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, healthcare or societal, and the approach in which we attack the issue.

By necessity, our country is shifting the focus of healthcare 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 healthcare shift articulates good healthcare 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 healthcare 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 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 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.

References

Alvaro Cortes, M. H. (2012). *Annual Homeless Assessment Report.* The U.S. Department of Housing and Urban Development, Office of Community Planning and Development. Alvaro Cortes, Meghan Henry, RJ de la Cruz, and Scott Brown, Abt Associates.

Brown, C., Besterman-Daban, K., Chavez, M., Njob, E., & Smith, W. (2016). "It gave me an excuse to get out into society again": Decreasing Veteran Isolation through a Community Agricultural Peer Support Model. *Journal of Veteran Studies* (1), 164-186.

Madlen, S., Jepson, R., Laird, Y., & McAteer, J. (2019). A Theroy based evaluation of an intervention to promote positive health behaviors and reduce social isolation in people experiecing homelessness. *Journal of Social Distress and the Homeless , 28* (2), 158-168.

Meghan Henry, A. M. (2018). *Annual Homeless Assessment Report (AHAR) to Congress.* The U.S. Department of Housing and Urban Development.

Stanhope, V., & Straussner, S. L. (2018). *Social Work and Integrated Health Care.* New York, NY, United States: Oxford University Press.

Wilson, G., Hill, M., & Kiernan, M. D. (2018). Loneliness and social isolation of military Veterans: systematic narrative review. *Occupational Medicine , 68*, 600-609.