VA Homeless Providers Grant Awards 1995

05-Oct-95

AGENCY	CONTACT	PROGRAM DSCP	AMOUNT AWARDED
Access Housing, Inc. 2524 Pennsylvania Avenue, SE Washington, DC 20020- (202) 582-6526	Ms. Ponds Executive Director	Agency requests grant funds for new construction of a service center to provide drop-in services in coordination with various community providers.	$130,000.00
Alston Wilkes Society 2215 Devine Street Columbia, SC 29205- (803) 799-2490	Ms. Walker Executive Director	Agency requests grant funds for the acquisition and rehabilitation of a former medical office building to provide supportive housing for 14 chronic homeless veterans.	$276,250.00
American GI Forum 206 San Pedro, San Antonio, TX 78205- (210) 223-4088	Mr. Martinez President	Agency requests grant funds for acquisition and the rehabilitation of a veterans service center that will provide a variety of services through collaboration with community agencies.	$390,000.00

AGENCY	CONTACT	PROGRAM DSCP	AMOUNT AWARDED
Base Camp, Inc. 1101 Edgehill Avenue, Nashville, TN 37203- (615) 321-3919	Mr. Washington Executive Director	Agency requests grant funds to purchase a van to outreach to and transport homeless veterans and their families.	$14,300.00
Black Vietnam Era Veterans 6700 McPherson Blvd Pittsburgh, PA 15208- (412) 361-8794	Mr. Jenkins Director	Agency requests grant funds for acquisition and rehabilitation of multiple units to provide 20 beds for homeless veterans and their families.	$230,000.00
Breath of Life Seventh Day Adventist Church 2999 Barron Avenue, Memphis, TN 38114- (205) 881-3340	Mr. Jones Pastor	Agency requests funds for acquisition and rehabilitation of a building to create a veterans transitional center with 50 beds for veterans and their families.	$200,000.00
City of Battle Creek P.O. Box 1717 Battle Creek, MI 49016- (616) 966-3320	Ms. Levy Community Development Supervisor	Agency requests grant funds for the rehabilitation of city donated houses to provide supportive housing for 15 dual diagnosed homeless veterans.	$176,345.00

AGENCY	CONTACT	PROGRAM DSCP	AMOUNT AWARDED
Community Counseling Center 1140 North Hudson Street Oklahoma City OK 73103- (405) 235-6108	Mr. Moore Executive Director	Agency requests grant funds to rehabilitate a building to provide supportive housing with 6 to 12 beds.	$25,867.00
Each One-Reach One, Inc. 908 7th Avenue Phenix City, AL 36867- (334) 298-3655	Ms. Miles Executive Director	Agency requests grant funds for the acquisition and rehabilitation of a former nursing home facility to provide 90 beds for veterans and their families.	$168,495.00
Home of the Brave 219 South Walnut Street Milford, DE 19963- (302) 697-2675	Mr. Washington Chairperson	Agency requests grant funds for acquisition and rehabilitation of a home to provide supportive housing for 12 veterans.	$139,750.00
LA Vets 733 South Hindry Avenue, Inglewood, CA 90301- (310) 348-7600	Ms. Hardy Program Director	Agency requests funds to establish a facility for job development and long term transitional housing beds. Up to 300 new beds will be available as a result of the project.	$427,500.00

AGENCY	CONTACT	PROGRAM DSCP	AMOUNT AWARDED
Mental Health Assoc. of Dade County 227 NE 17th Street Miami, FL 33132- (305) 379-2673	Ms. Regester Executive Director	Agency requests funds for acquisition and rehabilitation of three homes to provide 22 supportive housing beds for homeless veterans.	$415,388.00
Motivational Services, Inc. 114 State Street Augusta, ME 04330- (207) 626-3444	Ms. Hertell Community Support Services	Agency requests funds for acquisition and rehabilitation to establish 3 bedrooms for mentally ill and an attached "furniture bank" to be used by veterans and non-veterans. Included on the property is a day center to provide supportive services.	$32,370.00
N.J. Department of Military and Veteran Affairs 101 Eggert Crossing Road Trenton, NJ 08625- (609) 530-7051	Mr. Wilfing Division Director	Agency requests grant funds for rehabilitation and new construction of a facility to provide 97 beds for homeless veterans.	$330,720.00

AGENCY	CONTACT	PROGRAM DSCP	AMOUNT AWARDED
New Directions, Inc. 3760 Motor Avenue, Los Angeles, CA 90034- (310) 815-1020	Ms. Reinis Executive Director	Agency requests grant funds for rehabilitation of building on VAMC grounds to provide 156 supportive housing beds for veterans.	$575,000.00
New Era Veterans 1150 Commonwealth Avenue Bronx, NY 10472- (718) 904-7014	Mr. Laguna Executive Director	Agency is requesting grant funds for a mobile medical service center to provide outreach and supportive services.	$129,025.00
Recovery Works, Inc. 2740 Iberville Street New Orleans, LA 70119- (504) 822-3461	Mr. Waxman Executive Director	Agency requests grant funds for rehabilitation of a building to provide supportive housing and pre-treatment housing for up to 32 homeless veterans with chronic substance abuse and their families.	$130,000.00

AGENCY	CONTACT	PROGRAM DSCP	AMOUNT AWARDED
San Diego Urban League, Inc 4261 Market Street San Diego, CA 92102- (619) 263-3115	Mr. Johnson President/CEO	Agency requests grant funds for the acquisition and rehabilitation of a building to provide supportive housing for 19 homeless veterans.	$360,750.00
Shelter for the Homeless 8291 Westminster Blvd Westminster, CA 92683- (714) 897-3221	Mr. Miller Executive Director	Agency requests grant funds for the acquisition and rehabilitation of a facility to provide supportive services for homeless veterans and their families; 12-16 beds are expected. Services are varied depending on individual needs.	$117,346.00
St. Vincent dePaul 128 Main Street Buffalo, NY 14209- (716) 882-3360	Mr. Zirnheld Executive Director	Agency requests grant funds for acquisition and rehabilitation of a building to provide a multi-services center in collaboration with community agencies.	$369,000.00

AGENCY	CONTACT	PROGRAM DSCP	AMOUNT AWARDED
Tampa-Hillsborough Action Plan (THAP), Inc. 5015 North 22nd Street Tampa, FL 33610- (813) 237-6800	Mr. Cole President	Agency requests grant funds to acquire and rehabilitate a building to provide supportive/ transitional housing; 20 beds expected; multi "track" treatment will be provided.	$251,560.00
The Key Foundation 3416 Venice Drive Las Vegas, NV 89108- (702) 594-5604	Mr. Avery President	Agency requests grant funds for the acquisition of a facility to add a new component to an existing program, increasing supportive housing beds from 22 to 52.	$357,724.00
Veterans Assistance Office P.O. Box 12 Rutland, VT 05701- (802) 468-5611	Mr. Rummel President	Agency is requesting grant funds to rehabilitate a facility to provide 19 supportive housing beds and a service center to assist homeless veterans.	$60,775.00

AGENCY	CONTACT	PROGRAM DSCP	AMOUNT AWARDED
Veterans Benefits Clearing House, Inc. 193 Humboldt Ave. Dorchester, MA 02121- (617) 445-7030	Mr. Cooper Executive Director	Agency requests grant funds to acquire and rehabilitate a building to provide supportive housing for up to 10 veterans and establish a service center that will see veterans and families.	$359,450.00
Vietnam Veterans Assistance Fund 384 N. Anquilla Road Pawcatuck CT 06379- (203) 599-5881	Ms. Schwartz President	Agency requests grant funds to construct two 3-bedroom apartments for physically disabled veterans and families.	$127,958.00
Vietnam Veterans of California, Inc. 1111 Howe Avenue, Sacramento, CA 95825- (707) 578-2785	Mr. Cameron Executive Director	Agency is requesting grant funds for acquisition and new construction of a facility to establish 30 beds for homeless veterans. Focus is on single adults with a variety of needs.	$300,000.00

AGENCY	CONTACT	PROGRAM DSCP	AMOUNT AWARDED
Vietnam Veterans of San Diego 4141 Pacific Highway San Diego, CA 92110- (619) 497-0142	Mr. Talbott President/CEO	Agency requests grant funds for the acquisition and rehabilitation of a facility to provide 33 supportive housing beds for male and female homeless veterans.	$130,000.00
Wisconsin Dept. of Veterans Affairs 30 West Mifflin Street, Madison, WI 53707- (608) 264-6094	Mr. Boland Secretary	Agency requests grant funds to rehabilitate the first floor of a veterans home to provide supportive single room occupancy units for 26 veterans.	$144,864.00

Interagency Council on the Homeless

M E M O R A N D U M

TO: Policy Group Members and Staff Contacts
Program Managers

FROM: Molly Brostrom, Domestic Policy Council
George Ferguson, ICH

DATE: September 18, 1995

SUBJECT: September 26 Meeting of the Homeless Veterans Task Force

==========

It is estimated that one third of the adult homeless population are veterans. In recognition of the size and special needs of this group, the Interagency Council on the Homeless is establishing a Homeless Veterans Task Force. The formation of this task force is supported by the Interagency Veterans Policy Group of the Domestic Policy Council and will be coordinated with that group. The Department of Veterans Affairs will chair the new ICH task force.

The goal of the Homeless Veterans Task Force will be to improve programs and services for homeless veterans. It will work to educate government agencies and nonprofit organizations about the special needs of homeless veterans and to identify additional resources that can be used to assist this population.

The first meeting of the task force is scheduled for Tuesday, September 26, 1995 at 1:30 p.m. in Room C-7C of the Department of Veterans Affairs Headquarters, 810 Vermont Avenue, N.W., Washington, D.C. If you cannot attend, please send a representative from your agency.

This will be an important meeting. The agenda includes discussion of (1) the mission and work plan for the task force; (2) the current status of funding for the Homeless Veterans Reintegration Project administered by the Department of Labor; (3) upcoming technical assistance meetings sponsored by VA and HUD; and (4) agency support for "Stand Downs" for homeless veterans.

If you have questions about the meeting, please call Marsha Martin (202/273-6284) or Pete Dougherty (202/273-5774) of VA.

~~HVRP~~

H Vets Comm → 3-yr ext

S Comm → 1-yr for $10M

* Att 10/12 Mtg ⇒ discuss collaborations – ask their support in wkg w/ Hill

- Patti Murray language – 1Hr + call to Reich (gives authority)

Dept of VA support? Any consideration of sharing?

- HUD-VASH ⇒ prob'ly not refunded
  - 5 yr vouchers – s'pose to continue

- $900 M NOFA
  - canvassing of ~~offs~~funded projects → ~$20M that include vets among target pop.
  - t.a. (today, Mpls.)

- October 25 Stand Down Homeless Assistance – Nat'l Coal for H'less Vets + VA
  - = D.C. Armory
  - = ask each agency to contribute 4 hours
    - (4/26-28 follow up)
    - → Wed. 9 AM mtg @ D.C. Armory
  - = 1-stop shopping hours

Future: What are progs vets using?

DOL VETS (SL) → Are they linked w/ VA benefits, services

Homelessness Among Veterans

About one-third of the adult homeless population served their country in the armed services. On any given day, as many as 250,000 veterans are living on the streets or in shelters, and perhaps twice as many experience homelessness at some point during the course of a year. Many other veterans are considered near homeless or at risk because of their poverty, lack of support from family and friends, and dismal living conditions in cheap hotels or in overcrowded or substandard housing.

Right now, the number of homeless Vietnam era veterans is greater than the number of servicemen who died during that war -- and a small number of Desert Storm veterans are also appearing in the homeless population. At the same time, scientific studies indicate that there is no significant, direct connection between military service, service in Vietnam, or exposure to combat and any increased risk of becoming homeless. In most age groups, veterans are no more likely to become homeless non-veterans. Family background, access to support from family and friends, and various personal characteristics (rather than military service) seem to be the strongest indicators of risk of homelessness.

Almost all homeless veterans are male (about two percent are female), the vast majority are single, and most come from poor, disadvantaged backgrounds. Homeless veterans tend to be older and more educated than homeless non-veterans. But similar to the general population of homeless adult males, about 40% of homeless veterans suffer from mental illness and (with considerable overlap) slightly more than half suffer from alcohol or other drug abuse problems. Roughly 40% are African-American or Hispanic.

All homeless veterans, regardless of their individual characteristics, have something in common: they have ed country and now they our help.

Guidelines for VA Homeless Assistance Efforts

- Homeless veterans need a comprehensive, integrated continuum of diverse services and care.

- VA programs should be varied specialized, and targeted to specific subgroups of the homeless veteran population.

- VA homelessness assistance efforts should be integrated and coordinated with each other.

- VA, alone, cannot solve homelessness among veterans and needs to coordinate its activities with the efforts of non-VA homelessness providers -- especially those already working with homeless veterans.

- Continued improvement of VA homelessness efforts requires ongoing needs assessments and program evaluations.

How to Get More Information

A more-detailed and comprehensive report on VA homelessness programs and activities will soon be available, and may be obtained by sending your name and address to:

VA Homeless Assistance Information
Department of Veterans Affairs (111C)
810 Vermont Ave., NW
Washington, DC 20420

1-800-827-1000

Or contact the nearest VBA Regional Office or VA Medical Center.

This brochure was printed by homeless and at- veterans working in the Veterans Industries program at the Co -O'Neil V.A. Medical Center, Topeka, Kansas

Department of Veterans Affairs

VA: Working to Help Homeless Veterans

July 3, 1995

VA Assistance to Homeless Veterans

Homeless veterans are eligible for a variety of benefits, health care, and other support services from regular or mainstream VA programs. In addition, VA offers an array of programs and initiatives specifically designed to assist homeless veterans. Although VA homeless assistance programs now constitute the largest integrated network of homelessness assistance programs in the U.S., VA does not have the resources to assist every homeless veteran in every area of the country. Ending homelessness among veterans, like ending homelessness itself, will take a combined effort by Federal, State, and local government and the private sector. Toward this end, VA has developed constructive partnerships with a number of public and private agencies and organizations.

VA Mainstream Program Assistance

Inpatient Health Care. Each year 150 VA medical centers provide over one million episodes of inpatient care to veterans. Thousands of the veterans receiving this inpatient care would otherwise be on the streets or in shelters, and many more would be at serious risk of becoming homeless.

Outpatient Health Care. VA health facilities annually provide over 21 million episodes of outpatient health care, alcohol and substance abuse treatment, mental health care, vocational rehabilitation, referrals to other VA and non-VA programs, and counseling. Many of the veterans assisted through VA outpatient services are homeless or at risk.

Vet Centers. 196 VA Readjustment Counseling Service Vet Centers offer special outpatient assistance to Vietnam era and post-Vietnam war zone veterans. Each year, Vet Center Homeless Veteran Coordinators provide outreach, counseling, social services, and referrals to approximately 12,000 homeless veterans.

Discharge Planning. To help at-risk veterans leaving VA facilities to avoid homelessness, Homeless Coordinators in VA Social Work Services provide special discharge planning -- including referrals to VA and non-VA community care, housing and employment assistance, ensuring receipt of available benefits, linkage with family and friends, and post-discharge follow-up, as needed.

VA Benefits: Veterans Benefits Administration annually provides over $17 billion in VA pensions and benefits to over four million veterans and dependents. Many of these recipients are at risk of becoming homeless or would be if they did not receive these benefits. The staff at VBA's 58 regional offices regularly visit shelters and places where the homeless congregate and provide personal claims assistance and benefits counseling to homeless veterans. Working with VHA and the DoD, VBA established expedited claims processing for homeless veterans. Regional offices also work closely with community action services, homeless advocacy groups and support agencies, VBA staff provided personal assistance in 1994 to over 20,000 homeless veterans. Outreach and personal assistance to homeless veterans continues to be a top VBA priority.

Comprehensive Homeless Centers.

VA's Comprehensive Homeless Centers (CHCs) place the full range of VA homeless efforts in a single medical center's catchment area and coordinate their administration within a centralized framework With extensive collaboration with non-VA service providers, VA's CHCs in Brooklyn, Cleveland, Dallas, Little Rock, Pittsburgh, San Francisco, and West Los Angeles offer a comprehensive continuum of care to help homeless veterans escape from homelessness.

VA Assistance to Stand Downs.

VA programs and staff have actively participated in each of the over 59 Stand Downs for Homeless Veterans run by local coalitions in various cities each year. In wartime stand downs, front line troops are removed to a place of relative safety for rest and needed assistance before returning to combat. Similarly, peacetime stand downs give homeless veterans 2-3 days of safety and security where they can obtain food, shelter, clothing, and a wide range of other types of assistance, including VA provided health care, benefits certification, and linkages with other programs.

Special VA Homeless Programs & Initiatives

HCMI Program. VA's 59 Homeless Chronically Mentally Ill (HCMI) Veterans program sites provide extensive outreach, physical and psychiatric health exams, treatment, referrals, and ongoing case management to homeless veterans with mental health problems (including substance abuse). As appropriate, the HCMI program places homeless veterans needing longer term treatment into one of its 125 contract community based facilities. The program serves over

Homeless Doms. VA's 33 Domiciliary Care for Homeless Veterans program sites provide biopsychosocial treatment and rehabilitation to homeless veterans. Treatment takes place in almost 1,500 dedicated beds at VA medical center domiciliaries. These Homeless Dom's annually provide residential treatment to over 3,000 homeless veterans with health problems. The average length of stay in the program is 130 days.

CWT/TR. In VA's Compensated Work Therapy/ Therapeutic Residence program, disadvantaged, at-risk and homeless veterans live in one of 44 CWT/TR community-based supervised group homes (350) beds while working for pay in VA's Compensated Work Therapy program, (also known as Veterans Industries). Nine program sites with twelve houses exclusively serve homeless veterans.

HUD-VASH. In this joint Supported Housing program with the Department of Housing and Urban Development, VA staff at 35 VAMCs provide ongoing case management and otherother needed assistance to homeless veterans in permanent housing supported by nearly 2,000 specially-designated HUD rental assistance vouchers.

Drop-In Centers. These programs provide a daytime sanctuary where homeless veterans can clean up, wash their clothes, get a day time meal, and participate in a variety of low intensity therapeutic and rehabilitative activities. Linkages with longer-term assistance are also available. VA currently operates ten drop-in centers.

SSA-VA OUTREACH. In this eleven-site pilot project with the Social Security Administration, HCMI and Homeless Dom staff coordinate outreach and benefits certification with SSA staff to increase the number of veterans receiving SSA benefits and otherwise assist in their rehabilitation. In this demonstration project, both applications and benefits awards have increased significantly and the time to process applications has decreased dramatically

Acquired Property Sales for Homeless Providers. VA is able to sell, at a discount ranging from 5 to 50 percent, foreclosed properties to non-profit organizations and government agencies that will use them to shelter or house homeless veterans. VA also implemented a temporary test program of leasing properties to homeless veteran service providers.

Homelessness Summit, Assistance Fair Set Stage for Future Action

"A phenomenal breakthrough" was how one advocate described VA's holding a national summit on homelessness among veterans and soliciting private groups' help to solve the problem. More than 700 advocates, including VA staff members responsible for local and nationwide programs aiding homeless veterans, convened February 24-25 in Washington. - 1995 Winter Haven D.C. Armory Dec. 19 8-4 pm

Pointing out the need for an opportunity to share information, encourage new efforts and develop partnerships and strategies to end homelessness, Secretary Brown said in a luncheon address, "While we at VA have a very special and very strong responsibility to assist homeless veterans, we simply cannot do the job alone." He urged participants to find ways to make the best use of local and federal resources.

In national news media interviews, the Secretary stressed the urgency — and frustrations — of solving the problem. He said, "We're spending millions and millions of dollars and each year we have 250,000 veterans" in the streets — a number which also reflects the proportion of veterans in the male population. "This means we have to do better," he added. He agreed with a report by the General Accounting Office which said, while VA programs reach many homeless veterans in some cities, on the whole "the demand for services far exceeds VA program capacity."

In a Senate Veterans' Affairs Committee hearing on homeless veterans the day before the summit opened, Secretary Brown noted that VA lacks the statutory authority to provide the full range of its services to every homeless veteran, making new partnerships important.

On the day before the summit opened, VA hosted an assistance fair for local homeless veterans. Approximately 650 received job training information, benefits counseling, medical screenings and vision, dental and foot exams, clothing, haircuts, identification cards, legal advice, lunch and information to link them to continuous sources of help.

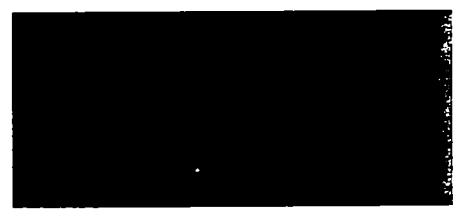
Many of the homeless veterans pre-registered for services they wanted. Washington VAMC homeless veterans coordinator Kit Angell, her outreach team and Vet Center staff went to shelters several weeks ahead, signed them up and provided bus tokens from donated post funds. In contrast to the 250 or so veterans initially expected, 500 pre-registered. Angell had to report that to Laura Balun, voluntary service chief at the VAMC, who was coordinating donations of food, food service and financial aid by local veterans service groups. Eventually her requests for food had to be increased to 700 hot lunches. "When it was over, all of it was gone," said Balun.

PHOTOS BY EMERSON SANDERS

More than 25 medical professionals from the VAMC provided medical, dental and vision exams and foot care.

Of 142 VA employees who volunteered to work at the fair and to set it up the day before, 35 or more were from the medical center. Staff of the Washington VARO created photo ID cards for each pre-registered veteran and established veteran status for others through record searches so as to make the completed cards available later at the VARO. The RO also provided benefits counselors and adjudicators. The Springfield, Va., Vet Center brought readjustment counselors. The Office of Acquisition & Material Management's inventory management division secured coats, trousers, shirts and toiletry kits for 600 that had been labeled excess by DoD. The Somerville, N.J., depot arranged transportation of the clothing.

Dale Renaud, Special Assistant to the Secretary on Homelessness, put Homelessness Specialist Eric Lindblom in charge of developing the fair and the summit. He asked Joe Dalpiaz — on detail to VACO from the Lebanon, Pa., VAMC — to handle arrangements that brought 32 private organizations and several federal agencies to the fair. The Georgia Cooperative Health Manpower Education Program (CHEP) of the Dublin, Ga., VAMC provided all the logistical support for the summit, including hotel arrangements, registrations and printed materials.



Lindblom described the fair, or "stand down," as the largest event of its kind and the summit the largest homelessness conference in

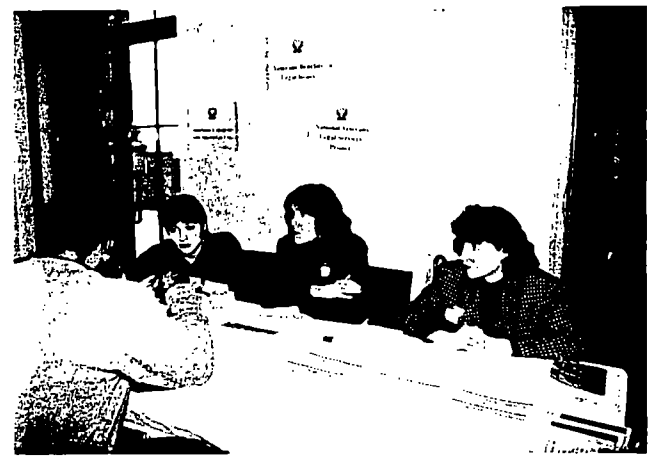
Secretary Brown lends a hand in serving homeless veterans.

Washingon in many years. He said, "We went to great lengths to involve providers, advocates and veterans organizations in the summit's planning. As a result, it offered many diverse viewpoints and opportunities for participants to share ideas." He said the goal was to bring together as many people as possible who care about homelessness or veterans. "From everything I've heard, we accomplished what we set out to do."

Dr. Paul Errera, until recently director of Mental Health & Behavioral Sciences Service, received two standing ovations and acclaim as "the father" of VA's homeless programs. Errera — now working with the Northeast Program Evaluation Center (for homeless programs) at West Haven VAMC — introduced Dr. Thomas Horvath, who recently assumed the service director's position. Horvath told the audience health-care reform will be good for VA, bringing more veterans to VA medical care as VA competes with mainstream health-care delivery systems. Horvath cautioned that while VA moves into that mainstream it must not drift away from the part of its constituency who are homeless. "In discussing future 'paying customers,' we must remember that homeless veterans 'prepaid' for their care — sometimes in terms of conditions such as PTSD."

Errera said, "VA's homeless programs have helped change the way VA does business. In the past, our medical centers often waited for veterans to come for help. Now, the homeless programs have staff reaching out beyond the walls of our institutions into the community to find and engage veterans who need our assistance." Errera said homeless and mental health programs have shown that unless we offer community-based rehabilitation and follow up for as long as the veteran needs it after leaving the hospital, patients who suffer mental illness or substance abuse will be stuck in a cycle of discharge, relapse and re-treatment, or simply neglect. And the treatment must be compatible with the environment of the patient's life. "It doesn't make sense to tell a homeless veteran with podiatric problems to stay off his feet, soak them three times a day and then send him back to the streets."

While Errera's remarks assumed the value of reaching out to find and treat the homeless, participants in workshops such as "Outreach — What's the Point?" debated the best strategies. One called diagnosis a stumbling block to success in helping homeless people, arguing that too many resources are wasted in medical assessment instead of satisfying the patient's immediate needs for food and shelter. But panelist Julie Angeloni, coordinator of the San Francisco VA Healthcare for Homeless Veterans Program, an outreach program located away from the city's VAMC, said the veteran is helped best if care providers know what caused the homelessness, including any medical or substance abuse problems.



Lindblom said the event was called a "summit" because it set the stage for future action. Near the end, participants addressed the question "Where do we go from here?" Secretary Brown, who is co-vice chair of the Interagency Council on the Homeless, announced he will bring together a steering committee of VA and non-VA advocates to evaluate the recommendations from the summit and present findings to VA and other agencies. A committee was formed from the assistance fair to plan additional stand downs in the Washington area.

"If we do what is right for our homeless veterans, one day we will know that historians will look back and conclude that we met the challenge of our time," Secretary Brown told the summit audience. ❑

By Jo Schuda

West Haven '95 D.C Armory Dec 19, 1995
Set up Dec 18. 1-4 p.m.

VA/HUD

#1 - Jacquie: HUD → outreach apps → TA
ICH → vets status

#2 - info sheet

#3 - DOL - look @ DOL avenue - 96 budget

#4 budget VA? w/ step up?

08/29/95 Meeting on Homeless Veterans Programs

- Is it a prior for Sec. Reich?
- DOL reprogramming → tough
7 + 7M → hi less job training dem

I. -Introductions

-Background to Meeting: IVPG --veterans groups have increasingly raised concerns about homelessness among veterans

-VVA reports that groups are forming a Veterans Organizations Homeless Council; anticipate increased attention → understand what were doing

2 -Given all of constraints of today (fiscal, political), see if we can make what's there better, go further

5 -Goal of trying to think as a unit/team, with same objectives; try and answer questions together: how do programs work together; what are unmet needs?

II. Agency Presentations/Descriptions

-Q's: Funding available to __? How advertised?
-How are homeless vets made aware of benefits (VA; others) for which they're eligible?
-What do agencies hear from program staff, clients of issues, needs, obstacles?

-other agencies → George

III. Interagency Efforts

-Existing

(-Collaboration between VA's vocrehab and DOL's vets empl programs -- mem of agt signed?)

Pers Offs

-Opportunity for more?

-Are there regulatory, other barriers that prevent most efficient use of resources?
-Do agencies require networking--e.g. New York (VA, city, non-profits...)

-Funding cycles: different mailing lists; one mailing?
- Why isn't all McK funding coordinated?
-Which How do agencies
NY visit: meeting idea--invite non-profits to walk-thru funding process

IV. Next Steps

-Other agencies?

-Other issues?

DOL = JTPA T.II.A
= Vets Adv Comm.

is there discr $

- HVRP → part of $5B JTPA Account
  - Congress rescinded $1.5B → H killed, S didn't touch } conf went w/ House

- DOL could do reprogramming - move demo pot around

= Survey – Annual Perf Rpt (congrat –)
  - immig – to all 2,000 providers
  - strictly vets
    - $ Lease Program
    - do other agencies collect info?

= TA – gen'l this fall
  - including how to keep vets apps in process
    - if they

- Paul Hippolatos → Pres { Common Ed, T. Disab'd Vets
  - Panel on HUD, DOL, VA

beagle/ICA

*not lgely identified probs
- apps for ICA/gps mtg

* Move funds coord @ state/
local level

Council used to sponsor 5 reg'l mtgshops

Mck - at 1st, unfamiliar

1. refer to state coord. 2. Fed'l Progs Div. 3. Highlight Progs → depends on what stage org in (i.e. s. new church)

DoEd - state educ agency (requires coord.)

8/21 NY Vets Homeless Shelters

*Why isn't all McKinney money coordinated? - HUD did do in SuperNOFA - others limited in who's eligible - e.g. HC for the Homeless

*Agencies: Different mailing lists? One mailing?
*Possible mtg: invite non-profits to walk-thru funding process; approach--not necessarily broken

*Federal NOFA's--VA can't apply for $ from other agencies

*Does VA ever contract out or only hire directly?

*HOPWA providers -- can they access VA funds at all?

*HUD applic for service $ was not coordinated with the VA

*Networking meeting -- does anyone pull together outside the NY area?

*RFP: GED Program?

*DOL--not helpful;

HVRP--most funding to the state--strict sense on how to use it; how does funding stream work?

-How do anncmts for JTPA funding go out?

*Different defs of veterans by VA, locals

Call: Al Peck--Salvation Army; Job Moshurini--Black Veterans for Social Justice

1) Intro - Origin of mtg (need Vets grps pgms)
- IVPG
- opptty to sit down
- given constraints, see if there are ways fed gov as whole can improve - coord, collab
* funding
* NY Networks

- understand Nat'l agt

2) Agency Descrips

3) Next steps

- Single app. pursued by ICH → diff. statutory reqts
std cover sheet -

George: some progs for nat'l comp → apply to Fed'l agency

states / cities

Q's for each agency

Ques: What could we do to improve access by non-profits?

ICH → get info to groups thru Fed'l Progs guide

↳ Flash Alerts (now just to states) to nat'l Orgs
- when resources ⇒ Prog Alert to mailing list

Agencies have t.a. workshops (e.g. HUD)

INTERAGENCY WORKING GROUP ON HOMELESS VETERANS

Molly Brostrom
Domestic Policy Council
The White House
(202)456-5561

George Ferguson
Interagency Council on the Homeless
(202)708-1480
FAX(202)708-3672

Robert Hussey
Corporation for National Service
(202)606-5000
FAX(202)565-2784

John Garrity
HUD
(202)708-4300
FAX(202)708-3617

Diane McSwain
HHS
(202)690-6156
FAX(202)690-5672

Pete Dougherty
VA
(202)273-5774
FAX(202)273-5716

Tom Keefe
DOL
(202)219-9116
FAX(202)219-7341

Interagency Council Task Force on Stand Downs for Homeless Veterans

Report on Initial Meeting

Guiding Principles

- Stand downs for homeless veterans are effective ways to 1) provide homeless veterans with a wide variety of immediate and short-term assistance; 2) engage homeless veterans in available ongoing treatment and services; 3) link them up with various benefits and job and housing possibilities; 4) increase communication and coordination among local homelessness providers; 5) energize and educate communities regarding homelessness among veterans; and 6) elicit good publicity for the participating agencies and organizations.

- Federal assistance should be provided only after local enthusiasm, organizational ability, and support has been established.

- Despite local support, most stand downs cannot succeed without some participation by and assistance from Federal agencies. Moreover, the Interagency Council and its member agencies can play a key role in educating local providers and coalitions about stand downs and their benefits and encouraging the development of more stand downs throughout the United States.

First Steps

1. Contact Robert Van Keuren of the National Stand Down Project (founder and organizer of the first Stand Down, in San Diego) regarding the possible development of a Stand Down Source Book that would help new local coalitions develop their own stand downs.

    - Source Book would be drafted primarily by nonprofits (e.g., the National Stand Down Project or a special task force of the new Nat'l Coalition of Homeless Veterans Service Providers).

    - Source Book would include references to potentially available Federal assistance (text to be approved by the respective agencies).

    - Interagency Council and member agencies would help publish and distribute the source book.

2. Investigate the possibility of local VA staff serving as the initial contact point for inquiries regarding possible Federal assistance to local stand downs. [To screen out poorly managed or conceived stand down efforts, VA participation in a local stand down could be an informal prerequisite for additional Federal assistance.]

3. Other Possibilities:

a) Initiate more publicity regarding stand downs, their potential, and how to get one started (e.g., through the *Council Communiqué*, agency newsletters, and the like).

b) Offer special panels on stand downs at Interagency Council regional workshops.

c) Send letters from the Interagency Council to mayors of cities hosting stand downs to commend them for their support, as appropriate.

d) Help encourage and facilitate the participation of national veterans service organizations (and other relevant national organizations) in the overall effort to prompt the development of more local stand downs -- e.g., by hosting a special meeting.

e) Initiate communications from agency heads to their local or regional offices encouraging assistance to local stand down efforts initiated by nonprofits. [VA will draft boilerplate text.]

f) Help fund, support, and publicize technical assistance and training efforts run by nonprofits to support new stand downs. For example:

- DOL has already provided some funding for the National Stand Down Project to run technical assistance sessions in cities where coalitions are interested in putting on their first stand down. This effort could be expanded.

- Support the creation of a nonprofit Stand Down Assistance Center, which might not only provide technical assistance to existing or potential stand downs but also help coordinate national fundraising for stand downs from private sources.

- Supporting the San Diego Stand Down (June 26-28) as a "hands on" training event for others interested in putting on stand downs. In addition, Federal agencies could send appropriate staff persons to the Stand Down in San Diego to learn more about stand downs, how they operate, etc.

g) Support a special workshop or conference on stand downs (e.g., the Interagency Council, VA, Labor, and other Federal agencies could host such a training conference in close conjunction with veteran service organizations and other relevant nonprofit organizations).

To: George Ferguson

4/3/92
VA Stand Downs

Name	Agency/Office	Phones
Eric Lindblom	VA - MHBSS	(202) 535-7304
Bill Golla	Defense Logistics Agency	703 274-6361
Paul Conner	"	703-274-6388
Eileen Connors	Dept. of Labor	202 523-9110
George Ferguson	ICH	202 708 1480
Marjorie Lomax	GSA	202 501 0052
Jim Whitaker	DoD	703 614-5792
Pat Carlile	ICH	202-708-1480
Leslie Cohn	ICH	" " "
Mike Jewell	HHS	202 245-7316
MARSHA HENDERSON	ICH	202-708-1480
Tracy Haynes	FEMA	202 646-3883

Attendees: 4/3 Stand Down Mtg.

Office of Public Affairs
News Service

Washington, D.C. 20420
(202) 273-5700

Department of Veterans Affairs

News Release

FOR IMMEDIATE RELEASE

VA ANNOUNCES NEW HEALTH-CARE NETWORK SITES

Washington, Sept. 8 -- The Department of Veterans Affairs (VA) is announcing the headquarters' sites of its new medical facility networks under a major reorganization of its health-care system.

The reorganization, initiated in March 1995 by VA's Under Secretary for Health Dr. Kenneth W. Kizer, realigns VA medical facilities into 22 geographic networks. The new veterans' health-care structure abolishes the current four-region system in which each region has oversight responsibility and broad control over some 40 medical facilities. The regions are being replaced by smaller Veterans Integrated Service Networks, called VISNs, ranging in size from five to 12 medical centers. VISNs will allocate resources among the medical centers, and use contract services with the private sector and sharing agreements with the Department of Defense to ensure high quality care, easier access to services and improved cost management.

A director for each VISN will have strategic planning and budgetary responsibility over all medical facilities in the network, as well as authority and responsibility to meet unique community needs.

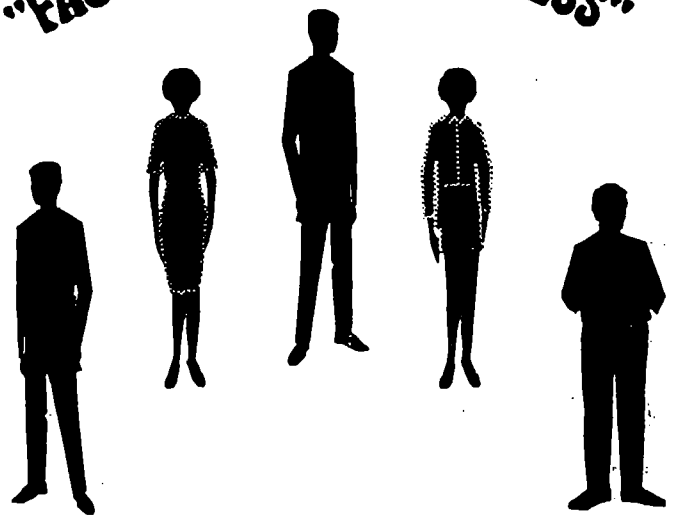
A site selection team used various criteria to propose the sites, including geographic proximity to medical facilities in each VISN; availability of support services, including university or other technical and professional resources; and collocation with other VA offices.

The 22 headquarters' sites will be in the following cities: Boston; Albany, N.Y.; Bronx; Pittsburgh; Baltimore; Durham, N.C.; Atlanta; Bay Pines, Fla.; Nashville, Tenn.; Cleveland; Chicago; Minneapolis/St. Paul; Ann Arbor, Mich.; Omaha, Neb.; Kansas City, Mo.; Jackson, Miss.; Dallas; Phoenix; Denver; Portland, Ore.; San Francisco; and Long Beach, Calif.

###

THE BALTIMORE VA HOMELESS PROGRAM PRESENTS

"FACES OF HOMELESSNESS"



WHEN: Tuesday, October 10, 1995
(12 - 3:30, lunch served at 12:30)

WHERE: Maryland Homeless Veterans Multi-Service Center
301 North High Street, Baltimore, MD, (410) 576-9626

WORKSHOPS:

- ✦ Spirituality and Addiction - Ms. Deneen Jackson
- ✦ Relapse Prevention - Mr. Woody Curry
- ✦ Expressive Therapies - Ms. Maria Reed

Monthly Coalition of Providers Meeting

* * * * * * * * * *

Lunch is free but YOU MUST RSVP BY OCTOBER 2, 1995. Call 605-7292, leave a message on the voice mail with your name, agency and workshop you plan to attend. Workshops are informative! Please join us!! Call early as space is limited.

Baltimore VA Staff:

✦ Patricia McKiver, MSW, Coordinator, HCMI ✦ Michael Dvorak, MSW, HCMI Social Worker
✦ Pam Pilgrim, HCMI Veteran's Benefit Counselor

THE WHITE HOUSE

WASHINGTON

August 23, 1995

MEMORANDUM FOR Pete Dougherty, VA
George Ferguson, ICH
John Garrity, HUD
Robert Hussey, National Service
Tom Keefe, DOL
Diane McSwain, HHS

FROM: Molly Brostrom
Domestic Policy Council

RE: Agenda for Meeting on August 29, 10 am

Thank you all for agreeing to attend a meeting on August 29, 10-11:30 am, Room 211 OEOB, to discuss the Administration's efforts to address the needs of homeless veterans.

The goal for this meeting is to develop a better understanding of the federal government's efforts on behalf of homeless veterans, to discuss ways in which agencies are working together in these efforts, and brainstorm on ways that interagency coordination or collaboration can perhaps improve services to homeless veterans.

I hope you will come to the meeting prepared to discuss the following:

1 -- Your agency's efforts, including funding levels and numbers served when available, on behalf of homeless veterans (please bring a brief handout);

2 -- Interagency cooperation and collaboration that is currently occurring; and

3 -- Areas where you believe better coordination between federal agencies could be helpful.

Thank you and I look forward to seeing you on the 29th. Please call if you have any questions (456-5561).

1

VETS

Veterans' Employment and Training Service
U.S. Department of Labor

FAX

Transmittal Cover Sheet

SEND TO: Molly Brostrom

FAX #: 456-7028

LOCATION: White House

FROM: Tom Keefe

LOCATION: VETS

Total number of pages (including cover sheet) 3

SUBJECT: Interagency Cooperation

Please call if you do not receive all pages or need further information.

Telephone: (202)219-9116
FAX: (202)219-4773

ADDITIONAL INSTRUCTIONS:

Molly,

In my haste to pitch HVRP refunding, I forgot to hand out and discuss #2 and 3 of your agenda. Sorry for pitch, but I feel very strongly that if some money is not found for this program, it will come back to haunt us!!

Tom

U.S. Department of Labor

Office of the Assistant Secretary
for Administration and Management
Washington, D.C. 20210

2. INTERAGENCY COOPERATION AND COLLABORATION

DEPARTMENT OF VETERANS AFFAIRS:

The Assistant Secretary for Veterans' Employment and Training has issued to all Homeless Veterans Reintegration Program grantees a Program Emphasis Statement for FY 1994 which focuses on cooperation and collaboration at the local level between each grantee and their VA counterparts on behalf of homeless veterans. **(handout)**

This statement required a plan from all grantees on how they would coordinate with the VA in such areas as outreach, case management, reciprocal referrals, etc. to avoid duplication and maximize resources in serving our mutual clientele. Grantees have been reporting that the arrangements have been working well at the local level.

DEPARTMENT OF AGRICULTURE:

VETS participated in the rural homeless conferences held nationwide as follows:

At the Oregon conference, representatives from the rural HVRPs in Washington, California, North Idaho, and South Idaho gave a panel presentation on their work with homeless veterans.

VETS National Office staff (Eileen Connors) made a presentation at the national rural conference veterans workshop in Columbus, Ohio along with rural HVRP representatives from Kentucky and Virginia. Article on the grantees experiences distributed at conferences to add to knowledge base.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT:

At the Federal level, a Memorandum of Understanding exists between DOL and HUD from a previous administration which would need to be updated to be effective. This MOU mentions veterans very briefly.

HUD has no programs specifically earmarked for veterans, although a very few HVRP grantees were able to compete successfully for various competitions. There is however a major shortage of transitional housing.

LINKAGES AT THE LOCAL LEVEL:

HVRP grantees were required to establish linkages at the local level with other service providers and this was a major factor in the competition. Besides the VA, most of the linkages are with local agencies. However, grantees have also formed successful linkages with FEMA, Social Security, Department of Education and HHS programs, among others.

3. AREAS WHERE BETTER COORDINATION BETWEEN FEDERAL AGENCIES COULD BE HELPFUL

Grantees have repeatedly pointed out that access to transitional housing remains a critical need. Grantees cannot purchase housing, and grant amounts are small. Grantees have goals for placement into transitional and permanent housing, but have little money for rental and other assistance. Better access (timeliness) to HUD-VASH program where available is recommended. There are not enough of these vouchers nationwide. Suggest HUD make more vouchers available. (Grantees must access through the VA).

HUD needs to set aside some of its resources specifically for homeless veterans so that grantees serving them would be assured of some housing resources for veterans entering the labor market.

VA and DOL and HUD should define their respective roles under the "continuum of care" concept espoused in the Federal Plan so that each agency contributes according to its mission and expertise towards the reintegration of homeless veterans into society.

DEPARTMENT OF VETERANS AFFAIRS

Overview of Specialized Homeless Veterans Treatment and Assistance Programs

Introduction

The Department of Veterans Affairs (VA) is the only Federal agency that provides substantial hands-on assistance directly to homeless persons. Although VA's assistance to homeless persons is limited to veterans and, in some cases, their dependents, VA's two major homeless-specific programs constitute the largest integrated network of homeless treatment and assistance programs in the country. In conjunction with VA's other homeless initiatives, they are also among the most successful at treating and assisting the therapeutically-difficult population of single, homeless men suffering from serious mental illness and/or alcohol or other drug abuse.

Using conservative estimates, VA currently directs several billion dollars of regular or mainstream program funds to hundreds of thousands of at-risk and homeless veterans. For example, many veterans currently receiving VA benefits or residing in VA hospitals, nursing homes, and domiciliaries would be homeless if they did not receive this help. To increase the number of already homeless veterans receiving assistance from both mainstream and homeless-specific VA programs, VA has initiated aggressive outreach efforts. Nevertheless, the problem of homelessness among veterans remains large.

Studies indicate that about one-third or more of the adult homeless population in the United States have served their country in the armed services. An estimated 150,000 to 250,000 veterans are homeless on any given night, with perhaps twice as many experiencing homelessness at some point during the year. Many other veterans are considered "near homeless" or "at risk" because they are poor, suffer from various infirmities, have no real home of their own, and live on a temporary basis with friends or relatives or in cheap hotels, often in substandard or overcrowded conditions. The number of homeless Vietnam veterans today is greater than the number of U.S. servicemen who died during the Vietnam war, and a small number of Desert Storm veterans are also showing up in the homeless population.

At the same time, there does not appear to be any significant relationship between service in Vietnam or in combat and any increased risk of homelessness. The slightly higher prevalence of homelessness among veterans than non-veterans in some age groups appears to come from factors separate from military service, itself. In the 20-to-35 age group, for example, male veterans are roughly three times more likely to be homeless than male non-veterans.. However, much of the difference seems to come from the fact that, compared to the general population of 20-to-35-year old males, veterans have higher rates of mental illness.

The vast majority of homeless veterans are single, and virtually all are male. Almost five percent of all veterans are women, but only about two percent of all homeless veterans are female. Homeless veterans tend to be older than non-veteran homeless adults, have higher levels of education, and, partially because of VA benefits, have slightly higher average incomes. Similar to the general population of homeless adult males, about 40% of homeless veterans suffer from severe mental illness and (with considerable overlap) about half have alcohol or other drug abuse problems. Roughly 57% are African-American or Hispanic.

VA has developed a wide range of services and assistance programs for homeless veterans who are eligible for VA treatment under existing authorities. Since they first began in 1987, VA's homeless-specific programs and initiatives have worked at establishing a model continuum of care and support for homeless veterans that can help them live more independently in the community. But the lion's share of VA's assistance to homeless and at-risk veterans comes from its regular, mainstream programs, which provide health care, disability benefits, and a variety of other support services. Using available resources, VA continues to develop and expand its efforts to help homeless veterans escape homelessness and to help at-risk veterans avoid it. However, ending homelessness among veterans is a task larger than VA alone can accomplish. Like ending homelessness itself, it will take a combined effort in which all relevant agencies of Federal, State, and local government, as well as the private for-profit and nonprofit sectors, do their fair share.

- Through reviewing VA activities to assist homeless veterans over the past seven years and looking at what needs to be done to assist homeless veterans more effectively in the future, VA has developed the following five principles that present the operational framework that guides VA's efforts:

- Homeless veterans require a comprehensive, integrated continuum of diverse services and support both to help them work their way out of homelessness and to keep them from returning.

- VA's programs should be varied, specialized, and targeted to different specific subgroups of the homeless veteran population.

- To promote efficiency and effectiveness, VA needs to increase the integration and coordination of its homelessness assistance efforts.

- To increase efficiency, effectiveness, and the overall availability of services, VA needs to continue expanding its coordination with various non-VA homelessness efforts -- especially those nonprofit organizations with particularly effective programs for homeless veterans.

- Continued improvement of VA assistance to homeless veterans, alone or in conjunction with other public agencies or nonprofit organizations, requires ongoing needs assessments and program evaluations.

RECENT VA HOMELESSNESS INITIATIVES (Fiscal Year 1994)

FY 1994 Spending and New Programs

In FY 1994, VA directed almost $66 million to its special homeless assistance programs -- an increase of $18 million or 38 percent over the previous year. This funding supported the following:

Four new VA Comprehensive Homeless Centers at the VA medical centers in Pittsburgh (Highland Drive), West Los Angeles, Cleveland, and San Francisco.

Over 20 expansions to existing VA homeless program sites, including two homeless domiciliaries, two outreach programs with community-based residential care, four Compensated Work Therapy programs, and the addition of new Veterans Benefits outreach workers at twelve homeless program sites.

Extensive support including staffing , in-kind services and small funding contributions were provided for over 40 community-based Stand Downs for homeless veterans -- with VA support coming both from local VA medical centers and regional offices and through VA Central Office funding.

A brand new $5.6 million program to provide grants and per diem payments to public and nonprofit providers of transitional assistance to homeless veterans. This program marks the very first time VA provided grants to non-VA homeless assistance providers. In its first year, the VA Homeless Provider Grant and Per Diem Program attracted over 100 applicants seeking over $26 million in funding. Grants were awarded to 33 organizations to develop supported housing and supported services programs and to purchase vans to provide outreach to homeless veterans. When these projects are completed, approximately 800 new community-based beds will be available for homeless veterans. VA plans to continue directing at least $6.0 million to its new grants and per diem program in FY 1995.

Another new program provides low-interest loans of up to $4500 to nonprofit organizations offering transitional housing assistance to veterans with substance abuse problems. This new Transitional Housing Loan Program offers a potentially useful source of assistance to providers serving homeless veterans with substance abuse problems. Applications for the loans, which come out of a $100,000 revolving fund, are evaluated on a first-come, first-served basis.

Other Recent VA Actions Regarding Homelessness Among Veterans

Assistance to Homeless Veterans a Top VA Priority. On April 30, 1993, VA Secretary Jesse Brown sent a nationwide directive notifying VA officials that assistance to homeless veterans is a top VA priority and directing them to take steps to improve VA assistance to homeless veterans.

Leadership Role Of Secretary Brown in Federal Homeless Efforts. On May 19, 1993, Secretary Brown was elected as the Co-Vice Chair of the Interagency Council on the Homeless. His election marks the first time that a VA official, or any Federal agency official other than those from the Department of Housing and Urban Development (HUD) or the Department of Health and Human Services (HHS), has held a leadership position in the Council.

Federal Excess Property for Homeless Veterans Initiative. With support from GSA and DoD, VA has initiated a program to locate excess Federal and other personal property -- such as clothing, sleeping bags, toiletries, shoes, furniture, and other equipment -- and distribute it to homeless veterans through Stand Downs for Homeless Veterans and VA homeless assistance programs. Since December 1993, this new initiative distributed over $4 million worth of surplus goods to benefit homeless veterans and has roughly $2 million in inventory for distribution.

New VA Special Assistant on Homelessness. In October 1993, Secretary Brown appointed Mr. Dale Renaud, VA's Deputy Assistant Secretary for Intergovernmental Affairs, to serve as Special Assistant to the Secretary on Homelessness. In this position, Mr. Renaud is working to improve the coordination and operation of VA homeless assistance efforts, manage the Secretary's special projects regarding homelessness, and reach out to other public and private entities to coordinate efforts and build new partnerships.

Homeless Programs Protected from Staffing Cuts. In FY 1994, VA announced that its specialized homeless programs were protected from the overall VA staffing reductions required by the efforts to reduce the size of the Federal work force.

February 24-25, 1994 VA National Summit on Homelessness Among Veterans. The VA Homelessness Summit brought together over 750 persons from 43 states and Washington, D.C., making it the largest homelessness conference in the Nation's Capital in over a decade. Secretary Brown called for the Summit to raise awareness of the problem of homelessness among veterans, share information and ideas, create new partnerships, and develop new strategies for future action. The hundreds of representatives from veterans service organizations, nonprofit providers, state and local government agencies, VA, and other Federal agencies did just that -- setting the stage for substantial future progress. To complement the VA National Summit, VA hosted a one-day Assistance Fair for over 650 homeless veterans in the D.C. area -- the largest assistance event for homeless persons in recent Washington, D.C. history.

VA and the New Federal Plan to Break the Cycle of Homelessness. VA played an active role in the development and drafting of the new Federal Plan to Break the Cycle of Homelessness, which was released in May 1994. The new Federal Plan calls for the development of community-based comprehensive continuums of care for homeless persons, a strategy VA has been developing for homeless veterans for the past several years. VA's various homeless programs and its partnerships with non-VA homeless providers serve as models for many of the strategies endorsed by the new Federal Plan.

VA Programs Targeted to Homeless Veterans

VA's programs specifically aimed at helping eligible homeless veterans began in 1987, with the creation of VA's Homeless Chronically Mentally Ill Veterans (HCMI) Program and Domiciliary Care for Homeless Veterans (DCHV) Program. Since then, VA has supplemented these two programs by developing a special Compensated Work Therapy/Transitional Residences (CWT/TR) Program, a VA supported housing initiative in conjunction with the Department of Housing and Urban Development (HUD-VASH), Comprehensive Homeless Centers, a joint outreach program with the Social Security Administration (SSA-VA), the new Homeless Providers Grant and Per Diem program, and a number of other supportive initiatives. These homelessness-specific programs and initiatives received almost $66.0 million from the VA budget in FY 1994.

One of the major strengths of these specialized efforts for homeless veterans is the ongoing program evaluation and monitoring procedures that VA builds into virtually all of its homeless assistance efforts. The Northeast Program Evaluation Center (NEPEC) at the VA Medical Center at West Haven, Connecticut, has conducted extensive evaluation efforts providing VA with great insights into the homeless veterans VA serves. The therapeutic and cost-effectiveness of VA's specialized initiatives and the new directions VA must take to be even more responsive to the needs of homeless veterans have been

determined through careful analysis of the program evaluation. VA's evaluations of its original HCMI and DCHV programs were instrumental in the design and development of its newer homelessness programs and initiatives. The information gained from these ongoing studies proved to be esssential for the development of a comprehensive continuum of care to treat and rehabilitate homeless veterans.

The VA homeless programs that are administered by its Mental Health and Behavioral Sciences Service have been placed under the organizational heading of VA's "Health Care for Homeless Veterans Programs."

A. HEALTH CARE FOR HOMELESS VETERANS (HCHV) PROGRAMS

Statutory Authority: Public Law 100-322, Sec. 115
FY 1994 Funding: $28.08 million

These funds represent the appropriations Congress specifically targeted to VA's specialized programs for mentally ill veterans, which includes those veterans with alcohol or other drug abuse problems. A portion of these funds ($2.35 million) were made available from Substance Abuse Program funds to support the HUD-VASH program. VA uses these funds to help support the Health Care for Homeless Veterans (HCHV) programs, and other homeless veterans initiatives that are administered by the Mental Health and Behavioral Sciences Service. Among these HCHV programs is VA's Homeless Chronically Mentally Ill Veterans (HCMI) program, which receives the lion's share of the funding.

1. HOMELESS CHRONICALLY MENTALLY ILL VETERANS PROGRAM

Funding from VA's HCHV Budget: $18.16 million.

Program Description

The Homeless Chronically Mentally Ill (HCMI) Veterans Program operates under broad parameters that include VA outreach and case management services and, when appropriate, psychiatric residential treatment primarily for eligible homeless mentally ill veterans, in community-based facilities, arranged and paid for through VA contracts. By the end of FY 1994, VA had implemented 57 HCMI sites and another 10 HCHV programs which do not have contract residential treatment programs, but have developed alternative housing arrangements. These 67 HCHV sites are located in 33 states and Washington, D.C. Taken alone, or with VA's homeless domiciliaries, the HCMI program has created the largest integrated national network of homeless treatment programs in the country.

Although HCMI programs vary from site to site because of creative local initiatives and appropriate responses to local conditions, they share the following basic components:

- Aggressive outreach by VA staff to homeless chronically mentally ill veterans, including homeless veterans suffering from substance abuse, in shelters, on the streets, in soup kitchens or wherever they may reside.

- Medical and psychiatric examinations by VA staff to determine the veterans' health and mental status and develop plans for their care, once eligibility is established.

- Referral, when appropriate, for treatment and rehabilitation in VA-contracted community-based facilities on a time-limited basis.

- VA case management to monitor treatment services provided to veterans in community-based facilities and to link veterans with other VA and non-VA services and programs.

From the inception of the HCMI program in 1987 to the end of FY 1994, VA's HCHV staff had located and offered initial clinical assessments for more than 75,000 homeless veterans, and provided over 19,000 episodes of residential treatment in the program's more than 136 community-based residential treatment facilities. These residential treatment facilities offer a wide range of treatment options that include substance abuse treatment, treatment for general psychiatric disorders, vocational assistance, rehabilitation and training in skills needed for more independent living. The average length of stay is 71 days and the average cost per day is about $39.00.

The monitoring of the HCHV program reveals that in FY 1994, 20,561 veterans were newly assessed with standard intake forms by HCHV programs across the country, and a total of 24,501 received clinical services (including veterans who received services in 1994 but were assessed in previous years). All but 1.8% of these veterans were male, and their average age was 43.5 years. Slightly over one-half of the veterans assessed were African-American. About 50% of these veterans served in the military during the Vietnam era. Over three-quarters of the veterans seen were living in shelters or in outdoor locations at the time of first contact, and 44.5% had been homeless for six months or more.

These veterans are a very troubled and disadvantaged group. Eighty-four percent had a serious psychiatric or substance abuse disorder, and 31% had *both* psychiatric and substance abuse disorders. Although most of them (57.3%) were usually working during the three years prior to HCHV program contact, their mean number of work days in the 30 days just prior to assessment was only 3.0 days.

The HCHV program supported just over 3,000 episodes of residential treatment in community-based residential treatment facilities during FY 1994. The overwhelming majority of the veterans placed in contract care during FY 1994 (95.5%) met all the appropriateness criteria for residential treatment (homelessness, low income, and clinical need). Almost forty-five percent of the veterans discharged during FY 1994 were judged to have successfully completed residential treatment. Almost as many (35%) had made arrangements to live in an apartment, room, or house at discharge, and 40.5% were employed part-time or full-time. Clinical gains were substantial: about two-thirds experienced improvement at the time of discharge. A high proportion of discharged veterans (77.5%) were followed up with after-care services. Overall, the data presented here and in the progress reports prepared by VA's Northeast Program Evaluation Center, demonstrate that this program provides a wide range of effective services to homeless veterans.

Moreover, a follow-up study of HCMI program participants' status eight months after their first contact with the program also found highly significant improvements in virtually every area, even though roughly half did not even participate in the HCMI residential care component. At the time of the eight-month follow-up, 47% of the sample were living in an apartment, room, or house, 38% were living in health care facilities, and only 15% had returned to homelessness. Psychiatric symptoms, alcohol and other drug abuse problems, and other health concerns were all considerably lower than before participation in the HCMI program. In addition, the veterans still had significantly higher incomes, from both employment and disability payments.

Efforts to Increase Homeless Veterans' Participation in VA's HCHV Programs

Energetic outreach to engage a larger proportion of the more reclusive homeless chronically mentally ill has been a principal component of the HCHV program from the start. HCHV outreach workers join community homeless coalitions so that the HCHV program will become both more widely known and integrated with complementary homeless services.

In an effort to broaden and integrate the therapeutic modalities offered to homeless chronically mentally ill veterans, pilot initiatives have been approved at certain HCHV sites:

Approximately 10 VA homeless program sites have established special store-front drop-in centers for homeless chronically mentally ill veterans.

VAMC New Orleans has established a special sobriety maintenance program for veterans involved in the HCHV program.

The HCHV program in Boston has a special Peer Assistance Housing Group that recently helped its 200th homeless veteran find permanent housing.

The HCHV program in Tampa has been developing an experimental "Vulnerability Scale" to help identify and target those homeless veterans eligible for admission into the program who are the most in need of assistance and least able to manage on their own on the streets.

The HCHV program in East Orange, New Jersey works in collaboration with the New Jersey Transit Authority to provide special outreach at transit centers, including Penn Station in Newark.

2. COMPENSATED WORK THERAPY/TRANSITIONAL RESIDENCE PROGRAM:
Statutory Authority: Public Law 102-54
Funded from VA's CWT, HCHV, Substance Abuse, and other Budgets
Funded from VA's HCHV budget: $3.39 million

The Compensated Work Therapy/Transitional Residence (CWT/TR) Program is designed to help veterans suffering from homelessness, substance abuse, or severe mental illness make successful re-entries into community living. The program provides structured and supervised therapeutic housing in community-based group homes for these veterans while they work for pay in VA's long-standing Compensated Work Therapy program (now also called "Veterans Industries"). Veterans participating in this program must pay a direct portion of their CWT earnings to help cover rent, utilities, and food costs. They are responsible for routine maintenance and household tasks at their residence. Remaining CWT earnings are set aside to support the veterans' transition from CWT/TR into independent living.

Under the supervision of his or her case manager, each veteran in the program participates in individual and group therapy, and is medically followed on an outpatient basis by the sponsoring VA medical center. Case managers also work to link the veterans up with community-based treatment and support (such as Alcohol Anonymous or Narcotics Anonymous), and encourage the CWT/TR veterans to volunteer for a variety of neighborhood and community service projects, such as painting low-income

neighbors' homes, doing yard work for the elderly, or taking nearby nursing home residents on outings. The program's unique mix of therapeutic assistance, work-for-pay, community-based living, and an emphasis on personal responsibility helps these severely disadvantaged veterans to address their problems, and to develop the life skills and resources needed to become independent, contributing members of their communities.

Like VA's other specialized homeless programs, VA's Northeast Program Evaluation Center closely monitors and evaluates the CWT/TR program's performance and outcomes. Recent data show that 97% of the CWT/TR program participants are male, 14% have severe mental illness, and 96% have alcohol or other drug abuse problems. Over 70% have been homeless in the past and the remainder clearly qualify as seriously at risk of becoming homeless without the program's assistance. The veterans in the CWT/TR program work an average of 30 hours per week, and earn about $392 per month. On average, they pay $134 per month towards the maintenance and upkeep of their CWT/TR group residences and stay at these residences for about 195 days.

Upon discharge, at least 67% have arrangements to stay in independent housing in the community and at least 12% move on to other community-based programs or institutional settings or to other housed situations. Nearly 40% have regular jobs, and another 17% are in CWT jobs. As with VA's other homeless programs, program graduates, as a whole, do significantly better than those who leave the program prematurely. Three-month follow-up data show that the veterans who have participated in the CWT/TR program sustain significant improvements regarding their alcohol and other drug problems, employment income, housing status, and social contacts.

In 1994, the twenty-three CWT/TR sites already established included 44 community-based group home residences with over 350 beds. Each site has at least one residence that is handicapped accessible. Of the 23 program sites, nine program sites with twelve residences serve only homeless veterans. Since starting in 1990, the program has assisted over 1,000 veterans. Six additional residences will be operational by the end of FY 1995. Activation of these last six residences will bring the number of transitional residences to 50, the total number of houses authorized for this pilot program.

CWT/TR annually receives about $185,000 from CWT funds and $1.8 million from VA substance abuse funding, with the homeless-specific sites receiving approximately $2.1 million from HCHV funding. In addition, CWT programs without Transitional Residences have received $1.29 million from HCHV Program funds. VA's Minor Construction Fund provided about $3.9 million for the purchase and renovation of the first 30 CWT/TR homes in FY 1991. The VA General Post Fund provided about $4.5 million in FYs 1992 through 1994 for purchasing and renovating additional homes. The General Post Fund will direct approximately $2.0 million to support further program expansion in FY 1995. Once VA purchases and renovates the CWT/TR residences, the CWT/TR program can approach self-sufficiency through the income on its CWT contracts, including the rent payments from program participants' CWT earnings. In FY 1992 through FY 1994, for example, CWT/TR residents paid over $1 million in rent from their CWT and other income, and the program expects to receive rental income of over $630,000 in FY 1994.

3. HUD-VA SUPPORTED HOUSING (HUD-VASH)

Funded from VA's HCHV and Substance Abuse Budgets: $3.0 million.

In this promising initiative with HUD, VA clinicians use specially designated HUD Section 8 rental assistance vouchers to help homeless chronically mentally ill and substance abusing veterans locate and secure permanent housing, and then provide the veterans with the longer-term clinical support and case management they need to stay in the permanent housing. In 1992, VA began hiring special HUD-VASH housing procurement/case management clinicians at 19 VA Medical Centers, and HUD contributed 600 rental assistance vouchers. In FY 1994 an additional 10 VA medical centers received funding for case management clinicians to support the additional dedicated vouchers provided by HUD. HUD-VA Supported Housing (HUD-VASH) receives about $2.35 million of VA substance abuse funds each year, along with approximately $700,000 from HCHV funds, and the value of HUD's 600 Section 8 vouchers totals approximately $16.5 million over their five-year terms. In each of 1993 and 1994, HUD directed an additional 700 vouchers (worth over $20 million across five years) to help expand this program. The vouchers funded in FY 1993 were received during the the last six months of FY 1994 in different parts of the country, and are beginning to be used. FY 1994-funded vouchers have not yet been distributed. As of September 30, 1994, 518 homeless veterans had received vouchers through the HUD-VASH program.

Since the HUD-VASH program began placing homeless veterans in supported permanent housing in FY 1992, only 16% of the veterans have left their housing or abandoned the program. This drop-out rate is extraordinarily low when compared with similar programs for homeless person and can be attributed to the intensive services provided by the VASH case managers.

4. HCHV OUTREACH AND OTHER SUPPORTED HOUSING INITIATIVES

Funded from VA's HCHV Budget: $3.08 million.

VA clinicians in this initiative work to find housing for homeless veterans without the help of any specially-designated HUD vouchers by working with Veterans Service Organizations, Public Housing Authorities, private landlords, and any other housing resources they can identify. From the implementation of this initiative in FY 1993 to the end of FY 1994, supported housing case managers had placed 570 veterans in community residences. Approximately two-thirds were placed in permanent housing, the other one-third in transitional housing. Of the 130 veterans no longer in the program (program graduates and veterans terminated for other reasons), 64% were living in an apartment, room, or house in the community.

5. SSA-VA JOINT OUTREACH INITIATIVE

Funded from VA's HCHV Budget: $0.45 million.

Through its homeless assistance programs, VA is working with the Social Security Administration (SSA) to use certification for SSA benefits as a first step toward rehabilitating homeless veterans with disabilities. SSA benefits can be extremely helpful to homeless veterans, since many do not qualify for any VA benefits or pensions and do not have any other regular source of income. In this joint initiative, SSA staff and VA homeless program outreach clinicians work together to find and assist homeless veterans who are eligible for Social Security and VA benefits that they are not receiving. In addition, SSA benefits staff expeditiously handle referrals from the joint outreach program, and VA provides special assistance in developing the medical records necessary for benefits certification. SSA's and VA's databases are being

merged and reviewed both to identify patterns of SSA benefits use by homeless veterans and to help evaluate the impact of this joint outreach effort. VA and SSA have already established pilot projects at five sites. SSA is contributing toward VA's evaluation of these projects, beyond the roughly $375,000 annual cost of its own staff participation.

In its first two years of operation, data collected regarding the SSA-VA Joint Outreach program shows considerable success. The rate of applying for SSA benefits among homeless veterans has increased from 8% to 31% at the program sites, and the rate of award has climbed from 21% to 48%. Taken together, the increase in applicants and in the success of the applications translates to an almost nine-fold increase in the number of homeless veterans newly certified to receive SSA benefits, which dramatically improves their ability to secure housing and other necessities. In addition, 70% of the applications at the SSA-VA program sites are processed within two months. In areas without the SSA-VA initiative, only 18% are processed as quickly. All totaled, over 2,000 homeless veterans have filed for SSA benefits through this initiative.

B. DOMICILIARY CARE FOR HOMELESS VETERANS PROGRAM

Statutory Authority: Public Law 100-71 and Public Law 100-322
FY 1994 Funding: $27.14 million

Program Description

VA developed the Domiciliary Care for Homeless Veterans (DCHV) Program to address the unmet clinical needs of homeless veterans in a setting more therapeutically appropriate than a hospital or nursing home. In FY 1994 the program served 7,749 veterans and provided 3,282 episodes of completed treatment. Although this program is available to homeless veterans with any health problems, over 95% of the veterans treated by the DCHV program suffer from psychiatric illness or alcohol or other drug dependency problems. Using a multi-dimensional, individually-tailored treatment approach, DCHV staff work to stabilize the homeless veterans' clinical status in the domiciliary setting while working with the veterans to address the underlying causes and resulting manifestations of their homelessness.

In 1987, 20 VA medical centers received funds to activate the DCHV program: half were established in urban-based VA medical centers using under-utilized space and half grew out of existing general-treatment domiciliaries that developed specialized homeless programs. Now, the DCHV program has expanded to 33 sites in 24 states that offer nearly 1,500 beds for homeless veterans. These sites provide clinical care and comprehensive rehabilitation to over 3,000 veterans each year, and have served over 18,000 homeless veterans since they opened. The average length of stay in the program is about 130 days, at a cost of $101 per day.

The basic components of the DCHV program include: community outreach and referral, admission screening and assessment, medical and psychiatric evaluation, treatment and rehabilitation, and post-discharge community support. The DCHV program provides services in four areas: health care, housing, employment, and post-discharge community support.

Health Care. DCHV health care for homeless veterans includes medication for medical or psychiatric illness, psychotherapy and counseling, health education and substance abuse treatment. The program also coordinates its services with other VA hospital-based treatment programs when necessary.

Post-Discharge Support. Half of the DCHV sites have implemented procedures to follow veterans after discharge. Examples of follow-up strategies include visits to work sites, home visits, phone calls and/or letters, alumni group meetings and activities, and follow-up appointments with DCHV staff.

Housing. DCHV staff assist veterans in meeting their housing needs following discharge from the program through referrals to low-rent housing agencies, by helping the veterans set up shared housing arrangements, and by assisting veterans in applying for housing assistance such as Section 8 certificates. Many veterans leaving the DCHV program choose to live together in order to defray housing costs and provide ongoing support to each other. For veterans unable to live independently in the community, staff arrange for placements in long-term care facilities such as State Soldiers Homes, group homes, adult foster care, and halfway houses.

Employment. VA's Incentive Therapy Program (a medically-prescribed rehabilitation program involving therapeutic work assignments at VA medical centers for nominal remuneration) strengthens DCHV participants' employment skills by helping them re-establish work habits with the support and guidance of VA staff. DCHV programs also provide assistance in resume writing, job interviewing, job searching and/or placement.

VA's ongoing, national evaluation shows that the average age of homeless veterans in the DCHV program in FY 1994 was about 42. About 97% were male, and 96% were not currently married. In the month prior to admission, 49% reported no income; and nearly 25% had been homeless for more than a year. Over 80% suffer from alcohol dependency, 63% from drug dependency, and more than a third from a serious mental illness. Nearly three-quarters of these veterans have other significant medical problems, as well.

In FY 1994, roughly half of all program participants completed their treatment program; most of the remainder either chose to drop out or were discharged for rule violations (e.g., alcohol or other drug use). This completion rate compares well to non-VA programs that treat similar client populations. Of all veterans leaving the program, 50% find housing, 35% are employed, and well over half experience considerable improvement in their alcohol and other drug, psychiatric, and other medical problems. There is a direct positive correlation between length of time in the program and successful outcomes.

VA's Northeast Program Evaluation Center (NEPEC) has also tracked a sample of homeless veterans after their discharge from the DCHV program and found that most of their benefits from program participation were still being maintained one year after they left the program. This study found that in terms of housing, employment, income, alcohol and other drug abuse problems, other mental illness, other medical problems, and social connectedness, the sample experienced significant improvements between the time they entered the DCHV program and six to twelve months later. For most of these measures, at least some improvement continued after participants left the homeless domiciliaries. At more than 6 months out of the DCHV, there were two notable exceptions: alcohol abuse, where conditions deteriorated slightly, and other drug abuse, where conditions basically remained unimproved.

The results of these findings were discussed on the monthly conference calls for Chiefs of Domiciliary Care Programs. In order to improve veterans' abilities to remain drug-and alcohol-free following discharge from the DCHV programs, many program directors instituted aftercare programs. Several DCHV programs applied for and received funding for Supported Housing Programs and HUD-VASH Programs so that veterans discharged from DCHV Programs could receive assistance with

permanent housing and ongoing case management support. Many of the DCHV programs established relapse prevention programs. In addition, training in substance abuse treatment has been emphasized at the annual conferences for the Chiefs of Domiciliary Care Programs.

Recent new initiatives in VA's DCHV program include:

- Developing collaborative projects with non-VA community agencies. For example; 1) a drop-in center located in a local community soup kitchen expanded the outreach efforts of the Bay Pines DCHV program to homeless veterans in southwestern Florida, and; 2) supported housing programs in Coatesville, PA, Lyons, NJ and Portland, OR where VA works closely with local public housing authorities and non-profit housing corporations to develop transitional or permanent housing resources for veterans participating in the DCHV program.

- Conducting a national survey of the dental needs of veterans participating in the DCHV program. The outcomes of this survey showed that 85% of veterans were in current need of dental treatment (e.g., restorations, tooth extractions, dentures or bridges).

- Initiating a review of the role of chaplains as members of the DCHV program inter-disciplinary team in an effort to address the spiritual needs of homeless veterans.

- Instituting new assessment procedures to evaluate the clinical needs of homeless veterans contacted as a result of reccently establishes community outreach efforts made by DCHV staff.

Efforts to Increase Homeless Veterans' Participation in the DCHV Program

The DCHV program, like the HCMI program, incorporates outreach activities as a basic component. Twenty of the 33 DCHV sites conduct aggressive community outreach activities to identify, assess and provide treatment services to homeless veterans. Since July 1993, the DCHV program has contacted over 5,000 homeless veterans in the community.

C. PROGRAMS JOINTLY SPONSORED AND FUNDED FROM HCHV AND DCHV PROGRAM RESOURCES

FY 1994 Funding: $2.69 million

1. VA DROP-IN CENTERS

Funded from VA's HCHV and DCHV Budgets: $1.09 million.

These daytime sanctuaries from the stresses of street life offer safe, daytime environments where homeless veterans may find food, take a shower, wash their clothes, participate in a variety of therapeutic and rehabilitative activities and get linked up with other VA programs that provide more extensive assistance. VA has initiated drop-in centers in Brooklyn and Manhattan, and has smaller scale drop-in store fronts at several other locations. The "Project Torch" drop-in center in Brooklyn, for example, is sited in close proximity to the homeless population. Besides the basics, Project Torch provides primary health care, psycho-social assessment, and some more extensive health treatment, as well as vocational, educational and other support services. The program serves as the point of entry to the local DCHV program and other VA aid for homeless veterans who have otherwise been reluctant to use VA services.

In FY 1994, 10 HCHV and DCHV programs had established drop-in centers to assist with outreach and offer low intensity therapeutic support for homeless veterans residing in shelters and on the streets. These VA drop-in centers provided treatment and assistance to over 2,200 homeless veterans in 1994.

2. STAND DOWNS

Funded from VA's HCHV and DCHV Budgets: $0.23 million.

"Stand Downs" are special multi- day events where homeless veterans can not only obtain food and shelter but receive a wide variety of other types of assistance. Benefits Fairs are one day events offering homeless veterans similar assistance. The growing number of annual Stand Downs and Benefits Fairs are usually sponsored by nonprofit veterans organizations, and VA has been a regular co-sponsor and active participant in the majority of those held so far. Participants might receive haircuts and identification cards, resolve an outstanding legal problems at special Stand Down court sessions, be certified for VA benefits or for admission into various VA programs, or be introduced to other long-term opportunities for assistance. Modeled on wartime Stand Downs, where front line troops, removed to a place of relative safety, could rest and receive needed assistance before returning to combat, Stand Downs for homeless veterans provide a temporary safe haven away from the streets. VA sees the Stand Downs and Benefits Fairs as special opportunities to reach out to homeless veterans and to improve coordination and communication among the various public and private entities working to help them. In FY 1994, a total of 59 Stand Downs and Benefits Fairs were held across the country. VA provided small amounts of funding to support over 40 Stand Downs and Benefits Fairs and is looking into other ways to encourage efforts to establish Stand Downs in new cities throughout the United States. Approximately 16,000 homeless veterans received services at those events in FY 1994.

3. COMMUNITY HOMELESSNESS ASSESSMENT, LOCAL EDUCATION AND NETWORKING GROUPS (CHALENG) FOR VETERANS:

Statutory Authority: Public Law 102-405

Funded from VA's HCHV and DCHV Budgets: $0.62 million

VA has undertaken a nationwide assessment of the needs of homeless veterans through a series of VA-hosted mini homeless summits at each of VA's medical centers. This effort not only provides information about the local needs of homeless veterans and available assistance but also brings all relevant agencies and organizations together in each medical center's catchment area to energize community-wide efforts to improve assistance to homeless veterans and develop new strategies to addressed identified needs. Staff at VA medical centers and regional offices will continue these local assessment and networking activities. Each year through 1997 as required by Public Law 103-446. Reports on these activities will be provided to Congress annually.

4. PROGRAM MONITORING AND EVALUATION

Funded from VA's HCHV and DCHV Budget: $0.75 million

One of the major strengths of VA's homelessness efforts is the program evaluation and monitoring procedures that were initiated as integral components of the HCHV and DCHV programs and are now part of virtually all VA homelessness initiatives. Designed, implemented and maintained by the Northeast Program Evaluation Center (NEPEC) at the VA Medical Center at West Haven, Connecticut, these extensive evaluation efforts have provided VA with great insights into the characteristics of the homeless veterans VA serves, the therapeutic and cost-effectiveness of VA's specialized homelessness initiatives,

and, perhaps most importantly, the new directions VA must take to be even more responsive to the needs of homeless veterans. NEPEC publishes periodic evaluation reports on the HCHV and DCHV programs, along with a variety of other useful reports on the quality and progress of other VA homeless assistance programs and initiatives. NEPEC is also in charge of the outcome evaluation of the HHS-directed Access to Community Care and Existing Support Service initiative for homeless mentally ill persons.

D. PROGRAMS AUTHORIZED BY THE HOMELESS VETERANS COMPREHENSIVE SERVICE PROGRAMS ACT OF 1992, PUBLIC LAW 102-590.

Specific Funds for Public Law 102-590 Programs: $8.0 million

The Homeless Veterans Comprehensive Service Programs Act of 1992, Public Law 102-590 authorized several new homeless veterans programs and initiatives. Among the programs authorized were four new Comprehensive Homeless Centers, placement of Veterans Benefits Administration (VBA) staff in VA's specialized homeless veterans treatment programs, and the Homeless Providers Grant and Per Diem Program. Section 12 of Public Law 102-590 stipulated that these new initiatives could not be implemented without a specific appropriation. In FY 1994 Congress provided a specific appropriation of $8.0 million for the Public Law 102-590 programs as an add-on to VA's medical care appropriation.

1. COMPREHENSIVE HOMELESS CENTERS

Specific Funds for Public Law 102-590 Programs: $1.85 million

To better coordinate assistance to homeless veterans from VA's homeless-specific and mainstream programs and various other public and private sources, VA has started creating Comprehensive Homeless Centers in which all of VA's homelessness assistance resources are put together in one organizational framework. Staff from VA's various homeless-specific programs, Vet Centers, Veterans Benefits Administration, and other programs work together to reduce or eliminate overlap and duplication in such areas as outreach and benefits certification and to streamline service delivery. Homeless veterans are more quickly found and identified and accurately matched with the most appropriate available assistance. The Comprehensive Homeless Centers also forge strong links with their communities, including local homelessness providers; city, county, and State governments; and the local representatives of other Federal agencies that provide assistance to homeless persons. Innovative partnerships with the local business community have also been extremely productive -- especially in creating jobs for homeless veterans that play an integral role in their rehabilitation. The first VA Comprehensive Homeless Center, based in Dallas, Texas, has been remarkably successful. The second was started in Brooklyn, New York and has proven to be equally successful. In FY 1994, VA established Comprehensive Homeless Centers at the VA medical centers in Cleveland, OH; Pittsburgh (Highland Drive), PA; Los Angeles, CA; and San Francisco, CA. Based on available resources and on local VA and community interest and support, VA hopes to establish additional centers.

2. SPECIAL VBA OUTREACH TO HOMELESS VETERANS

Specific Funds for Public Law 102-590 Programs: $0.52 million

In October 1992, the passage of Public Law 102-590 identified outreach by Veterans Benefits Administration (VBA) staff as an official component of VA's continuum of services for homeless veterans. Under this legislative authority, VBA has received reimbursed funding support from VHA for selected VA regional offices' (VARO) collaboration with VA medical centers on joint outreach, counseling and referral

activities. As of September 30, 1994, 10 VA regional offices were receiving reimbursed funding. In addition, VAMC San Francisco, with the cooperation of the VARO in Oakland, filled the position of a homeless outreach specialist with a Veterans Benefits Counselor (VBC). The VBC, although employed by the medical center, continues to receive training and support from the regional office to enhance outreach efforts.

3. HOMELESS PROVIDERS GRANT AND PER DIEM PROGRAM

Specific Appropriations for Public Law 102-590 Programs: $5.6 million

In FY 1994, VA initiated a new $5.6 million program to provide grants and per diem payments to public and nonprofit providers of transitional assistance to homeless veterans. This program marks the very first time VA has provided grants to non-VA homeless assistance providers.

During the first round of funding (FY 94) over 100 applications were received, requesting over $26 million in funding for acquiring, renovating, or constructing facilities or to purchase vans to provide outreach services. Thirty-three programs were awarded funds. VA provided $5,629,870, to support the following projects:

- 6 programs were awarded monies for building renovation;
- 7 programs were awarded funds to acquire and renovate buildings;
- 1 program is using funds to acquire an already renovated facility;
- 14 programs were awarded funds to purchase 19 vans for outreach and/or transportation.

Although there is overlap in the following categories, the approximate distribution of services that will be available as a result of grant funding for housing can be described as:

- 110 beds for short term or emergency housing;
- 9 beds exclusively for elderly homeless veterans;
- 77 beds for the homeless with a serious mental illness;
- 45 short term pre-treatment beds;
- 276 transitional/supportive housing beds;
- 229 long term beds;
- 30 single room occupancy (SRO) units;
- 15 transitional beds exclusively for homeless female veterans; and
- 15 beds for the homeless terminally ill veteran.

Grant funding for supportive services, exclusive of housing, will provide the following:

- an outpatient service center for up to 70 homeless veterans that provides linkages with the Social Security Administration, job services, and VA reintegration projects;

- a drop-in center for up to 75 homeless veterans that helps engage these veterans in longer term treatment and rehabilitation,

- a day shelter for up to 100 homeless veterans that provides community referral and entry to an emergency shelter program.

The projects funded to purchase vans will be using the vehicles for expanding outreach efforts and to provide transportation for homeless veterans to VA and community services.

VA plans to continue directing at least $6.0 million to this new grants and per diem program in FY 1995.

E. OTHER VA INITIATIVES FOR HOMELESS VETERANS

1. VA ACQUIRED PROPERTIES FOR HOMELESS PROVIDERS

Statutory Authority: 38 U.S.C. 3735
Appropriations: Not Applicable

This program takes properties VA obtains through foreclosures on homes with VA-guaranteed loans and then sells them at a discount currently ranging from 20% to 50% to nonprofit organizations and government agencies that will use them to shelter or house homeless individuals, primarily veterans. The properties may also be sold to VA, for its Compensated Work Therapy/Transitional Residence (CWT/TR) Program for homeless veterans. VA's primary responsibility is to try to sell these acquired properties at market prices to any buyer in order to recoup losses from the defaulted mortgages and replenish funds for the home loan guaranty program. Accordingly, the discount for sale to homeless providers starts at 20% when a property first becomes available, but gradually increases over time until it reaches 50%. Properties are available for sale under the homeless program after they have been listed for sale to the public for one month.

Before FY 1991, VA had sold only two discounted properties for homeless purposes through this program. After the changes to the program and expanded outreach described below, in FY 1991, VA sold five discounted properties to homeless providers and two to VA's CWT/TR program. The value of the discounts given to homeless providers on the five properties sold in FY 1991 was about $146,000. In FY 1992, VA sold another 3 properties to homeless providers, with an overall discount of about $40,500. In FY 1993, after further improvements to the program, VA sold another 8 properties to homeless providers, with an overall discount of about $188,125. VA also leased eleven other properties to homeless providers in FY 1993 (at a rate of one dollar per year) through the program's new leasing experiment. In FY 1994, VA sold 15 additional properties at an overall discount of $536,300 and leased 30 additional properties.

Efforts to Increase Participation by Homeless Providers

In 1990, VA increased the maximum sale discount to 50%, up from 35%, and reduced the time prior to sale that the properties must be in the VA inventory from twelve months to six. In FY 1992, VA initiated a new sliding scale discount that made all foreclosure properties immediately available for sale to homeless providers at a 5% discount, with the discount gradually increasing to a maximum of 50% after the property has been on the market for at least six months. In FY 1993, VA raised the immediate 5% discount to 20%. To further reduce financial burdens on nonprofit providers interested in purchasing the acquired properties, VA requires no earnest money deposit from homeless provider purchasers, and those who purchase properties at the 50% discount are now eligible for VA-provided financing. In addition, in FY 1993, VA initiated a special pilot project, newly authorized by Congress, in which fifty properties were made available to homeless providers through a one dollar per year lease rather than a purchase. As of September 30, 1994, forty-five of these properties had been leased.

To publicize the entire Acquired Properties for Homeless Providers program, VA field offices routinely notify homeless providers and other interested entities about the program and available properties, encourage local real estate brokers to help find interested homeless provider buyers, and initiate a variety of other outreach efforts. Most notably, VA pays a sales commission to brokers who help market the properties. VA also includes information about the acquired property program whenever VA describes its homeless assistance activities in fact sheets, reports, and other publications, and in presentations at conferences and meetings. In addition, VA advertises the program through the conferences, mailings, and reports of the Interagency Council on the Homeless, and has begun efforts to coordinate VA's acquired properties program and its marketing with similar programs run by HUD and the Rural Economic Community Development Agency (RECD), formerly the Farmer's Home Administration.

2. TITLE V SURPLUS REAL PROPERTIES FOR THE HOMELESS

Statutory Authority: Title V of the Stewart B. McKinney Homeless Assistance Act, Public Law 100-77
Appropriations: Not Applicable

Along with all other Federal agencies, VA identifies its unused or underutilized properties and reports them to HUD for determination as to whether they are "suitable" for lease or license to homeless providers under Title V of the McKinney Act. Suitable properties that VA identifies as available for this purpose are subsequently offered for lease or license to eligible homeless providers through the Department of Health and Human Services (HHS). Of the nearly 470 acres of land and 42 buildings VA has reported to HHS, 89.97 acres of land and 10 buildings are currently identified as "suitable and available" for lease to homeless providers. To date, HHS has approved three provider applications for leasing or licensing VA real properties. Two providers have since abandoned the process, but negotiations pertaining to the use of the remaining property (at the West Los Angeles VA Medical Center) have been completed and the provider is currently seeking funding for renovation prior to executing the license.

Although no VA properties have yet been leased or licensed to homeless providers through the Title V program, VA's medical center in St. Louis has directly leased properties to the Vietnam Veterans Leadership Program, a local nonprofit organization, which uses the properties to provide a variety of assistance to homeless veterans. Similarly, the VA medical center in West Los Angeles has directly leased some building space to the Salvation Army to run a special "entry point program," for homeless veterans on the medical center grounds. The Minneapolis VAMC has also leased property to a nonprofit homeless provider and Northampton VAMC recently leased a building to United Veterans of America. VA had also

transferred ownership of several unused properties to the General Services Administration, prior to the enactment of Title V of the McKinney Act, which have subsequently been leased to homeless providers through the Title V process.

3. AMERICORPS GRANT TO VA

Statutory Authority: National and Community Service Act of 1990, Public Law (codified at 42 U.S.C. 12501)

Funding Made Available to VA by Grant: $500,000

In FY 1994, VA developed several new partnerships to help homeless veterans, in conjunction with the National Coalition for Homeless Veterans, through a $500,000 AmeriCorps grant. VA in partnership with the National Coalition for Homeless Veterans received the grant from the Corporation for National and Community Services. The Corporation awards grants as part of its overall efforts to engage persons of all ages and backgrounds in national and community services for one year of service. The grant to VA supports projects in 1) Houston, Texas where Americorps members repair VA-foreclosed properties that will be leased to local homeless providers and build new housing for homeless veterans; and 2) Los Angeles where Americorps members provide case management assistance to homeless veterans in a new residential care program that offers continuing rehabilitation and vocational assistance. The National Coalition for Homeless Veterans, with assistance from VA, Veterans Service Organizations and community service organizations plans to hold a Stand Down for homeless veterans in the Washington, D.C. area in October 1995.

4. VA WORKING GROUP ON THE HOMELESS

In 1987, to help coordinate and develop VA's homelessness-related activities, VA established a special Working Group on the Homeless, which includes representatives from a wide range of VA offices that have programs or activities pertaining to homelessness. The Working Group meets monthly, or more frequently if needed, to evaluate existing programs, consider new proposals, and enhance communication within VA. The Working Group reports to the Secretary and, as appropriate, makes recommendations. Among its other accomplishments, the Working Group played an instrumental role in the development of VA's Comprehensive Homeless Centers, has worked on facilitating VA's participation in local "Stand Downs" for homeless, and played a major role in the development of the VA National Summit on Homelessness Among Veterans and the two Washington, D.C. Area Assistance Fairs for Homeless Veterans.

SUMMARY

The following chart provides summary information on funding and workload asscciated with VA's specialized programs and services for homeless veterans:

PROGRAM	NUMBER OF PROGRAMS	FUNDING (IN MILLIONS)	1994 WORKLOAD
A. HCHV PROGRAMS		$ 28.08	24,502 UNIQUE VETERANS SERVED
1. HCMI PROGRAMS	57	$ 18.16	22,398 UNIQUE VTERANS SERVED
2. CWT AND CWT/TR PROGRAMS	19	$ 3.39	1,403 UNIQUE VETERANS SERVED
3. HUD-VASH	29	$ 3.00	2,263 UNIQUE VETERANS SERVED
4. HCHV OUTREACH AND SUPPORTED HOUSING	10	$ 3.08	2,103 UNIQUE VETERANS SERVED
5. SSA-VA OUTREACH	5	$ 0.45	842 UNIQUE VETERANS SERVED
B. DCHV PROGRAMS	33	$ 27.14	7,749 UNIQUE VETERANS SERVED
C. PROGRAMS JOINTLY SPONSORED AND FUNDED BY HCHV AND DCHV		$ 2.69	
1. DROP-IN CENTERS	10	$ 1.09	2,288 UNIQUE VETERANS SERVED
2. STAND DOWNS AND BENEFITS FAIRS	59	$ 0.23	16,000 UNIQUE VETERANS SERVED
3. CHALENG FOR VETERANS	1	$ 0.62	2,059 REPRESENTIVES FROM NON-VA ORGANIZATIONS COMPLETED SURVEYS TO IDENTIFY THE NEEDS OF HOMELESS VETERANS AND ATTENDED LOCAL PLANNING MEETINGS TO DEVELOP ACTION PLANS TO ADDRESS HOMELESS VETERANS NEEDS.
4. PROGRAM MONITORING AND EVALUATION	1	$ 0.75	163 HOMELESS VETERANS PROGRAMS ARE MONITORED AND EVALUATED BY NEPEC.
D. PUBLIC LAW 102-590 PROGRAMS		$ 8.00	
1. COMPREHENSIVE HOMELESS CENTERS	6	$ 1.85	WORKLOAD FOR CHCs SPREAD THROUGHOUT COMPONENT PROGRAMS
2. SPECIAL VBA OUTREACH	11	$ 0.52	MONITORING SYSTEM NOT YET IN PLACE
3. GRANTS AND PER DIEM PROGRAM	33	$ 5.63	PROJECTS STILL IN CONSTRUCTION/RENOVATION PHASE

Veterans Opportunity Centers are now being developed in Washington, D.C., and Las Vegas, Nevada. With your help, we can expand this innovative program to other parts of the country. ***Please support the National Coalition for Homeless Veterans.***

Over 271,000 American veterans are homeless right now — more than four times the number of casualties in the entire Vietnam War.

NATIONAL COALITION for HOMELESS VETERANS

918 Pennsylvania Avenue, S.E.
Washington, D.C. 20003-2140
(202) 546-1969 or 1-800-VET-HELP

Printed on recycled paper containing 20% post-consumer waste
VES95B3

Veterans Opportunity Centers

NATIONAL COALITION for HOMELESS VETERANS

Dear Friend,

Discipline. A renewed sense of self-worth. And a plan of action. That's what homeless vets need to again become productive, independent members of society.

To provide homeless vets with the challenges and choices they need to regain self-sufficient lives, the National Coalition for Homeless Veterans is developing a new program: the Veterans Opportunity Center.

Please read this brochure to learn how this innovative program goes beyond the scope of traditional homeless shelters. More than just shelters, these centers help our "stateside MIAs" rediscover their self-worth, talent, and dignity... all toward the goal of getting jobs and a home of their own.

Sincerely,

Richard Fitzpatrick
Executive Director

★ ★ ★

Just What Homeless Vets Need...

Recovering Responsibility

From getting a job to starting a business, Opportunity Centers provide vital assistance in helping vets to find sources of sustainable income.

Workshops in résumé writing, interviewing techniques, and career counseling help vets to market themselves to employers. Voice mail and an available address enables potential employers to respond to vets' job queries. And new Small Business Incubators will provide budding entrepreneurs with a start-up environment (office space, computers, phones, and faxes) that can help them get their businesses off the ground.

Homeless vets, many of whom are highly trained at the taxpayer's expense, are a great resource of untapped talent. With our assistance, once-homeless vets will return to responsible lives as productive, taxpaying citizens.

Chain of Compassion

Upon arrival at an Opportunity Center, vets take advantage of services and treatments that include transitional housing, medical care, counseling, educational programs, vet benefits, and legal services. With a wide range of local agencies participating at the centers, vets can reconnect with their communities.

Operation Outreach

Headed by vets who were once homeless themselves, our outreach teams find homeless vets by using their first-hand knowledge of the places where vets are most likely to stay. Shared experiences of homelessness and military life makes outreach team members better able to persuade their homeless comrades to seek out the help they need.

Outreach teams not only find homeless vets, they inform them about the many opportunities available to them through our programs and services.

Needs Assessment

At an Opportunity Center, our staff assesses the physical and psychological needs of each homeless vet.

Along with clean clothes, nutritious meals, and safe shelter, vets receive treatment to help them recover from such common problems as drug and alcohol abuse, mental disorders, and combat-related post traumatic stress disorder.

By helping homeless vets regain their mental and physical health, Opportunity Centers prepare them to again become responsible and employed.

Opportunity and a Helping Hand

"AMID THE URBAN RUBBLE, I SAW THE TRUTH FOR MYSELF. A BODY COUNT OF FORGOTTEN HEROES — AMERICA'S HOMELESS VETS."

— Richard Fitzpatrick
Executive Director
National Coalition for Homeless Veterans

Dear Friend:

I couldn't believe what I was hearing.

But a colleague assured me that what he was saying was true.

Veterans of America's armed forces were living in the streets — without jobs, without homes, and without hope.

As a veteran myself, I seriously doubted that America would ever turn its back on the men and women who had sacrificed so much for our nation.

So I decided to find out the truth on my own.

I walked through a part of Detroit known as the Cass Corridor. Scarred by riots in the 1960s, the decaying area was a breeding ground of poverty, crime, and despair.

And amid the urban rubble, I saw the truth for myself. A body count of the forgotten heroes — America's homeless vets.

From every branch of the military, from every walk of life, I found people lying in doorways, wrapped in rags or covered with newspapers to fight off the cold.

They clutched their belongings in dirty bundles or bulging plastic bags.

I had trouble believing what I had just seen with my own eyes.

please turn page

What I saw that day in Detroit over three years ago is still a grim reality all over America today:

- ★ On any given night, as many as 271,000 veterans have no place to live or sleep.
- ★ Approximately one-third of the homeless in the United States have served in our country's armed forces.
- ★ More than 1,000 homeless veterans die from exposure and related problems every winter.

Without immediate help, more and more veterans will lose the battle against homelessness.

That's why the National Coalition for Homeless Veterans is committed to helping homeless vets turn their lives around.

Right now, the Coalition represents nearly 200 community-based groups nationwide. Each of these groups is run by former vets, and provides homeless veterans with solutions to help get them off the streets and into self-sufficient lives.

Coalition services include job training and assistance, transitional housing, medical and psychological care, and drug and alcohol rehabilitation.

Since the Coalition was started in 1993, over two-thirds of the homeless vets participating in our programs are no longer living on the streets.

As the founder of the National Coalition for Homeless Veterans, I know that homeless vets can play a productive role in civilian life.

But they need your support. Your contribution will help strengthen and expand the Coalition's services and programs. And it will help more veterans win the battle against homelessness.

I urge you to send your contribution as soon as possible. Thank you for supporting the National Coalition for Homeless Veterans.

Sincerely,

Richard Fitzpatrick, Executive Director
National Coalition for Homeless Veterans

P.S. The battle against homelessness rages on for nearly 271,000 veterans of America's armed services. Your contribution to the National Coalition for Homeless Veterans will help give them a fighting chance.

NATIONAL COALITION for HOMELESS VETERANS

National Coalition for Homeless Veterans ★ 918 Pennsylvania Ave., SE
Washington, D.C. 20003-2140 ★ 202-546-1969 ★ 1-800-VET-HELP

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

NATIONAL COALITION for HOMELESS VETERANS

Your support will give America's veterans a fighting chance in the battle against homelessness. Thank you for your help.

918 Pennsylvania Avenue, SE, Washington, D.C. 20003-2140
(202) 546-1969 or 1-800-VET-HELP

Printed on recycled paper containing 10% post-consumer waste.

VE1094B1A

Homeless on the Homefront

Questions and answers about America's forgotten veterans

Produced by the National Coalition for Homeless Veterans

Victorious in War, Not Yet at Peace

By ERIC SCHMITT

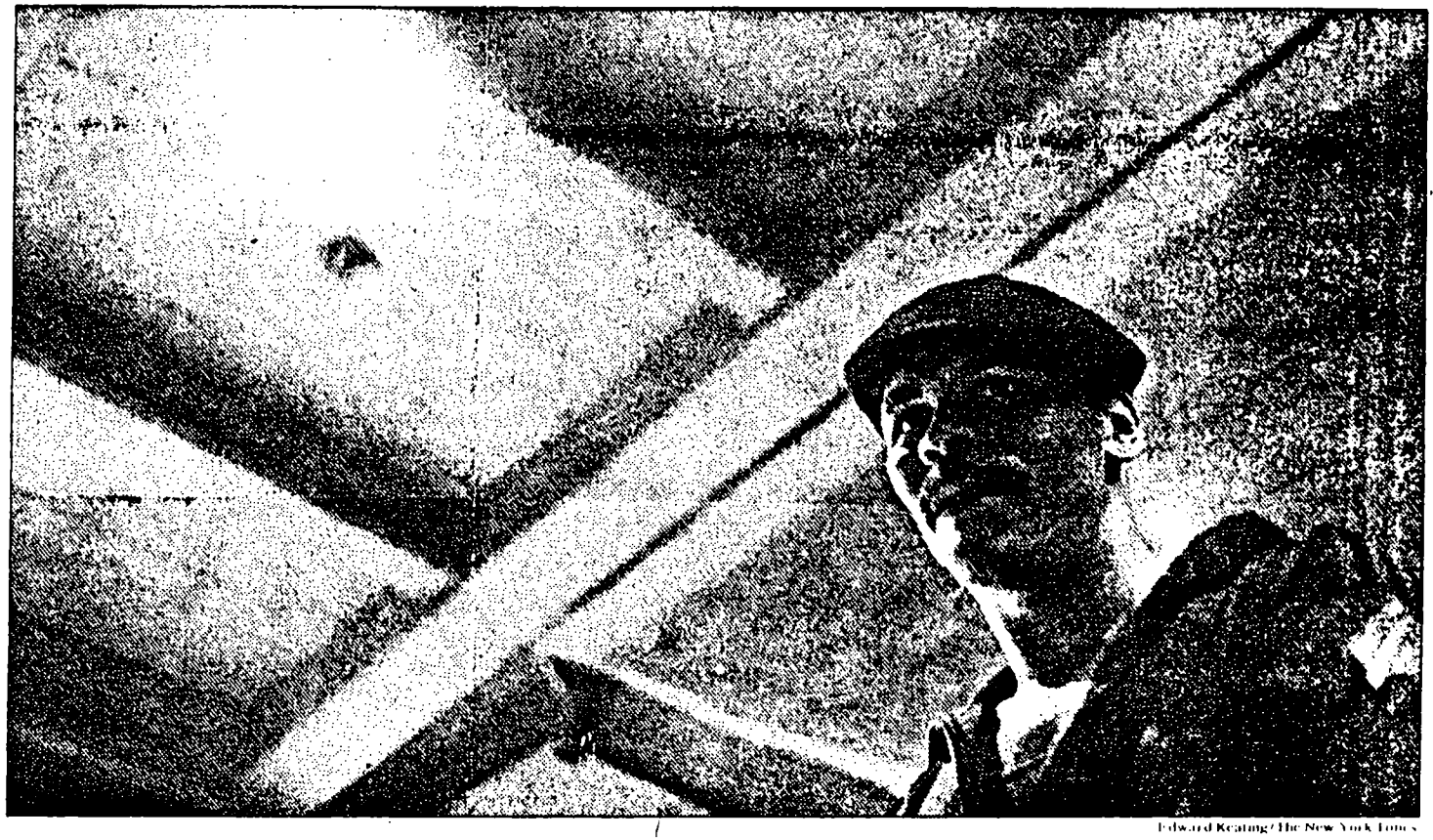
WASHINGTON

AMERICA is fickle about its wars, and how it treats the men and women who fought them.

The Allied victory in World War II seemed to transform veterans into heroes-for-life; the nation embraced them from the moment they returned, with the G.I. Bill and a booming economy, and has feted them again 50 years later. Korea and Vietnam were messier conflicts with ambiguous endings that left returning soldiers forgotten, bitter or worse.

When the Persian Gulf war came along, a friendless Iraqi enemy was dispatched in a 43-day blitz of high-tech weaponry with relatively few American casualties. Troops basking in homecoming parades across the country seemed poised to recapture the respect that World War II veterans enjoyed.

But veterans' advocates and counselors say that expectation has gone unfulfilled. And as the nation tomorrow honors those who have died in battle, they say, an emerging profile of gulf war veterans suggests they may have more in common with Vietnam-era soldiers than World War II troops.



Edward Keating/The New York Times

Like Vietnam veterans, gulf veterans have high levels of homelessness and joblessness. Vincent Torrez lives at a shelter in Queens.

'Disappointed'

Thousands of gulf veterans remain in the military, many using their combat records to climb swiftly through the ranks. But thousands of others are suffering mysterious ailments. Gulf veterans are experiencing higher rates of unemployment, divorce and alcohol abuse than Vietnam-era vets, counselors say.

"I'm disappointed the way our country has treated us," said Charles Sheehan-Miles, 24, a tank loader in the gulf who is now executive director of the Gulf War Veterans of New England. "I'm afraid we're getting closer to the public image the Vietnam veterans had."

That image of a disillusioned and embittered soldier may make it tempting to force into the gulf profile someone like Timothy J. McVeigh, an Army sergeant in the war who is charged in the Oklahoma City bombing. But experts say there is no evidence that gulf veterans are more likely to become political extremists or violent criminals.

The gulf war veterans have problems enough, however, and some seem all the more puzzling because the military's demographics have changed dramatically since a largely conscripted United States army fought in Southeast Asia. In the Middle East, the Pentagon fielded a better-educated and better-trained all-volunteer force, supported by tens of thousands of reservists called to active duty. Nearly 60 percent of the more than 550,000 soldiers sent to the gulf were married and had dependents, proportionally three times as many as the soldiers in Vietnam. About 35,000 women were sent to the gulf, as were 16,337 single parents and 1,231 married couples.

Popular support for the gulf warriors soared as it never did for those who fought in Vietnam or Korea. But four years after the war's end, doctors, counselors and veterans advocates realize the ebullient, brief welcome-home was a poor augury. "Desert Storm vets got a parade, something we

Continued on page 4

Victorious, but Not at Peace

Continued from page 1

didn't get, but then the country looked away," said Richard Fitzpatrick, executive director of the National Coalition for Homeless Veterans.

Within a year of returning home, many gulf veterans who joined the military for a career were handed pink slips, casualties of the Pentagon's post-cold war cuts. Unlike those returning after World War II, these new civilians faced a sinking economy — an era of restructuring and corporate downsizing, of disorienting shifts in the demand for labor.

More than 30,000 veterans have complained of a gulf war syndrome, whose symptoms include fatigue, muscle pain and breathing trouble. Preliminary reports say most of those examined have ordinary, diagnosable illnesses, while a small portion have symptoms that are unexplained. President Clinton signed an order on Friday creating a committee to examine the Government's efforts to cope with these baffling cases.

Psychiatrists say that about 10 to 15 percent of gulf war veterans in several small studies suffered from post-traumatic stress disorder, an anxiety disorder caused by a stressful event, like combat or a natural disaster. The rate is comparable to that found among Vietnam-era vets, and the numbers could have been higher, officials say, had military doctors not learned from Vietnam how to recognize and treat the warning signs of combat trauma more quickly.

Many gulf veterans say their problems stem from a dissonance between what they saw and what the public saw. In August 1992, a 33-year-old Army reservist who worked as a supervisor cataloguing the Iraqi war dead came to Bill Sautner, a veterans' counseling therapist in Orlando, with photographs he and his friends had taken of burned-out tanks, bloody bunkers and charred bodies of Iraqi soldiers.

"He and many other gulf war vets saw the full range of war's destruction — images that he still relives today," said Mr. Sautner, whose patient requested anonymity. "But the public only saw a sanitized, impersonal view on TV."

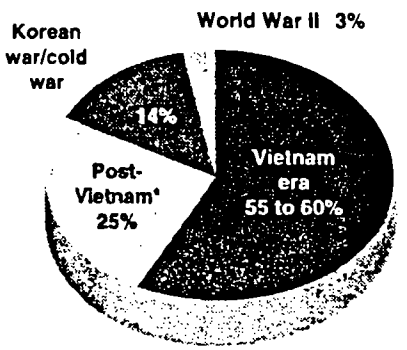
Haunted by such memories, veterans had mixed feelings about their homecoming. "The gulf war vets came back from a four-day ground war as heroes, but when in groups with other combatants who fought a year or more in the jungles, they'll be apologetic and feel a certain amount of guilt," said Dr. Joseph Gelsomino, who runs 28 veterans centers in the Southeast.

The combination of a weak economy, medical problems and a lack of affordable housing have helped make gulf veterans the fastest-growing segment of the nation's 271,000 homeless veterans. Vincent Torrez, a 29-year-old former military police officer, lives at a Salvation Army shelter in Long Island City, Queens, while looking for work. "It's very competitive and there are a lot of people with degrees," said Mr. Torrez, a high-school graduate who attended Marist College for a year. "But I think the Lord will look out for me. I might not get what I want, but I'll get what I need."

Homeless Veterans

On any given night, an estimated 271,000 of the nation's 26.4 million veterans are homeless.

Of those, most served in the armed forces during the Vietnam era.



*Includes Persian Gulf war veterans.

Source: National Coalition for Homeless Veterans

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

VIA SATELLITE | THE NATION'S NEWSPAPER | 50 CENTS

By Anne Ryan, USA TODAY
BARRY BONDS: Has total respect of all. 1C

SHAKY BULLS PLAY HOST TO KNICKS 1,3C

PHOENIX at SEATTLE
▶ Tonight, 9 ET, TNT
▶ Sunday, 3:30 p.m. ET, NBC

N.Y. KNICKS at CHICAGO
▶ Saturday, 3:30 p.m. ET, NBC
▶ Monday, 3:30 p.m. ET, NBC

FIRED-UP JORDAN UNDER FIRE, 3C

S.F. GIANTS HAVE LOT OF STOCK IN BONDS 1C

USA TODAY

NO. 1 IN THE USA . . . FIRST IN DAILY READERS

STALLONE IS BACK IN ACTION

'NO GETTING AWAY FROM' TYPECASTING IN ★★ 'CLIFFHANGER,' 1,4D.

▶ 'SUPER MARIO BROS.' STARTS SUMMER RUSH, 1D

SCOTT TUROW'S NEW 'PLEADING GUILTY' PROVES A GOOD READ 1D

HOLIDAY EDITION

By A. Cooper, Tri-Star Pictures
THRILLED: Sylvester Stallone and Janine Turner, 1D

FRIDAY- MONDAY, MAY 28-31, 1993

NEWSLINE

A QUICK READ ON THE NEWS

WALL STREET: Dow Jones industrial average closes up 14.67 points to 3554.83; NASDAQ index rises to 704.59; 30-year Treasury bond yield holds at 6.92%. 1,3B.

▶ "Big isn't always beautiful" when it comes to mutual funds, says one fund tracker, Dan Dorfman. 6B.

HEALTH CARE: President Clinton will phase in reform plan to ease financial burden; wavers on whether abortion coverage will be included. 8A.

SUPREME COURT: Two New England federal appeals judges reportedly top the list of finalists considered to fill the seat of retiring Justice Byron White. 3A.

RAPE REPORT: Senate committee, headed by Joseph Biden, D-Del., left, approves legislation to extend civil rights protection to victims of gender-based crimes. 3A.

By Tim Dillon, USA TODAY
BIDEN: 'Hopes' bill changes 'attitude'

PRESS BASH: From his L.A. haircut to claims he's star-struck by Hollywood celebrities, Clinton takes time out to criticize recent media coverage. 8A.

SUPERPOWER? Secretary of State calls Bosnia-Herzegovina war "exception" in trying to defuse official's comment that U.S. leadership role is weakening. 6A.

GAYS IN MILITARY: President Clinton signals OK to "don't ask, don't tell" compromise. 9A.

AIDS: Monkeys have successfully vaccinated against vaginal infec of monkey AIDS virus. 1D.

▶ Basic questions still unanswered by scientists. 4D.

ECONOMY: U.S. dollar drops to 107.20 yen,

20-PAGE DOUBLE BONUS SECTION E

COKE 600
Sunday 4:30 p.m. ET
Earnhardt, Wallace take their heated rivalry to Charlotte, N.C. 11E

FLAG DROPS ON A REVVED UP WEEKEND

INDY 500
Sunday 11 a.m. ET, ABC
Lineup, 18E

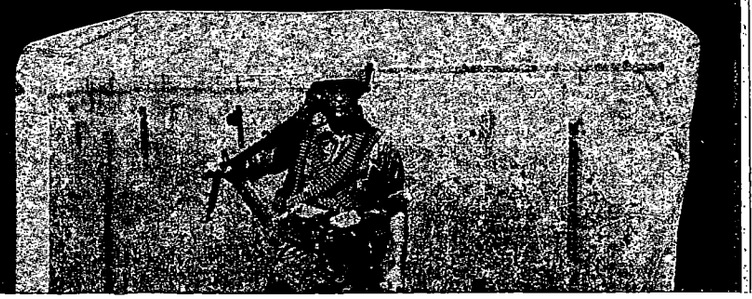
Win for 'hard choices'

FORGOTTEN VETERANS

'My attitude as a kid was patriotism, God, country, Mom, apple pie and all that. . . . I don't believe it now.'
— Phil Goodman, Vietnam veteran

HOMELESS ON THE HOMEFRONT

The largest single segment — an estimated 40%-60% — is from the Vietnam era.



House OKs cuts, taxes; Senate next

By Richard Wolf and William M. Welch
USA TODAY

President Clinton takes a razor-thin House endorsement of his deficit reduction plan on the road today before beginning the battle in the Senate.

The House voted 219-213 Thursday — 217 were needed for approval — for the guts of Clinton's economic agenda:

▶ $250 billion in tax hikes.

▶ $90 billion in spending cuts over five years.

No publicans voted yes.

"The House made hard choices," Clinton said. "We have broken the gridlock."

TODAY'S DEBATE: Trade with China whether curbs are needed to foster human rights. In USA TODAY's opinion, "What right not be the method for changing China's rights record." 12A.

▶ We should "think carefully before using trade as a weapon," says Seth Cropsey, The Heritage Foundation. 12A.

▶ Clinton extends favorable trade status to China. 9A.

MONEY: Bo Jackson throws new pitch in the world of sports marketing. Does he still have the stuff? 1B.

▶ A make-or-brake move for new Honda Accord. 1B.

SPORTS: Top seeds still topple. French Open. 1,14C.

▶ NCAA Div. I and III lacrosse championships. 12C.

LIFE: Remembering '69 Stonewall clash between gays and New York City police, chronicled in new book. 4D.

▶ Kim Basinger's $9,000-a-month pet care tab. 2D.

WEATHER: Weekend sun for mid-Atlantic. 14A.

NO USA TODAY MONDAY . . . in observance of Memorial Day. On Tuesday, a look back at the TV season.

By John O. Buckley

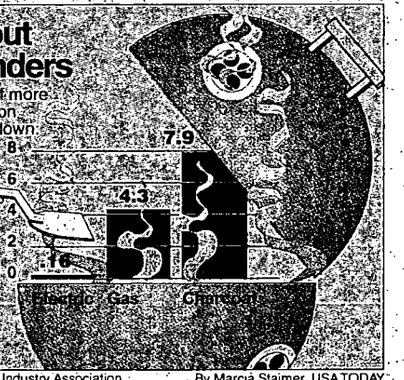
Inside ■ USA TODAY ■ 6 SECTIONS

USA SNAPSHOTS®

A look at statistics that shape the nation

Cookout contenders

How sales of more than 12 million grills break down (in millions)



Source: Barbecue Industry Association

By Marcia Stalmer, USA TODAY

500,000 are homeless in a year, 250,000 on any given night, according to government figures. Advocacy groups say the numbers could be twice that.

Most are high school graduates; a third have some college education. Most are unemployed, but have worked in the past year.

1966: Phil Goodman, at age 19, during his first of two tours in Vietnam

STREET STORIES: Struggling to rebuild lives, 4-5A

Jarvis

Salas

Stevenson

COMING TUESDAY: NEW GENERATION OF HOMELESS VETERANS

Jarvis by John Dischler, Salas by Peter Silver, both AP. Stevenson by R. Jonathan Rehg

COVER STORY

Plight of homeless 'a disgrace'

Nation marks Memorial Day, but many vets wonder when their needs will be met

By Patricia Edmonds
USA TODAY

Two decades after the last U.S. troops left Vietnam, many soldiers who came home are *not* home.

They linger in ranks a half-million strong, a shattered army of homeless veterans.

Elders from World War II and Korea. Kids from Desert Storm. Mostly, middle-aged comrades from the jungles of Vietnam.

Their legions today eclipse the record set by the homeless veterans from World War I.

"People who made tremendous sacrifices on behalf of the nation are sleeping on steam grates," says Veterans Affairs Secretary Jesse Brown.

"A disgrace," he says. "This country is bigger than that."

Where three men are homeless, one is likely to be a veteran. These vets may be jobless or the working poor, substance abusers or sober, haunted by war trauma or just hardened by street life.

They are the walking wounded, the unfinished body count from this century's wars.

So swollen are their ranks that, even by conservative counts, more Vietnam-era vets are now homeless than the

Please see COVER STORY next page ▶

Decreasing sperm counts blamed on environment

By Karen S. Peterson
USA TODAY

Dramatic drops in sperm counts in the past few decades may be due to rising levels of environmental estrogen, as well as substances that act like estrogen, a new report says.

The amount of sperm produced by the average man has dropped by half in the last 50 years, say researchers in the medical journal *Lancet*.

The decline — and more abnormalities in men's reproductive tracts — may be caused by increasing estrogen passed from pregnant mothers to their sons, say Richard Sharpe of the British Medical Research Council and Niels Skakkebaek of Copenhagen University.

The result: increasing male infertility.

The report says women ingest the hormones through:

▶ The water supply.

▶ Oral contraceptives.

▶ Diet, including certain plants, milk and other dairy products.

▶ Harmful environmental compounds like dioxins, PCBs.

High levels of body fat — which retain contaminants and convert some steroids to estrogen — may also be a factor.

The researchers' hypotheses seem sound, says Alan H. Bennett, with the American Urological Association and a researcher in the field.

One in 10 USA couples is infertile. A quarter of infertility problems are solely male.

Thursday, the White House and House leaders lobbied frantically to round up votes, telling Democrats Clinton's presidency on the

"If we don't vote for this, we cut him off at the knees," said Rep. Charles Schumer, D-N.Y.

The package was tough to sell because of its details:

▶ $115 billion in higher taxes on the wealthy.

▶ $71 billion in energy taxes.

▶ Tax hikes on everything from corporations to Social Security benefits.

Democrats argued the bitter pill was worth swallowing as part of a five-year plan to cut $500 billion from the deficit.

"This is the time to justify your election," House Speaker Thomas Foley, D-Wash., said.

But Republicans demanded more spending cuts, lambasted the tax hikes and took direct aim at the energy or Btu tax.

It stands for "Big Time Unemployment," said Rep. Dennis Hastert, R-Ill. Next steps:

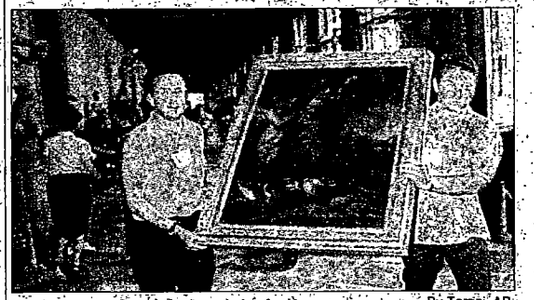
▶ Clinton travels to Philadelphia today to talk up his economic plan. Republicans also hit the road to debunk it.

▶ The Senate Finance Committee, with a slim 11-9 Democratic majority, must vote by June 18. Democrat David Boren of Oklahoma already has threatened to oppose the plan.

▶ The full Senate likely will vote in late June; changes are expected in the energy tax to attract the needed support.

▶ Searching their souls, 7A

Masterpiece mayhem



By Tornini, AP

ART: Giulio Carpioni's 'Vase With Flowers' is carried from the Uffizi Gallery in Florence, Italy. A car bomb Thursday, possibly linked to the Mafia, closed Italy's most popular museum. Among its treasures: paintings by Leonardo da Vinci. **(Damage, 6A)**

State law, the property was permitted to be sold at the liquidation sale";

(2) in subparagraph (A)—

(A) by striking out "the Secretary may accept conveyance of the property to the United States for a price not exceeding" and inserting in lieu thereof "(i) the amount was the minimum amount for which, under applicable State law, the property was permitted to be sold at the liquidation sale, the holder shall have the option to convey the property to the United States in return for payment by the Secretary of an amount equal to"; and

(B) by striking out "and" after "loan;" and inserting in lieu thereof "or";

(C) by adding at the end the following:

"(ii) there was no minimum amount for which the property had to be sold at the liquidation sale under applicable State law, the holder shall have the option to convey the property to the United States in return for payment by the Secretary of an amount equal to the lesser of such net value or total indebtedness; and"; and

(3) in subparagraph (B), by striking out "paragraph (6)(B)" and inserting in lieu thereof "paragraph (6)".

(b) CONFORMING AMENDMENT.—Paragraph (6) of such section is amended—

(1) by striking out "either";

(2) by striking out "sale or acquires" and all that follows through "(B) the" and inserting in lieu thereof "sale, the"; and

(3) by redesignating clauses (i) and (ii) as clauses (A) and (B), respectively.

SEC. 908. MINIMUM ACTIVE-DUTY SERVICE REQUIREMENT.

5303A. Subparagraph (F) of section 5303A(b)(3) is amended by inserting "or chapter 37" after "chapter 30" in the matter preceding clause (i).

TITLE X—HOMELESS VETERANS PROGRAMS

721 **SEC. 1001. REPORTS ON ACTIVITIES OF THE DEPARTMENT OF VETERANS AFFAIRS TO ASSIST HOMELESS VETERANS.**

(a) ANNUAL REPORT.—(1) Not later than April 15 of each year, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the activities of the Department of Veterans Affairs during the year preceding the report under programs of the Department for the provision of assistance to homeless veterans.

(2) The report shall—

(A) set forth the number of homeless veterans provided assistance under those programs;

(B) describe the cost to the Department of providing such assistance under those programs; and

(C) provide any other information on those programs and on the provision of such assistance that the Secretary considers appropriate.

(b) BI-ANNUAL REQUIREMENT.—The Secretary shall include in the report submitted under subsection (a)(1) in 1995, and every two years thereafter, an evaluation of the effectiveness of the programs of the Department in providing assistance to homeless veterans.

(c) CONFORMING REPEAL.—Section 10 of Public Law 102-590 (106 Stat. 5141; 37 U.S.C. 7721 note) is repealed. 38 USC 7721 note.

SEC. 1002. REPORT ON ASSESSMENT AND PLANS FOR RESPONSE TO NEEDS OF HOMELESS VETERANS.

(a) UPDATE OF ASSESSMENT.—Subsection (b) of section 107 of the Veterans' Medical Programs Amendments of 1992 (Public Law 102-405; 106 Stat. 1977; 38 U.S.C. 527 note) is amended by adding at the end the following new paragraph:

"(6) The Secretary shall require that the directors referred to in paragraph (1) update the assessment required under that paragraph during each of 1995, 1996, and 1997.".

(b) REPORTS ON ASSESSMENTS AND PLAN.—Subsection (i) of such section (106 Stat. 1978) is amended— 38 USC 527 note.

(1) by striking out "REPORT.—" and inserting in lieu thereof "REPORTS.—(1)"; and

(2) by adding at the end the following:

"(2) Not later than December 31, 1994, the Secretary shall submit to such committees a report that—

"(A) describes the results of the assessment carried out under subsection (b);

"(B) sets forth the lists developed under paragraph (1) of subsection (c); and

"(C) describes the progress, if any, made by the directors of the medical centers and the directors of the benefits offices referred to in such subsection (c) in developing the plan referred to in paragraph (2) of such subsection (c).

"(3) Not later than December 31 of each of 1995, 1996, and 1997, the Secretary shall submit to such committees a report that describes the update to the assessment that is carried out under subsection (b)(6) in the year preceding the report.".

SEC. 1003. INCREASE IN NUMBER OF DEMONSTRATION PROGRAMS UNDER HOMELESS VETERANS COMPREHENSIVE SERVICE PROGRAMS ACT OF 1992.

Section 2(b) of the Homeless Veterans Comprehensive Service Programs Act of 1992 (38 U.S.C. 7721 note) is amended in the first sentence by striking out "four" and inserting in lieu thereof "eight".

SEC. 1004. REMOVAL OF FUNDING REQUIREMENT OF HOMELESS VETERANS COMPREHENSIVE SERVICE PROGRAMS ACT OF 1992.

Section 12 of the Homeless Veterans Comprehensive Service Programs Act of 1992 (38 U.S.C. 7721 note) is amended by striking out the second sentence.

SEC. 1005. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) of the funds appropriated for any fiscal year to support Federal programs which are designed to assist homeless individuals, a share more closely approximating the proportion of the population of homeless individuals who are veterans

should be appropriated to the Secretary of Veterans Affairs for programs to assist homeless veterans that are administered by that Secretary;

(2) of the Federal grants made available to assist community organizations that assist homeless individuals, a share of such grants more closely approximating the proportion of the population of homeless individuals who are veterans should be provided to community organizations that provide assistance primarily to homeless veterans; and

(3) the Secretary of Veterans Affairs should take such actions as are necessary to ensure that Federal agencies that provide assistance, either directly or indirectly, to homeless individuals, including homeless veterans, are aware of and encouraged to make appropriate referrals to facilities of the Department of Veterans Affairs for benefits and services, such as health care, substance abuse treatment, counseling, and income assistance.

TITLE XI—REDUCTIONS IN DEPARTMENT OF VETERANS AFFAIRS PERSONNEL

38 USC 712 note.

SEC. 1101. FINDINGS.

Congress makes the following findings:

(1) Under proposals for national health care reform, the Department of Veterans Affairs will be required to provide health care services to veterans on a competitive basis with other health care providers.

(2) The elimination of positions from the Department that the Office of Management and Budget has scheduled to occur in fiscal years 1995 through 1999 would prevent the Department from meeting the responsibilities of the Department to provide health care to veterans under law and from maintaining the quality of health care that is currently provided to veterans.

SEC. 1102. REQUIREMENT FOR MINIMUM NUMBER OF FULL-TIME EQUIVALENT POSITIONS.

(a) IN GENERAL.—Chapter 7 is amended by adding at the end the following new section:

"§ 712. Full-time equivalent positions: limitation on reduction

"(a) Notwithstanding any other provision of law, the number of full-time equivalent positions in the Department of Veterans Affairs during the period beginning on the date of the enactment of this section and ending on September 30, 1999, may not (except as provided in subsection (c)) be less than 224,377.

"(b) In determining the number of full-time equivalent positions in the Department of Veterans Affairs during a fiscal year for purposes of ensuring under section 5(b) of the Federal Workforce Restructuring Act of 1994 (Public Law 103–226; 108 Stat. 115; 5 U.S.C. 3101 note) that the total number of full-time equivalent positions in all agencies of the Federal Government during a fiscal year covered by that section does not exceed the limit prescribed for that fiscal year under that section, the total number of full-time equivalent positions in the Department of Veterans Affairs during that fiscal year shall be the number equal to—

"(1) the number of such positions in the Department during that fiscal year, reduced by

"(2) the sum of—

"(A) the number of such positions in the Department during that fiscal year that are filled by employees whose salaries and benefits are paid primarily from funds other than appropriated funds; and

"(B) the number of such positions held during that fiscal year by persons involved in medical care cost recovery activities under section 1729 of this title.

"(c) The Secretary shall not be required to make a reduction in the number of full-time equivalent positions in the Department unless such reduction—

"(1) is necessary due to a reduction in funds available to the Department; or

"(2) is required under a law that is enacted after the date of the enactment of this section and that refers specifically to this section.

"(d) The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives an annual report, through the year 2000, on the number and type of full-time equivalent positions in the Department that are reduced under this section. The report shall include a justification for the reductions and shall be submitted with the materials provided in support of the budget for the Department contained in the President's budget submitted to Congress for a fiscal year pursuant to section 1105 of title 31.".

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

"712. Full-time equivalent positions: limitation on reduction.".

SEC. 1103. ENHANCED AUTHORITY TO CONTRACT FOR NECESSARY SERVICES.

Section 8110(c) is amended by striking out paragraph (7) and inserting in lieu thereof the following:

"(7) Paragraphs (1) through (6) shall not be in effect during fiscal years 1995 through 1999.

"(8) During the period covered by paragraph (7), whenever an activity at a Department health-care facility is converted from performance by Federal employees to performance by employees of a contractor of the Government, the Secretary shall—

"(A) require in the contract for the performance of such activity that the contractor, in hiring employees for the performance of the contract, give priority to former employees of the Department who have been displaced by the award of the contract; and

"(B) provide to such former employees of the Department all possible assistance in obtaining other Federal employment or entrance into job training and retraining programs.

"(9) The Secretary shall include in the Secretary's annual report to Congress under section 529 of this title, for each fiscal year covered by paragraph (7), a report on the use during the year covered by the report of contracting-out authority made available by reason of paragraph (7). The Secretary shall include in each

HUD ASSISTANCE TO HOMELESS VETERANS

Reducing homelessness is the number one priority at HUD. Tangible evidence of this commitment to homeless veterans and others is the $1 billion HUD has awarded to homeless providers in 1995, double the 1993 funding amount.

HUD programs serve homeless veterans and other homeless persons with a broad range of homeless assistance programs.

- A Supportive Housing Demonstration (SHD) evaluation of 433 transitional housing projects found that 38 percent of these projects served veterans, and 2 percent exclusively served veterans.

- Some recent evidence from HUD-funded supportive housing projects which collect data on the veteran status of participants indicates that over 30 percent of participants were veterans.

HUD assists veterans through providing significant assistance to projects serving single and disabled homeless persons:

- Assisting single veterans. Ninety-eight percent of veterans are male and the vast majority are single. HUD is responsive to this population subgroup by providing significant resources to single homeless persons.

  - In our FY 1995 $900 million competition, over 54 percent of persons to be assisted will be single homeless persons. Many will be veterans.

  - HUD's Single Room Occupancy (SRO) program is particularly well suited to serving homeless veterans, this year providing assistance for about 2,700 persons.

- Assisting disabled single veterans. Many homeless veterans suffer from alcohol or drug problems (50%) and severe mental illness (33%). Some have HIV/AIDS and 1 in 10 suffer from Post Traumatic Stress Disorder (PTSD).

  - In our FY 1995 $900 million competition, 31% of all persons to be served and 58% of single persons will have disabilities.

  - The SHD evaluation found that 44% of the 68 projects serving the severely mentally ill assist veterans and 60% of the 50 substance abuse projects assist veterans.

HUD also funds targeted veterans programs. In addition to HUD's resources being used by public and private agencies nationwide to assist homeless veterans, HUD has also funded projects developed by veterans organizations that serve homeless veterans exclusively.

- In 1995, over $7 million was awarded to veteran specific organizations. In addition, we have identified at least 15 other projects which specifically indicate that they will be assisting veterans. Including these projects, more than $21 million has been awarded for projects serving or targeting veterans.

Veterans have increasingly and need to continue to become an important participant in the local continuum of care. HUD's "continuum of care initiative" will effectively link homeless persons, including homeless veterans, with housing and services to make critical transitions: from streets to emergency shelters; then to transitional housing, if necessary, and ultimately to permanent housing, to jobs and independent living.

- The Administration has recognized the unique importance of homeless veterans needs by including a veterans' representative as one of the designated members of the local homeless board charged with developing and coordinating the "continuum of care" as a part of proposed legislation to reorganize McKinney programs.

Vietnam Veterans of America, Inc.

1224 M Street, NW, Washington, DC 20005-5183
Telephone (202) 628-2700 • General Fax (202) 628-5880 • Advocacy Fax (202) 628-6997 • Finance Fax (202) 628-5881

A Not-For-Profit Veterans Service Organization Chartered by the United States Congress

X(19

"VVA, At Work in Your Community"

STATEMENT OF

VIETNAM VETERANS OF AMERICA

Presented by
William F. Crandell,
Deputy Director
Government Relations

Before the
White House Interagency
Veterans Policy Group

May 24, 1995

INTRODUCTION

Vietnam Veterans of America (VVA) welcomes the opportunity to participate in this meeting, and to present our views to the White House Interagency Veterans Policy Group once again. In recent months, we have all heard and read attacks on veterans' programs. Pundits who have never worn a uniform or seen a battlefield have wondered in print why it is necessary to spend money on care for veterans. Congressional Budget Committees also think we cost too much.

Most veterans never use the federal government programs aimed to address their unique needs, and ask only for respect and the assurance that if they ever do need help, the nation that sent them to war will provide it. Some of the help veterans need is unique, because war wounds and other service-connected injuries, illnesses and disabilities are unlike others, and are the responsibility of the federal government.

The primary topics we will discuss with you will be homelessness, employment, civil service reform, Gulf War Syndrome, and relations with Vietnam – five areas in which Vietnam Era veterans have a significant stake.

HOMELESSNESS

Homelessness is one of the most intractable problems America faces. Over a third of the homeless are veterans. A recent state-by-state survey estimates that the number of homeless veterans is 271,750 nationally. That is five times as many homeless veterans as the 58,156 men and women killed in Vietnam. Simply put, the federal government doesn't seem to understand why it is so shocking that so many of the homeless are veterans. We believe there is a causal connection between military service – especially combat stress – and homelessness in veterans.

The upshot is that when homeless veterans are approached as "generic" homeless, some of the best efforts simply fail to reach them and make little difference in their lives. Approaching homeless veterans *as veterans*, recognizing their ability to trust other veterans and putting them in touch with services *that are designed for veterans*, is a powerful force that can turn them around. VVA's experience demonstrates that small, tough, inexpensive veteran-specific programs for homeless veterans can produce working citizens.

We strongly support the effort to make continuum of care the national standard. VVA has always believed that a continuum of care which is an integrated combination of programs that range from immediate aid, such as food and shelter, job training and transitional housing to preparation for permanent jobs and permanent housing is the best way to break the cycle of homelessness.

In a decade of tight resources, federal program dollars must go predominately to such

community-based continuum-of-care programs. Currently the veterans service organizations (VSOs) are forming a Veterans Organizations Homeless Council (VOHC) that will put forward a united legislative agenda and create a model for reaching and caring for homeless veterans that we believe will be useful as well in reaching the other two-thirds of the homeless in America.

A "Fair Share" for Homeless Veterans

The Department of Housing and Urban Development (HUD) currently operates programs in which 15 percent of funding is targeted for special needs programs. This is a means of making certain that a program fits the people it is meant to help. Veterans are not identified in these HUD-run programs. Homeless veterans comprise a *large* special needs population that generally goes unrecognized and unidentified. HUD is only incidentally helping veterans, with minimal effort. VVA has learned that some community agencies turn away veterans because there is a misconception that the VA will take care of their needs.

The responsibility is not the VA's alone. HUD is the major agency for dealing with homelessness, but it does not employ the "Fair Share" concept in allocating its funds for programs and grants, nor do most state and municipal governments. Last year Congress showed great wisdom in adopting a "sense of Congress" resolution in PL 103-446 requiring that a proportionate share of federal grant money given to community organizations that assist the homeless go to providers who "provide assistance primarily to veterans." Even so, in March HUD announced the 47 grants for its $25 million 1995 Innovative Homeless Project Funding, awarding *not a dime* to homeless veteran providers, though there were numerous applications. Last year's grants gave 2 percent of the funding to veteran-specific programs.

What makes homeless veterans different? Statistics suggest the answer without giving it. Homeless veterans come from every ethnic group, but they are overwhelmingly single men, with a median age of 42. Most served during the Vietnam War, though some World War II, Korea, post-Vietnam and Gulf War veterans are also homeless. New York's Temporary State Commission on the Readjustment Problems of Vietnam Veterans found the highest correlations to be between combat service and Post Traumatic Stress Disorder (PTSD). Not war but the *nature* of the war in Vietnam – and its aftermath – explains why homeless veterans tend to be Vietnam veterans.

The first requirement is to recognize formally that homeless veterans are a distinct *special needs population*. VVA would like to work with HUD, the Committees on Veterans' Affairs and Appropriations, the Senate Committee on Labor and Human Resources and the House Committee on Economic and Educational Opportunities to explore "pass-through" arrangements that would allow funding to support VA and DOL projects for homeless veterans. If we are to reduce the growing numbers of homeless veterans, we must encourage and support such programs and organizations.

EMPLOYMENT

The Coming Crisis in Veterans Employment

America is at the outset of an employment crisis for Vietnam-era veterans – primarily not the difficult to employ but those who have worked steadily for decades. Name a damaged sector of the national economy, and you will find veterans over-represented in it. Veterans of the Vietnam generation went to work as civilian employees of the military and the defense industries far out of proportion to their percentage in the general population. They found secure jobs in federal, state and local governments, and they became executives and assembly line workers for corporations that make everything from computers to cars. They did so because they had particular skills that were useful in such jobs, and were hired because of their abilities and their discipline as workers. The skills they acquired in these positions have added to what they learned in the military, and constitute a national resource that we cannot afford to lose.

For many years the Vietnam War has had a damaging economic effect on its veterans. A 1993 Department of Labor Policy Development Paper states, "after military service, it takes five years for a veteran to become equal in earning power to those peers who did not serve in the military.... [S]tudies conducted by Harvard University and Princeton University in 1991 showed that Vietnam War veterans earned about 15 percent less a year than similar men who were not drafted."

Today veterans constitute a declining 14-15 percent of the overall work force, yet they represent an increasing 21-26 percent of all workers dislocated by plant closings, layoffs and general economic transformation. In the past three years alone, 700,000 defense workers lost their jobs. Military downsizing also eliminates 275,000 more jobs each year. *Almost a million veterans who had good jobs have lost them.*

Vietnam-Era veterans are currently being faced with their greatest economic challenge since the three major recessions of 1970-1982. It is disturbing that in the face of these challenges, some in Congress have sponsored over-broad "streamlining" legislation that would eliminate successful veterans employment programs simply because they are among 154 various efforts that target individual populations. VVA supports cost-effective streamlining and elimination of duplication, but not the elimination of programs that work and can serve as models in streamlining.

Veterans Employment Programs

There is an understandable interest right now in legislation that would consolidate what the Government Accounting Office has rather sloppily counted as 154 separate job training programs overseen by 14 agencies. GAO has counted the Department of Labor's Disabled Veterans Outreach Program Specialists (DVOPs) and Local Veteran Employment Representatives (LVERs) – specialists who assist veterans in gaining employment – as training programs, which they never have been. Whatever the correct total, there is a sense that overlapping and waste exist. VVA does not support waste, and we believe that the current

increase in unemployed veterans makes these programs a necessity.

Some of the pending bills to deal with consolidation are hastily drawn and needlessly damaging to veterans. They seem headed toward solving the problem by shifting responsibility – in the form of block grants to the states which would presumably be passed on as block grants to communities.

Block grants may solve a lot of problems, but not veterans employment. Such monies will be allocated in states and communities by some mix of politics and severity of need. There is no state or community in which either a major voting block or the most serious problem is considered to be veterans. Yet veterans *do* have employment problems, and they are the federal government's responsibility. A great many of America's problems are rightly faced locally, but veterans cannot be sloughed off to states and municipalities. America sent us to war and we went proudly. Keep faith with us. We served the nation and we are the responsibility of the nation.

CIVIL SERVICE REFORM

VVA strongly supports enforcement of veterans preference laws. Since its creation 50 years ago, veterans preference has stood as a tangible sign of the thanks of a grateful nation to those who have risked their lives and perhaps lost their limbs in its behalf. It was designed to help veterans catch up with the employment opportunities they lost by serving their country. This often means no more than helping veterans gain good jobs for which they are qualified. Too often it means less. Veterans preference has been eroding since this nation's commitment of troops to Vietnam began.

Any change in veterans preference in hiring, firing and reduction in force (RIF) procedures in the federal sector will be faced by all veterans entitled to these preferences. The federal workforce gained 56,055 positions since 1985. During the same period veterans lost 137,559 positions while non-veterans gained 193,614 positions.

The Current Report to Congress for fiscal year 1992 submitted by the Office of Personnel Management (OPM) goes further. This report gives the total number of employees in the federal workforce as 2,138,673. Since 1989 the federal workforce rose by 20,120 positions. Non-veterans in the federal workforce gained 61,819 positions. Vietnam-era veterans lost 9,940 positions and other veterans in the federal workforce *lost* 31,759 positions. *This was a net loss was 41,699 veteran positions in just 3 years.* VVA believes these figures illustrate a systematic disregard in federal agencies for the veterans preference system and for veterans of the Vietnam War.

Despite some very real cross-currents in the United States Postal Service, other federal agencies, and the National Performance Review, this administration has stood behind veterans preference as an integral part of the merit system, and we thank the President for

it. The temptation to find shortcuts for fulfilling other goals will always be strong, and will need aggressive opposition. VVA supports a smaller yet vigilant OPM monitoring agency compliance with federal personnel policies.

GULF WAR SYNDROME

Vietnam Veterans of America has been a major supporter of measures to crack the code of this frustrating and serious cluster of debilitating symptoms that has crippled so many veterans of the Gulf War and their families. The most important task, we believe, is to coordinate efforts of the various agencies involved in doing research, providing health care, and paying disability benefits.

Although VVA would have liked to see a stronger treatment of the issue, Congress made real strides in 1994 on behalf of Gulf War veterans disabled by undiagnosed illnesses. The Gulf War veterans provisions in PL 103-446 authorize compensation on a presumptive basis for those suffering chronic disability as a result of undiagnosed illness. The Department of Veterans Affairs will also be required to develop and implement a uniform case assessment protocol and case definition(s), to evaluate the health of spouses and children of Gulf War veterans and conduct an informational survey of them, to set up a comprehensive outreach program, and to contract with the National Academy of Science for epidemiological research.

The unknown nature and debilitating course of these disease processes demand that you be very diligent in seeing that these requirements are met, and met aggressively. The efforts of VA, DOD and the other federal agencies with a piece of this must be coordinated. Nothing must derail the progress to serve these veterans. We must never lose sight of Gulf War veterans' needs.

RELATIONS WITH VIETNAM

One of the legacies of the Vietnam War is the national recognition of the plight of America's prisoners of war and missing in action. Drive across the country and you will see the black "You Are Not Forgotten" flag and emblem wherever you go. The fullest possible accounting of the POW/MIAs has always been the goal of all parties to this debate. What we have disagreed upon was strategy. This issue remains a major concern of veterans service organizations and the families and friends of the missing.

VVA's Veterans Initiative

In a solemn repatriation ceremony in Hanoi on February 13, Vietnam turned over the remains of six American POW/MIAs to a top-level delegation from Vietnam Veterans of America and Joint Task Force Full Accounting (JTF-FA). This was the first time since the end of the war that any American veterans were permitted to participate in such a ceremony.

This latest step in accounting for over 2,200 missing servicemen was part of VVA's "Veterans Initiative," a veteran-to-veteran campaign aimed at sharing information contributed by American and Vietnamese veterans to locate American POW/MIAs and Vietnam's war missing. The Veterans Initiative is a privately-funded, non-governmental approach to resolving the POW/MIA tragedy, and it has made a serious contribution to broadening the ways in which Americans can grapple with this task.

Our goal from the beginning has been to help achieve the fullest possible accounting of our POW/MIAs, which we define as the return of all live Americans or their remains, or convincing evidence why neither can be achieved. VVA's hard work in helping the Vietnamese account for their own missing has resulted in this repatriation and is another step toward a full accounting of our own. To date, VVA has given Vietnam information that could potentially help locate almost 7,000 of its missing.

Without the fullest possible accounting, Vietnam Veterans of America strongly opposes normalization of relations with Vietnam. At the same time, VVA will concentrate its resources on facilitating the immediate return from Southeast Asia of live Americans or the remains of those who have died.

A Presidential POW/MIA Commission

There are, however, some steps toward the fullest possible accounting that only this nation's government can take. VVA intends to ask this year for formation of an independent Presidential POW/MIA Commission. Such a commission should include cabinet members (Defense, State and Justice, plus the individual service secretaries) and the Chairs and Ranking Minority Members of both Armed Services Committees, along with representatives of the VSOs and family groups. A high-level commission could re-energize current efforts. All the VSOs are displeased with the pace and scope of efforts to resolve the issue. We believe that this commission might address past failures and develop more positive future solutions.

CONCLUSION

Vietnam Veterans of America has always been non-partisan, and its focus is on veterans issues only. Our record is one of creativity, pragmatism, fiscal integrity, and innovative solutions. VVA's position has always been that tossing more and more money at veterans programs is less effective than running them well. We have remained steadfast to our broad agenda of issues that range from veterans benefits and health care to employment, Agent Orange, and homeless veteran issues. That agenda is directed by our members through resolutions adopted at biennial conventions. We have also dedicated our efforts to a basic commitment that "Never again will one generation of veterans turn its back on another."

The issues that drive VVA's agenda have remained constant throughout our history. The nearly *27,000,000 American veterans* will continue to rely upon the nation they served. Some are dying in VA hospitals and some left dependents behind many years ago. Some still struggle with the effects of wounds and diseases from their time on active duty. Some live in despair in the streets because of what they went through in war. Every one of us was proud to serve.

Keep faith with men and women like these. They are the heart of America.

See page 8

STATEMENT OF
RONALD W. DRACH
NATIONAL EMPLOYMENT DIRECTOR
DISABLED AMERICAN VETERANS
SUBCOMMITTEE ON POSTSECONDARY EDUCATION, TRAINING, AND LIFE-LONG LEARNING
COMMITTEE ON ECONOMIC AND EDUCATIONAL OPPORTUNITIES
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
MARCH 23, 1995

Re Homeless Vets

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

On behalf of the more than one million members of the Disabled American Veterans (DAV) and its Women's Auxiliary, I want to thank you for the opportunity to appear before you today to discuss our nation's system of delivering employment services to its citizens, particularly veterans of the U.S. Armed Services.

The DAV commends you, Mr. Chairman, for the timely conduct of this hearing because of the severe negative impact many proposals and recommendations being considered would have on our nation's veterans and disabled veterans.

Mr. Chairman, I do not believe anyone would deny that national security is a federal responsibility. The federal government cannot give the states block grants to raise an army and to define what is needed to provide for a strong national defense. Our founding fathers realized that this responsibility and authority should rest with the federal government. This is evidenced by the fact there have been employment benefits and initiatives for our nation's veterans since the Revolutionary War. These are earned benefits. No one would even suggest that such a responsibility be given to the states.

It is the DAV's unwavering position that the cost of benefits and services to those veterans who served honorably in the military in the national interest are a responsibility of the federal government and not the states.

Mr. Chairman, regrettably, there are those in the Congress who would repeal certain provisions of Title 38 USC that provide employment and training programs to our veterans. Some of those provisions are contained in Chapter 41 Title 38 USC I need to point out here, Mr. Chairman, that Chapter 41 is not an employment and training program and should not be categorized with the Job Training Partnership Act (JTPA) or any of the other employment and training programs currently under review and discussion.

The program embodied in Chapter 41 is a "delivery system" whereby job seeking veterans can receive assistance from dedicated personnel as needed. As a matter of fact, our nation's veterans do not have a targeted employment and training program in this country. Rather, their access to employment and training programs is through a delivery system.

Mr. Chairman, we are concerned that any new system that is devoid of specific priority of services for veterans will result in veterans not being served. Historically, there is a misperception that all of veterans' needs are taken care of by the Department of Veterans Affairs (VA). As such, veterans are forgotten when employment and training programs are left to the states, cities, and counties.

Since the demise of the Manpower Development Training Act (MDTA) of the sixties, veterans have not been served by employment initiatives, including JPTA and its predecessor, the Comprehensive Employment and Training Act (CETA).

Regrettably, Mr. Chairman, time did not permit the needed research to provide data showing that veterans are not and have not been served under programs that did not specifically identify them as a target population. Implementers of local programs serve those who are mandated to be served by federal law. We cannot emphasize strongly enough our support for a system that provides continued priority of services for our nation's veterans.

Transition Assistance Program (TAP)

Mr. Chairman, several years ago, the Department of Defense (DoD), Department of Labor (DOL), and the VA established the Transition Assistance Program (TAP) to assist military service members in the transition from military to civilian life. TAP is a three-day briefing in which soon-to-be-discharged military members are provided information on job seeking skills such as resume writing, and interview skills. Beyond that, very little is done to assist in the transition from military service to civilian life.

According to the DOL, an average of $36 a person is spent to provide this type of service. I would like to contrast that with the estimated amount -- $70,000-$80,000 -- spent to take a civilian and turn him or her into a military person. The difference is obvious.

Mr. Chairman, we are discharging approximately 275,000 military members each year. Other than the $36 per person spent through TAP, little is being done to maximize the employment of these individuals. Someone once said, "A recession is when your neighbor is unemployed and a depression is when you are unemployed." Mr. Chairman, all too many of these military members are facing a depression. When a major announcement

comes from a large corporation like IBM or General Motors (GM) that a huge lay off is forthcoming, a strong effort is made to ease the transition from employment to unemployment and back to employment. Efforts are made to provide meaningful employment assistance to those affected so that their unemployment time will be minimized.

Approximately three years ago on March 18, 1992, DAV sent a letter (copy attached) to then Deputy Secretary, DOL, Delbert Spurlock, regarding the DOL's efforts on behalf of employees of GM. Part of that letter reads as follows:

> Based on information received from a recent article in the Employment and Training Reporter, the Department of Labor is prepared to do more for people who are potentially going to be laid off from General Motors (GM) than they are for our nation's military....
>
> To a large degree, many of today's separating military are in a position similar to that of GM -- they are being let go involuntarily. In response to the potential layoffs at GM "rapid response teams" have been established to provide assistance to these workers.
>
> The article reveals the DOL:
> "... has created a task force to determine how best to respond to GM workers needs. The team, established one day after the plant closures were announced, will be headed by John Schall.... The team will act as an advisory board and help states file requests for Title III discretionary funds so they can be processed quickly...."

I am attaching Mr. Spurlock's, June 4, 1992, response. Please note throughout this response, he talks about the Defense Conversion Adjustment (DCA) Program, JTPA Title III discretionary account, and "Rapid Response." He also mentions the Office of Economic Adjustment (OEA) at the DoD and the Economic Dislocation and Worker Adjustment Assistance Act (EDWAA). All of this in the context of helping civilians who were affected by base closures and military downsizing.

Totally devoid from his response, Mr. Chairman, is the issue I raised in my letter -- the impact of the military downsizing on military service members, not civilian employees. Mr. Spurlock's letter addresses only initiatives for affected civilians. We believe it is a national tragedy that our federal government is willing to spend so much money to train a civilian to be a military member, but when that military member is no longer needed, he or she is hung out to dry. We should be ashamed of ourselves.

The irony of this, Mr. Chairman, is that GM never asked for help. Their plan was to reduce its work force by approximately 74,000 over the ensuing several years. Please contrast that to the military downsizing of 275,000 a year. In the aforementioned article a GM spokesman said that they did not anticipate layoffs but, "The vast majority of job losses will be handled through regular and accelerated attrition."

Mr. Chairman, GM did not ask for help, but we are. We suggested then, and believe today, that similar efforts should be undertaken for our nation's service members who are being let go because of the end of the Cold War. They need more than a $36 training session. These individuals are not even treated as "dislocated workers" under current legislation and other programs designed to assist dislocated workers. Veterans do not have an employment program they can call their own. Rather, they have to rely on the existing system of the Disabled Veterans Outreach Program (DVOP) specialists or the Local Veterans' Employment Representatives (LVERs) to assist them in finding employment or find employment on their own. They cannot walk into a local employment security office and identify themselves as a veteran and expect to be enrolled in a training program under JTPA .

Mr. Chairman, also attached is a copy of a November 6, 1990, letter to former Secretary of Labor Elizabeth Dole. This letter is a response to Secretary Dole's including us in a review of the nation's public Employment Service (ES). A history of the federal government's involvement with our nation's war mobilization and demobilization efforts is delineated therein. Additionally, attached is a March 24, 1994 letter to Assistant Secretary of Labor for Veterans' Employment and Training Preston Taylor regarding the efforts of his "reinvention teams."

Mr. Chairman, in March 1991, Congress enacted legislation establishing an Advisory Committee on Veterans' Employment and Training (ACVET) (Section 4110 Title 38 USC). The purpose of this committee is to:

> "(A) assess the employment and training needs of veterans;
>
> (B) determine the extent to which the programs and activities of the DOL are meeting such needs.

The Committee had its first meeting in December 1994 and met again March 14-15, 1995. There was considerable discussion regarding some of the pending legislation and the impact it would have on the service delivery system designed for veterans.

During the course of the-day-and-a-half meeting many issues were discussed. An official from the DOL Employment and Training Administration (ETA) discussed the dislocated worker

program. It was confirmed that veterans as a class are not targeted in any of the dislocated worker initiatives. Mr. Chairman, by anyone's definition, these military service members are being dislocated. All too many are being let go involuntarily and should receive the highest priority and consideration in designing and implementing initiatives for our country's dislocated workers.

Earlier DOL data revealed that veterans comprise approximately 26 percent of the dislocated worker population. By contrast veterans make up only 14 percent of the civilian labor force. Clearly, veterans are impacted at a rate almost twice their incidence in the labor force.

The Committee found totally unacceptable the fact that under current budgeting initiatives only about 30 percent of the dislocated worker population will be served.

The ACVET members were also informed that in FY 1994, 2.5 million veterans were looking for employment and 560,000 (22 percent) were placed in a job at an average cost of $432.74 per placement. Translated, just over 1 in 5 job seeking veterans received employment. It should also be pointed out that a placement is defined as a job lasting more than 3 days.

By contrast it has been reported that "More than 11.6 million job seekers received job search assistance from the ES last year [FY 1994] and over 3.3 million were referred to jobs." (Emphasis added.) Proportionally, the job service was able to provide job referrals to 28 percent of its clientele.

We do not believe these numbers reflect a lack of desire by personnel working within the system. The burdens placed on the system over the last 25 years and the continuing decline of resources makes it difficult to have a meaningful labor exchange system. It has been estimated that somewhere between 70 to 90 percent of all jobs filled are never advertised or listed anywhere, but filled through personal contacts and networking. We also believe that because of the sheer numbers seeking assistance through the job service, personnel are unable to provide the necessary services that will result in meaningful placement. We are of the opinion too much time must be spent in responding to the client who is physically waiting than doing job development and file searches for other clients.

One-Stop Center

Mr. Chairman, we have every reason to envision the "One-Stop Center" will replace the current system of providing employment services to our nation's unemployed. We believe these centers should provide veterans priority services in all activities administered through the centers. It is important that there should be continuation of the LVER and DVOP efforts

to provide meaningful employment services to our nation's veterans in One-Stop Centers.

We are also concerned that there has been discussion about repealing certain programs administered by the VA to include Chapters 30, 31, 32, and 35 of Title 38 USC. The DAV opposes these efforts, and will resist, with particular intensity, efforts to diminish the purpose and scope of benefits provided under Chapters 31 and 35.

Mr. Chairman, last summer we celebrated the 50th Anniversary of the GI Bill. During the course of various ceremonies, it was pointed out by many, that the GI Bill created at the end of World War II has produced today's middle class. The GI Bill worked in the past and continues to work to provide meaningful education and other training opportunities for our nation's veterans.

All too often, what is missing is the link between that training and actual job placement. By working together, the VA and the DOL's VETS can bridge that gap and assure that those veterans receiving training through current GI Bill initiatives will indeed obtain and retain meaningful employment.

There has been considerable discussion about a "voucher system" for our nation's unemployed. Rather than attempting to repeal the GI Bill programs administered by the VA, those programs should be looked at as successful "voucher" programs. These programs are the original voucher program and have worked well. When an eligible veteran determines his or her own goal (in many cases, following intensive counseling by VA personnel -- services not available at the ES) the individual makes application and receives a certificate of eligibility (voucher). That certificate is then taken to the education institute or employer (in the case of on-the-job training,) which in turn, is completed and sent back to the VA. Upon the start of training, payments are made to the veteran and/or the school.

Employment Situation of Veterans

The DOL has published the results of a survey of veterans conducted by the Bureau of the Census for the Bureau of Labor Statistics as a special supplement of the September 19, 1993, Current Population Survey (CPS). This survey showed that 9 out of 10 Vietnam era veterans were between the ages of 35-54, 9 percent were Black, 3 percent were Hispanic, and 2 percent were female.

About half of the Vietnam era veterans surveyed served in the Vietnam theater of operations. The labor force participation rate of Vietnam theater veterans and Vietnam era veterans was approximately the same at 88 percent. This means

12 percent were not even in the labor force, they were unemployed but not counted as such.

About 10 percent of the Vietnam era veterans reported service-connected disabilities and 70 percent of the Vietnam era, service-connected disabled served in Southeast Asia. Veterans rated at 10 and 20 percent had labor force participation rates of 82 percent, 9 percentage points lower than that of non-disabled veterans; even so, their unemployment rates were approximately the same at 4 percent. The unemployment rate for female Vietnam era veterans was 7 percent, compared to 4.8 percent for women who had not served in the armed forces.

Disabled and non-disabled veterans were found to be working in similar occupations. However, disabled veterans were 2 1/2 times more likely to be employed by the federal government than their non-disabled counterparts. Also, 20 percent of the disabled veterans were employed by the federal government, compared to 8 percent of the non-disabled veterans.

When disabled veterans were asked whether their disability had ever prevented them from obtaining or keeping employment, about 3 out of 10 disabled veterans from the Vietnam era reported this had occurred. Among those who are unemployed and not in the labor force, about 4 out of 10 believed their disability is an obstacle in the labor market. It is important to note that for Vietnam era disabled veterans rated at 60 percent service-connected disabled or more by the Department of Veterans Affairs, 80 percent were not in the labor force. This compares to 88 percent of the non-disabled Vietnam era veterans being in the labor force.

Nearly one-half the male veterans from the Vietnam era participated in special education and training programs following their military discharge. Disabled veterans were more likely than non-disabled veterans to have participated in such programs.

Of the 1.2 million female veterans, 180,000 served during the Vietnam era making up about 2 percent of the veterans of the Vietnam era. While their labor force participation rate of 82 percent was higher than that of non-veteran women age 35 to 54 (about 75 percent of all women veterans), their unemployment rate was 7 percent, compared to 4.8 percent for women who had not served in the armed forces.

Mr. Chairman, I believe these data support the need for a continuing effort on the part of the Department of Labor through its federal/state network of employment service offices to provide priority of services to veterans. These veterans have earned this right.

Mr. Chairman, I am also attaching a March 1995 DAV "Employment Bulletin," which discusses the President's proposed FY 1996 budget for the Veterans' Employment and Training Service. We advised the recipients of this bulletin of our concerns with pending legislation and have urged them to contact their elected officials to oppose any negative changes to current systems that provide employment services for our nation's veterans.

I would like to emphasize that funding for the DVOP and LVERs comes from a special fund --- The Federal Unemployment Tax Act (FUTA) --- the monies do not come from general tax revenues but a special tax paid by employers. A full 97 percent of funding for the employment service comes from this fund, and only 3 percent comes from general tax revenue.

Mr. Chairman, I would like to bring to your attention some other issues that although not specifically related to veterans are, I believe, important in discussions on how a future employment security system should look. In a February 21, 1995, Wall Street Journal article, it was reported that "Employers have a dismal view of the ways schools and universities prepare people for the workplace...."

The Census Bureau did a survey of 3,347 companies for the U.S. Department of Education. Among its findings: "... managers estimate that one out of every five U.S. employees isn't proficient in the job. Meanwhile jobs require higher levels of skills as U.S. companies increasingly find themselves battling for market share with overseas competitors.... Teacher recommendations rank at the bottom of eleven criteria used for hiring, and student's grades ranked ninth.... The three top criteria for hiring, according to the survey, were an applicant's attitude, his or her communication skills, and previous work experience."

Homeless Veterans

Mr. Chairman, the Department of Housing and Urban Development (HUD) has recently increased its estimate of the number of homeless veterans on any given night from 250,000 to 280,000. The 250,000 estimate has been used for a number of years, and the increase by 30,000 certainly raises cause for concern. Is this an increase based on an inability to address the needs of those previously identified as being homeless or are more and more veterans becoming homeless on a daily basis? Perhaps a combination of both is true. Regardless of the reason, efforts must be expended to end the tragedy of homelessness among our nation's veterans.

Anecdotal information reveals that many veterans who served in the Persian Gulf are living on the streets. I believe this is due, in part, to the fact that some joined the military to get away from a bad family situation in an effort to improve

their opportunities. Some were wounded or injured and discharged because of disability. Others completed their tour of duty, and others were let go because the military no longer needed them. Regardless of the reason for their discharge, there should be no reason for their being homeless.

Mr. Chairman, several years ago, VETS initiated a pilot project for outreach to homeless veterans in an attempt to provide needed employment and training services. This program is commonly known as the Homeless Veterans Reintegration Project (HVRP). Recent action by the House of Representatives has proposed rescinding approximately $5 million from the FY 1995 appropriation level, essentially abolishing the program. The President's FY 1996 budget requests only $5 million for this program. This will enable DOL to serve only approximately 8,200 homeless veterans. That is less than 3 percent of the estimated population of homeless veterans.

We believe the present appropriations for the remainder of FY 1995 should be restored and the FY 1996 budget request should be increased.

I mentioned earlier that veterans do not get served unless they are identified as a target population. Regrettably, that is not true in all instances. Public Law 103-446, Section 1005(2) states in part "... of the federal grants made available to assist community organizations that assist homeless individuals, a share of such grants more closely approximating the proportion of the population of homeless individuals who are veterans should be provided to community organizations that provide assistance primarily to homeless veterans." (Emphasis added.)

Mr. Chairman, it has been estimated that 35 percent of the homeless population are veterans. Yet, on March 20, 1995, HUD announced the 1995 Innovative Homeless Project Funding awards. HUD announced the awarding of forty-seven grants totalling more than $25 million, but not one grant was awarded to a community organization that provides assistance primarily to homeless veterans.

This is in spite of the fact that at least a dozen homeless veterans service providers applied. HUD's position on homeless veterans is summed up in the March 20-26, 1995, issue of The Stars and Stripes where it is reported:

> HUD Public Affairs spokesman Jack Flynn denied the agency isn't helping homeless veterans, saying HUD "assists any homeless." The catch according to Flynn, is that while community-based organizations can apply for HUD's homeless funds, programs specifically for veterans would be the VA's responsibility. (Emphasis added.)

Mr. Chairman, I again want to thank you and members of the Subcommittee for soliciting the DAV's views to discuss the critical issue of delivering meaningful and comprehensive employment services to our nation's veterans. I would be pleased to respond to any questions you may have.

InterOffice Memo

To: Jeremy Ben-Ami

From: Robert L. Jones

Date: July 13, 1995

Subject: Homeless Veterans

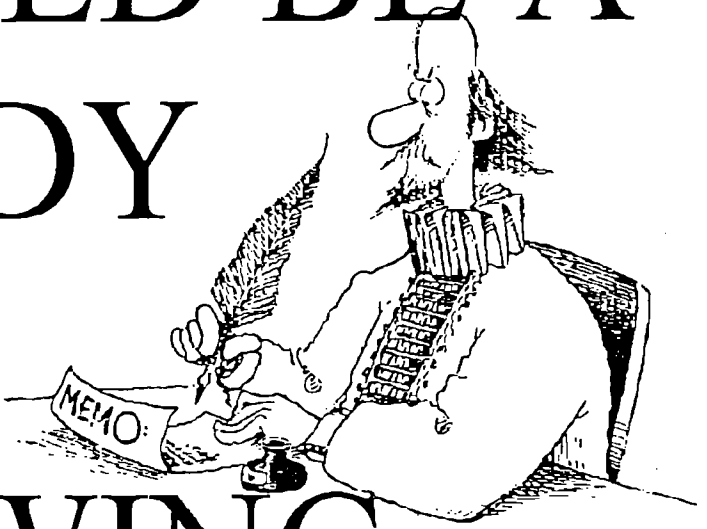
Attached for your information is a copy of a letter sent to Congressman Stump, Chair of the House Veterans Affairs Committee. Mr. Fitzpatrick leads a Homeless Veterans Coalition in Washington that counts in its membership several of the major veterans service organizations. He is an outspoken advocate and has been generally supportive of many of the Administrations veterans initiatives.

I suggest that a copy of his letter be forwarded as an item of concern to HUD. I have shared a copy with the OASVETS and VA.

CC: LeeAnn Inadomi

WinFax PRO Cover Page

IT WOULD BE A TRAGEDY IF THE FOLLOWING WENT UNREAD.



N C H V, Phone: 202.546.1969, Fax: 202.546-2063

To: Hershel Gober	Fax Number : 273-4878	
From . Richard Fitzpatrick	Pages: 3	Date: 7/12/95

July 12, 1995

Congressman Bob Stump, Chairman
House Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, D.C. 20515

Dear Chairman Stump:

Now that our country has normalized relations with the government of VietNam -- I would hope that we would normalize relations with our homeless VietNam veterans. As you know, an estimated 35% of the homeless in this country are veterans -- more than a half of those are veterans from the VietNam era. A forgotten army of men and women is scattered throughout America's cities and countryside -- these are M.I.A.'s -- Missing in America.

In the land of the free, veterans of America's armed forces struggle to free themselves from desperation. And the federal government is quite compassionate: more than a BILLION dollars was appropriated last year to help the homeless in general...but let's look at the record on treatment of the 35%+ of the homeless who are veterans of the U.S. Armed Forces:

1994 HUD Innovative Homeless Program	
48 projects funded	$25,000,000 awarded
1 (2%) to veteran-specific program	$371,657 (2%) to veteran program
1994 HUD Supportive Housing Program	
271 projects funded	$289,454,000 awarded
5 (2%) to veteran-specific programs	$6,625,030 (2%) to veteran programs
1995 HUD Innovative Homeless Program	
47 projects funded	$40,098,359 awarded
0 (0%) to veteran-specific programs	0 (0%) to veteran programs
1995 HUD Homeless Assistance Program (Super NOFA -- announced Monday, July 10)	
818 projects funded	$900,000,000 awarded
6 (1%) to veteran-specific programs	$7,491,982 (1%) to veteran programs

This action by HUD is in direct opposition to the Sense of Congress language adopted by Congress last year [PL 103-466; Title 10; Sec. 1005 (2)] that clearly said "...a share of such grants more closely approximating the proportion of the population of homeless individuals who are veterans should be provided to community organizations that provide assistance primarily to homeless veterans."

We deeply appreciate your strong voice for the passage last year of that language -- but we regret to inform you that it **has fallen on deaf ears at HUD.** Veterans don't expect more than our fair share; but we certainly don't expect to be essentially ignored. This past Monday, within all the fanfare of the "largest award of homeless funds in federal history" -- veteran programs actually got a ***smaller percentage of funds than we have received in the past!***

We are writing to respectfully request that the House Veterans' Affairs Committees' *Education, Training, Employment and Housing Subcommittee* hold a hearing in the near future on the topic of why homeless veteran programs do not receive a fair share of HUD's homeless funding.

As we face difficult days with tighter and tighter budgets for the Department of Veterans Affairs (VA), it is unfair to force the VA to also try to make a massive investment in the funding of homeless projects -- when Congress has already given another Department that responsibility.

Again, the National Coalition for Homeless Veterans (NCHV) -- and more than 200 community-based, not-for-profit homeless veteran projects around the country -- are most indebted to you for your resolute leadership on this critical issue. We stand ready to work with you, your committee and its staff to help resolve these concerns. We are willing to recommend possible witnesses who can explain their direct involvement in the HUD grant process on behalf of veterans -- and how they have been treated.

Sincerely,

Richard Fitzpatrick
Executive Director

cc: Congressman Sonny Montgomery
Congressman Steve Buyer
Congressman Rick Lazio
Michael Brinck
NCHV Board of Directors
Interested parties

The Greater NYC VA Consortium on Homeless Veterans is composed of program leaders from the Division of Veterans Benefits, the Manhattan, Brooklyn, Bronx, Montrose, East Orange, Northport, and Lyons medical centers, and Vet Centers. From its inception, the Consortium has been committed to planning, coordinating and integrating services for homeless veterans within the VA system and between the VA and other federal, city, state and nonprofit agencies. As a result, the VA has been able to "speak with one voice" in removing institutional barriers, sharing resources, improving communication, and developing innovative, cost-effective, service partnerships to effectively meet the needs of homeless veterans in this urban area. Through the Consortium, VA now is recognized in NYC as a leader in successfully implementing a seamless continuum of care where VA clinicians and benefits counselors work side by side on teams with staff from a wide array of agencies, including HUD, Department of Labor, Social Security, and New York State Office of Mental Health. As a result, duplication of services is obviated, and timely, humane interventions engage veterans for the appropriate type and level of care to facilitate their successful return to productive community living.

The Consortium's many accomplishments are characterized by a customer-service focus: identifying clients' needs and creating a collegial, problem-solving culture which engages homeless and formerly homeless veterans, veterans service organizations, and a wide range of agencies in maximizing their creativity to broker and leverage all available resources to provide the highest quality of care for homeless veterans. A few examples include:

- **Continuum of Care**

The Consortium, in collaboration with city, state and other federal agencies, took a leadership role in developing and implementing a "Continuum of Care for Homeless Veterans in the NYC Shelter System." VA benefits counselors and clinicians are community-based in specially developed shelter units for veterans, and they work in tandem with shelter staff as well as a host of other program staff in identifying veterans and linking them to benefits and programs. They participate as members of cross-functional teams in the most chaotic of settings in this urban environment. In addition, VA staff also have community assignments in Single Room Occupancy facilities set aside for formerly homeless veterans, and these clinicians serve as members of integrated treatment teams. The Consortium, with the support of VA Central Office, developed an innovative transportation system to link all of the special VA programs for homeless veterans at VA medical centers, Regional Office, vet centers, and community-based facilities. Two vans, driven by formerly homeless veterans, link homeless veterans to the entire VA-community service network so that they can access these special services and programs.

- **Interagency Memorandum of Understanding (MOU)**

The Consortium has successfully developed and implemented a unique interagency MOU with New York State Office of Mental Health (OMH), New York State Division of Veterans Affairs, New York City Department of Homeless Services (DHS), and New York City Department of Mental Health, Mental Retardation and Alcoholism Services. OMH has contracted with Black Vets for Social Justice, a not-for-profit, to provide intensive and supportive case management services.

This integrated program, unique in the United States, provides outreach, case management, prevocational and job placement services, comprehensive medical, mental health, and rehabilitation care and permanent housing for chronically and persistently mentally ill homeless veterans. This has enhanced VA's ability to engage and serve the most vulnerable and treatment-resistant homeless veterans, who now are amenable to VA care and are involved in treatment.

This partnership blends resources from numerous agencies so that this area's neediest homeless veteran population can receive expedited assistance with benefits and entitlements as well as health care and social services. This successful venture has led to new and exciting service partnerships which enhance resources for on-the-job training, housing and congregate

living arrangements. We estimate the value of the resources currently provided by the agencies in this partnership to be over $1.5 million dollars ("in-kind" services are not included in this estimate). The VA has enhanced available services by adding three full time staff to treat the initial cohort of 300 veterans served through this initiative.

- **VA/NYU Dental Service Partnership**

Dental care is a major unmet need among homeless veterans, who generally are ineligible for VA dental services. The Consortium has developed a service-partnership with the NYU Dental School to expedite and facilitate dental treatment for homeless veterans throughout the metropolitan area. As a result, homeless veterans are able to access the dental care that they desperately need to enhance quality of their lives.

- **Community Homelessness Assessment, Local Education and Networking Groups (CHALENG)**

In response to PL102-405, the Consortium has provided an integrated assessment of homeless veterans' needs as well as networking with community agencies for the entire metropolitan area. In addition, the Consortium has assisted its members from New Jersey, as well as other counties in New York in providing for the assessment and networking mandated by the Congress. In keeping with the Consortium's customer-centered focus, homeless and formerly homeless veterans have been involved in all aspects of the planning for networking sessions, including membership in ongoing forums wherein gaps in services are identified and action plans are developed to solve some of these problems.

Three task forces meet regularly to develop recommendations and projects for housing, job training, and improved VA-community relations. The Housing Committee, in advocating for more housing options for homeless veterans, has been able to expand housing resources, including a HUD house managed by a not-for-profit organization which will be made available to graduates of the VA Domiciliary Care Program in St. Albans, Queens. The Vocational Committee has developed a broad referral network, and is finalizing a new initiative for prevocational and vocational services for chronically mentally ill homeless veterans. The Communications group has developed a major outreach campaign, which will be launched with posters identifying VA services for homeless veterans. A VA telephone helpline number, staffed by the metropolitan VA medical centers, and homeless veterans in Compensated Work Therapy, will be available this fall for information and referrals. In addition, an information card with emergency information for housing, food, health care services, etc., is being printed for distribution to homeless veterans. All of these committees are composed of staff from the VA, public, private and non-profit agencies, members of veterans service organizations, and homeless and formerly homeless veterans. Quarterly networking meetings in the metropolitan area include well over 100 government, public, and not-for-profit agencies.

- **Education & Training**

The Consortium has served as a major resource to provide education, consultation and training about VA benefits and health care services and programs to city, state, federal, and non-profit agencies. Consortium members are sought for their special expertise in identifying the needs and unique problems among homeless veterans. They represent the VA in interagency advisory groups responsible for policies, procedures, and programs in New York, as well as in New Jersey. The Consortium has developed a brochure which provides a comprehensive description of VAs services to homeless veterans in NYC and will be compiling an extensive resource directory. At the highest levels of city and state governments, the Consortium frequently is identified as a model for collaborative, integrated teamwork to provide the highest quality of care for homeless veterans. Initially, the Consortium focused on greater New York City VA services, and now has expanded to include all of the VA facilities within the VISN, and will become the Greater New York/New Jersey Consortium on Homeless Veterans.

The Greater NYC VA Consortium on Homeless Veterans

History

The Greater NYC VA Consortium for Homeless Veterans began in June, 1991 in response to a need for the VA to "speak with one voice" in planning, coordinating and integrating services for homeless veterans within the VA system and between the VA and city, state and nonprofit agencies. Initially, members represented the Brooklyn, Bronx and Manhattan VA medical centers, the Regional Office and Vet Center. Support for developing the Consortium was given by top management on the local and regional levels as well as the VACO Director of MHBS and the VACO Chief, Domiciliary Care Programs. In 1993, Montrose joined and, in 1995, Northport, East Orange and Lyons became members.

The objectives of the Consortium include: 1) to advocate, plan and develop services for homeless veterans with city, state, federal and nonprofit agencies; 2) to remove institutional barriers to homeless veterans' engagement, treatment, and rehabilitation; 3) to provide an inter-VA network for communication, coordination, planning, and mutual support; and 4) to educate the public about VA's programs and services for homeless veterans; and 5) to provide an integrated and comprehensive continuum of services to homeless veterans in the greater NYC area.

Accomplishments

Projects undertaken by the Consortium since its inception include:

I. A "Continuum of Care for Homeless Veterans" in the NYC shelter system with integrated services provided by city, state and VA staff to engage and link veterans to services.

Initiated in 1991 in collaboration with the NYC Mayor's Office of Veterans Affairs and the NYC Human Resources Administration

(HRA), this joint venture was launched with a letter of support from the three metropolitan VA medical center directors and the Regional Office director to the Commissioner of NYC Human Resources Administration (HRA).

This continuum includes a comprehensive network of services including—

•Assessment/Intake at the Bellevue 30 Street Shelter: a 32 bed unit for veterans with on-site VA, city and state services.

•Elderly veterans services at Camp LaGuardia Shelter: VA linkage has been established and the Consortium's representative currently is participating on an inter-agency task force to make recommendations to the DHS Commissioner.

•Assessment/Intake at Atlantic Armory Shelter: a new unit for veterans—modeled after Bellevue-was opened in 1995 with VA on-site services.

•Borden Avenue Veterans Residence: on-site VA services and linkage for veterans.

•Kingsbridge Women's Shelter: a 12-bed unit established for women veterans with on-site VA services and linkage to VA.

•Franklin Avenue Men's Shelter "Return the Veterans Home Project": a 50 bed veterans unit staffed with city and VA staff and BSW interns to provide assessment, skills training, case management and linkage to VA services.

•Supported SRO's: the 119th Street SRO—a 176 unit facility for veterans, operated by Postgraduate Center-with linkage to VA services. Commonwealth Avenue SRO—This 150 unit SRO operated by New Era Veterans has VA staff on-site as members of the treatment team.

II. Coordinated proposals for services to homeless veterans in the metropolitan NYC area

To avoid duplication of services and to enhance access to VA care, the Consortium developed a proposal in 1992 to identify homeless veterans' unmet needs in the metropolitan NYC area and to seek funding from VACO. It was proposed that the Bronx VA Medical Center, which had no funding for homeless programs, be granted staff to provide on-site shelter outreach and to work as members of the team at the Commonwealth Avenue SRO. VA staff enhancement was a critical factor in negotiations to have this SRO dedicated for veterans only. In addition, the Brooklyn Comprehensive Homeless Center needed additional staff to develop and provide on-site shelter services. It also was clear that VA services, programs and shelter units needed to be connected with a transportation network throughout the three boroughs so veterans could attend these programs. Two vans with drivers selected from formerly homeless veterans were requested. The driver positions would be short-term so that veterans could gain experience and move on. These vans would be based at the Manhattan and Bronx VA medical centers. VACO (MHBS and Domiciliary) funded this proposal.

In addition, the Consortium has responded to a VACO RFP for dental services for homeless veterans and has functioned in an advisory capacity to nonprofits responding to various RFP's, including HUD.

III. A brochure describing VA programs and services for homeless veterans in the boros of NYC was completed in 1992 and 10,000 copies have been distributed throughout this area. Both Manhattan and Brooklyn VA homeless programs contributed to the cost of the printing, which was done by Veterans Industries (CWT) in Hampton, VA.

IV. VA services from the three medical centers for the first NYC Stand-down were coordinated by the Consortium. Over 1,000

homeless veterans received a wide array of services at this one-day event in 1994 which received wide media coverage.

V. The Consortium has worked directly with VACO to coordinate the distribution of Department of Defense surplus food, clothing and supplies to all of the VA homeless programs represented by its members.

VI. The Coordinator of the Consortium was asked by VACO to represent the metropolitan VA's in developing and implementing an interagency initiative with NY State Office of Mental Health (OMH), NYS Division of Veterans Affairs, NYC Dept. of Homeless Services (DHS) and NYC Dept. of Mental Health, Mental Retardation and Alcoholism Services. This integrated program provides outreach, treatment, housing, case management and rehabilitation services to 300 mentally ill homeless veterans. A MOU was signed by the Commissioners and a representative for Secretary Jesse Brown in November, 1994. The Consortium has had a major role in developing operational procedures and providing training to shelter staff and Black Veterans for Social Justice, who were awarded the OMH contract for case management. This initiative has been fully implemented, reaching homeless chronically ill veterans on the street and in hospitals and shelters.

VII. The Consortium has served as a resource for city and state agencies and often is asked to provide training and consultation about VA services as well as treatment issues among the homeless. Members of the Consortium represent the VA in advisory groups such as the NYC Dept. of Homeless Services Advisory Board, the NYS OMH Interagency Initiative Oversight Council, the Bellevue Shelter Oversight Council, the Atlantic Shelter Oversight Council and the Commonwealth SRO Advisory Board, as well as governmental task forces to address specific problems.

VIII. In response to PL102-405, Consortium representatives from Bronx, Brooklyn and Manhattan VA medical centers and the Regional

Office joined together to provide integrated assessment of homeless veterans' needs and networking with community agencies in the metropolitan area. Homeless and formerly homeless veterans have been involved with representatives from government and community agencies in forums to identify gaps in services and to develop action groups to address these needs.

Three task forces meet regularly to develop recommendations and projects to meet homeless veterans' needs for housing, job training and improved VA-community communication. VA, homeless and formerly homeless veterans, public, private and nonprofit agencies and veterans service organizations are members of these groups, who report to large quarterly networking meetings (attended by approximately 100 different agencies) sponsored by the Consortium.

The Communications group has developed a major outreach campaign which includes designing posters with a VA telephone helpline number and VA information cards. The posters will be placed where the homeless congregate—in public transportation areas, shelters, etc. A telephone will be manned by staff at the HCHV program at Manhattan with back-up from staff and CWT veterans at the Domiciliary in St. Albans. A joint effort, this will be funded by the three metropolitan VA medical centers.

The Vocational Committee has developed a broad referral network and is preparing a brochure.

The Housing Committee has advocated strongly for more housing options for homeless veterans. New Era Veterans has obtained a HUD house and will make this available for graduates of the Domiciliary.

All of the task forces are collaborating on a resource manual. These activities have been an outgrowth of VA's CHALENG Program.

HHS, DOL, SSA, and the Corporation for National Service. The President's Interagency Council on the Homeless works to ensure coordination among these agencies.

Administration initiatives that focus specifically on homeless veterans include:

- The HUD-VASH program, a joint Supported Housing program at which VA staff provide case management and other assistance to homeless veterans in permanent housing supported by 1300 specially-designated HUD rental assistance vouchers.

- DOL's Homeless Veterans Reintegration Project (HVRP) which helps homeless veterans get and retain jobs, using veterans who have experienced homelessness themselves to reach out to homeless veterans. HVRP has successfully moved almost 50% of homeless veterans into unsubsidized employment.

- Under a grant from the Corporation for National Service, AmeriCorps members are working with local VA Medical Centers, Regional Benefits Offices and community based groups in Houston and Los Angeles to renovate housing, conduct street outreach, help find employment and assist in providing ongoing case management to homeless veterans. Half of AmeriCorps members recruited in these cities are veterans themselves.[1]

- A joint outreach program between VA and the Social Security Administration under which VA and SSA benefits counselors coordinate outreach and benefits to increase the number of veterans receiving SSA benefits and otherwise assist in their rehabilitation.

Several of these programs are threatened with cuts in Republican budget proposals -- the Corporation for National Service and DOL's HVRP in particular. The President remains committed to programs that address the problem of homelessness in America, and will fight to protect necessary and effective programs.

The need continues for greater interagency coordination on programs to assist homeless veterans. The IVPG will redouble its efforts in the next months to facilitate this cooperation.

See Tab 4 for details on these and other Administration initiatives to address homelessness among America's veterans.

---

[1]Under the President's Corporation for National Service, AmeriCorps Members receive an education award worth $4,725 in exchange for a period of national service in meeting critical needs in education, human needs, public safety and the environment. The Corporation encourages veterans to join AmeriCorps by allowing them to earn regular AmeriCorps benefits without diminishing those earned while in military service.