



NATIONAL COALITION *for* HOMELESS VETERANS

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June 2, 2015

The Honorable Robert McDonald

Dear Mr. Secretary,

Thank you for taking the time out of your busy schedule to address the NCHV conference last week. As you know NCHV is the only national organization whose mission is to end homelessness among Veterans. Your words and encouragement to do all we can to aid your efforts led us to discuss additional actions that could be taken to improve the availability of services to homeless veterans and to improve the chances of ending homelessness at the end of this year.

To summarize, we believe that VA should promptly implement a national tool that will address long-standing problems that delay and prevent veterans from being housed under the HUD-VASH program. Despite efforts by many VA medical centers to add the staff needed to provide case management to veterans who qualify for placement in permanent housing, there are hundreds, if not thousands, of vouchers that are unused because of the shortage of staff meeting VA requirements. In addition, the shortage has caused veterans to not get into housing promptly because of a lack of case management staff who have either not been placed initially or have not been replaced in a timely manner. This pattern of inadequate staffing has a dual impact of neglecting veterans that need housing with case management and discouraging investors who are considering financing homeless veteran housing projects, and will have long-term consequences for future housing investment if left unaddressed. There are a number of solutions to this problem, but prompt action will only come about if you become personally involved in ordering their implementation.

The first step is to ensure that delays in housing veterans and potential instances of neglect are accurately and promptly reported. We believe further study of the problem is not needed as the long delays in hiring case management staff goes back more than 5 years. Although a long term solution is needed, we believe that action to address these shortages can be taken now based on available authorities which the Department possesses but has not used to address them. We believe that any case management vacancy which is not filled within 60 days should trigger the implementation of one or more of the following solutions.

As community-based providers, members of NCHV and other homeless veterans service providers have a long track record of providing case management services to veterans, and our members and others have the capability in most parts of the country to provide case management services to VA on a reimbursable basis. This obvious solution has not been widely employed because many VA officials believe it would take too long to put a services contract in place. However, this ignores the several authorities which allow VA to hire non-VA employees who can provide nursing and other health care services to veterans on an intermittent basis. VA uses these authorities throughout the country to hire qualified personnel for a day, a week, or much longer periods. There does not seem to be any reason that these authorities could not be used to address the case management shortfall except for perhaps a lack of clear direction and a sense of urgency.

A second strategy would be to provide authority to obtain case management services through a national contract that any medical center could use to purchase services from local or regional providers. While there are some disadvantages to this strategy compared to the first, we believe it is both feasible and achievable if VA contracting officials and program managers are willing to put their best efforts into accomplishing it.

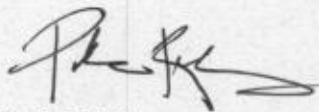
A third strategy would be to establish a limited term grant program so that providers are able to meet needs in effective and innovative ways. VA actually has a track record of implementing new grant programs in a very short period of time, and this type of approach could attract some of the most qualified providers of case management services.

Another strategy which our members use is to employ peer counselors and other qualified personnel to provide services which complement the case management services which only a masters-level case worker can provide. This model is also widely employed by agencies providing case management services to mentally ill non-veterans who qualify for such services under other federally funded programs such as state Medicaid programs. The VA's failure to use this model means that its new hires are both unnecessarily qualified and at the same time may be wholly unfamiliar with the environment which case managers must navigate to achieve successful outcomes for veterans. VA needs to reexamine its case management staffing model to achieve both more clinically appropriate and cost effective care.

If VA is unwilling to make changes such as these in order to solve the serious staffing shortages affecting thousands of homeless veterans, it needs to devise a plan to reassign qualified staff who currently work for VA to areas of documented need. While VA has been reluctant to use its authority to reassign personnel in the past, the urgent need for action argues for its use in this case if the solutions suggested above (or others which may be equally efficacious) are not implemented. VA needs to treat this as a crisis and require an "all hands on deck" approach to this effort if it ever hopes to achieve our mutual goal.

Mr. Secretary, we represent hundreds of organizations with thousand of dedicated employees, many of them veterans, who have provided services to more than 500,000 veterans in the last 25 years. We believe that it is possible to house many more veterans this year if you and the VA are willing to take prompt action. We are available to meet with you and your staff if we can provide any additional information or insight about this issue.

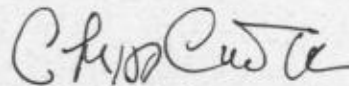
Sincerely,



Patrick E. Ryan

Chairman - Board of Directors

National Coalition for Homeless Veterans



Charles S. Ciccolella

Vice Chairman - Board of Directors

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