



**Non Commissioned Officers Association of the United States of America**

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**STATEMENT**

**OF**

**RICHARD C. SCHNEIDER  
DIRECTOR OF VETERANS AND STATE AFFAIRS**

**Before the**

**COMMITTEE ON VETERANS AFFAIRS**

**UNITED STATES HOUSE OF REPRESENTATIVES**

**ON**

***H.R. 2716***

***THE HOMELESS VETERANS ASSISTANCE ACT OF 2001***

***and***

***H.R. 936***

***THE HEATHER FRENCH HENRY VETERANS  
ASSISTANCE ACT***

**September 20<sup>th</sup>, 2001**

## **DISCLOSURE OF FEDERAL GRANTS AND CONTRACTS**

The Non Commissioned Officer Association of the USA (NCOA) does not currently receive, nor has the Association ever received, any federal money for grants or contracts. All of the Association's activities and services are accomplished completely free of any federal funding.

## **INTRODUCTION**

Mr. Chairman and distinguished Members of the Committee:

The Non Commissioned Officers Association of the USA (NCOA) is most grateful that the Committee of Veterans Affairs has continued to hold hearings to execute the legislative affairs of Government for the people of the United States during this significant period of time following a terrorist atrocity against America. Even as we gather today, America's military force is at heightened readiness to respond to both the terrorist organizations and those sovereign nation's who provided sanctuary for their organization and training. Today's military force, represents tomorrow's veterans for whom the legislation we address may be beneficial.

NCOA is appreciative of the opportunity to present its perspective on two legislative proposals of the House on the issue of homeless veterans.

The Association's membership is exclusive in its representation of enlisted personnel of Active, Reserve, and Guard Service Components, the USCG, military retirees and veterans. The significant ratio of enlisted personnel to military officers who have served in the Armed Forces quickly translates to the fact that the majority of homeless veterans were formerly enlisted Soldiers, Sailors, Marines, Airmen, and members of the Coast Guard. NCOA is strongly committed to the issue of homelessness and recognizes that today's homeless veterans are not only former comrades-in-arms from years gone past, but includes enlisted personnel who but a year ago were serving proudly in the Armed Forces. The Association recognizes that the experience of war and participation in combat contributes directly to homelessness.

Today, the sons and daughters of America serving in the Armed Forces, the United States Coast Guard, and all Reserve, or Guard Components prepare again to answer the clarion call to duty. The legislation proposed today may ultimately end up serving through prevention programs and "street" programs personnel who will terminate the worldwide Terrorist War on America.

We're ever mindful that the homeless veterans living on the streets and alleyways of America were also just a few short years ago those disciplined warriors that this Nation hailed as the best educated, motivated and trained military force in the world.

## **BACKGROUND**

Mr. Chairman, and members of the Veterans Committee, let me begin with the statement that the proposed legislation has the potential to significantly reduce homelessness among former members of the United States Armed Forces. NCOA believes that both legislative proposals have merit and would contribute significantly to end homelessness of veterans. This background statement will quickly summarize issues in the two pieces of legislation that the Association believes should be integrated into the comprehensive homeless veteran act of 2001. The legislation we believe should provide:

Programs specifically designed for homeless veterans to remove them from the streets to safe environments where a continuum of care will bolster their physical and mental states moving them through necessary training and self-sufficiency to employment.

Provide for managed care 7 x 24 of dual diagnosed veterans and secure community transitional housing.

Critical need to place greater emphasis in the area of prevention programs to stop the flow of veterans to the streets of America.

Address the need for program assessment, follow-up, and real time evaluation.

Identify the need for communication and advisory groups to provided awareness to the Secretary and others on homeless programs.

### RECOMMENDATIONS

#### **1. . Sense of the Congress regarding the needs of homeless veterans and the responsibility of Federal Agencies. (HR 2716, Section 2)**

The sense of the Congress in NCOA's perspective should direct mandatory efforts to prevent veteran homelessness. (Paragraph (3))

The sense of the Congress should include the Department of Defense at the Secretary level to work fully with Department of Veterans Affairs and the Department of Housing and Urban Development. DoD must be a player to address both prevention programs for discharged veterans to implementation of homeless programs and potential for compensated work therapy opportunities. Significant in prevention of homelessness would be identification of at risk veterans, counseling, and referral.

#### **2. Advisory Council (HR 936, Section 4)**

Strongly concur that an VA Advisory Committee on Homeless Veterans be appointed by the Secretary. Noted that the incumbent Secretary of Veterans Affairs has already begun to implement this recommendation. Although implementation of the Advisory Committee requirement has begun recommend nonetheless that the formal requirement for the committee be codified in law. This would ensure successor Secretaries of veterans Affairs would continue the program, travel costs for the committee would be available, and lastly copies of Advisory reports to the Secretary along with the Secretary's review could be provided to the Committee of Veterans Affairs. NCOA believes the Advisory Group could well provide a national perspective on veteran homelessness.

#### **3. Evaluation of Homeless Programs (HR 936, Section 6; HR 2716, Subchapter VII)**

Congress was correct in the need for the Department of Veterans Affairs (VA) to have a leadership role to assess and coordinate the needs of homeless veterans served by local Medical Centers and Regional Offices. Great progress has been made through the Community Homelessness Assessment, Local Education Networking Groups (CHALENG) for veterans.

VA has taken CHALENG seriously but significant holes exist in the program. VA in its streamlining process has garnered efficiencies through the consolidation of effort to the detriment of CHALENG. Considered a consolidated management process such as a single CHALENG group that represents Baltimore MC, Ft. Howard MC, and Perry Point MC in Maryland. Three distinctly different settings blended together with a resultant “vanilla” program that at best may serve the needs of the institution. The issue of assessing LOCAL needs, developing effective community partners, and implementing local programs was in our judgment unquestionably lost in the consolidated process. The data from that CHALENG report also becomes questionable and suspect when compared to other reports such as that issued by the Urban Institute on the homeless veteran population.

The effectiveness of designing a plan at one facility (removed by distance) from other state VA facilities excludes community partners from being integrated into a real partnership, questions the statewide assessments made, and undermines the validity of programs established for the state. Ending veteran homelessness must be an aggressive cooperative local effort with united teams serving needs in their local population.

**Recommendations:**

(a) That Congress direct that every VA Medical Center and Regional Office establish a LOCAL CHALENG program that complies with the mandated actions required by P.L. 102-405.

(b) That Congress mandate a CHALENG program be established at all large Community Outpatient Clinics such as that complex located in Orlando, Florida. In this instance, Orlando is supported by the Tampa VAMC some 86 miles or 1 ½ hours distant. A CHALENG report should be developed at and by representatives of the Orlando Community Outpatient Clinic. That action would solidify a large base of community providers, have the potential to involve a significant number of veterans who utilize the medical clinic, and provide an effective CHALENG community partnership. These same parameters exist at other locations where large outpatient clinics are established.

(c) That Congress direct all facilities to submit a local CHALENG report, without any area consolidation, developed in concert with community partners and that these reports be used to:

1. Develop a local comprehensive care plan,
2. Identify met and unmet needs
3. Compare and Match data with HUD generated Continuum of Care efforts
4. Identify the Number of Homeless Veterans in the local area for which concerted programming can be achieved.

#### **4. MEETINGS OF INTERAGENCY COUNCIL ON THE HOMELESS (HR 936, Section 5)**

Strongly support that direction be communicated that the “Cabinet Level” Council meet at the call of its Chairperson or a majority of its members, but not less often than annually be communicated to all members of the council..

Below the “Cabinet Level” Council is the Interagency “staff working group” comprised of directed agency representatives that coordinate and review programs, policies, and make recommendations to their respective Agency Council Members. This is the action level working group and interestingly has no mandate for frequency of meetings. They meet at the call of their Chairman. The last such meeting of the action officers is believed to have been in the November 2000 time frame.

Recommendation: That communication with the the Chairman, Interagency Council on the Homeless require quarterly meetings of the Interagency Working Group with copies of meeting documentation provided to all Council Members. This requirement would ensure the viability of both the Council and working group.

#### **5. EVALUATION OF HOMELESS PROGRAMS (HR 936, Section 6, HR 2716, Section 2061)**

There is need for Evaluation of Homeless Programs to ensure the effective use of resources. Currently, the Northeast Program Evaluation Center collects VA information and provides the only known source data on homeless veterans for VA leadership. Clearly, an evaluation of homeless veterans must consider that data related to the continuum of care services provided to homeless veterans.

It has been the collective opinion of the Veterans Organization Homeless Council (VOHC) that an advisory group comprised of VA staff, CBO, Community based providers, representative of the Secretary’s Homeless Advisory Council, and a contract vendor design an evaluation tool(s) for the national homeless veteran program.

VOHC has further recommended that quality standards be established for homeless veterans’ programs. A greater emphasis on program outcomes is necessary to assure that veterans’ grant programs operated by the Departments of Veterans’ Affairs, Labor, and Housing and Urban Development are efficient and effective.

Effective “best practices” program model(s) should be created and considered for replication as deemed appropriate for veterans’ homeless assistance programs. A “revolving door” program model will neither critically address the homeless veterans’ problem or end veteran homelessness.

VOHC representatives have considered a number of program thoughts that would seek through evaluation to increase the efficiency of homeless programs and add incentives to further

stimulate effective program models. The following thoughts resulted from one member organization's brainstorming session:

Determine what constitutes a successful program model and what services need to be provided to homeless veterans,

Develop an industry "standard of excellence",

Develop a concurrent program review, i.e., who currently meets established standards and develop a paradigm to meet such standards,

Convert current grant program to a contract program.

Reward programs meeting the established industry standards,

Data collection (demographic analysis of homeless veteran population),

Allow programs not meeting industry standards a reasonable period to adjust programs and services,

Encourage existing local grant programs to consolidate energy, efforts and resources,

Encourage a greater degree of coordination and cooperation among Federal agencies responsible for homeless veterans' assistance programs,

Define initiatives that place a greater emphasis on the prevention of homelessness.

## **6. CHANGES IN VETERANS EQUITABLE RESOURCE ALLOCATION METHODOLOGY (HR 936, Section 7)**

### **Recommendation: Implement VERA recommendation NOW.**

There is no doubt that many homeless veterans have significant substance abuse, dual substance abuse issues, mental health, and post traumatic stress disorders. Further, that these mental and substance abuse problems directly relate to a veteran's current or future homeless status.

The reduction in Veterans Health Administration's resident veteran substance abuse, mental health and PTSD programs has saved the United States Government significant dollars when shifted from an inpatient to an outpatient process. Regrettably, the cost savings did little for America's veterans.

It is the belief of NCOA that the real expense has been borne first by America's veterans whose lives slipped from mildly productive to veteran homelessness and secondly by their families, both spouses and children, whose lives and life styles were further sacrificed in the cost savings bargain.

**Recommendation:** That Congress request an oversight hearing to determine the value of inpatient mental health, substance abuse and PTSD residential treatment programs as a “prevention alternative” program to help stop the migration of veterans from becoming victims of their illnesses and deteriorating into the vicious cycle of homelessness. Resident programs offered a controlled environment that works efficiently for veterans.

#### **7. Rental Assistance Vouchers for HUD Veterans Affairs Supported Housing Program (HR2716, Section 4)**

Strongly support an increase in the number of Section 8(o) as allowed by the United States Housing Act of 1937. NCOA has been advised that the current calendar year authorization for Section 8 Vouchers is 2,000. Request the proposed number of vouchers include FY 2002 at a minimum baseline of 2,000 vouchers and that the incremental adjustments be reflected for FY 2003 through 2006

#### **8. Comprehensive Service Programs (HR 2716, Section 2011(a))**

The ultimate outreach program should be prevention programs to stop veteran homelessness. The identification of at risk veterans coupled with intervention techniques and program resources that can effectively help the veteran.

Recommendation(s):

(a) The Department of Defense must be a part of the transition team with the Department of Veterans Affairs in a prevention program for “at risk” military personnel separating from their service component. Included in the “at risk” category are personnel separated for the convenience of the Government; on a fast track for qualitative reasons (administratively separated under honorable conditions); disability severance actions; or other circumstances that will have an immediate impact on their transition from service, continued health care, or opportunity to secure gainful employment.

(b) Outreach efforts between agencies (including the Department of Justice for penal institutions, both Veterans Health and Benefits Administration) must develop communication processes for the identification of at risk veterans and fast track referral.

#### **9. Grant and Per Diem Program (HR 936, Section 13; and HR 2716, Section 2011 & 2012)**

The Homeless Providers Grant and Per Diem program is internally funded at \$35 Million and provides transitional housing beds for homeless veterans in a safe and controlled environment.

Grant and Per Diem are two separate elements of the program with grants providing the facility in new housing programs. The Per Diem program allows a daily payment of up to 50 percent for a maximum \$19.00 per day to provide services to veterans housed in “Grant” provided facilities. Grantees must provide matching funds for the 50 percent not funded through the Department of Veterans Affairs.

The requirement for homeless housing and support services continues to grow every year. The current fiscal resource of \$35 Million for the Grant and Per Diem Program provides approximately 5,000 beds, which will decrease by fiscal necessity to 4,000 beds when the new per diem increase is implemented. A budget increase to \$43 Million would sustain the annual 5,000 bed increase or status quo but not meet the program requirement for housing and services to end veteran homelessness in the foreseeable future.

The lack of funding in the Grant and Per Diem Program has resulted in the disapproval of 426 grant applications in the past seven years. Approximately 60 valid applications of reasonable merit were denied each year because funds were not available. The ability to move veterans off the streets is obviously limited by the bed and services available to accommodate their journey to employment and independence.

**Recommendation(s):**

(a) The Homeless providers Grant and Per Diem Program needs to be a separate budget line item funded at \$120 Million to add approximately 9,000 beds and with the increased per diem rate to total nearly 14,000 beds.

(b) Delete the requirement of the Grant and Per Diem program that requires the community-based provider to use both elements. This would effective allow housing programs to have access to the Per Diem element for program expansion that does not require facility enhancement or expansion.

© That Community Based Providers be authorized a new flat fee formula based on the state home domiciliary rate. That authorization for this rate would eliminate the 50 percent per diem match requirement. Failure to implement the above Per Diem Match recommendation allow the community based provider to match the VA 50 percent per diem authorization with consideration of “in kind services or a workload credit.”

**10. VETERANS REINTEGRATION PROGRAM (HVRP) (HR 936,Section 19; and HR 2716)**

Gainful employment is the key to ending homelessness. HVRP managed through the United States Department of Labor, Veterans Employment Training Services is the most significant program nationally focusing on the employment of homeless veterans. Local HVRP initiatives offer employment and job-readiness services that place veterans into paying jobs. Job placement into opportunities above minimum wage provides the income and motivation necessary to break the cycle of homelessness.

**Recommendation(s):**

(a) That Congress invest \$50 Million per year in the Homeless Veteran Reintegration Program that in turn will move homeless veterans to self-sufficient tax-paying citizens.

(b) HVRP has unlimited potential to provide gainful employment opportunities for “at risk” veterans across America and should be developed as a preventative initiative to stop homelessness.

## **11. ASSISTANCE FOR GRANT APPLICATIONS (HR 936, Section 17)**

**Strongly endorse the recommendation that the Secretary of Veterans Affairs carry out a program of technical assistance through grants to nonprofit based community groups to provide community based providers to assist them in grant application processes relating to homeless veterans.**

### **Recommendation:**

That Technical Assistance Grants be made to established nonprofit organizations recognized nationally for their program efforts in direct support of homeless veterans.

## **12. Authorization of Additional Domiciliary Care Programs (HR 2716, Section 8)**

Strongly support the establishment of ten new programs to provide domiciliary services to homeless veterans at locations determined by the Department of Veterans Affairs to have greatest need. Domiciliaries provide a controlled environment where professional interdisciplinary teams manage the therapeutic needs of resident veterans 7 x 24. Bed spaces are needed to care for those homeless who present with dual diagnosed substance and mental health needs.

NCOA notes that today there exists only 1,700 dedicated homeless domiciliary beds nationwide. The addition of 10 programs (five in FY2003 and another five in 2004) will provide only an additional 250 beds each year based on the planning assumption of 50 beds per facility.. This number of new bed spaces seem both inadequate and programmed to distant in the future. Recommend this program be accelerated.

The Association restates its concern that there exists many VA Medical Centers with potential ward space that might well be converted into mini-domiciliary space for the initial care and treatment of homeless veterans until ready to move to transitional housing.

## **CONCLUSION**

Mr. Chairman and members of the House Veterans Committee I again thank you for your leadership and caring for America’s veterans.

I would be remiss if I did not comment on the title of the homeless legislation that results from this hearing and your work to weld the best elements of both proposals into a comprehensive homeless veteran act. The Non Commissioned Officers Association strongly recommends the title of this act to be The Heather French Henry Homeless Veterans Assistance Act of 2001.

Heather French Henry, as the reigning Miss America 2000, choose homeless veterans as her platform and for the thirteen months of her reign proceeded to create a national awareness of homeless veterans. Ms Henry's motivation and action on behalf of these American Veterans were noble. Nearly every national veteran organization has recognized her ceaseless efforts on behalf of homeless vets. Her service in homelessness continues long after her reign as Miss America ended. NCOA is convinced that as you reflect on the achievements of Heather French Henry in the past years that your own resolve would be to recognize this Homeless Veteran Advocate by titling this legislation in honor of her service to America.

NCOA is confident that you will continue to press this legislative agenda until it is enacted. Your leadership to secure this legislation must also be coupled with the tenacity to secure the needed fiscal appropriation to make the stated national goal to end homelessness among veterans a reality.

Your efforts are appreciated.

Thank you.

## **BIOGRAPHY**

**of**

### **Richard C. Schneider National Director of Veterans and State Affairs**

Mr. Schneider is the National Director of State/Veterans Affairs, Non Commissioned Officers Association of the United States of America. His responsibilities include executive management of all NCOA programs that support America's veterans. These include service transition, employment, benefit rights and adjudication processes. He directs 473 NCOA Veteran Service Officers located in the United States and overseas. Additionally, he provides legislative focus for 46 NCOA State Legislative Coordinators, which represent NCOA in State Legislative Affairs. Mr. Schneider concurrently serves as the Executive Director of the NCOA National Defense Foundation. In this capacity, he is responsible for the Association's Voter Registration Program including the operation of the National Voter Registration and Information Center in cooperation with the Department of Defense. He also manages NCOA Operation Appreciation, which provides grants to benefit hospitalized veterans and other association determined humanitarian outreaches.

Mr. Schneider was born in New Jersey. He was raised in the Garden State attending elementary and secondary schools in Lyndhurst. He has a Bachelor of Science from the University of Southern Colorado (1972) and a Master of Arts from the University of Northern Colorado (1974).

He served in the United States Air Force from August 1957 to September 1990. Mr. Schneider retired in the grade of Chief Master Sergeant. He held significant assignments in management and personnel planning throughout his military career. His military decorations include the Legion of Merit, the Meritorious Service Medal with two Oak Leaf Clusters and the Air Force Commendation Medal with four Oak Leaf Clusters.

He is currently the Secretary, Board of Directors, Pentagon Federal Credit Union, Alexandria, VA. He also is currently the Chairman of the Board, Financial Technologies, Inc., Chantilly, VA.

Mr. Schneider is married to the former Anne Ferguson of Prestwick, Ayrshire, Scotland. They have four children: three daughters, Kristin, Leslie, and Fiona; and a son, Richard.