drug treatment programs as part of their probation/parole. A VJO Specialist provides case management services to ensure greater success and to help reduce recidivism. The VJO program works closely with sheriff departments in local county detention center to offer information, resources, and participates in discharge planning for incarcerated Veterans to ensure that Veterans are linked to programs to address issues related to housing, substance use, medical care, mental health, and employment programs prior to their release. Hillsborough and Pasco County Detention Centers have allocated resources for the creation of Veteran pods that help streamline Veteran services to incarcerated Veterans.

The Veteran's participation in these programs and other VA treatment is often a part of a Veteran's case plan and probation expectations. VJO case management services assist the Veteran in navigating the Court's expectations and gaining access to treatment. This has helped ensure that more Veterans successfully complete the VTC programs in each county.

Expanding Access

H.R. 2398 would amend the United States Housing Act of 1937 and title 38, United States Code (U.S.C.), to include those who are ineligible for other VA Homeless programs authorized by 38 U.S.C. 2011, 2012, 2013, 2044, and 2061. As VA expressed in a letter to the Subcommittee on May 31, 2019, VA supports the expansion of eligibility in section 1(b) of the bill, although we note that the amendments made by section 1(a) of the bill are unnecessary because there is no eligibility issue on the HUD authorization side. This legislation is designed to match HUD-VASH eligibility criteria to that of the GPD and SSVF programs. Although VA supports this proposed legislation as it will allow additional vulnerable chronically homeless Veterans to receive much-needed HUD-VASH vouchers and case management, we note that in expanding eligibility, VA and HUD will need to coordinate to ensure responsible program implementation in order to maintain continued quality of care and success of the HUD-VASH program.

VA also supports H.R. 716 if amended, as the bill is similar to a legislative proposal in VA's FY 2020 budget request. VA testified on this bill at a July 19, 2019, Subcommittee hearing.

Conclusion

Across VA and locally at JAHVH, we are committed to providing the high-quality care our Veterans have earned and deserve. We continue to improve access and services to meet the needs of Veterans. We support all efforts to increase Homeless Veteran HUD-VASH prioritization eligibility. We appreciate the opportunity to appear before you today and the resources Congress provides VA to care for Veterans.

Testimony of Executive Director of the Florida Department of Veterans' Affairs

Prepared Statement of Captain Daniel W. "Danny" Burgess

Thank you for the opportunity to present this testimony before the Committee on Veterans' Affairs Subcommittee on Economic Opportunity as we seek to address ways to provide the assistance Florida veterans have earned and deserve for their service to this nation.

As the newly appointed Executive Director of the Florida Department of Veterans' Affairs, I felt the need to look and find ways we as a state could address gaps in veteran services and work together to solve some of the most crucial and time sensitive issues that face veterans today. The mission began on March, 29, 2019 and continues today. The information I present to you below is the combination of knowledge from leadership on the state, federal, city and county level as well as civic groups, veteran service organizations and charities across the state who have worked together over the past 5 months to address many important topics including the veteran homelessness crisis.

Before jumping into specifics, I want to refresh everyone on the fact that the federal government utilizes the term functional zero when addressing homelessness matters - this term meaning that for veterans who want to come in off the street, there are ample resources to affect them doing so. To that end some good news. While Florida has a long way to go, as of August 5, 2019, Florida has five counties, and three communities that have declared functional zero for homelessness (Flagler County, Miami-Dade County, Fort Myers/Lee, Punta Gorda, Charlotte County, Volusia County/Daytona Beach).

Homelessness among veterans in Florida has been effectively cut in half since 2011. A significant cause for Florida's substantial decrease in the rate of homelessness among veterans are national initiatives to end veteran homelessness. In Florida, millions of dollars have been invested through VA Supportive Services for Veteran Families grants, as well as HUD VA Supportive Housing (VASH) vouchers that provide long-term rental assistance to help homeless veterans with high needs obtain and sustain permanent housing. Florida's Council on Homelessness's 2019 report conveys:

The annual Point-In-Time (PIT) Count, completed over a 24-hour period in January 2019, offers a snapshot of homelessness in Florida and nationally (available in Appendix III, Tables 1-7). Within the last year, the number of people experiencing homelessness in Florida decreased by almost four percent since last year's count and by 20 percent since 2015. The number of people experiencing homelessness identified in 2019's count totaled 28,591; amounting to a reduction of 1,126 people since last year's PIT Count. This decrease tells us that the implementation of best practices and targeted housing interventions paired with services are effectively creating successful outcomes in the fight to end homelessness in local communities throughout Florida.

Importantly, while we recognize that homelessness among veterans in Florida is decreasing, we know we can do more. We hope to work with you all to find ways to join Connecticut, Virginia and Delaware and be the next state to join the list of states who have ended veteran homelessness across all counties.

So now, let me go back to my earlier point in my remarks and discuss what the Florida Department of Veterans Affairs discovered regarding homelessness across the state during our Forward March initiative:

The Florida Department of Veterans Affairs (FDVA) chaired an initiative called "FORWARD March." The FDVA core team hosted forums in key cities across seven regions of Florida, namely: Tampa, Pensacola, Jacksonville, Lake Worth/West Palm Beach, Ocala, Miami, Cape Canaveral and Sarasota. Leadership from State, Federal, City and County municipalities, civic and church groups, veteran service organizations and charities operating within these regions participated in workgroups within their area of expertise, one of which was Veteran Homelessness and Community Services.

The Veteran Homelessness and Community Services workgroup focused on the challenges, impacts/gaps, best practices and initiatives, and resources necessary to bring about change to existing conditions. Each subtopic began with a premise statement, and in discussing the challenges across the regions, found quite a few similarities in resolution approaches, programs and processes initiatives instituted, best practices, and resources need to bring about resolution. In each area visited, there was no doubt as the passion and compassion these entities embraced when it comes to assisting Veterans and their family members.

The result of our discussions across the state is that Florida has a host of fragmented veteran services that augment the Federal VA benefits system. That patchwork is local focused, community oriented and effective for its regional population, but often work in silos, separate, distinct, and limited in their focus. Because they are local and inward focused, these groups face issues of adequate funding, lack of proper information dissemination and sharing, lodging and subsistence, and inadequate resources for outreach. They are also insular and thus miss out on the benefits of coordination, mutual assistance and resource sharing. Devoting resources to help fill these gaps will allow FDVA, city and county municipalities, agencies, civic

organizations to be more effective. It takes a collective and combined community based effort to resolve these issues.

Veteran Homelessness:

A Florida centric point in time study conducted by the Department of Housing and Urban Development (HUD) on Homelessness in January 2018 and the 2019 Council on Homelessness study showed that an estimated that 31,030 experienced homelessness on any given day. Of that total, 2,757 were family households, 2,543 were Veterans. This data does not take into account veterans and their family members who are being temporarily sheltered on someone's couch, commonly referred to as "couch surfing." Important is that veterans and their families are rolled up in these dire statistics.

These statistics point to a very telling problem statement: Florida has not ended homelessness for Veterans and their families. Tied closely to the issue of Veteran Homelessness is the receipt of community services whether on an emergency or routine basis. This suggests another problem statement, that being: Veteran centric community resources are disparately apportioned and distributed across the public and private sector. Ultimately, this subsection of the white paper will not resolve veteran homelessness or community services matters, but will illustrate the regional challenges inherent to transitioning veterans, the gaps/barrier in service(s) provision, the initiatives and best practices being utilized within the various regions, and the resources necessary to bring about resolution. Importantly, it will position community collaboration and communication as the best tool to bring about positive change to current community challenges in these areas.

Veteran homelessness was a challenging and emotional topic for all involved. While all agreed that this was a prevalent and growing problem across Florida, the degree of impact varied, as well as their belief that they could resolve the problem with available resources and within a certain amount of time. Also, that services were extremely limited, and disparate based on gender, family structure (single parent, previously incarcerated veteran with family members, and female veteran with children), characterization of service (honorable, general discharge, other than honorable, and dishonorable discharge). Importantly, they all believed that resolution lied in (less restrictive) funding, standardization of the definition of a veteran, and collaborating, communication and actually sharing resources to meet all veterans need.

Challenges to ending homelessness in Florida:

How to resolve homelessness appears to be a matter of defining or characterizing homelessness among our Veterans and providing services irrespective of the veteran's type of discharge (honorable, other than honorable, under honorable conditions, or bad conduct discharge).

In addition, in defining homeless status, many veterans seeking services are not homeless by the definition of homeless - as they are "couch surfing" or temporarily sheltering on someone's couch. Also, most homeless programs have no provisions to support single veterans with children, especially female veterans, and those who have run afoul of the law. Conversely, those who are eligible for housing find that there is little to no safe affordable housing available for their particular situation. When it came to landlords, those whose property may have been damaged in some way, refused to rent to Veterans as there was no funding mechanism to mitigate the damage. In gathering data across the seven regions, we found key issues to be:

- A shortage or lack of financial resources and availability of 'safe' affordable housing, including but not limited to:
- Subsidies/Vouchers to supplement or offset the high cost of housing coupled with long term landlord engagement to maintain housing
- Address the shortage of participating landlords; and restrictive housing, as well as the lack of housing and/or funding to create affordable housing
- Limited shelter/lodging for female Veterans with children; as well as single male Veterans with children
- No transitional programs for incarcerated veterans to assist them in getting re-established in society.
- Housing and Urban Development-Veterans Administrations Supportive Housing (HUD—VASH) voucher programs amounts are stagnant/decreasing - - don't keep pace with the fluctuating prices of housing
- Lack of financial resources for move-in costs (i.e. 1st, month, last month and security deposit(s), as well as utility deposits - - items not covered by the HUD—VASH vouchers

- No statewide resources for veterans transitioning from services to civilian life
- Lack of agreement among providers on the use of available funds
- Lack of city participation in community service and outreach programs
- Limited supportive services are available in most cities, counties and communities and those supportive service work in their own silos and leading to unnecessary duplication of efforts; reduced opportunities for education/sharing of information among service providers. Agencies and service organizations providing these services must move away from a - my program - approach to my community program approach.
- The definition of Homelessness differs at each level of government (federal, State, county, and city which significantly impacts resource allocation. All programs would benefit tremendously from a clearly defined end- state for homelessness.
- Lack of supportive benefits and conversely a lack of awareness and communication of available resources. This shortage of supportive benefits fall into the following areas:
- Lack of access to mental health care for veterans in conjunction with administering other supportive services.
- There is a competition among organizations for veterans as programs are productivity or quota driven; also creates a lack of transparency regarding services available and provided.
- Lack of employment assistance for homeless veterans
- No centralized resource or process to direct veterans to appropriate assistance and no follow-up process for those who are provided assistance (Veterans seen as a piece of paper vice solving human issues)
- Limited financial resources for crisis or preventive services
- Public Awareness and communications issue (root causes must be determined as each area is different (employment, drugs, mental health)
- All regions echoed a concern regarding a comparable living wage to support housing and subsistence. After subsistence vouchers ran out, previously homeless veterans could not find employment that kept pace with housing costs.
- Lack of unified effort to identify veterans. (Census count may possibly identify vets)
- There are associated mental health issues underlying veteran homelessness. Some veterans don't want to leave the confines of the woods. Mental health services are limited and sporadic across Florida.
- Misinformation and guidance regarding available resources - perhaps consider revamping Transition Assistance Programs (TAPS) and similar programs to extend transition assistance for Active duty military personnel to 60, 90+ days post service.

Last, finding those veterans will also be difficult as they are transient by nature and a good bit of those refuse, for various reasons, not to come out of the woods.

Gaps/barriers impacting the eradication of Homelessness:

Across the regions assessed, gaps and barriers affecting homelessness followed closely the challenges mentioned above, especially when it came to resources and services provided. So, as not to mention them again, this section will focus on or expound of those mentioned above. Repetitively, income played a key factor in services and creating a gap in the amount of services available. For example, Area Medium Income (AMI) does not equal to the Cost of Living Allowance (COLA). These thresholds disqualified a good segment of Veterans from receiving services that could have alleviated a homeless situation. From a legislative and municipal perspective, there were no policies to mandate a percentage of housing to be dedicated to homelessness initiatives. Gap/barriers repetitively mentioned or listed above included:

- Lack of landlords and 'safe' affordable housing including no damage mitigation support for landlords. Also, there was a lack of education on housing. Key concerns included:
- A lack of affordable housing outside of VA restrictive requirements Housing and Urban Development-Veterans Administrations Supportive Housing (HUD—VASH)
- Housing choice voucher or similar programs were nonexistent - - rental help only.
- Lack of landlords willing to accept HUD—VASH vouchers, termed landlord burnout. This landlord burnout stems from housing being trashed or otherwise abused without any recourse

- Existing housing is typically service animal restrictive. This restriction is applied informally but not officially. Consequently, veteran won't give up service or support animal; and there are also challenges connecting vet with pet services.
- Lack of legal services and social services for veterans
- Discharge upgrades (dishonorable discharge, bad conduct discharge) for Veterans ineligible for Veterans Administration services
- Lack of employment assistance, peer support, and case management
- "Stovepipe" programs (Community Vs. my organization)
- Transportation shortages: lack of dedicated transportation services to and from appointment areas
- VA systems & community system don't interface (HOMES/Homeless Management Information System). There is consequently a disconnect between private and VA doctors on claims (claims exams, data, and the like).
- Mental health services /providers differ by location and are not connected. More specifically there is a disparity between homeless and near homeless services. Needed are:
 - Separate program for spouse and family members
 - Preventive assistance for those who don't meet income requirements
 - Automation driven services by the VA and access limited by veterans individual resources (phone, computer)
 - Lack of communication to discharged veterans on benefits and services. A solution might be an information or exit package
 - There is currently no centralized process to gather data and evaluate for services/"follow-up" (clearing house)
 - Analyze data to determine root cause (Mental health; transportation; education; or physical health)
 - Specialized services needed - current programs cater to a particular group while others fall through the gaps.
 - 211 Initiative not promoted well
 - Resources provided by 211 may not be available
 - Trainer/mentor/counselor is needed in each prison facility to get Veterans needed help
 - Provides for early assessment
 - Community Forum for vets issues that meets periodically with due outs by subsequent meetings. Key to success of this venture is frequent meetings with proactive measures for veterans before incarceration/before imbedding them into the community
 - Guardianship Program with resources to service needy veterans and family members
 - Guardian Ad Litem/Peer to peer level services
 - Help vets manage their compensation and pension
 - Also, assist with doctor management issues
 - State of Florida lacks a Welcome Packet for departing military - Florida-centric packet.

Initiatives Agencies or Organizations currently working on:

Initiatives varied across the regions as some services did not exist in all areas. Also, initiatives were at different stages of development, so a clear assessment of their productivity was not available. Important is that most initiatives were grass roots with limited provision for expansion across counties or the State for that matter.

- Veteran Integrated Services Network 8 (VISN8): Supportive Services for Veterans and Families; HUD-VASH, and MyFloridaVet line funded by VISN8
- Florida 211
- Mission United
- Florida Veterans Foundation; Floridaveterans.org
- Continuum of Care (CoC) Initiatives (Share Information); moving from CoC to my State
- Stand Downs Reboot
- Sharing transportation resources - communication
- Homeless Outreach T3AM
- Community collaboration
- Homeless Management Information System -open system
- Coordinated intake of Veterans.
- Housing First model
- Residential based certifications

- By Name List/Case conferences
- Her Total Wellness Initiative
- Standdowns - organizations collaborating formally and informally (network); Mini stand-downs
- 100 vets off the street in 111 days initiative (joint VA/Palm Beach County/HUD/Standdown House collaborative initiative)
- VA socialworkers (referrals)
- VA Domiciliary Project Initiative at VA Hospital
- Adult Health Day Care
- Coordinated entry/by name list (VA and community initiative)
- Build for Zero: "Community Solutions" partner with community partners) assessing best practices for homeless community members
- Goal is functional zero by year end
- Point in time count of homeless Veterans and families
- Shared Housing - - two or more vets sharing housing
- Community coalitions forming to provide funding for emergency services
- Food Banks
- VA Expanded case management programs
- Survey of veteran's needs - survey/study
- Mental health needs
- Housing needs
- County Veteran Services Officers - roving veterans seminar
- Sarasota Jail - Veterans pod created at facility - - keeps veterans together while incarcerated, while providing a transition program
- Gulf Coast Partnership - "Continuum of Care"
- Collaboration - Sarasota & Manatee County on veterans, their families and related issues.
- Punta Gorda Police Department - trained in veteran intervention
- Homelessness Outreach Teams - trained in veteran interventions

Resources necessary to bring resolution:

Repetitive across all counties was the lack of sufficient financial support to support or enhance existing programs, or to develop new programs or initiatives, especially housing. Also, participants echoed that when financial resources were provided, they were so restrictive that their use was largely prohibitive or restricted to a small segment of the veteran population. Also, that the persons to manage the programs were underpaid and at the macro level, there was no dedicated personnel to coordinate State level support, and systems utilized by the different social service programs did not integrate. Critical also is being able to evaluate success given the resources provided.

- Safe, affordable housing and the creation of housing developments (affordable and near jobs); Affordable safe housing units and participating landlords; housing specialist to work with landlords and companies/organizations; landlord damage mitigation fund, and space allocated for housing (tiny housing)
- Develop a program of monetary incentives for initiatives reaching the programs goal for initiatives or other metrics based programs.
- Mandate a Statewide software system to manage homelessness data and matters (HMIS); HMIS/Homes integration, as well as a Statewide client and data management system
- Develop a State of Florida Level - dedicated think tank to look and develop solutions to Statewide problems/issues impacting our veterans
- Employ gender/specific counselors at agencies, departments, or organizations that have counseling as part of their veterans benefit programs.
- Expand mental health services: expand to include supporting medical and mental health services
- Offer communications mediums as part of Career development; Computer Training/educational resources for Veterans (phones, pagers, etc)
- Expand existing VA education on current programs to reach a more diverse audience, including family members.
- Mobility options (transportation and transport services close to Veterans lodging areas
- Funding
 - Use vacant buildings for safe and secure housing
 - State, city and county provide seed money for this initiative
 - Use existing land set asides for affordable housing
 - Solicit/use nonprofit resources - - tiny housing

- Definition of homelessness (Define so homeless can move from transitional housing to permanent housing)
- Sustainment resources - - use to assist while families develop income levels to sustain themselves
- Funding (grants and related subsistence funds)
- Coordinated database; Marketing of resources available; Consolidated database of services/resource index statewide
- Homelessness prevention programming - - one time funding, SSVF assistance
- Education and peer support - follow up and budgeting training
- Access to FEMA resources for Vets
- Manpower/personnel for sustainability (volunteers diminishing)
- Subsidies for aging, homeless, indigent veteran population - assisted living facilities for veterans that require supervised care
- Additional veteran service officers (VSOs) - perhaps place additional VSOs in existing VA clinics
- Policy changes (State & Federal) to allow or expand services to a larger group of Veterans
- Pamphlets for law enforcement/first responders to hand out to veterans with whom they interact
- Public awareness campaign (i.e. Public Service Announcements, billboards, etc.) that is led by veterans, subject matter experts, as well as "boots-on-the-ground" community members
- Messaging to position VSOs as veteran advocates to facilitate greater interaction of veterans who are in need of services and supports

Conclusion

Thank you for the opportunity to submit this testimony on behalf of the Florida Department of Veterans' Affairs for your records. We know this issue is a serious problem facing not only our state, but the country. We look forward to working with the committee and offer our assistance in trying to address the major challenges that face Florida veterans. We also appreciate any additional resources that can be provided to help address the veteran homelessness crisis.

Prepared Statement of David Lambert

Dear Sir,

The Pasco County Housing Authority is the recipient of Federal Funds through the Department of Housing and Urban Development. We receive VASH Vouchers that are specifically for Veterans. Housing for Veterans and others is extremely hard to come by. The PCHA recently purchased property to build approximately 78 units of Veterans family housing and mental health housing. While one would think progress has not been made and there is an extreme lack of affordable housing stock in our area. In the case of the PCHA we tried to get financed before to build the new community however banks would not lend to the PCHA. Even though the VA and HUD approved project basing VASH vouchers which virtually guarantees the property would be successful.

We have met resistance at every level. This is based on the low funding from HUD through the Federal Budget and our balance sheet. Housing Authorities are designed by nature to have a very slim margin. We have been able to cobble together approximately two million dollars in funding and we are seeking a legislative budget request for two million more and banks will approve funding and we can begin construction on a new community.

We respectfully request the federal government create a regulation and a funding stream that gives enough capital to obtain financing from private banks or federally back loans specifically to build Veterans and mental health housing

Respectfully,

David B. Lambert
 Chairman
 Pasco County Housing Authority
 727-505-3179

Prepared Statement of Michael Raposa

My name is Michael Raposa, and I am the CEO of St. Vincent de Paul CARES, Inc.

Since 2011 we have been the lead agency leading the charge to end veteran homelessness in the West Central Florida area - including the counties of Pasco, Pinellas, Hillsborough and Polk. In 2018 we added the counties of Citrus, Hernando, Sumter and Lake to our service area.

When we embarked on the mission, the mere concept of ending veteran homelessness for any sub-population was a dream that many felt unrealistic. To that end, I was summoned at one point to a local County administrator's office who requested that I stop talking about it publicly; stating that the commissioners thought that I was crazy.

I understood where he was coming from - as the number of unsheltered/sheltered veterans was approximately 2,850 in that County. I am pleased to stay that the number is significantly less than 200 today . 164 last time I looked. We have made significant progress - much thanks to substantial congressional appropriations over the years.

The creating and continued funding of the Supportive Services for Veteran Families (SSVF) program under the Veterans Administration has completely transformed homeless services delivery nationwide. The data continues to show that the majority of veterans on the street can be moved into housing immediately and, with wrap-around supportive services, thrive. The length of time between being on the street and housing has declined from nearly 180 days when we began - to near 40 days today.

In addition to the positive impact that SSVF has had on the clients and households served - the greatest impact has been on the local communities. The program has proved that a systemic approach to ending homelessness across the US can/will produce a dramatic decline in homelessness. In the Tampa Bay region alone, we have seen the dramatic decline in communities (as illustrated above) - whereas other portions of our community where the system is less developed; the numbers remain stagnant - or continue to increase. The substantial foundation laid by SSVF is now able to be easily replicated with other subpopulations.

To that end - during the month of August Pinellas County saw the number of homeless families with children seeking shelter and housing intervention at zero for four days. While this may seem meager - it is substantial considering the number has been over 200 at various points.

So, the rapid access to affordable housing, supportive stabilization services, community organization and coordination, and strong advocacy for change have proven to be the perfect combination.

The greatest obstacle being faced across the nation today is the availability of affordable housing. We, as a nation, need to adapt services to meet the changing conditions it has created. The first is the need to expand the affordable housing supply. VA's Enhanced Use Lease (EUL) program allows for the development of housing on underutilized or unused VA properties, but there are no capital funds associated with the program to develop targeted rental housing or permanent supportive housing. Allowing the EUL program to offer both capital resources as well as the ability to collaborate with the HUD-VASH Program on Project-Based HUD-VASH, in a one-stop procurement, would eliminate the need for developers to seek out multiple sources of capital and operating assistance. This would also help integrate Project-Based HUD-VASH into all EUL development.

Within HUD, there are cross-cutting HUD regulatory requirements (e.g., Davis Bacon or Environmental Review requirements) that are applied to programs and projects regardless that offer rental assistance or operating assistance (e.g. Section 811 Project Based Rental Assistance or Section 8 Project Based Vouchers) not capital sources that support housing development. HUD may want to consider conducting a review of the cross-cutting regulatory requirements to see if any of these requirements could be eliminated to reduce barriers/burden on developers of multi-family rental housing or permanent supportive housing, as well as the time it takes for a project to come to fruition. Eliminating or reducing some of these requirements would both lower developer costs to comply and improve the efficiency of the development process (i.e. reduce time to develop an affordable multi-family development). As a result, these reforms may increase housing developers, especially for-profit entities, participating in these HUD programs.

Two promising practices being initiated by SSVF should be supported and expanded.

- Its Rapid Resolution seeks to identify available housing that veterans may access by moving in with family or friends. Through a process of conflict medi-

ation and limited financial assistance, Rapid Resolution helps homeless and imminently at-risk veterans reconcile sufficiently so that these relationships can become housing resources. This avoids the trauma of homelessness for these households and creates a new untapped housing resource. SSVF has supported this national initiative by training grantees on mediation techniques and creating the programmatic framework to make this initiative possible.

- A second SSVF initiative is known as shallow subsidies. Shallow subsidies offer a fixed rental subsidy of up to 35 percent of the Fair Market Rent (as published by HUD) for 2 years. As the subsidy is fixed for 2 years, participants are strongly incentivized to increase income as their rental subsidy would not be impacted by income growth. SSVF has partnered with DOL's Homeless Veterans Reintegration Program (HVRP) to co-enroll participants with the goal of reach economic self-sufficiency by the end of SSVF's 2-year shallow subsidy period. Currently offered in 10 CoCs, we would like to see this resource expanded into other communities with inadequate supplies of affordable housing.

Finally, we here in Florida continue to see the states affordable housing trust fund being swept by our state legislature. 2019 was the first time (in many years) that we saw the Governor and Senate on the same page to release a historic portion of fund. However, with House opposition - no great change happened. We desperately need more advocacy from Washington.

Prepared Statement of Brian Anderson

Good Morning Chairman Levin, Ranking Member Bilirakis and members of the Committee,

My name is Brian Anderson; I am a Medically Retired Green Beret, Social Worker, founder and CEO of the Veterans Alternative, and a Master's of Social Work candidate at Columbia University with a focus on Social Enterprise Administration. I truly appreciate the time given to speak on a problem I am all too familiar with.

I moved to Pasco County Florida in 2012. At that time, Pasco and Hillsborough Counties ranked in the top ten of chronically homeless, and Hillsborough and Pinellas Counties each ranked in the top ten for overall homeless (Alvaro Cortes, 2012). All three counties were rated as small cities, counties or continuum of cares. Real change in our area is not significant, as the 2018 Point In Time Counts reveals Pasco and Pinellas counties leading in several homeless statistics including Veteran Homelessness (Meghan Henry, 2018).

As valiant an effort as James A. Haley, Bay Pines, the state of Florida, local municipalities and Non-government organizations have made in the last 7 years, homelessness remains a major issue amongst our Veteran population. Models, such as housing first, have emerged as the leading evidenced based approach to ending homelessness, yet we lack the number of beds needed, and unfortunately we can not build and fund fast enough to keep up with the demand. This brings to focus how we catalog homelessness, health care or societal, and the approach in which we attack the issue.

By necessity, our country is shifting the focus of health care from acute to preventative (Stanhope & Straussner, 2018). You, our elected officials, have played a major role in this shift, and it is evident in our Veteran Health Administration. For the most part, at least in the James A Haley area of operation, a whole health approach is practiced and is increasing overall health and wellbeing of the Veterans served, but our approach to homelessness is still acute, and that needs to change.

The health care shift articulates good health care as an exercise in interdependency, yet our homeless programs focus on reactive solutions and little on the preventative practices often implemented in community wellness programs serving the psychosocial needs of a population (Brown, Besterman-Daban, Chavez, Njob, & Smith, 2016). Reactive solutions do little in addressing the root cause of the problem, which was a major topic in our Nation's discussion on health care practices (Stanhope & Straussner, 2018).

Homelessness is not the root cause; rather it is a byproduct of several contributing factors, including mental health, medical and economic hardship (Madlen, Jepson, Laird, & McAteer, 2019). These are being addressed in standard practices of care, especially at the state and federal levels, but there is an element missing at the community level, and it is prudent we address this by allocating more resources to wellness programs addressing the psychosocial needs of our Veteran population.

These wellness programs are critical in reaching our most isolated individuals who are often reluctant to engage services through normal means of care, such as

the Veterans Health Administration (Madlen, Jepson, Laird, & McAteer, 2019). Community based Wellness programs are a crucial part of the solution to prevent homelessness, suicide and risky behaviors from occurring, yet are often pacified as “feel good” services. It is time we start including community-based nonprofits as a necessary part of overall Veteran Care and prevention programs.

Many of these community-based nonprofits are providing services alternative in nature, and include camaraderie as a key component of programing. Numerous studies indicate the loss of “fictive kinship” and the disconnect between veterans and civilians as major problems we face (Wilson, Hill, & Kiernan, 2018). Social isolation is a significant concern among Veterans from all generations including our transitioning Veteran population, and is often associated with homelessness, suicide and suicidal Ideations, risky behaviors and use of drugs and alcohol. Veteran non-profit organizations providing alternative care often utilize a model that includes peers in treatment in an environment outside the standard medical model and this phenomenon needs to be researched, resourced and replicated.

As the medical model would dictate, focus on treatments rather than programs have emerged as the legislative test to see what these nonprofits bring to our interdependent practice. What started with the VA committee as the COVER Act, has been replicated in the State of Florida. An extensive program evaluation of Alternative treatment options for Veterans is being implemented right now, and 12 of the 15 current participants represent community-based nonprofits. It is premature and under resourced to hypothesize results on a larger scale as it relates to homelessness, but our current standard of practice is doing little to address prevention and these community based veteran nonprofits providing wellness programs are structured to prevent isolation which is a documented cause and result of homelessness, along with suicidal ideations and risky behaviors.

If we can accept societal issues are man made phenomena, then we have the opportunity to change through our constructed system of human interaction. We can end a systemic problem, like Veteran homelessness, through the very structures we created or place value on, such as legislation, resources and approaches. I beg you, for the health and wellbeing of my fictive brothers and sisters, include wellness programs as a major part of prevention in the legislation you present and in the resources you allocate.

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Prepared Statement of Mary White

I am an Army Veteran; I am also a mother. I became a single mother when my son was one, I also found us to be in a financially burdened situation. At that point, we had become homeless. We couch surfed for a little while before I learned that the VA had programs to help us. I started advocating for myself and that's how I was connected to HUDVASH. Through that process, I was also able to find community organizations such as Saint Vincent DePaul's, Supported Services for Veterans and Families (SSVF), and Boley Centers Federal Employment Grant that offers assistance to homeless Veterans. Saint Vincent DePaul assisted us with finding suitable housing and also the financial aspects of securing and moving into my apart-

ment. Once we had suitable housing HUDVASH was able to take over with a housing voucher and case management. Local non-profit organizations donated furniture, household goods and sometimes food; they even provided Christmas presents for my son. Due to having sustainable housing, I was able to go back to school utilizing G.I. Bill and Vocational Rehabilitation (Chapter 31) benefits. I performed my required Masters Practicum at the James A. Haley VA Medical Center as a social work intern. I graduated with my Masters in Social Work in August, 2018. While attending school and working, I received a voucher to defray childcare costs through the Early Learning Coalition (ELC), which is a very limited resource in the community that HUDVASH was able to refer me too. Without childcare assistance it would have been virtually impossible to succeed. Many single parents remain trapped "in the system" due to this barrier alone.

During this time, in addition to mental and medical health care by the VA, I also worked with the VA's Compensated Work Therapy (CWT) program to try and find employment. I received assistance from Boley Centers, Homeless Veteran's Reintegration program, who assisted with my resume and job readiness. I continue to work with Vocational Rehabilitation employment services and CareerSource's Veteran Employment services to secure a job that will utilize my Master's degree. I am currently an Employment Security Representative, with the Department of Economic Opportunity.

All these programs, for me began with HUDVASH. HUDVASH interlinks with a multitude of resources to assist homeless Veterans, connecting us to needed resources. One resource is the Pasco County Housing Authority. They enrolled me into the Family Self-Sufficiency (FSS) and Earned Income Disallowance (EID) programs, which allow me to continue to work towards financial security and independence. I am working with these resources to meet my last treatment plan goal of incoming out of HUDVASH and no longer being eligible.

These programs and resources available to assist homeless Veterans are the reason I am where I am today. I am a single mother with a master's degree and working towards becoming a Licensed Clinical Social Worker. I am able to support my family, and maintain normal living environment for my son. I would not be successful without the assistance from these programs and organizations that help the homeless Veteran population.

Even with these resources, barriers remain a very big reality for struggling Veterans. Transportation is a major barrier. Public transportation in Pasco county is minimal rendering it almost impossible to maintain employment or school attendance without a vehicle. The financial burden is overwhelming and impossible for the homeless. I was blessed to have a vehicle but the fear of repossession was a reality. When my car broke down, and I could not afford repairs, I could have easily been derailed. HUDVASH connected me with Wounded Warriors who paid for car repairs. If they hadn't, I would still be solely relying on these programs for financial security rather than trying to phase out of them. Without reliable transportation Veterans are trapped in the system. There are very few resources to help Veterans obtain or maintain transportation. In Pasco County, there are no shelters or transitional housing opportunities for women and children and very limited shelter beds for men. Without short term housing solutions many never have the opportunity to seek permanent housing and independence. Mental health and medical treatment are a real option once someone is stably housed in a program such as HUDVASH. However, for some, no dental resources have resulted in major medical concerns that derail progress towards independence.

I entered into HUDVASH in 2016 and it has taken just under 4 years to get to where I am today. Although I am still a Veteran receiving services through HUDVASH, my aim is to not make it to the 5th year. Instead of being a homeless Veteran family, we are on the path of becoming homeowners with full time employment and being completely self-sufficient.

The resources my son and I utilized are vital to one another, and were possible through various grants and programs that the VA helped me access. I have personally witnessed both sides of these programs. One as a client/recipient of the services, but also while completing my internships at the Tampa, VA. I was able to see the clinical and administrative side of some of these programs. It is my goal to put these experiences to good use and help other veteran's navigate my path and reach their goals as well. None of it would be possible without the funding Congress provides through federal grants, HUD and educational benefits. Additional funding is needed for emergency and transitional housing, transportation and ancillary services that will ultimately save money, as more veteran's become self-sufficient and productive members of their communities.