To: Committee on Veterans' Affairs Subcommittee on Economic Opportunity
Attn: Congressman Mike Levin, Chair
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Greg Anglea, Interfaith Community Services CEO
Testimonial "Making HUD-VASH Work for all Veteran Communities"

Introduction
The introduction of HUD-VASH in 2008, along with additional housing-focused interventions like Supportive Services for Veteran Families (SSVF), is directly responsible for the dramatic, nearly 50% reduction in Veterans experiencing homelessness over the last decade, from 76,329 Veterans in 2010 to 37,085 in 2019, per the annual Point In Time Count.

That's the good news. The bad news is that more than 37,000 men and women who sacrificed to protect our country are still struggling in homelessness. They answered the call to service, yet their country is now failing to help them in their time of crisis. This is unacceptable. As a nation, we must do better.

Key Actions Requested to Make HUD-VASH Work for All Veteran Communities:
1) Pass H.R. 2398 to Expand Eligibility for HUD-VASH to Military Personnel Discharged with an "Other than Honorable" Basis
2) Increase Funding for the Supportive Services within HUD-VASH, and Encourage Contracting with Local Service Providers
3) Establish Pilot Project to Leverage HUD-VASH with Sustainable Income for Chronically Homeless, Disabled Veterans

Key Action #1: Pass H.R. 2398 to Expand Eligibility for HUD-VASH to Military Personnel Discharged with an "Other than Honorable" Basis
The HUD-VASH program has been the most instrumental resource in helping disabled Veterans overcome homelessness in the last decade. But tragically, there are thousands of Veterans who are not allowed to access this resource: Veterans with Other than Honorable (OTH) discharges. This is despite their service to our county, and despite their disabling conditions, which often stem from their military service and/or contributed to their OTH discharge.

It is estimated that 10% of Veterans experiencing homelessness have an OTH discharge, excluding them from accessing VA Healthcare services and excluding them from eligibility for HUD-VASH Permanent Supportive Housing.

Veterans like "Mr. Brown." Mr. Brown received an OTH discharge due to drug use and struggled with mental health issues. His mental health issues were not diagnosed until after his OTH discharge.

As a Veteran experiencing homelessness Mr. Brown is eligible for VA transitional housing through the VA Grant & Per Diem program, which is how my organization Interfaith Community Services in Escondido, California met Mr. Brown during his first stay in one of our Veterans transitional housing programs. While Mr. Brown found stability and began to address his mental health conditions during that stay, he was unable to secure housing or stable income. Due to his OTH discharge status he was not eligible for HUD-VASH, and he ultimately exited to homelessness.

Through a privately funded grant Interfaith Community Services is able to provide mental health services for any Veteran regardless of VA healthcare eligibility. It is through that privately funded resource we have continued to see and support Mr. Brown.
Mr. Brown continued to work with our counsellors over the next two years, maintaining sobriety despite being homeless. During that time he applied for disability benefits but was denied, a common response among the many disabled, homeless Veterans we serve.

Years after his first program stay, we helped Mr. Brown re-enter our VA transitional housing program. He actively engages in program services and continues to make progress. His path out of homelessness remains doubtful though, as he is only eligible for SSVF, a short-term rental assistance program. With his current very-limited income, multiple disabling conditions, inability to secure disability benefits, and ineligibility for HUD-VASH, he will struggle to maintain independent living without the longer-term housing subsidy HUD-VASH would provide.

Sadly, Mr. Brown's story exemplifies a growing group of disabled, homeless Veterans falling through the gaps, living, and even dying, on the streets of the country they sacrificed to protect.

Nearly 7% of all OEF/OIF/OND Veterans have received OTH discharges. According to the Department of Defense approximately 7,700 service members are discharged OTH each year. A 2017 Government Accountability Office Report found that among the 91,764 service members who received a misconduct separation between 2011 – 2015, 62% were diagnosed with Traumatic Brain Injury (TBI) or Post Traumatic Stress Disorder (PTSD) within two years. Of those, 23% received an OTH discharge, making them ineligible for VA healthcare benefits. That's 12,283 Veterans in just five years who have a diagnosed TBI or PTSD, received an OTH discharge, and are therefore ineligible for both VA Healthcare benefits and should they ever become homeless, HUD-VASH.

To be clear we have the proven-effective interventions that have reduced homelessness nearly 50% nationwide, and we have the resources as a country to extend those interventions to Veterans homeless today, yet we deliberately and purposefully withhold those lifeline resources from Veterans who need them. This is unacceptable and must be changed.

Expand eligibility for HUD-VASH to include "Other than Honorable" discharges. Support and pass H.R. 2398.

<u>Key Action #2:</u> Increase Funding for the Supportive Services within HUD-VASH, and Encourage Contracting with Local Service Providers

In San Diego and in other communities, a lack of supportive services staff result in under-utilization of HUD-VASH vouchers. Without the staff to work with individual Veterans to help them secure housing and then be successful in that housing, HUD-VASH vouchers cannot be assigned to Veterans in need. Housing vouchers lie dormant while Veterans meeting HUD-VASH qualifications sleep on our streets.

Interfaith Community Services operates the only VA-funded Recuperative Care program in San Diego County for Veterans experiencing homelessness and being discharged from local hospitals. Despite stays at our Recuperative Care Center of up to three months, no Veteran has been able to qualify for and be matched with a HUD-VASH resource during their time in program this last year. Local staffing shortfalls lengthen the approval and matching process, creating wait-lists, and resulting in a process that takes many months and often more than a year to connect eligible Veterans in crisis to HUD-VASH.

Furthermore, when Veterans are enrolled in HUD-VASH, the amount of supportive services provided through VA funding alone is often insufficient. This is the result of insufficient federal funding to local VA Health Centers to provide needed supportive services staff.

A Veteran I will call "Mr. Jones" entered our VA transitional housing program in January 2019. He had already been approved and enrolled in HUD-VASH, but had yet to secure permanent housing, and entered our transitional housing with no income and a long history of mental illness. He was very suspicious of the VA, so he refused to seek treatment or medication to address those challenges. Thankfully, his HUD-VASH VA case manager and Interfaith Community Services' transitional housing case manager communicated regularly to ensure that the Veteran was taking steps forward toward permanent housing. Mr. Jones was also willing to engage with our organization's mental health clinician, because that clinician was outside the VA, to address some of his paranoia about moving forward with VA support. Because of the client's mental health challenges he was unable to find employment while in our program, but his HUD-VASH and Interfaith Community Services case managers were able to help Mr. Jones move into a new permanent housing project that opened up in San Diego, where the client has been living successfully since last June. Mr. Jones still has not gotten mental health treatment since entering permanent housing, but he has the support of monthly check-ins from his HUD-VASH VA case manager and has been able to sustain his housing.

Mr. Jones is a success story today. However it took local service provider resources contracted by the VA, in partnership with direct VA resources, to get him to where he is now, safe and no longer homeless. He would benefit significantly though from an increased level of support. Once a month check-ins from a VA social worker may be insufficient long-term.

Increased funding to strengthen the amount of supportive services offered to HUD-VASH Veterans will further increase long-term success. Encouraging local VA Health Centers to contract HUD-VASH services with local, trusted and proven-effective service providers, will further expand care and deliver services at lower costs to taxpayers.

Key Action # 3: Establish Pilot Project to Leverage HUD-VASH with Sustainable Income for Chronically Homeless, Disabled Veterans

The following program proposes a regionally coordinated effort to help disabled Veterans experiencing homelessness to secure the Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI) assistance they are entitled to, expediting a very complicated application process, improving application approval rates, and through linkage to HUD-VASH, ending their homelessness.

Interfaith Community Services proposes a pilot project to combine the proven-effective national SSI/SSDI Outreach, Access and Recovery (SOAR) program to provide sustainable revenue for disabled Veterans, with the stable permanent supportive housing offered by HUD-VASH. SOAR is a best practice supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). SOAR case managers represent clients as appointed representatives and waive all monetary fees, communicate with local Social Security Administration field offices and Disability Determination Services, collect medical records to help expedite the decision, and summarize the client's medical records, highlighting the most important information through a Medical Summary Report, in cooperation with medical professionals from the partnering Federally Qualified Health Centers.

The target population for SOAR case management support are adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. This pilot project would focus on Veterans who meet the above eligibility criteria. Many Veterans are not eligible for benefits such as VA pension (due to era of service) or health supports (due to nature of discharge) and remain homeless when they are no longer able to work.

Interfaith Community Services is currently working with a veteran we will call "Mr. Santiago," who has an OTH discharge, PTSD, struggles to maintain employment, and has been homeless for many years. Mr. Santiago was in our VA transitional housing program three years ago. He was able to gain a minimum wage job that allowed him to earn enough to receive temporary rental assistance from the VA (via SSVF), and exited our program successfully with SSVF support in 2017. Unfortunately, about a year after his SSVF funding ran out his previous issues came back to the surface and he ended up homeless again, once again requiring the services of our

transitional housing program. When Veterans like Mr. Santiago are not eligible for HUD-VASH or VA healthcare, once their SSVF funding runs out, so does the additional case management support to assist in emotion management and long-term planning. It is clear the Mr. Santiago needs ongoing support. The pilot project we are proposing would help him secure disability benefits to provide sustainable income, while also coordinating and connecting to primary care and mental health services. A pilot project to also combine HUD-VASH housing support would further demonstrate the positive impact and long-term community savings of safe, stable housing. Without these resources there is no clear mechanism to provide continuity of care for Mr. Santiago.

The SOAR framework is proven to increase rates of success for individuals suffering with multiple disabilities, but in reality there are no SOAR-trained case managers with availability to help disabled Veterans who, like Mr. Santiago or Mr. Brown, are significantly disabled yet unable to secure disability benefits on their own. We propose and request the testing of a focused pilot project for disabled Veterans, providing SOAR case managers exclusively for Veterans to secure entitled disability income, and HUD-VASH to provide housing. We believe the results will demonstrate cost-savings to tax payers and most importantly lives saved and enriched for the disabled men and women who have served our country.

Conclusion and Summary

- Launch of HUD-VASH and other housing-focused VA interventions has reduced Veteran homelessness by nearly 50% in the last decade
- Yet more than 37,000 Veterans remain homeless in our country
- Some are not allowed to access the resources, like HUD-VASH, that have proven effective for others
    - **Key Action #1:** Pass H.R. 2398 and expand access to HUD-VASH
- Others need a higher level of supportive services than HUD-VASH currently provides, and many suffer on waiting lists as a lack of staffing prevents awarded housing vouchers from being used
    - **Kay Action #2:** Increase funding for HUD-VASH supportive services staff, and encourage local VA Health Centers to contract with community providers to overcome staffing shortfalls and help Veterans who are homeless today
- Disabled homeless Veterans struggle to obtain the benefit income they are entitled to
    - **Key Action #3**: Explore the untapped possibilities of leveraging SOAR disability benefits access with HUD-VASH to help disabled, chronically homeless Veterans secure sustainable income and safe, permanent, supportive housing

Thank you for your time today, for inviting me to share our experiences and expertise helping Veterans overcome homelessness. I look forward to and offer anything that Interfaith Community Services or myself can do to help this committee in your work.