Committee on Oversight and Government Reform
Chairman, Henry Waxman, 110th Congress
Hearing on Mental Health Problems Confronting Soldiers
Returning from Iraq, Afghanistan

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New Directions 15 years of service to veterans
New Directions is a comprehensive treatment and recovery program that assists veterans to return to families and community

Homelessness in America is a tragedy, but homelessness among veterans is a national disgrace. Over 200,000 veterans will lay their heads on the streets of America tonight. 11% of those veterans or 22,000 are here in Los Angeles. Although the Los Angeles Homeless Services Authority figures are showing a decrease, local agencies and the VA are all showing an increase in the numbers of veterans seeking services.

The issue of homelessness is complex and it has required very complex solutions in order to address chronic substance abuse, chronic mental illness and chronic homelessness of the past generations of veterans.

However, we now have another long war and we are beginning to see a totally new population of young veterans attempting to find a way to deal with the tragic effects of war. These "20 something" men and woman are primarily white and Hispanic, have completed high school and some college, have technology skills and are restless, angry, afraid and finding it impossible to fit in.

Therefore, it is time for a new paradigm in treatment for this new population. It is far more cost effective to treat our returning soldiers now and assist them with their transition back to families and communities than ignoring them until they become a burden on society and end up in jails and prisons. This might require the VA to take a hard look at its existing programs and service delivery and find a new way to engage disconnected souls. Although psychopharmacology has created outstanding prescription drugs to assist with symptom management, it is the human connection that is critical to this healing process for PTSD.

At New Directions, for instance, we are using integrative therapies such as yoga, art, poetry and theater arts to assist with relaxation techniques and engagement of mind and body. Although most participants have been reluctant at first, they end up looking forward to classes after their first encounter.

Although the VA may not adopt these integrative therapy methods, it is clear that this generation of veterans is demanding a new healthcare delivery system. Getting them in the front door and engaging them might be one of our biggest challenges. So maybe we need to think more about a "Welcome Center" that is separate and apart from the hospital. By stepping out of the traditional medical box, creating "trauma informed" communities, easy access to benefits, trauma treatment and providing affordable supportive housing, we can begin a positive healing process.

OEF/OIF

OIF/OEF veterans are becoming homeless faster than their predecessors. After Vietnam, it took 9 to 12 years for veterans' circumstances to deteriorate to the point of homelessness. Today, the high incidence of PTSD and traumatic brain injury will contribute to increased homelessness unless dramatic measures are taken to mitigate this trend. Other risk factors are repeated deployment, National Guard and Reserve deployment, women in combat and the extended duration of this current conflict.

Also, we need to take a good look at the men and woman who are coming home. In general, the "y" generation are *stimulus junkies* who get easily bored. This means that they are adept at multi-tasking, fast thinking, and are technically savvy. The liability is that they are impatient, have distaste for menial work, lack people skills and confidence.

So, these often disoriented, impatient disabled men and woman are entering a system of care that is ill equipped to deal with their issues. The most difficult part of treating a new OEF/OIF veteran is engagement. They seem to ask for help, but they are not sure what they want and cannot seem to find it. They look at our chronically homeless Vietnam era veterans and those who are disabled and they just don't see any connection. NDI Board of Directors and staff have had many discussions about the new veterans vs. those we have served in the past. There are no parallels except than they all served their country.

As a non-profit provider that has no direct medical or psychiatric services to offer, how do we connect and assist these men and woman who are suffering silently? These are some of the suggestions that we have come up with and will begin working on.

- Develop a blog
- Turn our 50's Diner (the Veterans Village Diner) into an internet café
- Create a drop in center and begin the dialogue
- Rent or purchase a four bedroom home and create a group home that is small, safe and secure with 24/7 staffing, medication management and therapeutic community. Large hospitals and programs are too overwhelming
- Hire an OEF/OIF veteran as a case manager
- Develop focus groups with returning veterans to see how we can best serve them
- Advocate for streamline service delivery so the veteran is not retraumatized by the medical system and its regulations

- Continue to move to becoming a **trauma informed community** providing an array of trauma treatments.
- Concentrate on what is causing the symptoms (of trauma) rather than masking the core issues by treating symptoms with medication
- Work with other providers to determine "best practices" and set up trainings to assist agencies in addressing the true needs of this new veteran

Trauma Informed Communities

New Directions has observed clients who, as a result of long-term treatment and counseling have discovered traumatic experiences at the root of their addictive behaviors. Decades of not expressing or identifying the feelings have lead some to mental health disorders, drinking and drug use. Many have long histories of homelessness and years of incarceration. Most of our clients have experienced multiple traumas including, physical trauma as a child, military trauma and years of abuse on the streets and in prisons.

Since veterans are known to have a higher degree of trauma than the general public it would be most cost effective to begin to *treat trauma as the core disability* rather than separate and apart from all other symptoms that the patient is presenting. All Veterans Administration hospitals should become "trauma informed" centers for trauma treatment rather than designating only four hospitals in the country as trauma centers. Why should a veteran from LA have to travel to Palo Alto to be in a residential trauma program? Why, at the largest VA in the Country, do we only provide outpatient PTSD treatment? Why hasn't trauma treatment been incorporated into health and mental health systems since it affects mind, body and care function?

If recently released veteran men and women are coming to the VA for services, shouldn't all the medical staff become trauma informed? A trauma informed community would spawn a new generation of providers who have an understanding of the complex biopsychosocial and developmental impact of trauma and abuse. New Directions has been working with our staff to move from a trauma informed community to a trauma treatment center.

A community that understands how the devastating experiences of war contribute to psychological and behavioral changes is better prepared to provide assistance to this population. By becoming trauma-informed, family members and community human service providers will be much better equipped to approach the challenging and sometimes upsetting symptoms that these veterans display

Institutions such as a "trauma-informed" criminal justice system could potentially influence judicial decisions in the effort of obtaining appropriate treatment vs. jail-time which would re-traumatize the veteran as well as society. Veterans who turn to substance abuse may have greater accessibility to services when a trauma-informed community understands what he is dealing with.

Affordable Permanent Supportive Housing

11% of the nations' veterans are homeless and are living on the streets of Los Angeles, why has there been no attempt or plan to address this issue, why has the VA turned properties that were once dedicated to the healthcare of veterans into "back lots" for the movie and television industry? Why do vacant VA buildings continue to deteriorate when over 20,000 veterans are on the streets of Los Angeles? Where is the leadership that will review the underused inventory and make these buildings available for non-profit agencies to us to assist with the housing needs of low income disabled veterans?

I know there are complicated answers to these simple questions, but we are at war now, and it is time to put our nation's hospitals into action. It is time to repair the infrastructures, find an expedited process to lease the buildings, and encourage and support the development of new and innovative projects that must be created to assist the VA in addressing the thousands of injured and disabled veterans who will be returning and will need a supportive environment to heal from wounds of war.

The Greater Los Angeles Healthcare System currently has about 1,500 contracted Grant and Per Diem transitional housing beds. The difficulty that the employed graduate of a VA Grant and Per Diem program faces is finding permanent housing in the LA area that is affordable, safe and drug-free. The veterans on fixed income such as SSI receive just over $800 per month which is hardly enough to subsist on when housing in the community for a single costs an average of $1200 per month. New Directions tries to assist our clients to get into Section 8 housing, but as you know, the wait lists are long, and hundreds of seniors and poor families are now being "kicked out" of their section 8 housing due to conversion of federally funded housing into market-rate housing. There is no permanent supportive housing in Los Angeles or anywhere for disabled veterans. **That is why New Directions has been working since January 2003 to lease two buildings on the grounds of the Sepulveda Veterans Administration in North Hills, CA. Not only was the concept applauded by the VA's mental health team, it is fast becoming a critical housing necessity for the returning disabled veterans.**

New Directions has negotiated leases on buildings 4 and 5 with the VA and intends to rehabilitate them into 147 units of permanent supportive housing for disabled veterans. NDI will be partnering with A Community of Friends, a non-profit housing developer on this project that will cost an estimated $40 million to rehabilitate the two buildings. It will be our responsibility to raise all necessary funding for the construction, maintenance, operation and support services. The project will be a trauma informed community for "sober" veterans with disabilities.

This has been a very difficult process with lack of accountability and timelines and has taken over four years and we still do not have a signed lease. Although the Enhanced Use Lease (EUL) process has been used all over the Country, there is a lack of consistency in the process. A local Congressman is currently disputing the Enhanced Use Lease Process and trying to kill the project. We have become the focus of his attacks when it is the process that should be attacked. We simply followed the law.

Grant and Per Diem Program

The Grant and Per Diem program has successfully created over 8,000 VA contract beds in the nation. But with over 200,000 homeless veterans on any given night this is only a fraction of the housing that is needed to begin addressing the immediate problem. This funding provides qualified non-profit organizations with $26.95 per person per day (2004 rate should be based on the current State Home Rate) so agencies can provide comprehensive services to veterans. At New Directions, the real cost of providing the wraparound services is actually approximately $75 per person per day.

The Grant and Per Diem program was designed to increase the capacity of community based organizations to assist the VA in providing homeless veterans with transitional housing and services. Several years ago, there was a limit imposed on the number of "incidents of care" the VA would allow to each veteran. By limiting the number of times a veteran can seek care, the VA is discriminating against those veterans who are the most chronic and most in need of care. *Health services would not be limited if someone had cancer, why now is the VA limiting services because someone is mentally ill and homeless?* We are actually finding homeless veterans on the streets of Skid Row who will not come in for services because they say *they have used all of their Per Diems*. This is especially disturbing when the veteran is only 25 years old. Leaving them behind to die on the streets of skid row is not acceptable.

Problems

- The issue of an "Incident of Care" is critical for those veterans with chronic conditions and severe mental illness. The VA is counting every encounter a veteran has with a Grant and Per Diem provider as and "incident of care". Services could have been provided for one day or two years, and it would count as one incident. The VA is limiting the number of incidents to three and if someone should appear requesting a fourth incident, he or she must go through a long process to determine if the continued care is necessary. Often this care is denied.

- When a veteran transfers from one program to another within the same agency, it is being counted as two incidents of care. If someone comes to a substance abuse treatment program and is subsequently diagnosed with a major mental illness and would be better served in our dual diagnosis program, he or she is charged a second incident of care. So in reality, he or she is being penalized for being diagnosed with a mental illness.

- The VA staff will approve a fourth Per Diem if: 1) the client is interviewed by the Program Director and the Program Director recommends services 2) The Clinical Director must meet with the veteran and recommend services 3) a

complete case plan must be developed for approval by VA 4) and the VA team must approve the request. In some incidents it has taken weeks for approval and the VA may accept the person but will only pay for three days of the three weeks it took for them to approve the client.
This becomes an unfair and arbitrary process. Those veterans who have advocates can get a fourth per diem. Those who can't advocate for themselves for a forth per diem miss out and remain homeless.

- We have contracted with the VA to be paid based on the current State Home rate. We have put this in our budgets and were told if we submitted budgets and financial statements that this increase would be approved. We have written letters, had conference calls and sent e-mails and still we are being paid at the 2004- 2005 rate of $26.95.

- West LA is one of the highest income areas in the country and receives the same rate as programs in less expensive rural areas. Also there are huge discrepancies between the levels of service being provided and yet all programs are receiving the same basic rate.

Solutions

1. Do not limit the number of requests for help from a homeless veteran. If a veteran walks through the door asking for assistance, and an agency is able to help him or her, do not deny the veteran the help by refusing to pay the Per Diem.
2. If the veteran transfers from one agency to another because the type of services needed are not available at the first agency, the veteran should not be charged for two incidents of care.
3. The VA needs to be held to a timeline in approving annual rate increases. The State Home submits a simple letter and their rates are then increased. But the community based agencies have to go through months and even years of accountability before the VA will increase to the mandated rates.
4. Agencies are on our own to find the veterans, advocate for them and treat them as well as train staff and prepare them for these new clients with new and different issues. All this is being done with no additional funding, information or training by the VA.
5. Our agencies need to be able to give annual cost of living raises in order to retain staff. In our agency that would be almost $90,000 per year for just a simple cost of living. The VA has refused to pay us at the 2005, 2006 or 2007 State Home Rate which is justifiable and currently outstanding.
6. There ought to be a scale based on the amount of services a program provides and the cost of living in that community so that the rate paid is fair and equitable.

Conclusion

1.**New treatment paradigm for this new generation of men and woman veterans including integrative therapy approaches for PTSD and trauma.**

2.**Make all VA hospitals trauma informed communities.**

3.**Direct all VA hospitals to develop five year plans to end veteran homelessness in their communities.**

4.**There are probably hundreds of buildings and houses that could be made available from the DOD and VA for housing for disabled veterans. Direct all VA hospitals and Federal agencies to submit listings (under Title V of the McKinney Act) to HUD of all underused and underutilized VA buildings that could be renovated and used as supportive housing for disabled men and women veterans. Include in this mandate, a clause regarding housing for the "greater good" so that neighbors cannot delay or stop housing development for disabled veterans.**

5.**Immediately eliminate the "3 incidents of care" restriction on grant and per diem and direct the VA to pay the current per diem rate to the contracted agencies that is authorized by the legislation.**

6. Direct the DOD and the VA to use a universal assessment tool to assess the mental health of all discharged soldiers and transfer all records into the VA system.

7. Develop a protocol for treatment of Post-traumatic stress disorder (PTSD) that addresses all levels of trauma. This will include the types of trauma treatment and medications that could be used to treat symptoms. Also, train all service providers on accepted trauma treatment modalities.

I believe homeless services for veterans are headed for a "train wreck" in the next few years. There is no local planning to house and care for the OEF/OIF veterans and systems are currently full trying to provide services to the past generations of veterans that had not been adequately helped. My hope is that these hearings will assist legislators to look closely at the current needs and assess for what is expected in the future and be ready to accommodate the disabled men and woman that so desperately need our help in healing from their wounds of war.

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