



# 2009 ANNUAL CONFERENCE AND MEMBERSHIP MEETING

*Arlington, Va*

MAY 20-22

## **NATIONAL COALITION *for* HOMELESS VETERANS**

- Training Workshops on Homeless Veteran Issues
- Networking with Fellow Service Providers
- NCHV Membership Meeting
- Capitol Hill Visits
- Annual NCHV Awards Banquet



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In alliance with the National Association of State Workforce Agencies (NASWA), DirectEmployers Association created JobCentral National Labor Exchange which provides thousands of jobs from vet-friendly employers through VetCentral.

# Welcome...

...to the 13th NCHV Annual Conference and Membership Meeting in Arlington, VA. The homeless veteran assistance movement has reduced the number of homeless veterans by more than 40% since 2005, but an increasingly important issue is taking care of the troops surging home from Operations Iraqi Freedom and Enduring Freedom. Awareness and services to these returning soldiers have vastly increased, and homelessness prevention strategies are coming to the forefront.

As prevention strategies are taking shape, current programs for homeless veterans are still expanding. This year's conference will be a historic occasion, with two Cabinet Secretaries making remarks, and leaders from four Departments' homeless veteran programs in attendance to answer questions and give updates.

In addition to the learning opportunities at this year's conference, you will be able to participate in the NCHV Membership Meeting, and attend the Annual NCHV Awards Banquet where peers in the homeless veterans assistance movement will receive recognition for their accomplishments.

President Barack Obama has been named as the recipient of the 2009 Jerald Washington Memorial Founders' Award for being the first president to declare ending homelessness among veterans a priority, and his promise of support for initiatives benefiting homeless veterans.

Thank you for attending, and please share your experience and expertise over the next few days so we all leave here with fresh ideas and a renewed sense of partnership in the effort to eliminate homelessness among veterans.

## Conference at a Glance

### Wednesday, May 20

- **Registration** – 7:30 a.m. - 4:00 p.m.
- **Exhibits** – Noon - 4:30 p.m.
- **Opening Session** – 8:30 - 11:00 a.m.
- **NCHV Membership Meeting**  
11:15 a.m. - Noon
- **Welcome Luncheon** – Noon - 1:45 p.m.
- **Afternoon Sessions** – 2:00 - 4:45 p.m.

### Thursday, May 21

- **Registration** – 7:30 a.m. - 4:00 p.m.
- **Exhibits** – 8:30 a.m. - 5:00 p.m.
- **Morning Sessions** – 9:00 - 11:45 a.m.
- **Afternoon Sessions** – 1:30 - 4:30 p.m.
- **Capitol Hill Visits** – 1:30 - 5:00 p.m.
- **Annual Banquet Reception** – 5:00 - 6:00 p.m.
- **Annual NCHV Awards Banquet**  
6:15 - 8:30 p.m.

### Friday, May 22

- **Exhibits** – 8:00 a.m. - 12:30 p.m.
- **Morning Sessions** – 9:00 - 11:45 a.m.





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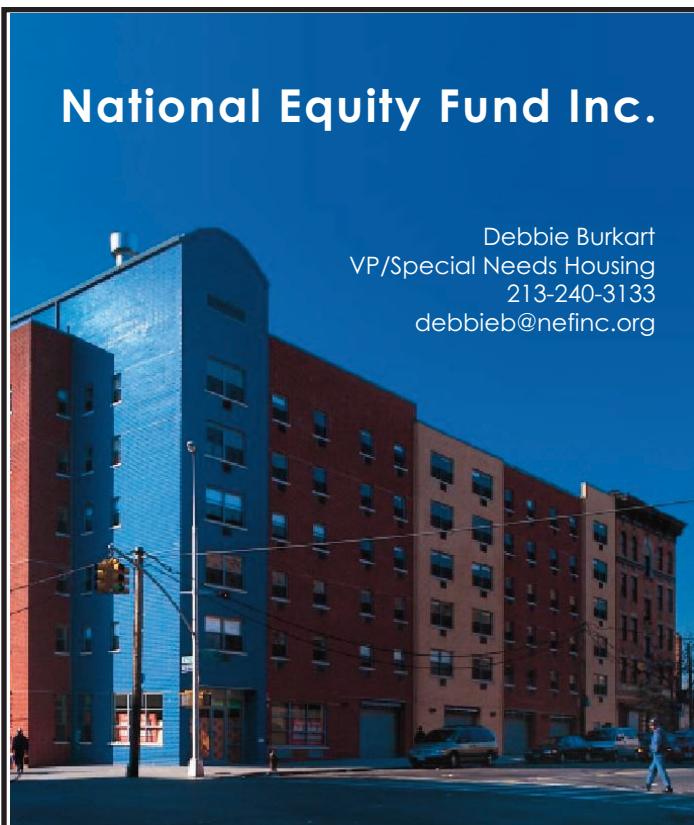
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NEF, Inc. is proud to support the mission of the NATIONAL COALITION FOR HOMELESS VETERANS.

NEF has invested nearly \$1 billion in affordable supportive housing nationwide, including projects that target homeless and disabled veterans.

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## Prevention

*This will be the resource for the “NCHV Strategic Planning: Veteran Homelessness Prevention Platform” session on Friday morning.*

In October 2006, the National Coalition for Homeless Veterans (NCHV) participated in the National Symposium on the Needs of Young Veterans hosted by AMVETS in Chicago. As a subject matter expert on veterans at risk of homelessness, NCHV engaged in discussions with community-based service providers to identify the most critical needs of veterans returning from Operations Iraqi Freedom and Enduring Freedom (Afghanistan), and their recommendations on government and community interventions that would reduce those veterans’ risks of becoming homeless.

The U.S. Department of Veterans Affairs, Department of Labor and their community-based service partners represented by NCHV have developed a nationwide network of assistance programs that has reduced the number of homeless veterans on the streets of America by more than 40% since 2005. The Chicago symposium, however, was one of the earliest national assemblies convened to explore strategies to prevent homelessness among combat veterans returning from war. The insights, client challenges and recommendations of those service providers still serve as the foundation of a comprehensive Veteran Homelessness Prevention Platform.

The recommendations in this document do not necessarily represent NCHV’s position on specific legislative initiatives, but are presented to help frame the discussion and development of an effective veteran homelessness prevention strategy.

### ***Causes of Homelessness***

Homelessness is the end result of problems that an individual cannot resolve without assistance. Generally, these problems can be grouped into three categories – health issues, economic hardships and lack of affordable housing.

These issues impact all homeless individuals, but veterans face additional challenges when trying to overcome these obstacles: prolonged separation from traditional supports such as family and close friends; highly stressful training and occupational demands that can affect their personality, self esteem and ability to communicate with people in the civilian sector after their separation from military service; and non-transferability of

some military occupational specialties into the civilian work force.

NCHV believes the key to veteran homelessness prevention is to help servicemembers plan for their separation from the military – accounting for their health, employment and housing needs – well before their discharge. Just as critical is providing access to assistance to veterans who need help before they lose control of their lives and, ultimately, their *homes and families*.

### ***Health Care Initiatives***

***Mental Health*** – The VA reports that nearly 30% of the veterans of Iraq and Afghanistan who have sought VA medical care since separating from the military have exhibited potential symptoms of mental and emotional stress. Close to one-half of those have a possible diagnosis of post-traumatic stress disorder (PTSD).

Of equal concern was the Government Accountability Office (GAO) report that a large percentage of Iraq War veterans whose Post-Deployment Survey responses indicated they were at risk of developing PTSD were not referred to Department of Defense or VA facilities for mental health screening and counseling (GAO Report, May 16, 2006).

***Primary and Long-term Rehabilitative Care*** – While the VA has greatly increased the capacity and services of its nationwide health care system, many communities are under-served by VA programs. Many low-income veterans cannot afford health insurance, and many small and independent businesses do not offer health insurance coverage. These veterans and their families are one major medical problem removed from severe economic hardship that may, and often does, result in an increased risk of homelessness.

### **Recommendations:**

- ♦ There should be a national “open door” policy that ensures access to immediate primary and mental health services to OIF/OEF veterans for five years after discharge in (1) areas that are under-served by VA facilities, (2) for immediate family members of OIF/OEF veterans, and (3) for long-term rehabilitative care. Fee-for-service policies, contracts with approved community and private health care providers in under-served areas or those with insufficient VA capacity to meet demand, and reimbursement by VA to those care providers must not place additional burdens on OIF/OEF veterans and their families.

- ♦ All VA medical centers and community-based outpatient clinics (CBOC) should have access to emergency mental health services on a 24/7 basis, whether on site

*(Continued on page 20)*

# Keynote Speakers – Opening Session, Wednesday, May 20

## Secretary Hilda

**Solis** was confirmed as Secretary of Labor on February 24, 2009. Prior to confirmation as Secretary of Labor, Secretary Solis represented the 32<sup>nd</sup> Congressional District of California, a position she held from 2001 - 2009.



In the Congress, Solis' priorities included expanding access to affordable health care, protecting the environment, and improving the lives of working families. A recognized leader on clean energy jobs, she authored the Green Jobs Act which provided funding for "green" collar job training for veterans, displaced workers, at risk youth, and individuals in families under 200 percent of the federal poverty line.

In 2007, Solis was appointed to the Commission on Security and Cooperation in Europe (the Helsinki Commission), as well as the Mexico - United States Interparliamentary Group. In June 2007, Solis was elected Vice Chair of the Helsinki Commission's General Committee on Democracy, Human Rights and Humanitarian Questions.

A nationally recognized leader on the environment, Solis became the first woman to receive the John F. Kennedy Profile in Courage Award in 2000 for her pioneering work on environmental justice issues. Her California environmental justice legislation, enacted in 1999, was the first of its kind in the nation to become law.

Solis was first elected to public office in 1985 as a member of the Rio Hondo Community College Board of Trustees. She served in the California State Assembly from 1992 to 1994, and in 1994 made history by becoming the first Latina elected to the California State Senate. As the chairwoman of the California Senate Industrial Relations Committee, she led the battle to increase the state's minimum wage from \$4.25 to \$5.75 an hour in 1996. She also authored a record seventeen state laws aimed at combating domestic violence.

Solis graduated from California State Polytechnic University, Pomona, and earned a Master of Public Administration from the University of Southern California. A former federal employee, she worked in the Carter White House Office of Hispanic Affairs and was later appointed as a management analyst with the Office of Management and Budget in the Civil Rights Division.

## Congressman Steve

**Buyer** (R-IN) is in his eighth term in the U.S. House of Representatives. He represents the Fourth District of Indiana that includes all or part of 12 counties in West Central Indiana.



Buyer is a 1980 distinguished military graduate of The Citadel. Upon graduation, he was commissioned a Second Lieutenant in the Army Reserve as a Medical Service Corps Officer. After graduation from Valparaiso Law School, Buyer transferred to the Judge Advocate General Corps and was called to active duty for three years.

As a Staff Judge Advocate officer at Ft. Eustis, VA, he served as the Special Assistant, United States Attorney in Virginia. Upon his release from active duty, Buyer served with the 310<sup>th</sup> TAACOM during Exercise Reforger in the Netherlands and Belgium. Buyer returned to Indiana to practice law in his hometown of Monticello. While continuing his duties as a citizen-soldier, he participated in three Reforger exercises in Germany with the 21<sup>st</sup> TAACOM.

In 1990, Buyer was called to active duty to participate in Operation Desert Shield/Desert Storm. As an Operational Law Judge Advocate, Buyer provided legal advice to combat service support units within the combat zone of operations. He also provided legal advice to the Commander, 22<sup>nd</sup> Support Command. In addition, he was assigned to the Western Enemy Prisoner of War Camp, providing legal advice on international law and the Geneva Conventions regarding the treatment of prisoners of war, detained civilians and refugees. He also served as an Armed Forces liaison with delegates of the International Committee of the Red Cross.

Buyer continues to serve as a Colonel in the Army Reserve. In the 111<sup>th</sup> Congress, he serves as the Ranking Member of the House Veterans Affairs Committee.

Congressman Buyer's military honors include the Bronze Star Medal, Meritorious Service Medal, Army Commendation Medal (4), Army Achievement Medal (2), Army Reserve Component Achievement Medal (2), National Defense Service Medal, South-West Asia Service Medal (3), Armed Forces Reserve Medal, Kuwait Liberation Medal Saudi Arabia, Kuwait Liberation Medal Kuwait, Army Service Ribbon (2), and Army Reserve Components Overseas Training Ribbon (2).

## Secretary Eric K.

**Shinseki** was sworn in as the seventh Secretary of Veterans Affairs on January 21, 2009.

Shinseki served as Army Chief of Staff from 1999 to 2003, and retired from active duty on August 1, 2003. During his tenure, he initiated the Army

Transformation Campaign to address both the emerging strategic challenges of the early 21<sup>st</sup> century and the need for cultural and technological change in the Army.

Following the September 11, 2001, terrorist attacks, he led the Army during Operations Enduring Freedom and Iraqi Freedom and integrated the pursuit of the Global War on Terrorism with Army Transformation, successfully enabling the Army to continue to transform while at war.

Prior to becoming the Army's Chief of Staff, Shinseki served as the Vice Chief of Staff from 1998 to 1999. He previously served simultaneously as Commanding General, U.S. Army, Europe and Seventh Army; Commanding General, NATO Land Forces, Central Europe,



both headquartered in Heidelberg, Germany; and Commander of the NATO-led Stabilization Force, Bosnia-Herzegovina, headquartered in Sarajevo.

Commissioned a second lieutenant of Artillery upon graduation from the United States Military Academy in 1965, he was attached to Company A, 1<sup>st</sup> Battalion, 14<sup>th</sup> Infantry Regiment, 25<sup>th</sup> Infantry Division as a forward observer from December 1965 to September 1966, when he was wounded in combat in Vietnam. After recuperating, he was subsequently assigned as Assistant Secretary, then Secretary to the General Staff, U.S. Army, Hawaii, Schofield Barracks, from 1967-1968. He transferred to Armor Branch and attended the Armor Officer Advanced Course at Fort Knox, KY, before returning to Vietnam in 1969, where he was wounded again in 1970.

Shinseki holds a Bachelor of Science degree from the U.S. Military Academy at West Point, a Master of Arts degree from Duke University, and is a graduate of the National War College. Shinseki was awarded numerous honors for his military service, including the Defense Distinguished Service Medal, Distinguished Service Medal, Legion of Merit (with Oak Leaf Clusters), Bronze Star Medal with "V" Device (with 2 Oak Leaf Clusters), Purple Heart (with Oak Leaf Cluster), Defense Meritorious Service Medal, and others.

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# NCHV Awards – Annual Awards Banquet, Thursday, May 21



President Barack Obama is the 2009 recipient of the **Jerald Washington Memorial Founders' Award**, the highest honor bestowed by the National Coalition for Homeless Veterans.

NCHV will honor Obama as the first president in U.S. history to declare there will be an “end to veteran homelessness.” This was the dream of the founders; the president has already demonstrated his commitment to realizing that dream.

The president’s budget request for Fiscal Year 2010 includes a 15% increase in funding for the Department of Veterans Affairs, including significant increases in homeless veteran assistance programs. In February, two members of his cabinet – VA Secretary Eric Shinseki and HUD Secretary Shaun Donovan – met with the NCHV Board of Directors to signal Obama’s support for the community- and faith-based service providers NCHV represents.

The award is named for the late Jerald Washington of Nashville, a Vietnam veteran and cofounder of NCHV. A lifelong teacher and entrepreneur, Washington developed homeless veteran assistance programs in Nashville and Jacksonville, FL. After serving in Vietnam, he devoted his life to helping veterans in crisis and inspiring others to follow his lead. He died in March 2001 at the age of 57.

**“And we provide new help for homeless veterans, because those heroes have a home – it's the country they served, the United States of America. And until we reach a day when not a single veteran sleeps on our nation's streets, our work remains unfinished.” – President Barack Obama**

## Other awards to be presented:

- ♦ **Thomas Wynn Sr. Memorial Award for Lifetime Achievement**  
To a person whose lifetime reflects a strong devotion to bringing attention and services to homeless veterans.
- ♦ **Outstanding Member Award**  
To the NCHV member that has demonstrated leadership in coalition building.
- ♦ **Meritorious Service Award**  
To a person who exemplifies service to NCHV, its members, and homeless veterans in general.
- ♦ **Unsung Hero Award**  
To a person who has contributed to the recognition of the homeless veteran issue in a supporting or unrecognized leadership role.
- ♦ **Department of Veterans Affairs Staff Award**  
To a VA staff member who has exhibited a strong commitment to the service of homeless veterans.
- ♦ **Corporate Partner Award**  
To a corporation whose contributions have helped increase the effectiveness of the homeless veterans movement.

## Keynote Speakers – Awards Banquet, Thursday, May 21

**Gordon Burke** entered the Army in 1972 and retired as a Colonel with over 26 years of service. He served in a variety of Infantry command and staff assignments. He has been a Special Assistant to two Army Chiefs of Staff and served on the Army staff as the Chief of Legislative Liaison for the Army Budget. After retirement, Gordon served as a professional staff member on the Governmental Affairs Committee in the United States Senate. He was appointed to the Senior Executive Service in 2001 and the Director of Administration and Management of the Mine Safety and Health Administration. He now serves as the Director of Operations, Grants and Transition Programs in the Veterans Employment and Training Service of the U.S. Department of Labor where he directs the Homeless Veterans' Reintegration Program.



In early 2008, Captain **Scott Quilty** (*U.S. Army, Ret.*) assumed management responsibilities of Survivor Corps' U.S.-based programs and leadership responsibilities of the Campaign for Healthy Homecoming, serving the reintegration needs of service members and veterans returning from Iraq and Afghanistan. He brings to Survivor Corps 10 years of military experience in both enlisted and commissioned leadership positions. Quilty retired a decorated Infantry Captain and Army Ranger, and during his tour of duty in Iraq he led a platoon assigned to train, assess, and build the operational capacity of a 460-man element of the Iraqi Army. Quilty's assignment prior to retirement was in the Office of Conflict Management and Mitigation, United States Agency for International Development.



## The Punahoe High School Junior ROTC Class Congratulates Punahoe High School Alumnus President Barack Obama



# 2009 NCHV Annual Con

Wednesday, May 20, 2009

**Registration** – 7:30 a.m. - 4:00 p.m.

**Opening Session** – *Regency CD Center*, 8:30 a.m. - 11:00 a.m.

**Speakers:** Secretary Hilda Solis, DOL; Rep. Steve Buyer (R-IN); Secretary Eric Shinseki, VA; Chery Beversdorf, NCHV President/CEO.

**NCHV Membership Meeting** – *Regency CD Center*, 11:15 a.m. - Noon.

**Facilitators:** George Basher, NCHV Chairman; Cheryl Beversdorf, NCHV President/CEO.

**Welcome Luncheon** – *Independence Center A*, Noon - 1:45 p.m.

*(Workshop sessions are split into sections lasting 2:00 p.m. to 3:15 p.m. and 3:30 p.m. to 4:45 p.m. Some sections will be different to allow conference attendees to participate in more sessions.)*

**Public Policy Workshop** – *Regency D*, 2:00 p.m. - 4:45 p.m.

**Facilitators:** Pete Dougherty, VA; John McWilliams, DOL; Mark Johnston, HUD; Barbara Broman, HHS; George Basher, NCHV Chairman; Cheryl Beversdorf, NCHV.

**Federal Grants: (Two Different Sessions)** – *Washington A*, 2:00 p.m. - 4:45 p.m.

**Facilitators:** Roger Casey, VA; Ken Fenner, DOL; Melanie Lilliston, NCHV.

**Legal Issues: Alternative Sentencing and Homeless Court**  
*Regency C*, 2:00 p.m. - 4:45 p.m.

**Facilitators:** Steve Binder, San Diego Deputy Public Defender; Maria Foscarinis, NLCHP.

Thursday, May 21, 2009

**Registration** – 7:30 a.m. - 4:00 p.m.

*(Workshop sessions are split into sections lasting 9:00 a.m. to 10:15 a.m. and 10:30 a.m. to 11:45 a.m. Some sections will be different to allow conference attendees to participate in more sessions.)*

**Financial Counseling** – *Washington B*, 9:00 a.m. - 11:45 a.m.

**Facilitators:** Joe Wynn, NABVETS; Linda Williams, Consumer Action.

**Permanent Supportive Housing: (Two Different Sessions)** – *Regency D*, 9:00 a.m. - 11:45 a.m.

**Facilitators:** Kelly Kent, CSH; Deb Burkhardt, National Equity Fund.

**OIF/OEF: Early Interventions/Family Benefits for Guard and Reserve**  
*Regency C*, 9:00 a.m. - 11:45 a.m.

**Facilitators:** LTC Michael Gafney, Maryland National Guard; Jean Langbein, VA.

**Employment Resources: VCU Training** – *Washington A*, 9:00 a.m. - 11:45 a.m.

**Facilitators:** Dr. Michael West, VCU; Jennifer Todd McDonough, VCU; Valerie Brooke, VCU; Roger Shelley, Rural Institute at the University of Montana.

*(Afternoon sessions are split into sections lasting 1:30 p.m. to 2:45 p.m. and 3:00 p.m. to 4:45 p.m. Some sections will be different to allow conference attendees to participate in more sessions.)*

**VA Prevention Initiatives: HUD-VASH, Community Outreach**  
*Washington B*, 1:30 p.m. - 4:45 p.m.

**Facilitators:** Vince Kane, VA HUD-VASH Coordinator; Paul Smits, VA.

# ference Schedule of Events

## **Incarcerated Veterans: Effective Transition and Reintegration Supports**

*Regency C, 1:30 p.m. - 4:45 p.m.*

**Facilitators:** Otis Nash, VA Healthcare for Re-Entry Coordinator, VISN 4; Rebecca Sheetz, VA.

## **Focus on Mental Health: (Two Different Sessions) – Washington A, 1:30 p.m. - 4:45 p.m.**

**Facilitators:** Sean Benedict, Vietnam Veterans of California; Michelle Peterson, Vietnam Veterans of California.

## **Women Veterans: An Effective Community Response – Regency D, 1:30 p.m. - 4:45 p.m.**

**Facilitators:** H.R. Crawford, Access Housing; Greg Crawford, Access Housing; Virginia Robinson, U.S. Army veteran; Toni Cole, VA; Dr. Robin Peck, VA; Yvette Kraft, Art Therapy Teacher; Sue Marshall, CPPH; Timothy Smith, DCVA; Martha Valdez, VA.

## **Capitol Hill Visits – 1:30 p.m. - 5:00 p.m.**

*(Time set aside for conference attendees who made appointments to meet with their Congressional representatives. Transportation to Capitol Hill will not be provided by NCHV. You are responsible for your visit to Capitol Hill.)*

## **Annual NCHV Awards Banquet – Reception, ABCD Foyer: 5:00 p.m. - 6:00 p.m., Banquet, Regency ABCD: 6:15 p.m. - 8:30 p.m.**

**Speakers:** Gordon Burke, DOL; Scott Quilty, Survivor Corps.

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## Friday, May 22, 2009

*(Workshop sessions are split into sections lasting 9:00 a.m. to 10:15 a.m. and 10:30 a.m. to 11:45 a.m. Each section will repeat the same session to allow conference attendees to participate in more sessions.)*

## **DOL: Homeless Veterans Reintegration Program – Regency D, 9:00 a.m. - 11:45 a.m.**

**Facilitators:** Ken Fenner, DOL.

## **Participating in the CHALENG/CoC Processes – Washington B, 9:00 a.m. - 11:45 a.m.**

**Facilitators:** Cynthia High, HUD; John Kuhn, VA CHALENG Coordinator.

## **NCHV Strategic Planning: Veteran Homelessness Prevention Platform**

*Regency C, 9:00 a.m. - 11:45 a.m.*

**Facilitators:** Sean Benedict, Vietnam Veterans of California; Scott Quilty, Survivor Corps; Zack Bazzi, Survivor Corps; John Driscoll, NCHV.

## **Self Employment Opportunities: Job Creation at Minimal Cost**

*Washington A, 9:00 a.m. - 11:45 a.m.*

**Facilitators:** Bill Elmore, SBA.



# Session Descriptions

Wednesday, May 20, 2009

## **Public Policy Workshop**

Leaders from the Departments of Veterans Affairs, Labor, Housing and Urban Development, Health and Human Services, and NCHV will discuss current legislation relating to homeless veterans programs. Information to take on your visit to Capitol Hill will be provided to help you have productive meetings with your representatives in Congress. (If you scheduled meetings in advance.)

## **Federal Grants I: Intro to the GPD and HVRP Grants**

During this session representatives from the Departments of Veterans Affairs (VA) and Labor (DOL) will provide an overview of federal grants for homeless veterans, the VA Grant and Per Diem Program (GPD), and the DOL Homeless Veterans Reintegration Program (HVRP). Presenters will also take time to provide an update on their programs.

## **Federal Grants II: Applying for GPD and HVRP Grants**

Applying for federal funding can often be a confusing and overwhelming process. This session is designed for organizations looking to secure federal grant funds that have not applied before or were not successful in previous GPD or HVRP applications. Participants will also learn some tips and tools to use when applying for funding under both grants.

## **Legal Issues: Alternative Sentencing and Homeless Court**

Legal issues remain one of the biggest problems facing homeless veterans. During this session, information will be given on several new initiatives focusing on alternative sentencing and how organizations can receive guidance on starting legal assistance programs in their area. Information will also be given on the homeless court program and how communities can utilize this program to assist homeless veterans in their locality.

Thursday, May 21, 2009

## **Financial Counseling**

This year, NABVETS has partnered with the VETS Group and the Consumer Action agency to promote the MoneyWi\$e Financial Education Program. The collaboration was created to help black and minority veterans and veterans with limited means to better understand financial management and to become more informed on personal finances in an effort to improve their lives and the lives of their families. The MoneyWi\$e program will be outlined in this session designed to give information on responsibility training.

## **Permanent Supportive Housing I: The Basics**

As veterans move through transitional housing programs, organizations often struggle with the time constraints and amount of services these programs provide. During this session the Corporation for Supportive Housing will talk about the components of permanent supportive housing and describe the differences between permanent and transitional housing.

## **Permanent Supportive Housing II: Case Studies**

Permanent supportive housing has emerged as an effective solution for veterans who require ongoing services. In this session, participants will review and discuss program profiles of organizations serving homeless veterans through permanent supportive housing programs. Best practices will be highlighted to help participants formulate plans for permanent supportive housing projects in their community.

## **OIF/OEF: Early Interventions/Family Benefits for Guard and Reserve**

Approximately 1.8 million American men and women have been activated for training and deployment for service in support of Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF-Afghanistan). Nearly one half of those forces are from Reserve and National Guard units. While many National Guard units have or are developing family support programs, more community-based organizations are stepping up to help. This is a critical focus in preventing homelessness among the newest generation of combat troops. This session will discuss initiatives that have proven to be invaluable in addressing the stresses of combat veterans, both before and after their deployment.

## **Employment Resources: VCU Training**

Under a grant from the Department of Labor, Virginia Commonwealth University has been providing technical assistance on employment resources to organizations serving homeless veterans. During this session, VCU will discuss current hot topics as well as numerous resources organizations can access to assist programs helping homeless veterans obtain and retain employment.

### **VA Prevention Initiatives: HUD-VASH, Community Outreach**

The partnership between the U.S. Department of Veterans Affairs and community-based programs represented by NCHV has reduced veteran homelessness by more than 40% since 2005. The historic expansion of the HUD-VA Supportive Housing program (HUD-VASH) and development of VA initiatives that focus on prevention will be presented in this workshop. Service providers will learn about new opportunities to serve veterans in crisis resulting from intensified inter-agency collaborations and the VA's focus on housing and vital services to veterans and their families.

### **Incarcerated Veterans: Effective Transition and Reintegration Supports**

During this workshop, service providers will receive guidance on effective intervention techniques to help incarcerated veterans prepare for successful reintegration into society after their release. Presenters will give an overview of some of the most successful transition assistance programs in the country. This information will also help social workers and case managers develop better communication and intervention strategies to help veterans who have criminal histories.

### **Focus on Mental Health I: Enhancing Services and Security**

Mental illness and substance abuse affect a great majority of homeless clients in transitional assistance programs. Even during treatment they remain significant barriers to self-sufficiency. How can we enhance our programs to deal with this problem? What kind of environment can we create to limit the effects of substance abuse on our veterans? What policies can we put in place to insure the safety of our other residents and neighbors? This session will answer a lot of critical questions.

### **Focus on Mental Health II: Dealing with Institutional Thinking**

Helping clients who are transitioning from institutional settings requires a basic understanding of how those experiences may impact client behavior, as well as an awareness of interaction techniques that cultivate mutual trust and respect, and provide for the safety of clients and staff. This session will introduce service providers to important considerations and resources to enhance their effectiveness.

### **Women Veterans: An Effective Community Response**

Women represent the fastest growing group among homeless veterans. The Department of Veterans Affairs and its community-based partners are intensifying their efforts to address the increased demand for services by homeless women veterans and single veterans with dependent children. This session highlights the efforts of the Southeast Veterans Center in Washington, D.C., to meet that challenge, and the community linkages that helped make its success possible.

## **Friday, May 22, 2009**

### **DOL: Homeless Veterans Reintegration Program**

Securing and keeping employment can be very difficult for veterans, especially in this difficult job market. This session will talk about the Department of Labor's Homeless Veterans Reintegration Program and provide a forum for organizations to learn how they could use this funding in their local community. DOL staff will be discussing capacity building in your local community.

### **Participating in the CHALENG/CoC Processes**

This session will give service providers the opportunity to learn how to be more involved in these vital community planning processes. Veteran representation in both the VA CHALENG and HUD Continuum of Care processes is directly proportional to the amount of federal funding that will be available to homeless veteran service providers in your community. Learn how to use these programs to enhance the services your organization offers its clients, as well as how to use the information from both to strengthen your federal and state grant applications.

### **NCHV Strategic Planning: Veteran Homelessness Prevention Platform**

This workshop will give community-based organizations an opportunity to further develop the Veteran Homelessness Prevention Platform (see page 5). Suggested revisions and additions reported out of these sessions will be considered by the NCHV Policy Committee and Board of Directors for possible inclusion in the organization's strategic plan, the guidance document for NCHV's legislative and program support initiatives.

### **Self Employment Opportunities: Job Creation at a Minimal Cost**

Helping formerly homeless veterans find steady employment that pays livable wages is one of the more difficult challenges undertaken by community-based organizations. This workshop will introduce service providers to self-employment opportunities, and the assistance that may be available through the Small Business Administration's veteran programs. Many of these jobs require minimal training, and some clients may already have the experience necessary to begin their careers.

## Facilitator Bios



**Cheryl Beversdorf** is the President/CEO of the National Coalition for Homeless Veterans (NCHV), representing over 260 community-based homeless veteran service providers in 46 states and the District of Columbia. A leading authority on homeless veteran issues and a former Army nurse, Beversdorf was stationed at Camp Zama Hospital in Japan and Walter Reed Army Medical Center in Washington, D.C. She has also served as chief staff executive for three national not-for-profit health organizations. A former staff member for the U.S. Senate Committee on Veterans' Affairs, Beversdorf worked on a wide range of veterans issues including Agent Orange, Post Traumatic Stress Disorder, spinal cord injury and VA medical center nursing issues.

**George Basher**, Chairman, NCHV Board of Directors was Director of the State of New York Division of Veterans' Affairs from January 1999 to November 2007. Basher served in the US Army 1968-1971 with a one-year tour in Vietnam. He co-founded NYS Veteran Service Coalition, an organization linking VHA Networks, VBA Regional Offices and dozens of state, local, and nonprofit agencies together for common approaches to shared programs and problems. He currently works as the Director of External Affairs for VA Healthcare Network Upstate New York (VISN 2) and also serves as Chairman of the Secretary's Advisory Committee on Homeless Veterans.

**Pete Dougherty** serves as Director of the VA's Office of Homeless Veterans Programs. In that position he coordinates all department-wide efforts to assist homeless veterans with the nation's largest integrated homeless assistance effort. He serves as VA's Senior Policy Representative for the Secretary of Veterans Affairs to the U.S. Interagency Council on Homelessness. Dougherty coordinates VA's Advisory Committee on Homeless Veterans and leads a work group that reports to the Deputy Secretary on how VA can better serve veterans coming out of incarceration.



**John McWilliams** serves as Deputy Assistant Secretary for Operations and Management, Veterans' Employment and Training Service, U.S. Department of Labor, in Washington, D.C. He is a graduate of the U. S. Military Academy and served a 22-year career in the U. S. Army. Since his retirement and prior to joining the Department of Labor, he served with the U.S. Capitol Police, the U.S. Senate, and private consulting firms.

**Mark Johnston** serves as the Deputy Assistant Secretary for Special Needs at the U.S. Department of Housing and Urban Development (HUD). He is responsible for administering the Department's \$3.5 billion in assistance

for persons who are homeless and those with HIV/AIDS. These funds are used to provide homeless prevention, emergency shelter, rapid re-housing, transitional housing, permanent housing and supportive services.

**Barbara Broman** is the Acting Deputy Assistant Secretary for Human Services Policy within the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. The Office of Human Services Policy (HSP) is responsible for policy development, research and evaluation on a broad range of issues related to poverty and economic security, supports for low-income families, and services for families, children and youth.

**Melanie Lilliston** is responsible for managing the programs and resources NCHV provides under technical assistance grants awarded by the Department of Veterans Affairs (VA) and the Department of Labor-Veterans Employment and Training Service. As Technical Assistance Center Director, Lilliston conducts training workshops, teleconferences and individual consultations in the areas of proposal writing, federal grants management, cost allocation and fiscal management. She also works with other national and local organizations in an effort to increase resources for homeless veteran service providers throughout the country. Her work under the technical assistance grants has established a resource center that handles more than 18,000 requests for assistance each year.

**Dr. Roger Casey** holds a Master's Degree in Social Work, Certificate in Public Administration, and a Doctoral Degree in Public Health, Behavioral Sciences. From 1987 through 1994, Casey coordinated the Health Care for Homeless Veterans Programs at the James A. Haley VA Medical Center in Tampa. In 1995, Casey moved to Washington, D.C. to serve as Director of VA's Grant and Per Diem Program (GPD). From 1995 through 2008, GPD awarded over 350 capital grants to nonprofit and local government agencies to create transitional housing for homeless veterans. Casey continues to serve as Director of GPD, administered at VA Central Office, Washington, D.C., and the Field Office, Tampa, FL.

**Ken Fenner** is the Competitive Grants Lead for USDOL-VETS. He is in his first year with Department of Labor. Fenner started his professional career with the Maryland Division of Rehabilitation Services where he worked for 10 years holding various positions. He left the State of MD to work for the Washington VA Medical Center as a Vocational Rehabilitation Specialist serving the severe and chronically mentally ill veteran population. Fenner has also worked in the Veterans Benefits Administration as an Employment Coordinator providing employment coordination services via the VR&E program. He is a former U.S. Marine; he was stationed in South Carolina where he supported F18 operations operating out of MCAS Beaufort.

**Steve Binder** is a deputy public defender with the San Diego Office of the Public Defender, where he has practiced since 1989. Steve represented clients in the mental health and welfare fraud specialty units. He founded the Homeless Court Program (HCP) in 1989 and authored a grant request for Department of Justice/Bureau of Justice Assistance funding for it.



**Maria Foscarinis** is founder and executive director of the National Law Center on Homelessness & Poverty, a not-for-profit organization established in 1989 as the legal arm of the nationwide effort to end homelessness. Foscarinis has advocated for solutions to homelessness and poverty at the national level since 1985. She is a primary architect of the Stewart B. McKinney Homeless Assistance Act, the first major federal legislation addressing homelessness, and she has litigated to secure the legal rights of homeless and poor persons.



**Joe Wynn**, Regional Director of the National Association for Black Veterans (NABVETS), is a veteran advocate and lifetime member of the organization. He received an Honorable Discharge from the U.S. Air Force in 1974. Under the G.I. Bill, Joe attended the University of D.C. and Howard University and received a Bachelor's degree in Computer Information Systems, a Master's degree in Business, and two years toward a doctorate in Organizational Communications.



**Linda Williams** joined the Consumer Action (CA) Los Angeles Office Outreach and Training Team in 2006. Recently, she has been assigned to aggressively pursue the team's mission by conducting MoneyWi\$e financial trainings at various national events that provide a forum for African American and minority veterans at all income levels. Williams holds a Juris Doctor Degree, Bachelor of Science Degree in Management and Organizational Behavior and is a Certified Paralegal.

**Kelly Kent** is Senior Program Manager with the Corporation for Supportive Housing's Innovations and Research Unit. In this position, Kent leads CSH's work around the issue of providing permanent supportive housing for homeless veterans. Prior to joining CSH in 2003, he spent five years working in the affordable housing field providing technical assistance through the Department of Housing and Urban Development to housing authorities throughout the country. Kent completed his undergraduate work in African-American Studies and his Master's Degree in Urban Planning with a concentration in Real Estate Finance and Housing Policy.

**Deborah Burkart** is National Vice President, Supportive Housing & Assisted Living, for the National Equity Fund (NEF), the largest nonprofit syndicator of low-income housing tax credits. Burkart has served as vice president since 1996. She graduated from Duke University and received master's degrees in business administration and city and regional planning from the University of North



for our veterans

**LOCKHEED MARTIN**



## Facilitator Bios

Carolina at Chapel Hill. Since 1992, Ms. Burkart has underwritten supportive housing and, starting in 1998, assisted living investments for NEF's funds. Burkart has assisted in the acquisition and underwriting of over \$700 million in tax credit equity for special needs projects during her 17-year tenure at NEF, including the highly successful St. Leo Residence for Veterans in Chicago.

**Dr. Michael West** is an Assistant Professor at Virginia Commonwealth University (VCU) and is the Principal Investigator for the HVRP National Technical Assistance Center at VCU. He has worked at VCU's Rehabilitation Research and Training Center since 1987 as a researcher, program evaluator, and policy analyst in the areas of special education, transition from school to work, vocational rehabilitation, supported employment, and veteran employment issues.



**Jennifer Todd McDonough, M.S. CRC,** is the Assistant Director of Training at Virginia Commonwealth Rehabilitation Research and Training Center and Director of Technical Assistance for the HVRP National Technical Assistance Center at

VCU. Ms. McDonough has over 15 years of experience advancing employment opportunities for homeless veterans and other hard to serve populations. She is a national expert on Social Security Disability Benefits and Work Incentives and the utilization of distance education technologies for personnel training programs.



**Valerie (Vicki) Brooke, M.Ed,** is the Project Director for the HVRP National Technical Assistance Center at Virginia Commonwealth University (VCU). Ms. Brooke has served as a faculty member and Director of Training at VCU for over

20 years and is interested in all aspects of employment related issues and concerns which impacts the employment rate and advancement of homeless veterans and other disenfranchised populations.



**Roger Shelley, M.S.,** is an Organizational Consultant with the Rural Institute at the University of Montana. Roger has provided training and technical assistance supporting veterans to obtain jobs through a customized employment ap-

proach for over 25 years. Roger serves as a consulting expert on the VCU National Technical Assistance Center for HVRP.



**Bill Elmore** is responsible for the formulation, execution, and promotion of policies and programs of the Small Business Administration (SBA) that provide assistance to small business concerns owned

and controlled by veterans, by service-disabled veterans and for self-employed members of the Reserves and National Guard. Elmore conducts comprehensive outreach to veterans and the veteran serving community, while acting as an ombudsman for full consideration of veterans in programs of the SBA. In three years, he has reversed significant downward trends of veteran's participation in virtually all SBA programs, including lending, technical assistance and procurement.

**Otis R. Nash** is a Marine Vietnam veteran whose service with the VA began in 1982 with Readjustment Counseling Services. Nash began facilitating PTSD groups in the Pennsylvania Department of Corrections and identifying veterans for healthcare service within VA. He has been working in the Lebanon VA since 1988 as the Minority Veterans Program Coordinator and Readjustment Counseling Therapist. While employed at the Medical Center, Nash facilitated Substance Abuse treatment to dual diagnosis patients, organized and facilitated PTSD groups in all the Community Based Outpatient Clinics and the VA Medical Center. He has been instrumental with working with the chronic and acute PTSD veterans from the Vietnam era to present-day veterans of the current conflicts. He established Lebanon VA as a Re-Entry program for State, County and Federal incarcerated veterans in 1988. He is now the Healthcare for Re-Entry Coordinator in VISN 4.

**Sean Benedict** is a Licensed Marriage and Family Therapist, and the Clinical Director for Vietnam Veterans of California, Inc. VVC has been in existence for 30 years, and runs sites throughout Northern California. Benedict is responsible for clinical supervision as well as program design and implementation in VVC's transitional housing and treatment programs. He also oversees two special needs grants, one for women and children, one for the chronically mentally ill.

**Michelle Peterson** is the Special Needs Coordinator for the Sacramento Veterans Resource Center, a division of Vietnam Veterans of California, Inc. Peterson is a veteran of the United States Navy, and works in the Behavioral Health Center. She is responsible for the Women's Transitional Housing Program and the Women's Special Needs Grant. She also provides specialized case management services for the Chronically Mentally Ill Grant.

**H.R. Crawford** is a veteran of the U.S. Air Force; as well as the founder of Access Housing, Inc./Southeast Veterans Service Center. Crawford operates Crawford/Edgewood Managers, Inc., a property development organization. Crawford had a vision for the Access Housing, Inc. programs; he acquired the property for the organization and established the purpose of its operations.

**Greg Crawford** is Executive Director of Access Housing, Inc.-DC/Southeast Veterans Service Center. Crawford developed the business plan for the organization, and is responsible for the day-to-day operations. He is a certified assisted housing manager; with ten years of experience in the areas of residential management and business development.

**Virginia Robinson** is a veteran of the U.S. Army. As a former client of Chesapeake Veterans House, Robinson found herself homeless during 2008, and moved into Chesapeake Veterans House in 2009. Robinson was one of the first women to move into the facility. She successfully moved on to permanent housing, and is an example of what can be accomplished with the support of Southeast Veterans Service Center programs.

**Toni Cole** is a Licensed Clinical Social Worker and a graduate of Howard University. She has five years of experience working in the area of transitional housing services. Cole has been with the VA for five years and is well aware of the issues veterans face in transitioning back into civilian life and rejoining their community.

**Dr. Robin Peck** has a medical degree and will provide a thorough description of the Veterans Administration's role with CBOC and the Chesapeake Veterans House female Veterans CBOC.

**Yvette Kraft**, an Art Therapy Teacher, can provide an in-depth description of the Art Program at Chesapeake Veterans House and how it is designed to help female veterans. She will provide a description as to how art is utilized as a component of services available at the Chesapeake Veterans House.

**Sue Marshall's** work at Community Partnership qualifies her to provide a full description of how funding from the District of Columbia has assisted with the development and staffing at the Chesapeake Veterans House.

**Timothy Smith**, Director of D.C. Office of Veterans Affairs, has a degree in Psychology from the University of Alabama. He is also a Captain with the U.S. Air Force Reserve. Smith will provide a full description of how the agency works closely with the Chesapeake Veterans House to achieve its goals in helping female veterans.

**Martha Valdez**, a Housing Specialist at VASH, will explain the beneficial assistance the collaboration with the Chesapeake Veterans House provides securing permanent housing for female veterans.

**John Kuhn** is the VA's National CHALENG Coordinator. Kuhn began working with the homeless 19 years ago, shortly after obtaining his MSW from Columbia University's School of Social Work. He has a BA in Psychology from Brown University and a MPH from Rutgers. He has received various awards including the Mutual of America's Community Partnership Medal and

The National Performance ("Hammer") Award. He has twice been named a Supervisor of The Year by Regional Federal Executive Boards.

**John Driscoll**, NCHV Vice President, Operations and Programs, served in the U.S. Army from 1970-1980, including a tour as an air-evac medic and platoon sergeant with the 575th Medical Detachment during the Vietnam War. He served as the senior clinical specialist on the Surgical Intensive Care Unit of the Walter Reed Army Medical Center in Washington, D.C., from 1973-1980, and as a certified medevac specialist until his discharge. His research led to the development of the Veteran Homelessness Prevention Platform.

**Zack Bazzi** manages the Community Reintegration Megacommunity for Survivor Corps. He is responsible for connecting, communicating, and building relationships with over 400 regional and national stakeholders from the public, private and social sectors. During his 10 years of service with the 101st Airborne and the NH Army National Guard, Zack achieved the rank of Staff Sergeant and completed four tours of duty in Bosnia, Kosovo, Iraq, and Afghanistan.



**Paul Smits** has a Master of Social Work degree from Western Michigan University. He is a veteran of the Vietnam War and was awarded the Bronze Star in 1970. Throughout his 36 years at VA, Smits has been involved in the development of VA's homeless programs. In 2005, Smits was appointed to the position of Associate Chief Consultant, Homeless and Residential Treatment Program in VA Central Office. In that position, he manages all the day-to-day operations of Veterans Health Administration's (VHA) Grant and Per Diem Program, the HUD-VA Supported Housing Program, the Domiciliary Care Program for Homeless Veterans Program, the Healthcare for Re-entry Program and VHA's homeless outreach services.

**Vince Kane** is currently the VA Director of HUD-VASH and for the Low Income at Risk Initiative. Prior to accepting this role, Kane served as the Administrative Officer for the Office of Mental Health where he assisted in the implementation of the VHA Mental Health Uniform Services Handbook. Kane also functioned as the administrator for the MIRECCs, Centers of Excellence and Evaluation Centers for the Office of Mental Health Services. He has also served as the VISN Mental Health and Homeless Coordinator. He has over 20 years experience as a clinician, educator and administrator. He has been a site Principle Investigator on several National research projects including the VA's Homeless After Care Study; and the Federal Partners Initiative for Chronic Homeless Veterans. He is a graduate of Bryn Mawr School of Social Work and Social Research and has published in peer reviewed journals.

# Traumatic Brain Injury

### **Community Role in Serving “Citizen Soldiers”**

♦ *State, municipal and local health care providers are positioned to help the Department of Defense and Department of Veterans Affairs identify and provide proper treatment and follow-up support for the largest group of wounded veterans since the Vietnam War.*

**By John Driscoll**

*Vice President, National Coalition for Homeless Veterans*

By the summer of 2009, an estimated 1.8 million men and women serving in the U.S. military will have been deployed to participate in combat and support operations in Operations Iraqi Freedom and Operation Enduring Freedom (Afghanistan). This is the largest mobilization of American armed forces for service on foreign soil since the close of the Vietnam War in 1975.

The demographic profile of ground forces serving in OIF/OEF is unlike any other in modern U.S. military history. According to Department of Defense (DoD) information, approximately 45 percent of personnel in the theater are Reservists and members of the National Guard.

These men and women are not members of the regular armed forces. They are called into active service, trained, deployed for combat and support operations, and then deactivated to resume their civilian lives. This period of activation may last for two years or longer for troops deployed to OIF/OEF. More than 40 percent of National Guard personnel who have served in Iraq and Afghanistan have been deployed more than once. More than 14% of them are women, many with dependent children.

The mental, physical and economic impacts of deployments on the men and women who are called to serve in Iraq and Afghanistan are being studied, but are still largely unknown. Though these troops represent a unified force in the field, once they return to their communities they are subject to authorities and policies that vary from state to state.

In 2007, Congress passed legislation extending Guard and Reserve members' access to Department of Veterans Affairs (VA) health care for service in a combat zone from two to five years. Adoption of the law rep-

resents an historic benchmark in both U.S. military and medical history. The nation's state and community health systems now have an important role in providing optimum post-deployment support for the wounded veterans of these wars.

### **Incidence of Traumatic Brain Injury**

Advances in medical technology, trauma management and battlefield evacuation systems are saving the lives of casualties who likely would not have survived in previous conflicts. The most marked survival rate increases among the seriously wounded include victims of multiple traumatic amputations, severe burns, spinal chord injuries and head injuries.

However, the signature wound of Operations Iraqi and Enduring Freedom is traumatic brain injury (TBI). The Defense and Veterans Brain Injury Center, headquartered at Walter Reed Army Medical Center in Washington, D.C., reports that up to 64% of troops evacuated from the battlefields of Iraq have suffered some degree of TBI, ranging from more obvious and severe head trauma to mild TBI which, officials say, may go unnoticed or unreported because of the severity of other wounds. The main cause of these injuries is proximity to the blast of improvised explosive devices (IEDs) – the weapon of choice by belligerents in both Iraq and Afghanistan.

What is not known is how many troops who do not receive medical treatment and are not evacuated have sustained mild to moderate brain injuries. Military medical officials have estimated as many as 18% of personnel deployed may have been impacted at some level. Even without validated incidence reporting, the exposure rate is considered high enough that both DoD and VA have implemented system-wide screening and intervention protocols for all OIF/OEF veterans who receive services at their health care facilities.

Both the military and veterans health care systems define mild TBI as “concussion” injuries, characterized by a brief loss of consciousness or altered mental status caused by a head injury, either from sudden and forceful impact with another object or proximity to an IED explosion. The degree of injury is then viewed in proportion to the duration of unconsciousness or period of mental impairment. A host of other symptoms, such as lingering or recurrent headaches, vision or hearing impairment, dizziness, irritability and mood swings are not readily identified, particu-

larly in combat operations, and some may not evident immediately following the injury.

In fact, many of those symptoms do not appear until later, and may be misdiagnosed as symptoms of other conditions. Further complicating assessment of TBI on the battlefield is that most of the personnel in the “blast zone” do not lose consciousness or exhibit impaired mental status, yet are exposed to the same blast force – or violent jarring – as those who do. Since most of the Reservists and Guard personnel in the theater are career-oriented, even those who suspect they may have incurred a mild to moderate injury may be reluctant to report their concerns.

Of greater concern to health care providers, and community-based organizations that serve veterans in crisis after their discharge from the military or deactivation after deployment, is the lack of knowledge about the impact of repeated exposures to explosive blasts.

#### ***Link to Mental and Behavioral Issues***

A 2006 study conducted by the Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research, and the Deployment Health Clinical Center and Uniformed Services University of Health Sciences, Washington, D.C., provides critical insight into the possible impacts of mild TBI on veterans following a one-year deployment to Iraq. The findings were reported in the *New England Journal of Medicine*, January 31, 2008.

According to the study, troops that were identified as having mild TBI were “significantly more likely” to report poor health, missed time at work, more post-concussive symptoms and more frequent doctor’s visits than those who suffered other injuries. However, after adjusting for those who tested positive for post-traumatic stress disorder (PTSD) and depression, none of those conditions or symptoms persisted other than headache as a direct consequence of TBI. The report concluded: “Mild traumatic brain injury is strongly associated with PTSD and physical health problems 3 to 4 months after the soldiers returned home. PTSD and depression are important mediators of the relationship between mild traumatic brain injury and physical health problems.”

The researchers admit that the impact of repeated exposures to blast-related mild TBI episodes, which generally have no long-term symptoms, is still unknown. Nor can they be certain that neurological impacts of mild TBI cases are no more serious or long-lasting than physical post-concussion symptoms.

The relatively high presumptive incidence of mild to moderate TBI wounds among veterans returning from Iraq and Afghanistan will, in all probability, add to the health, social and economic burdens many of these men and women encounter once they are discharged. Anxieties about strained family ties, haunts they cannot or do not want to share with loved ones, economic stresses from disruptions in their careers or employment, concerns about their health – these issues are trip wires on the path to reintegration back into the civilian world.

A report published in *The Journal of the American Medical Association* in November 2007 further adds to these concerns. The article focused on the results of a study conducted by the Department of Defense that focused on mental health assessments of more than 88,000 combat veterans returning from Iraq. Assessments were performed immediately upon their return and at three to six months later.

According to the report: “Soldiers reported more mental health concerns and were referred at significantly higher rates from the [second assessment] than from the [first]. Based on combined screening, clinicians identified 20.3 percent of active and 42.4 percent of Reserve component soldiers as requiring mental health treatment . . . Rescreening soldiers several months after their return from Iraq identified a large cohort missed on initial screening. The large clinical burden recently reported among veterans presenting to Veterans Affairs facilities seems to exist within months of returning home, highlighting the need to enhance military mental health care during this period.”

#### ***Role of Private, Public Health Care Providers***

The results of the TBI study and DoD’s “Assessment of Mental Health Problems” herald the potential for considerable impacts on public and private health providers nationwide by “citizen soldiers” who have returned from service in Iraq and Afghanistan.

Though these men and women are now entitled to VA medical care for service-connected illnesses and injuries for up to five years after deactivation, many may not know about TBI screening and available treatment. Many may not realize they should request those services. Many of them left active military service before the health benefit extension law was passed. Others may be in areas underserved by VA facilities, or receive primary health care at private or community health care facilities.

The VA’s system-wide TBI screening and referral protocols have been in place for two years; combat

# Prevention

veterans have been coming home for more than five years. The number of men and women from the National Guard deployed since 2003 alone suggests hundreds of thousands of these deactivated “citizen soldiers” are likely to seek medical care at non-VA facilities. Those who report they were injured while on duty, particularly if the injury involved exposure to explosive blasts or any sudden impact by an object with the head or neck, should be referred to the nearest VA Medical Center or VA community-based outpatient clinic (CBOC).

Involvement by private and community health systems in partnership with the VA Healthcare System will help ensure that all combat veterans receive the care they need, maximize the benefits of TBI research; and enhance the development of effective medical interventions and follow-up support.

#### Resources:

“VA Health Care – Mild Traumatic Brain Injury Screening and Evaluation Implemented for OEF/OIF Veterans, but Challenges Remain” – Government Accountability Office (GAO), GAO-08-276, February 2008.

“Mild Traumatic Brain Injury in U.S. Soldiers Returning from Iraq” – The New England Journal of Medicine, January 31, 2008.

“Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component soldiers Returning from the Iraq War” – Journal of the American Medical Association, November 14, 2007.

“Traumatic Brain Injury: Hope Through Research” – National Institute of Neurological Disorders and Stroke, Bethesda, Maryland, December 11, 2007.

“Common Reactions After Trauma” – National Center for Post Traumatic Stress Disorder, U.S. Department of Veterans Affairs, May 22, 2007. ([www.ncptsd.va.gov](http://www.ncptsd.va.gov))

“Defense & Veterans Brain Injury Center: A Congressional Program for Service Members and Veterans with Traumatic Brain Injury and Their Families” – Walter Reed Army Medical Center, Washington, D.C. ([www.DVBIC.org](http://www.DVBIC.org))



or through approved community mental health programs. This critical support must be real-time, face-to-face.

- ◆ Implement universal enrollment in the VA Health Care System before discharge from active duty status, including eligible National Guard and Reserve personnel deployed to Iraq and Afghanistan. Ensure that a copy of a servicemember’s medical records be transmitted to the VA Medical Center serving that veteran’s home of record.
- ◆ All servicemembers separating from active duty after deployment to Iraq, Afghanistan, or any combat theater, should receive mandatory mental health assessments and be screened for possible traumatic brain injury (TBI), Hepatitis-C, TB, HIV and other illnesses before discharge. Follow-up mental health assessments should be mandatory at six-month and one-year intervals after discharge. The VA medical center serving the veteran’s home of record should be responsible for ensuring these follow-up assessments are scheduled, and recording the veteran’s response.
- ◆ Servicemembers who, on their Post-Deployment Assessment surveys, are identified as exhibiting signs of emotional or mental strains that could increase their risk of developing PTSD should be advised of that fact so they may ask for and receive proper supports to reduce that likelihood.
- ◆ National Veteran Health Insurance Program – Create a program based on a premium sliding scale to make health insurance available and affordable to all veterans and their families regardless of income status.
- ◆ Require the VA and Department of Defense to produce public service announcements (PSA) for television, radio, newspapers and magazines informing veterans where they can find assistance, coined as a benefit earned through their military service. Many veterans have no idea what benefits or assistance they are eligible for after their discharge; some are unsure of their veteran status.
- ◆ Congress should ensure funding of the VA “Resource Call Center” so that veterans – and their family members – who need assistance receive accurate, helpful information and referrals to VA and community resources in their area on a 24/7 basis.

## ***Income Supports***

For young veterans, economic hardships usually involve employment issues and mounting debt. The cost of housing in most communities makes it unlikely that a single wage earner will be able to afford a comfortable and safe rental unit. The recent housing crisis and economic downturn conspire against younger veterans in terms of both housing cost burden and employment security. Though many military occupations prepare veterans for the workforce, many combat arms specialties do not, and this affects younger OIF-OEF veterans more than other age cohorts.

According to an analysis of 2000 Census data performed by Rep. Robert Andrews (D-NJ) in 2005, about 1.5 million veterans – nearly 6.3% of the nation’s veteran population – have incomes that fall below the federal poverty level, including 634,000 with incomes below 50 percent of the poverty threshold. Many of these veterans have no health insurance or access to education or training programs to increase their earnings potential.

OIF/OEF veterans are entitled to return to their pre-deployment jobs and pay scale under USERRA protection after their discharge, but increasingly many jobs are disappearing because of layoffs and business failures. Veterans who cannot find other employment quickly are in imminent danger of becoming dependent on shared living arrangements or becoming homeless.

Recommendations:

- ♦ Expand and Increase Funding for the Jobs for Veterans Act – The Jobs for Veterans Act enables the Department of Labor to provide veterans with employment preparation assistance and job placement services. There are nearly 2,500 employment specialists working with veterans through the Veterans Employment and Training Service (DOL-VETS). Disabled Veteran Outreach Program (DVOP) specialists help homeless veterans and those at-risk of becoming homeless find gainful employment; and Local Veteran Employment Representatives (LVERs) identify employers who are willing to hire veterans. The Act requires that federal contractors and government agencies give veterans a preference in their hiring policies. Additional funding would increase the number of DOL-VETS employment specialists in the field, create more job opportunities for veterans returning from Iraq and Afghanistan, and enhance the program’s oversight and enforcement capabilities with respect to veteran preferences.

- ♦ Expand the Veterans Workforce Investment Program (VWIP) to all 50 states. Currently less than \$8 million is distributed by the Department of Labor to 12 grant

programs in select states to provide unemployed and under-employed veterans with job training and placement assistance. In view of the re-employment needs of OIF/OEF veterans during the current economic downturn, and considering young combat veterans are most impacted by that downturn, funds from the Recovery Act should be made available to VWIP programs in every state proportionate to the number of work-age unemployed OIF/OEF veterans in each state.

- ♦ Pass emergency legislation to provide unemployment compensation to OIF/OEF veterans who are not protected by USERRA (due to business failures and layoffs) at a percentage of their base military pay for a period of up to 12 months, rather than the current prevailing local rates. Employment protection is one of the guarantees that men and women consider when volunteering to serve in this nation’s military – they should not be penalized for making that sacrifice.

- ♦ Implement a program through the Department of Veterans Affairs to provide grants to community organizations providing services to low-income veterans – and their families – in supportive housing. Eligible uses could include child care assistance, counseling and case management, employment supports such as uniforms and training fees, transportation for VA appointments, emergency aid with utility bills, etc.

- ♦ Develop a federal certification project for certain trades and occupations that are readily accepted in the states, and DoD and VA should share the cost of certification for OIF/OEF veterans within one year after their discharge.

## ***Access to Housing***

According to the 2007 VA Community Homelessness Assessment and Local Education Networking Groups (CHALENG) Report, one of the highest-rated unmet needs among veterans in every region of the country is access to safe, affordable housing. This has been identified as a chronic community problem by many research and public interest groups, as well as government agencies and service providers.

Because of limited public assistance resources, access to public housing is usually subject to a priority system that favors single parents with dependent children, the elderly and persons with disabilities over veterans without an obvious substance abuse, mental illness or other disability. The reality is that in virtually every community in America there is a critical shortage of safe, decent affordable housing for individuals and families with low and extremely low incomes (National Law Center on Homelessness & Poverty, National Alliance to End Homelessness, the council of Mayors, Harvard

University, 2006). This becomes an even greater challenge in light of the more than 1.5 million veterans who live below the federal poverty level – about 6.3% of the men and women who have served in the military (2000 U.S. Census).

Recommendations:

- ♦ Continue to increase the HUD-VA Supportive Housing Program (HUD-VASH) with another 20,000 Section 8 vouchers beyond the 20,000 funded since Fiscal Year 2008. The National Alliance to End Homelessness (NAEH) released an analysis of available data that showed up to 65,000 veterans could be classified as “chronically homeless.” Those are veterans with serious mental illness, chronic substance abuse issues and other disabilities; and they will need supportive housing over a long period, many for the rest of their lives. At a 40,000 voucher level, only two-thirds of this special population would be served. Due to the time it would take to implement program expansion of this scale, reassessment of the need and the program’s success would be ongoing and policy could be revised to reflect that data.
- ♦ Pass the Homes For Heroes Act – Originally introduced in the 110th Congress, in the House by Rep. Al Green (D-TX) and the Senate by Sen. Barack Obama (D-IL), this measure would make available to low- and extremely low-income veterans and their families 20,000 rental assistance vouchers; provide \$200 million for development of supportive housing for veterans; fund grants to organizations providing services to low-income veterans in supportive housing; and create the position of Veterans Liaison within the Department of Housing and Urban Development to ensure the needs of low-income and homeless veterans are considered in HUD programs. The measure has been reintroduced in the House this year; a companion bill in the Senate has not yet been filed.
- ♦ Full implementation of the VA Enhanced Use Lease (EUL) “Mission Driven Housing” initiative – A critical piece of the strategy to develop supportive housing for homeless veterans and those at risk of becoming homeless. The VA has identified surplus or under-utilized properties at 49 sites that will be made available for project development and lease through a streamlined approval process. Thirty-four of those sites are for homeless housing projects only; the 15 others may include homeless housing and services in development proposals. Eight sites have been announced through the RFP process, the others will be announced as the VA is ready to proceed. This is a historic initiative, and one NCHV believes will have

a profound impact on reducing and preventing veteran homelessness.

- ♦ Create a national prime rate interest home loan program for OIF/OEF veterans – The VA home loan guarantee program has made home ownership a reality for millions of veterans. However, this program does little for young veterans with modest incomes. A special loan account, administered by a corporate partnership, to provide home loans at well-below market rate for OIF/OEF veterans would help these young veterans qualify for home ownership, allow them to build equity to strengthen their financial stability, and effectively reduce their risk of homelessness by reducing their mortgage payments. Funding institutions could be offered federal tax incentives to offset income loss due to the lower interest rates.
- ♦ Develop affordable housing programs for low-income veterans – Every community in the nation should incorporate into their 10-year plans a strategy to develop affordable housing stock to prevent homelessness among its low-income and extremely low-income individuals and families, with a set-aside for veterans in proportion to their representation in the homeless and low-income population estimates. Federal, state and local governments should develop incentives to drive this vital component of homelessness prevention through low-income housing tax credits; awarding of project-based Section 8 vouchers for approved developments; project funding support through the National Housing Trust Fund; formation of local and regional community land trusts; infusion of supportive services dollars through Community Development Block Grants and other funding streams; and tax credits for builders and contractors who work on these projects.

**For more information on prevention initiatives as they continue to take shape, stay tuned to [www.nchv.org](http://www.nchv.org).**



# Contributions

Contributions to NCHV support our efforts to strengthen and expand services to homeless veterans in 48 states, the District of Columbia, Puerto Rico and Guam. More than 89% of donations go directly into services. Projects that benefit from tax-deductible contributions include:

- ◆ Raise awareness and educate service organizations and communities about homeless veterans and the programs in place to help them.
- ◆ Provide expert advice and assistance to Congress and the Federal Agencies involved with homeless veteran issues and service programs.
- ◆ Leadership in building partnerships between service providers and government agencies.
- ◆ Immediate notification of government, corporate and foundation grant availability for homeless service providers.
- ◆ Bi-monthly newsletter with resources from private and government sources.
- ◆ Dynamic website – [www.nchv.org](http://www.nchv.org) – updated daily, this is the nation’s most comprehensive website on homeless veteran issues and programs.
- ◆ Legislative alerts and analysis of legislation affecting homeless veterans and service organizations.
- ◆ Annual conference in Washington, D.C., and regional conferences on a wide range of topics for service providers.
- ◆ Nationwide toll-free Homeless Veteran Help Line **1-800-VET-HELP**.



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“...let us strive on to finish the work we are in; to bind up the nation's wounds; to care for him who shall have borne the battle...”

- Abraham Lincoln