



## Senate Office of Policy and Legislative Analysis

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# FINAL REPORT OF THE SENATE VETERANS' MENTAL HEALTH AND HOUSING COMMITTEE (SR 527)

### Committee Members

**Senator Chuck Payne, Chairman**  
*District 54*

**Senator Shawn Still**  
*District 48*

**Senator Ed Harbison**  
*District 15*

**Senator Rick Williams**  
*District 25*

**Senator Josh McLaurin**  
*District 14*

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## **STUDY COMMITTEE CREATION, FOCUS, AND DUTIES**

The Senate Veterans' Mental Health and Housing Committee was created by Senate Resolution 527 during the 2024 Legislative Session of the Georgia General Assembly.<sup>1</sup> The Study Committee was tasked with evaluating the adequacy of public and private programs and services that provide vital resources to Georgia's veterans.

Senator Chuck Payne of the 54th served as Chairman of the Study Committee. The other Senate members were: Senators Shawn Still of the 48<sup>th</sup>, Ed Harbison of the 15<sup>th</sup>, Rick Williams of the 25<sup>th</sup>, and Josh McLaurin of the 14th.

The following legislative staff members were assigned to the Study Committee: Josselyn Hill, Senate Office of Policy and Legislative Analysis; Kimberly Buckner, Office of Senator Chuck Payne; Jackson Fuentes, Senate Press Office; Kaitlin Little, Senate Budget and Evaluation Office; and Vince Wiegand, Office of Legislative Counsel.

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<sup>1</sup> S.R. 527, 157th Gen. Assemb., Reg. Sess. (Ga. 2024), <https://www.legis.ga.gov/legislation/66531>.

# SUMMARY OF TESTIMONY AND DISCUSSION

## MEETING ONE

**Date:** June 18, 2024  
**Location:** Georgia State Capitol – Atlanta, GA  
**Topic:** Introductory Meeting

### Committee Members Present

**Chair:** C. Payne  
**Senators:** E. Harbison, J. McLaurin, S. Still, and R. Williams  
**Others:** N/A

### Speakers & Presentations

Name/Agency	Topic(s)	Visual?
Georgia Department of Veteran Services (GDVS)	<ul style="list-style-type: none"> <li>• Homelessness among Georgia’s veterans</li> <li>• Mental Health among Georgia’s veterans</li> <li>• Overview of GDVS’ programs</li> <li>• GDVS’ recommendations</li> </ul>	Y-PPT
Center for the Advancement of Military and Emergency Services (AMES) Center at Kennesaw State University (KSU)	<ul style="list-style-type: none"> <li>• Overview of the AMES Center</li> <li>• Suicide among veterans</li> <li>• Loneliness among veterans</li> <li>• Housing and food security among veterans</li> <li>• Recommendations</li> </ul>	Y-PPT
Highland Rivers Behavioral Health	<ul style="list-style-type: none"> <li>• Overview of Organization</li> <li>• Health insurance coverage issue</li> <li>• Changes in VA rules</li> <li>• Recommendations</li> </ul>	Y-PPT
Emory Healthcare Veterans Program	<ul style="list-style-type: none"> <li>• Overview of Program</li> <li>• Treatment options and how they work</li> <li>• The Program’s impact</li> <li>• Program Costs</li> <li>• Recommendations</li> </ul>	Y-PPT

### Summary of Testimony

#### 1. Georgia Department of Veterans Services (Commissioner Patricia Ross)

Commissioner Patricia Ross presented on the challenges faced by veterans, focusing primarily on homelessness and mental health issues. She noted that veterans are disproportionately represented among the homeless population, with data showing that 620 homeless veterans were identified in Georgia last year. The Department of Community Affairs reported an increase in the number of unsheltered veterans, rising from 225 in 2022 to 404 in 2023. Women veterans, particularly women of color, are overrepresented in this group, and many of them face the additional challenge of being homeless with children. *(See Figure Below).*

The Commissioner explained that veterans in Georgia are impacted by health and socioeconomic challenges, often at rates higher than the national average. Veterans in Georgia experience housing instability, low health literacy at 85%, food insecurity at 99.2%, and high levels of loneliness. These issues are particularly pronounced among veterans transitioning out of military service. The Commissioner also discussed the prevalence of mental health conditions among veterans, with 69.6% suffering from chronic

5.1.6 Unsheltered Subpopulation Trend

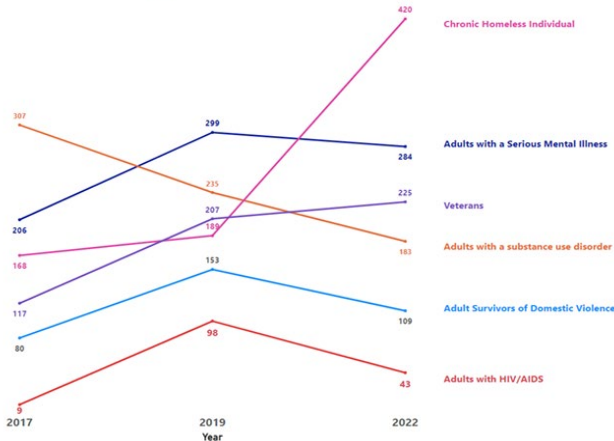


Figure 22: Trendline of Subpopulation from 2017 to 2022

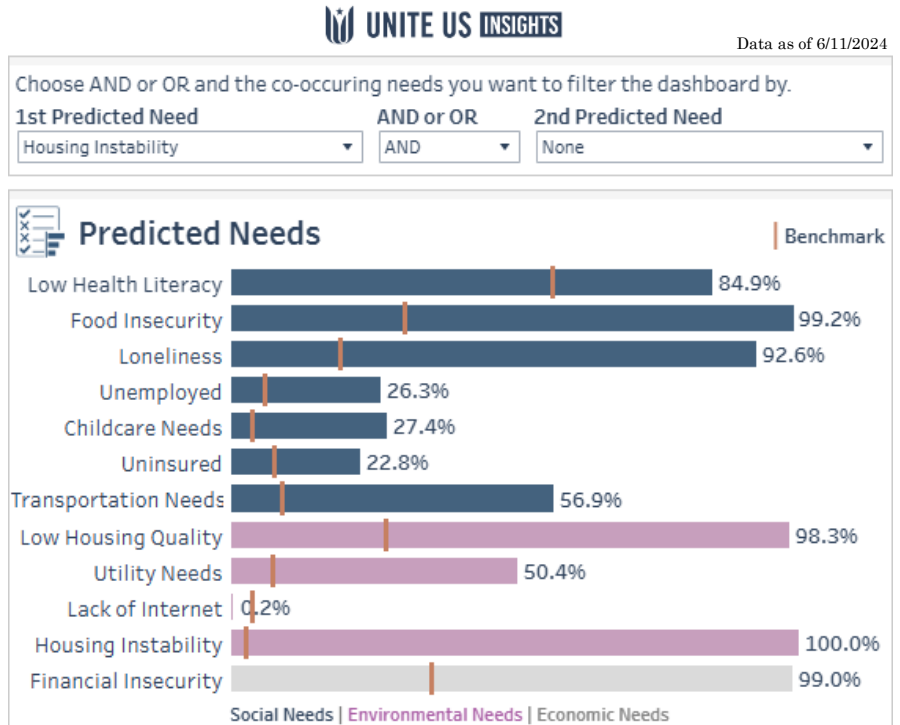
pain, 23% from depression, and 33% from post-traumatic stress disorder (PTSD). She noted that PTSD is significantly more common among veterans (23%) compared to civilians (6%), due to the trauma experienced during military service. Many veterans rely on alcohol to cope with these challenges.

The Commissioner presented data from the Unita case management system, a state-funded program that provides critical insights into the needs of veterans. (See Figure Below). She illustrated how Georgia's rates of housing instability and other challenges exceed national averages. She underscored the need for targeted strategies to address homelessness and mental health issues among veterans, particularly vulnerable groups such as women veterans.

The Commissioner noted the disproportionate impact of PTSD on Black veterans in Georgia, and emphasized the importance of targeted mental health interventions. PTSD and other behavioral health disorders, which can often be treated effectively, remain prevalent among veterans. Additionally, loneliness is a significant predictor of suicidal ideations. Data reveals that 85% of lonely veterans experience food insecurity and 17.2% face unemployment.

The Commissioner highlighted the establishment of the Suicide Prevention and Outreach Coordinator position, which has reached over 12,000 individuals since its inception. She also praised federal grants such as the Staff Sergeant Fox Grant and initiatives like the Let's Connect Summit, which bring together stakeholders to support veterans and their families. The state's mental health grant funding has enabled organizations like Emory Veterans Healthcare Program and Cohen Veteran Network to expand services and assist more clients.

Housing insecurity and financial instability remain pressing issues, with emergency rental and mortgage assistance funding largely depleted. The Commissioner advocated for increased funding and rental protections to keep veterans housed, especially during financial crises. She also stressed the importance of resolving disparities in homestead tax exemptions that disproportionately impact veterans on fixed incomes.



The Commissioner identified the following existing initiatives:

- **Suicide Prevention and Outreach Coordinator:** Established in July 2022, this role connects veterans with mental and behavioral health resources, conducts outreach, and provides training on identifying and responding to suicidal ideations. The coordinator has reached over 12,000 individuals and trained 601 people.
- **Governor's Challenge for Suicide Prevention:** Collaborative effort involving state and federal agencies, including SAMHSA and the VA, focusing on preventing suicide among veterans.
- **Staff Sergeant Fox Grant:** VA grant used for outreach, training, and screening veterans for suicidal ideations, in partnership with the Center for the Advancement of Military and Emergency Services (AMES Center) at Kennesaw State University (KSU).
- **Let's Connect Summit:** Annual event bringing together stakeholders in mental and behavioral health, focusing on family support as a crucial element for veteran resilience. Last year's summit provided valuable information, and this year's focus is on family support.
- **State-funded Mental Health Grant:** Supports organizations like Emory Veterans Healthcare Program and the Cohen Veteran Network, helping them expand services and reach more veterans and their families.
- **Georgia Veteran Service Foundation:** Reconfigured last year, the foundation focuses on housing insecurity, homelessness, and mental and behavioral health by providing seed funding to relevant organizations.
- **Behavioral Health Coordination:** GDVS Commissioner is now part of the DBHDD Behavioral Health Coordinating Council, facilitating better collaboration in serving veterans with mental health issues.
- **Homeless Coordinator:** New position to be filled beginning in July 2024 for an individual focused on homelessness. This position will help coordinate with organizations and be the designated individual within the department to serve veterans and their families with housing security.

## 2. Kennesaw State University: AMES Center (Dr. Brian Moore)

Dr. Brian Moore, a former Army officer with 14 years of service and a Psychology Professor at Kennesaw State University, shared his experiences with inadequacies in military mental health support. A pivotal moment during his service was the suicide of a soldier under his command, which exposed the insufficient mental health resources available to soldiers. This event motivated Dr. Moore to leave active duty, pursue a PhD in health psychology with a focus on military populations, and return to Georgia to make a difference. Upon his return, he recognized a significant gap in veteran support services and sought to address this by establishing AMES Center at KSU. The AMES Center partners with four state and over 40 municipal agencies to comprehensively address veteran health issues in Georgia.

Dr. Moore identified several key groups that are often overlooked in veteran support, including student veterans, caregivers, and transitioning veterans. Student veterans, who face nearly eight times the suicide risk compared to their peers, lack dedicated counselors at Georgia's 26 USG institutions. Caregivers also face significant health and well-being challenges, which the AMES Center is studying in collaboration with the Rosalynn Carter Institute for Caregivers. Transitioning veterans, particularly those entering high-stress professions like law enforcement and emergency services, accumulate trauma that can lead to severe mental health issues. About 20% of Georgia's first responders are veterans, creating a significant overlap between these populations.

The AMES Center focuses on proactive, research-informed clinical interventions to prevent mental health crises among veterans and first responders. With a staff of 15, including psychologists and social workers, the center works to address cumulative trauma and develop prevention strategies to save lives. Dr. Moore emphasized the importance of early intervention to prevent tragedies and improve veteran care in Georgia.

Dr. Moore explained the AMES Center's framework for addressing veteran challenges, which focuses on individual resilience and community-level outcomes. He highlighted gaps in veteran care, noting that while

GDVS acts as a resource hub, it lacks the funding and capacity to fully meet veterans' needs. The AMES Center partnered with GDVS and conducted assessments of 5,500 veterans across 134 counties, uncovering significant issues in mental health, stress, and economic stability.

Suicidal ideation among Georgia veterans is nearly double the national average, with chronic and financial stress affecting one in five veterans. Geographic hotspots for these issues include the Savannah region, Metro Atlanta, and rural North Georgia. Health insurance access is a critical concern, with Georgia veterans experiencing an uninsured rate twice the national average due to affordability and misunderstanding of requirements.

Loneliness is a severe issue, with one in three veterans reporting no one to call for help in emergencies, reflecting deep social and emotional isolation. Food insecurity affects over 10% of veterans, while housing insecurity is nearly 10 times the national rate. These interconnected challenges point to the need for comprehensive programs addressing mental health, housing, and community engagement.

Dr. Moore urged policymakers to focus on proactive solutions, emphasizing that consistent health insurance and support during transitions can reduce long-term healthcare costs and improve outcomes. He indicated that Georgia has the capacity to serve only 20% of the VA's recommended veteran population, primarily due to funding limitations. The VA provides significant support, covering 65% of the costs for new veterans' homes and the daily care costs for veterans with a 70% service-connected disability. A study conducted for the Georgia Department of Veterans Service identified Waycross and Dublin as optimal locations for new veterans' homes. Waycross serves younger veterans, has high poverty rates, and is near major military bases, while Dublin has a large veteran population, limited access to current homes, and a low rate of veteran population decline.

Dr. Moore highlighted the absence of a centralized clearinghouse for veteran resources in Georgia, despite GDVS's efforts to coordinate services. He recommended expanding GDVS's funding to build a coordinating cell for veteran care and improve collaboration with other state agencies. He noted ongoing challenges for transitioning veterans and raised concerns about individuals exploiting veterans through predatory practices related to disability claims.

Dr. Moore urged the state to allocate resources for constructing additional veterans' homes, emphasizing that Georgia's large veteran population would make it a high priority for federal funding. However, he stressed the importance of including flexibility in budgeting to address uncertainties in the application and construction process.

### 3. Highland Rivers Behavioral Health (CEO Melanie Dallas)

Ms. Melanie Dallas, CEO of Highland Rivers Behavioral Health, explained that her organization is a Community Service Board (which is part of Georgia's behavioral health safety-net) that serves 13 counties in Northwest Georgia, representing 1.8 million people and 18% of Georgia's population. Highland Rivers has a long history of serving veterans, starting with VA contracts in 2008 and evolving through Substance Abuse and Mental Health Services Administration's (SAMHSA) grants and state funding to address mental health and substance use issues. The organization provides services regardless of veterans' discharge status or ability to pay.

Highland Rivers has served 3,375 veterans over the past decade, delivering nearly 92,000 services valued at over \$6 million, with \$664,000 in uncompensated care absorbed. Services include mental health counseling, crisis interventions, substance use treatment, and support for veterans' courts. Funding comes primarily from state-contracted services (49%) and VA contracts (48%), with the remaining veterans relying on Medicaid, Medicare, or self-pay.

Ms. Dallas expressed concerns about the VA's shift to the Mission Act, which may further reduce service accessibility. She noted that uninsured veterans make up a significant portion of those served and highlighted the need for continued funding and support for mental health services in Georgia, which ranks 48th nationally in mental health care access.

Ms. Dallas discussed the creation of the "Veteran Outpost," a specialized clinic designed to address veterans' unique needs, including behavioral health care, housing support, and meaningful employment connections. This initiative stemmed from the observation that veterans value camaraderie and informal connections as much as formal services. The first clinic in Cobb County is expected to face capacity challenges due to the area's large veteran population and the lack of funding for infrastructure expansion.

Ms. Dallas outlined a timeline of service trends, noting significant declines in veteran care utilization after the VA transitioned to the Choice Program in 2019 and later the Mission Act. These changes introduced stricter service management and reduced benefit packages. Currently, veterans face long waiting lists for VA services, such as a six-month wait in Cobb County, creating gaps in care. She explained that Highland Rivers has often absorbed the costs of serving veterans during these transitions, maintaining their commitment to ethical care despite financial strain.

Ms. Dallas called for policymakers to convene key stakeholders, including state leaders and the VA, to address these challenges and ensure veterans are not left without access to services. She stressed the urgency of creating a coordinated system that prevents gaps in care during program transitions.

#### 4. Emory Healthcare Veterans Program (Director of Development Jim Ludlam)

Mr. Jim Ludlam, Director of Development at the Emory Veterans Program, described the program as a transformative resource for post-9/11 veterans and service members. This program is funded primarily by the Wounded Warrior Project and part of the national Warrior Care Network. Established in 2015, the program focuses on three core missions: providing evidence-based clinical care for conditions such as PTSD, TBI, and depression; conducting research to improve treatment and prevention; and teaching prolonged exposure therapy.

The centerpiece of the program is its two-week intensive outpatient program. It delivers over a year's worth of therapy in a compressed format. This approach achieves significant results, with 75% of participants experiencing clinically significant improvements and 85% maintaining gains at follow-ups. The program treats veterans regardless of discharge status or VA eligibility and works with Emory's Volunteer Veterans Law Clinic to help veterans with other-than-honorable discharges access VA benefits.

Mr. Ludlam noted that while most service members experience post-traumatic stress temporarily, 20-30% develop PTSD, and the program aims to address this population. He emphasized the importance of treating transitioning service members in their final months of active duty to ease reintegration into civilian life. Nearly half of the program's participants are Georgia residents, with one-third being women, a higher proportion than their representation in the military.

Mr. Ludlam detailed the program's success in reducing suicidal ideation and behaviors among veterans. To eliminate cost as a barrier, the program offers comprehensive care, including housing, transportation, and meals, entirely free of charge. The program's two-week intensive outpatient model, available both in-person and via telehealth in 40 states, delivers highly individualized and effective treatment for PTSD, traumatic brain injury (TBI), and other conditions.

Using innovative techniques like repetitive transcranial magnetic stimulation (rTMS) and virtual reality, the program adapts treatment plans to meet patient needs. Holistic wellness services such as yoga and music therapy help veterans rebuild positive routines, while licensed social workers provide logistical



support and post-treatment care coordination. For veterans with mild TBI, the program offers integrated treatment for TBI and PTSD, avoiding the common issue of fragmented care.

The program also emphasizes relapse prevention for substance use and behavioral addictions, requiring patients to be substance-free before starting treatment. Research initiatives include trials of cutting-edge therapies like 3,4-Methylenedioxymethamphetamine (MDMA) with prolonged exposure therapy and chronic pain stimulation techniques, aiming to improve outcomes for veterans with invisible wounds.

Mr. Ludlam discussed the challenge of reaching veterans in need of mental health care, citing stigma and the nature of avoidance disorders like PTSD. The program relies on referrals from the VA, the Wounded Warrior Project, and graduates who share their experiences and encourage peers to seek help. Notably, one graduate has referred 26 individuals to the program, demonstrating the power of personal outreach.

To improve outreach, the program utilizes veteran outreach coordinators, funded by grants from GDVS. These coordinators, all veterans themselves, conduct community engagement at military installations, veteran service organizations, healthcare providers, and online platforms to build awareness. Mr. Ludlam shared the success of a creative radio advertisement on a classic rock station in Columbus, Georgia, which reached isolated veterans and resulted in several dozen contacts.

Mr. Ludlam emphasized the importance of innovative and targeted outreach efforts, expressing gratitude for the opportunity to share the program's mission with the committee. He urged the committee members to champion the program and help spread its message to reach more veterans in need.

Mr. Ludlam summarized the program's outcomes, noting a 40% improvement in PTSD and other assessments, with gains sustained in 85% of graduates. TBI patients show a 35% improvement on the Neurobehavioral Symptom Inventory (NSI), and Substance Abuse Disorder (SUD) graduates report increased abstinence and reduced binge drinking. The program's telehealth intensive outpatient program (IOP), available in 40 states, is as effective as its in-person counterpart.

Since 2011, the program has treated over 3,000 veterans, with 1,300 completing the IOP and 120 utilizing telehealth services. Veterans receive over 100,000 hours of care, including innovative therapies like virtual reality, which immerses them in realistic environments to process trauma. The program maintains a 92% completion rate and a 96% satisfaction rate, demonstrating its efficacy.

Although the program provides all care and associated services free of charge, the cost per patient exceeds \$36,000. Mr. Ludlam noted that this cost is a worthwhile investment, given the program's life-saving impact. He encouraged the committee to explore the program's resources and share its availability, highlighting the potential for graduates to refer others and amplify the program's reach.

## MEETING TWO

**Date:** July 17, 2024

**Location:** Georgia State Capitol – Atlanta, GA

**Topic:** Homelessness and Workforce Meeting

### Committee Members Present

**Chair:** C. Payne

**Senators:** E. Harbison, S. Still, and R. Williams

**Others:** N/A

### Speakers & Presentations

Name/Agency	Topic(s)	Visual?
GDVS	<ul style="list-style-type: none"><li>• Homelessness</li><li>• Workforce</li><li>• HB 414</li></ul>	Y-PPT
AMES Center at KSU	<ul style="list-style-type: none"><li>• Homelessness</li><li>• Housing Instability</li><li>• Housing and Health</li><li>• Veteran Housing Programs</li><li>• Workforce</li></ul>	Y-PPT
Hire Heroes USA	<ul style="list-style-type: none"><li>• Career Services Provided: 3-Phase Approach</li><li>• Georgia Programs</li><li>• Workforce</li><li>• Housing Connection</li></ul>	Y-PPT
Cherokee County Homeless Veterans Program	<ul style="list-style-type: none"><li>• Homeless Veterans</li><li>• VA Claims</li><li>• Veterans Mental Health</li></ul>	Y-PPT
Georgia Vocational Rehabilitation Agency (GVRA)	<ul style="list-style-type: none"><li>• Vocational Rehabilitation Service Offered</li><li>• Housing Assistance</li><li>• Workforce Assistance</li></ul>	Y-PPT

### Summary of Testimony

#### 1. Georgia Department of Veterans Services (Commissioner Patricia Ross)

The Commissioner provided an update on Georgia's efforts to address veteran homelessness and mental healthcare, emphasizing the critical need for action. She explained her family's deep military ties and described how her father's post-service struggles illustrate the challenges many veterans face transitioning to civilian life. She noted that VA anticipates significant funding shortfalls of \$3 billion and \$13 billion over the next two fiscal years.

The Commissioner introduced Georgia's Homeless Coordinator, Ms. JT Thompson. Ms. Thompson works with state and community partners to address veteran homelessness. The Commissioner described the urgent need to support the tens of thousands of Georgia veterans without stable housing, many of whom face mental health challenges, physical disabilities, and are lacking support systems. She shared the success story of a Columbus veteran who was, at risk of homelessness prior to receiving housing and employment assistance from state and community resources.

The Commissioner also updated the committee on House Bill 414, which allocated \$1 million in grants for organizations providing clinical mental health services to veterans and their families. The application process is underway, and awards will be distributed next month pursuant to legislative guidelines.

The Commissioner advocated for legislation to increase funding for veteran housing, limit rent increases, and decrease down payment requirements. Additionally, she supports eviction protections. She emphasized that addressing veteran homelessness and mental health is a moral obligation and a collective responsibility, expressing confidence in Georgia’s ability to end veteran homelessness through compassion and action.

2. Kennesaw State University: AMES Center (Dr. Chris Hess)

Dr. Chris Hess, Assistant Professor at Kennesaw State University and member of the AMES Center, presented a detailed analysis of veteran homelessness and housing insecurity in Georgia. Using data from the Point-in-Time (PIT) count and the American Community Survey, he provided insights into trends, disparities, and programmatic gaps, supported by visual data and evidence.

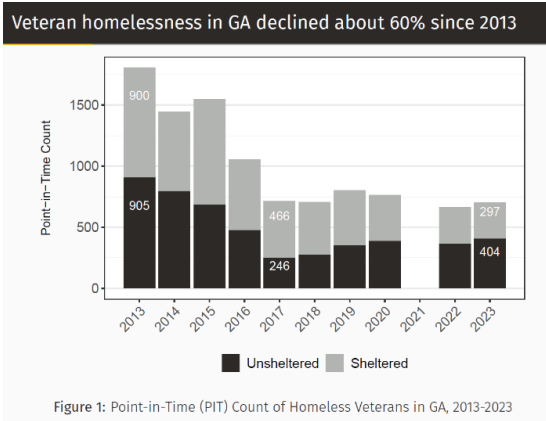


Figure 1: Point-in-Time (PIT) Count of Homeless Veterans in GA, 2013-2023

Since 2013, veteran homelessness in Georgia has declined by 60%, with most progress occurring between 2015 and 2017. (See Figure 1). This decline was driven largely by federal initiatives such as the VA’s “surge” funding for the Supportive Services for Veteran Families (SSVF) program, which provided an additional \$90 million between 2015 and 2017. This funding contributed to a 40% reduction in veteran homelessness during that period. However, since 2017, the rate of decline has slowed, and the share of unsheltered veterans has increased. These trends illustrate significant progress in Metro Atlanta counties (Fulton, Cobb, and DeKalb), which saw

greater reductions compared to rural and suburban areas, where veteran homelessness has become more concentrated.

Dr. Hess emphasized demographic disparities within the homeless veteran population. (See Figures 2, 3, & 4 t). Black veterans, while representing one-third of Georgia’s veteran population, account for two-thirds of homeless veterans. This overrepresentation highlights systemic inequities that require targeted intervention. Gender representation among homeless veterans aligns with the general veteran population, with no significant disparities. Senior veterans, particularly those renting, are disproportionately affected, with 25% paying more than 50% of their income on rent and utilities. (See Figure 7 in Appendix A). Among all Georgia veteran renters, 40% are cost-burdened, spending over 30% of their income on housing, while 20% are severely cost-burdened, spending over 50%. (See Figure 5 in Appendix A). A graph comparing housing cost burdens across racial and age groups underscored these disparities, particularly among Black veterans and senior renters. (See Figure 6 in Appendix A).

Housing instability is further exacerbated by limited social support networks. Veterans in precarious financial situations are less likely to double up with other households, a common strategy to reduce housing costs. This lack of support contributes to increased vulnerability to homelessness. Data from the Center noted the mental health implications of housing instability, showing that veterans facing financial stress or recent homelessness report higher

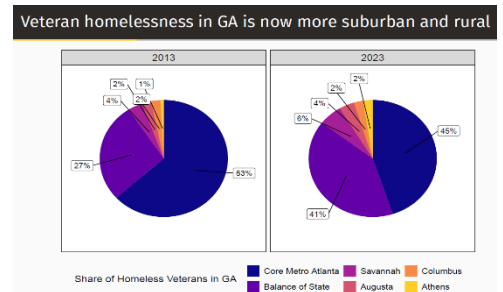


Figure 2: 2013 & 2023 Regional Distribution of Homeless Veterans across GA

Homeless veterans disproportionately likely to be Black

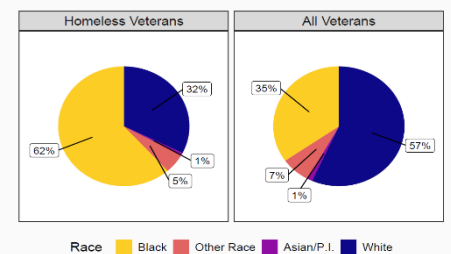


Figure 3: Race of Homeless Veterans (left) and All Veterans (right) in GA  
Note: Homeless estimate = 2023 PIT Count, overall estimate = 2022 ACS

Comparable rates of homelessness across sex of veterans

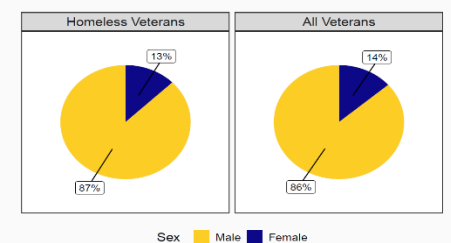


Figure 4: Sex of Homeless Veterans (left) and All Veterans (right) in GA  
Note: Homeless estimate = 2023 PIT Count, overall estimate = 2022 ACS

**Housing designated for homeless veterans declined since 2017**

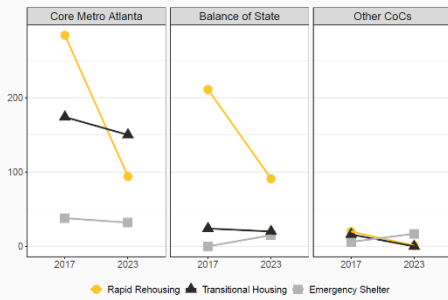


Figure 12: Housing Designated for Homeless Veterans, 2017 & 2023 HIC

rates of depression, lower social support, and increased suicidal ideation. (See Figures 9 & 10 in Appendix A).

Veteran-designated housing resources have diminished significantly since 2017, with the number of available beds dropping to approximately 400 statewide. (See Figure 11 in Appendix A). Half of these beds are located in Metro Atlanta, leaving rural and suburban areas underserved. Figure 12's comparisons of veteran-designated housing capacity in 2017 and 2023 revealed this decline, showing that while resources once matched the demand, current levels are insufficient. (See Figure 12 in Appendix A). Programs such as Grant and Per Diem (GPD)

and Supportive Services for Veteran Families (SSVF), which provide transitional housing and rapid rehousing, have also seen reductions in their capacity to serve veterans effectively.

Despite a \$373 million national increase in SSVF funding since 2019, fewer households are being served due to rising housing costs, challenges in veteran outreach, and difficulties transitioning veterans to stable housing. Figures 14 and 15 illustrate the relationship between increased SSVF funding and the declining number of served households, suggesting inefficiencies in program delivery or barriers to access. (See Figures 14 & 15 in Appendix A).

Dr. Hess suggested increasing capacity at Georgia War Veterans Homes to accommodate elderly and disabled veterans who require skilled nursing care. He recommended leveraging rural mental health initiatives to improve data collection and housing outreach in the Balance of State areas, which encompass 152 counties and account for 40% of homeless veterans. This granular data could help nonprofits secure additional Supportive Services for Veteran Families (SSVF) funding to better serve veterans in rural and suburban communities. Lastly, he proposed identifying barriers within the SSVF program, such as housing cost escalation and outreach gaps, to optimize its effectiveness and address unmet needs.

**3. Hire Heroes USA (Director Elana Comperatore and Romaine Byrd)**

Ms. Elena Comperatore, Director of Client Service Delivery at Hire Heroes USA, outlined the organization's mission to assist veterans, transitioning service members, and military spouses in achieving successful employment. She acknowledged that while the organization does not focus directly on housing, employment plays a critical role in ensuring housing stability and mitigating homelessness among veterans.

Ms. Comperatore noted the organization's emphasis on one-on-one coaching and its significant national impact, noting that the average starting salary for clients was \$69,000 in 2022, surpassing the national average. Hire Heroes USA is on track to reach 100,000 lifetime hires by late summer or early fall. In 2022 alone, they helped over 13,900 individuals secure employment.

Key services offered include career coaching, resume writing, mock interviews, and job sourcing. These services are supplemented by referrals to partner organizations for needs such as housing, financial literacy, and mental health support. The organization also hosts virtual career fairs and webinars,

**GA veteran homelessness declines amid SSVF "surge" 2015-2017**

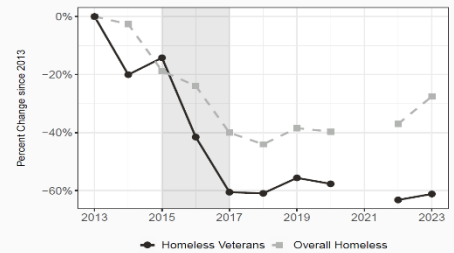


Figure 14: Change in Veteran Homeless and Overall Homeless relative to 2013 Point-in-Time Count

**SSVF funding increasing, but households served not kept pace**

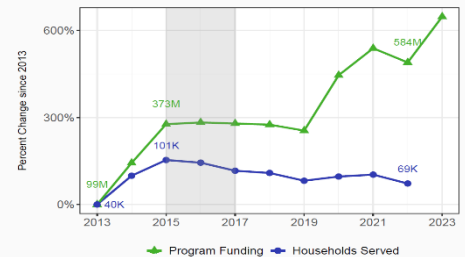


Figure 15: Supportive Services for Veteran Families (SSVF) FY2022 Annual Report Data on National Total Funding and Households Served by Year

including sessions tailored to military spouses, junior enlisted personnel, and those interested in federal hiring.

In Georgia, Hire Heroes USA supported over 1,500 clients in 2023, with nearly 900 finding employment. Approximately half of their Georgia clients are still on active duty, enabling them to prepare for career transitions well in advance. The organization has specific programs for women veterans and junior enlisted personnel, addressing challenges such as underemployment and the need for certifications or skills-based hiring.

Ms. Comperatore explained their nationwide efforts to empower veterans, transitioning service members, and military spouses by helping them secure meaningful employment and addressing related challenges such as housing insecurity. The organization emphasized its impactful results, tailored approach, and partnerships with other organizations to provide holistic support.

Ms. Comperatore highlighted significant employment trends and outcomes in Georgia, where the top industries and employers for veterans include roles with the Army (contractor positions), the VA, Amazon, Gulfstream, and LED. These organizations provide substantial opportunities for veteran hires. The organization also noted the specific challenges faced by junior enlisted veterans and female veterans, who constitute a significant portion of their demographic in Georgia. Many junior enlisted veterans, for instance, experience underemployment rather than unemployment and often require specialized training, certifications, or education to enhance their employability.

To illustrate their impact, Ms. Comperatore shared the case study of Michaela, a junior enlisted female veteran who faced significant barriers, including substance abuse, criminal charges, and imminent homelessness. Through partnerships with programs such as the Colorado Homeless Veteran Reintegration Program and a veteran trauma court, Michaela received comprehensive support that included job readiness services, a skills-based resume highlighting her military-acquired competencies, and interview preparation. These efforts enabled Michaela to secure a minimum-wage job initially, which stabilized her housing situation. With continued guidance from Hire Heroes, Michaela transitioned to a higher-paying role that provided long-term stability.

Ms. Comperatore described their strategies for addressing housing insecurity among veterans, emphasizing job search and readiness support. These services include providing clothing, IDs, and computer literacy training, which are often prerequisites for securing employment. Recognizing the interconnectedness of challenges faced by veterans, the organization collaborates with partners like the VA, Team RWB, and Mission Continues to offer mental health support, financial literacy training, and community integration resources. Additionally, Hire Heroes assists clients in navigating VA benefits and identifying housing solutions, ensuring they address barriers to employment holistically.

Mr. Romaine Byrd, the Georgia Program Manager at Hire Heroes USA and an Army veteran with almost 23 years of service, shared his personal journey from enlisting in the military to joining Hire Heroes USA. Initially, Mr. Byrd joined the Army to escape challenging circumstances after losing his mother and lacking family support. Hailing from Pelham, Georgia, he served as a light-wheeled vehicle mechanic for five or six years before leaving the military. After his initial service, Mr. Byrd faced significant struggles, including unemployment and the threat of homelessness. These difficulties led him to re-enlist, and he completed an additional 13 years of service in the Army. Following his military career, Mr. Byrd sought assistance from Hire Heroes USA due to anxiety about job searching. The organization not only helped him secure employment but also inspired him to transition from being a client to a transition specialist to his current role as the Program Manager for the organization.

To address the high veteran population in Georgia, Hire Heroes USA established its first field team in the state, further emphasizing its commitment to localized support. The Georgia program, established in 2022,

focuses on increasing veteran registration in employment assistance initiatives. With approximately 13 military installations in Georgia, including major transitioning points at Fort Eisenhower, Fort Stewart, and the Marine Corps base in Albany, around 3,400 veterans transition out of the state annually.

The program's primary goal is to help veterans secure employment and access wraparound services that support their job searches. To achieve this, the program actively collaborates with military transition programs and community partners. Current partnerships include the Fort Eisenhower transition program, the Atlanta Center for Self-Sufficiency, the Warrior Alliance, Veterans Pathway Program Atlanta, and the Atlanta Career Works program. Efforts are ongoing to engage additional installations such as Fort Stewart and the Marine Corps base in Albany. The program emphasizes outreach and relationship-building across the state to ensure veterans receive the resources they need to successfully transition into civilian careers.

The organization shared data from 2022 to demonstrate their impact in Georgia, where they served 695 homeless veterans. Among these clients, 36 percent (approximately 300 individuals) successfully secured employment. The junior enlisted population represented a significant portion of the homeless veterans served, with 73 percent of this demographic being male. Ms. Comperatore also noted that they began formally tracking housing instability data in 2022, which has allowed them to better understand the needs of unhoused veterans and tailor their services accordingly.

#### 4. Cherokee County Homeless Veterans Program (Jim Lindenmayer)

Mr. Jim Lindenmayer, director of the Cherokee County Homeless Veterans Program, described his career and his organization's mission to address veteran homelessness. After analyzing inflated national statistics and identifying systemic inefficiencies, Mr. Lindenmayer's program focuses on hands-on assistance, supported entirely by volunteers. They process about 125 homeless veterans annually and participates in state and federal initiatives like the State Homeless Trust Fund.

Mr. Lindenmayer noted the lack of participation in the annual Point-in-Time Count, with only 32 out of 152 counties responding, a mere 20%. He further noted issues with key federal programs. For example, HUD-VASH operates in only three Georgia locations due to case management requirements, and the SSVF program averages a 14-week wait time for veterans. He called for audits of these programs, citing inefficiencies and unclear fund allocation.

He explained housing challenges, including veterans being denied apartments due to income criteria despite fixed disability payments. A major issue involves the VA and Social Security Administration failing to include language about a \$2,000 SSDI benefit on award letters, which requires congressional approval to resolve. This oversight prevents eligible veterans from accessing critical funds.

Mr. Lindenmayer also noted mobility as a characteristic of homelessness and described how veterans often face systemic barriers when trying to access resources. For example, his program resolved a case where a veteran was repeatedly denied Social Security benefits due to the VA's refusal to release records.

Mr. Lindenmayer emphasized the need for federal and state governments to address systemic inefficiencies to support local veteran homelessness programs effectively. Cherokee County integrates mental health grants with their homeless services, conducting a 96-hour intake process to assess veterans' needs. Unlike longer-term approaches, Mr. Lindenmayer's program aims to secure immediate employment and housing for veterans, often placing them in local jobs or providing donated vehicles for transportation in areas without mass transit.

One example provided dealt with a disabled single mother who worked at Wendy's while waiting seven months for HUD-VASH to provide housing. His program covered her temporary hotel stays, which required relocation every 28 days due to regulations. Mr. Lindenmayer also detailed partnerships with companies

like Home Depot and local CDL programs to place veterans in jobs, although infantry veterans without specialized skills remain challenging to place.

Critiquing federal programs, Mr. Lindenmayer noted that HUD-VASH and SSVF programs often have long delays, and HUD's 811 program requires a year-long approval process. He shared those federal statutes requiring priority processing for homeless veterans are not enforced. Additionally, delays in VA and Social Security Administration benefits, sometimes spanning years, leave veterans unable to afford stable housing or qualify for assistance.

Mr. Lindenmayer also criticized national veterans' organizations, such as the American Legion and VFW, for failing to deliver on their promises to support homeless veterans. His program compensates for these gaps with grassroots efforts like providing vehicles, distributing goods, and running coat drives. Despite financial challenges, they continue to prioritize direct aid, with 97% of funds going to veterans.

He called for public-private partnerships and better data transparency. FOIA requests for information about fund allocations often yield insufficient responses, underscoring the need for improved accountability and cooperation among stakeholders.

Mr. Lindenmayer emphasized the importance of partnerships in supporting homeless veterans, highlighting a recent collaboration with Cell Phones for Soldiers to provide essential communication tools. He noted that cell phones are indispensable for accessing resources like food pantries and VA appointments, which are critical for veterans navigating homelessness.

Mr. Lindenmayer shared a success story of a combat engineer who, after returning from Afghanistan and experiencing depression, became homeless. Within three days of contacting the Cherokee County program, the veteran had secured a job, a donated vehicle, and financial support to cover initial expenses. This rapid intervention was made possible through partnerships with local businesses and the program's scholarship fund.

Mr. Lindenmayer discussion also addressed systemic challenges veterans face, including transportation barriers, housing instability, and delays in SSDI claim processing. He emphasized federal inefficiencies, such as prolonged SSDI approval times and a lack of priority processing for veterans. He submitted letters to federal authorities seeking solutions, particularly regarding SSDI benefits for veterans, but expressed frustration over the inaction.

Mr. Lindenmayer pointed out that veterans, who comprise less than 1% of the population, often lack the advocacy and attention needed to address their unique challenges. He concluded by urging state and federal entities to act with urgency and care to address the gaps in services for veterans.

##### 5. Georgia Vocational Rehabilitation Agency (Director Bethany Whetzel)

Ms. Bethany Whetzel, Director of Community Engagement for GVRA, provided an overview of the agency's mission to assist Georgians with disabilities in achieving independent living and employment through federally funded programs. GVRA operates five programs: Vocational Rehabilitation (VR), Disability Adjudication Services, the Business Enterprise Program, Georgia Industries for the Blind, and two residential vocational training facilities.

The VR program is the cornerstone of GVRA, supporting individuals with physical or mental impairments in maintaining or securing employment. Services include career counseling, job placement, on-the-job training, and financial support for post-secondary education and vocational training. VR clients also benefit from assistance with job-site accommodations, such as assistive technology, which GVRA can provide directly to employers.

GVRA collaborates with employers to educate them about the financial feasibility of hiring individuals with disabilities, noting that accommodations are often less costly than anticipated. Furthermore, the agency operates two residential facilities in Warm Springs and Cave Spring that focus on vocational training and independent living for individuals under 30.

Funding for GVRA programs is primarily federal, with \$4 in federal funding provided for every state dollar. GVRA expects to spend approximately \$184 million this year, with the majority allocated to VR services.

Currently, only 290 veterans are among GVRA's 11,000 active VR clients. Ms. Whetzel noted the need for targeted outreach to veterans, particularly given that the VA also offers vocational rehabilitation services. GVRA could complement or independently serve veterans transitioning from military service.

In addition to employment services, GVRA provides short-term housing assistance, including relocation expenses, security deposits, and support for on-campus housing. These supports aim to help clients achieve long-term job sustainability.

Ms. Whetzel shared a success story of a veteran transitioning to agriculture in Lincoln County. GVRA collaborated with the University of Georgia's AgriAbility program to assess the veteran's needs and modify his farm equipment, enabling him to manage his land and livestock despite physical disabilities.



## MEETING THREE

**Date:** August 21, 2024

**Location:** Georgia Military College – Milledgeville, GA

**Topic:** Housing Meeting

### Committee Members Present

**Chair:** C. Payne

**Senators:** R. Williams and J. McLaurin (via Zoom)

**Others:** N/A

### Speakers & Presentations

Name/Agency	Topic(s)	Visual?
Mighty Hero Homes	<ul style="list-style-type: none"><li>• Veterans Homelessness</li><li>• The Affordability Problem</li><li>• Their Housing Solution</li><li>• Public-Private Partnerships</li></ul>	Y-PPT
GDVS	<ul style="list-style-type: none"><li>• Veteran Homelessness</li><li>• Veteran Mental Health</li><li>• Available Resources</li><li>• Nursing Homes</li></ul>	Y-PPT
Home Builders Association of Georgia	<ul style="list-style-type: none"><li>• Housing Market in Georgia</li></ul>	N

### Summary of Testimony

#### 1. Mighty Hero Homes (Derek Layne and retired Major General Les Carroll)

Mr. Derek Layne, along with retired Major General Les Carroll, from Mighty Hero Homes presented on veteran homelessness and the lack of affordable housing in Georgia. They noted that many veterans face challenges like mental health issues, substance abuse, divorce, legal problems, and a growing number are struggling with homelessness due to the rising cost of living. The average home price in the Atlanta metro area has increased by 55 percent since 2019, making it increasingly difficult for veterans to find affordable housing. Mighty Hero Homes has proposed a solution involving the construction of individual small homes within veteran communities, which would provide stability, safety, and a supportive environment for veterans and their families. These homes are intended to offer veterans a place where they can build a lasting community, reducing the need for constant relocation due to rising rent prices.

The organization noted the challenges in accurately counting homeless veterans, estimating that the actual number could be two to three times higher than reported figures. Additionally, they explained that one of the barriers for veterans in accessing affordable housing is in rural areas where veterans often have to move far from their communities to find housing within their means. The rising cost of transportation further exacerbates this issue, making it difficult for veterans to maintain employment and stability. Mighty Hero Homes has been working on developing affordable housing specifically for veterans, emphasizing the importance of wraparound services and supportive communities that can help veterans avoid the triggers that might lead them back into homelessness or substance abuse.

Despite the need for such housing solutions, Mr. Layne noted the difficulties their organization faces in securing funding for these projects. The organization is working closely with partners like GDVS and United Health Services to ensure that when these homes are built, they come with the necessary support systems in place to help veterans transition into stable, independent lives.

Retired Major General Les Carroll presented on the issue of veteran homelessness in the United States. He explained that approximately 70,000 veterans nationwide and around 2,000 veterans in Georgia are currently homeless. He indicated that despite billions of dollars spent over the past decade, these numbers have not improved, further indicating a significant gap in the existing processes for addressing veteran homelessness. He proposed that the core issue lies in the current reliance on temporary housing solutions, which offer veterans only a short-term reprieve before they are forced back onto the streets. This cycle of temporary support followed by homelessness has perpetuated the problem, leaving the situation largely unchanged according to the Major General.

Mighty Hero Homes proposed a novel solution to this issue. Their program is designed to break the cycle of recidivism by providing permanent, affordable housing for veterans. The Major General explained that their vision involves building bases with 84 single-family homes, organized into small communities with extensive support services. These homes are not just temporary shelters but are designed to be owned by the veterans, offering them a stable, long-term living environment. The bases also include community centers with clinics, job training facilities, and spaces for support meetings, ensuring that veterans have access to the resources they need to succeed. He indicated that this approach not only addresses the immediate need for housing but also empowers veterans by providing them with the dignity of home ownership and the support of a community of their peers.

## 2. Georgia Department of Veteran Services (Russell Feagin)

Mr. Russell Feagin from GDVS presented on the challenges and needs related to veteran housing in Georgia. He explained that there needs to be a transition in focus from general veteran housing across the state to more specialized nursing home care. He indicated that this shift is necessary because many veterans, especially those suffering from TBI, PTSD, and substance abuse, require more than just a place to live. They need comprehensive mental health treatment and support, which cannot be adequately provided by simply offering them housing.

Mr. Feagin commented on the current infrastructure in Georgia, noting that there are two veterans' nursing homes: one in Augusta, built in 1969 with a 192-bed capacity, and another in Milledgeville with a 294-bed capacity. While these facilities have the capacity to house more veterans, they are underutilized due to a lack of funding. He noted that many veterans admitted to these homes suffer from complex conditions such as substance abuse, PTSD, and Alzheimer's with aggressive behavior, conditions often linked to TBI. He also points out the limitations of the current system, including the inability to admit active alcoholics or veterans under court jurisdiction due to staffing and legal constraints. Despite the availability of space, these constraints, combined with insufficient funding, prevent the homes from fully serving the veteran population in need.

Mr. Feagin noted that the state has not increased its funding for the Milledgeville nursing home in over a decade, and in fact, reduced the budget by \$1 million a few years ago. This funding shortfall has led to difficulties in maintaining and expanding services. He suggested that exploring options like Medicare and Medicaid could help fill the funding gaps, but acknowledges the complexities involved, including the potential loss of veterans' assets under these programs. He emphasized the urgent need for increased state appropriations and a reassessment of the funding structure to ensure that Georgia's veterans receive the care and support they need, particularly those suffering from severe mental health issues and the effects of TBI.

## 3. Home Builders Association of Georgia (Director Cindy Morley)

Ms. Cindy Morley from the Home Builders Association of Georgia presented on the challenges currently facing the housing market in Georgia, chiefly in relation to housing affordability and its impact on veterans. She explained that the state is experiencing a "perfect storm" of high interest rates, historic inflation, and a severe shortage of available housing. These issues are not only affecting the general population but are also particularly problematic for veterans, a group for whom Georgia has always been a friendly state.

According to a 2022 Census Bureau statistic, 7.3 percent of Georgia's adult civilian population are veterans. She indicated that the Association is committed to advocating for home ownership and is actively seeking ways to ensure that veterans can achieve the American dream of owning a home.

Director Morley noted that home prices and rents have increased significantly since 2020, with a 26 percent rise in housing prices and a 47 percent increase in rent. In Metro Atlanta, the housing supply is only at a 3- to 4-month level, far below the 6-month supply needed for a balanced market. Nationally, there is a shortfall of 8 million housing units, with only 3.5 million homes available for rent or sale, leaving a gap of over 4.5 million households that cannot find housing. She explained that the number of building permits issued in Georgia in recent years has decline from 53,000 in 2021 to 44,000 in 2023, further exacerbating the housing shortage. She noted several barriers to increasing housing supply, categorized as the "5 L's": land, lumber, labor, lending, and laws, all of which contribute to rising costs and limited availability.

#### 4. Public Comment

##### ***Elizabeth Appley, Attorney Representing Various Entities***

Ms. Elizabeth Appley addressed the committee on behalf of various organizations focused on housing and homelessness, including Presbyterians for Better Georgia, the Georgia Supportive Housing Association, and Georgia Advancing Communities Together. She presented on the growing housing crisis affecting Georgia veterans, noting that homelessness, particularly unsheltered homelessness, is on the rise in the state. Research from the Housing Assistance Council revealed that nearly a quarter of Georgia veterans live in housing they cannot afford, putting them at risk of homelessness, with over 40,000 veterans living in poverty. Despite previous progress in reducing homelessness from 2011 to 2017, the state has seen a 78 percent increase in homelessness rates since then, with a 133 percent increase in the last year alone. She noted that there is a significant overlap between homelessness, mental illness, and substance use disorder, with estimates suggesting that 32 to 50 percent of the homeless population may have co-occurring conditions.

Ms. Appley discussed the findings of a 2024 state audit mandated by S.B. 62, which analyzed the funding for homelessness programs in Georgia. While federal funds are being used effectively, the audit highlighted a lack of an overarching state strategy to address homelessness comprehensively. She also pointed out that Georgia lags behind other states in per capita spending on housing and homelessness.

##### ***Andrea Gizyswat, Constituent***

Ms. Andrea Gizyswat, who works at the Atlanta VA Medical Center, explained that there is an urgent need for more Veterans Affairs Supportive Housing vouchers and emergency shelters in Georgia. She noted that while developments like Mighty Hero Homes are promising, many veterans experiencing homelessness will not be able to afford such housing without the assistance of vouchers, which are currently insufficient in the state. She noted the critical importance of emergency shelters, particularly for veterans who have been chronically homeless for decades, as living on the streets makes it much harder for them to access the services they need. She also pointed out that Georgia should consider funding these initiatives, especially for its reserves and National Guard forces, because federal regulations often prevent the VA from providing services to this significant portion of the homeless population.

## MEETING FOUR

**Date:** October 29, 2024

**Location:** Georgia State Capitol – Atlanta, GA

**Topic:** Alternative PTSD Treatments for Veterans Meeting

### Committee Members Present

**Chair:** C. Payne

**Senators:** E. Harbison, J. McLaurin, S. Still, and R. Williams

**Others:** N/A

### Speakers & Presentations

Name/Agency	Topic(s)	Visual?
Veterans Exploring Treatment Solutions (VETS)	• Alternative PTSD treatments for veterans	Y-PPT
Reasons for Hope	• Alternative PTDS treatments for veterans	Y-PPT

### Summary of Testimony

#### 1. Veterans Exploring Treatment Solutions (Logan Davidson, Marcus Capone, and Amber Capone)

Mr. Logan Davidson explained that Veterans Exploring Treatment Solutions (VETS), a nonprofit organization, seeks to address the urgent need for alternative Post Traumatic Stress Disorder (PTSD) treatments for veterans, particularly psychedelic-assisted therapies. Since 2019, VETS has supported nearly 1,000 veterans and spouses by providing grants to access these therapies outside the United States, as they are not yet FDA-approved or available through the VA. Approximately 44 veterans are estimated to die by suicide daily, which is double the rate of non-veteran suicides. Mr. Davidson explained that current FDA-approved PTSD treatments, Selective Serotonin Reuptake Inhibitors (SSRIs) like sertraline (Zoloft) and paroxetine (Paxil), have a response rate of 60 percent, yet only 20-30 percent achieve full remission, highlighting the need for more effective options.

According to Mr. Davidson, there have been significant research advancements in the psychedelic-assisted therapy field; both MDMA and psilocybin are FDA-designated breakthrough therapies currently in phase three trials. He emphasized the effectiveness of MDMA therapy, stating that nearly two-thirds of clinical trial participants do not meet PTSD diagnostic criteria post treatment.

He explained that states are actively funding psychedelic research for PTSD. Texas allocated \$2.2 million for psilocybin research under House Bill 1802 (2021). Both Connecticut and Maryland created programs to support psychedelic therapies with \$1 million each, while Arizona and Illinois both allocated \$5 million toward similar initiatives. In North Carolina, pending House Bill 727 proposes an appropriation of \$5 million for MDMA and psilocybin research. This treatment avenue has bipartisan support, with Texas' legislation backed by former governor Rick Perry, a Republican, and authored by Democrat Alex Dominguez.

VETS calls on Georgia to become a leader in psychedelic research by establishing a robust program to support these treatments, setting a new standard for integrating psychedelics into healthcare. This initiative would ensure veterans receive innovative care to address their mental health and PTSD, fulfilling Georgia's responsibility to support those who served.

Mr. Marcus Capone, co-founder of VETS, advocated for expanding access to psychedelic-assisted therapies for veterans. He explained that VETS is dedicated to reducing veteran suicide through safe, clinical use of these therapies. Mr. Capone, a former Navy SEAL with multiple tours in Iraq and Afghanistan, described

his personal experience with mental health treatments, noting that traditional options, including multiple antidepressants and brain treatment centers, failed to provide relief. He noted that psychedelic-assisted therapy, however, saved and transformed his life, a change he has witnessed in many other veterans.

Mr. Capone alluded to the promising historical research on psychedelics from the 1950s and 60s that was halted by the Controlled Substances Act of 1970. Now, as research on these therapies reemerges, psychedelics have a potential as a significant mental health breakthrough for addressing PTSD and suicidal ideation. He noted that studies estimate that approximately 20 veterans die by suicide daily, with some studies suggesting rates more than double that. This crisis starkly contrasts with the more than 7,000 soldiers lost in combat since 9/11, compared to over 30,000 veterans lost to suicide during the same period.

Mr. Capone explained the need for more research, particularly involving veterans, as they are often excluded from current clinical trials on psychedelics. He considers himself living proof of the effectiveness of these therapies when administered in a controlled setting, describing his journey as the inspiration behind VETS, who is now supporting veterans worldwide. Mr. Capone urged the committee to support initiatives that expand access to psychedelic-assisted therapies and called on Georgia to invest in related research to aid veterans who might be out of time and options.

Mrs. Amber Capone, co-founder of VETS and wife of Mr. Capone, also advocated for the expansion of psychedelic-assisted therapy as a solution to the veteran suicide epidemic. She described how traditional treatments, including SSRIs, often fail to provide meaningful mental health support and carry risks of increased suicidality, as indicated by warning labels on these medications. According to the Capones, psychedelic-assisted therapy outside the U.S. was the only treatment that brought life-changing relief after years of unsuccessful treatments for Mr. Capone.

To date, VETS has helped nearly 1,000 veterans access this therapy, providing a critical lifeline to those struggling with PTSD and suicidal ideation. Mrs. Capone referenced a recent neuroimaging study conducted in collaboration with Stanford University, which reinforces the potential impact of psychedelic therapies within veteran and military communities. She emphasized the need for expanded access and additional research on these therapies to better serve veterans who are often prescribed conventional medications that may not only be ineffective but can also increase suicide risk.

Ms. Capone highlighted the dedication of veterans, like Mr. Capone, who risked their lives on multiple combat deployments, expressing that those veterans deserve access to therapies within the borders of the country they served. She called on policymakers to support more research into these therapies, recognizing the urgent need for innovative mental health solutions to address the devastating rate of veteran suicide.

Mr. Davidson concluded VETS presentation by emphasizing the leadership role that states are playing in advancing policy areas where federal action has been limited, using Texas as an example of pioneering legislation in psychedelic therapy for veterans. In 2021, Texas initiated a groundbreaking effort to fund and approve research into psychedelic treatments for PTSD and traumatic brain injuries among veterans. According to Mr. Davidson this Texas legislation received overwhelming bipartisan support. He noted a rare area of unity in an otherwise divided political climate. He explained that this movement has catalyzed similar bipartisan initiatives in other states, each receiving significant backing from both parties.

At the federal level, supportive actions have been seen, including through the Crenshaw amendment, which also garnered bipartisan support. He explained that this is a unique moment for states, including Georgia, to take the lead in implementing and expanding legislation for mental health and veteran support. He indicated that this state-driven approach, led by policy makers close to their communities, is an opportunity to achieve impactful progress where federal action has been slower or less comprehensive.

2. Reasons for Hope (Jesse McLachlan, retired Lt. General Martin Steele, Lynette Averill, Barbara Rothbaum, and Brett Waters)

Mr. Jesse McLachlan, State Policy and Advocacy Director at Reason for Hope, explained that the organization focuses on mental health advocacy and has gathered a team of advocates from across the United States to offer testimony on mental health issues affecting veterans.

Lieutenant General Martin Steele, CEO of Reason for Hope and Head of the Veterans Mental Health Leadership Coalition, retired from the U.S. Marine Corps. He also served on the Commission on Care, which influenced significant VA legislation including the Mission Act, PAWS Act, and WISE Act. He discussed the need for increased access to psychedelic therapies for veterans suffering from PTSD and other mental health challenges. LTG Steele noted that 17 to 44 veterans die each day from “deaths of despair,” a term that includes suicide, overdoses, and alcohol-related deaths, underscoring the urgency of providing effective, alternative therapies.

LTG Steele now leads Reason for Hope and the Veteran Mental Health Leadership Coalition, which advocate for psychedelic therapies as promising treatments for PTSD, depression, and other conditions. The FDA has designated both MDMA and psilocybin as breakthrough therapies respectively for PTSD and depression. He noted that despite this, veterans are often forced to seek these treatments abroad or through underground providers in the United States, risking criminal prosecution due to the lack of legal options.

LTG Steele explained that Georgia has an opportunity to be a leader in psychedelic-assisted therapy by establishing research and treatment programs, supporting the development of best practices, and providing training for clinicians. He suggested that Georgia could also empower insurance providers by building a quality data foundation, which would help secure coverage for these therapies. LTG Steele closed by urging the committee to prioritize these initiatives, which he believes could greatly improve the lives of veterans, helping them find renewed purpose, connection, and healing.

Dr. Lynette Averill, an associate professor at Baylor College of Medicine, presented on the significant potential of psychedelic-assisted therapies to address the mental health crisis facing veterans. Dr. Averill, whose father, a Vietnam War veteran, died by suicide, emphasized that current treatment options for mental health—primarily SSRIs and traditional talk therapy—are often ineffective, slow-acting, and come with serious side effects. She indicated that many veterans experience high rates of non-response with these therapies, leaving them without adequate support.

Dr. Averill described recent research on psychedelic medicine and interventional psychiatry, which has introduced treatments like ketamine and psilocybin that impact synaptic plasticity (the brain’s communication network). She explained that studies have shown rapid neural growth after just one treatment, with effects lasting for weeks or even months, allowing patients to re-evaluate trauma and life experiences. For example, research by Yale demonstrated a 10 percent increase in brain connection density within 24 hours of psilocybin treatment, highlighting a marked improvement compared to traditional treatments.

She noted that comparative studies indicate that psilocybin may be as effective or more effective than SSRIs like escitalopram (Lexapro) for treating depression, while MDMA has shown superior results in PTSD therapy. Dr. Averill explained that she has witnessed veterans who were previously unresponsive to traditional treatments experienced profound shifts in PTSD, depression, and overall mental health through psychedelic-assisted therapies. She indicated that these treatments offer not only symptom relief but also improvements in cognitive flexibility, purpose, and life satisfaction.

Dr. Averill explained that access remains a barrier for many veterans. She indicated that due to clinical restrictions, many veterans are excluded from trials or forced to seek these treatments outside the U.S.

which results in barriers for those who could benefit most. She urged the committee to continue exploring options to make these treatments available domestically to veterans who need them.

Dr. Barbara Rothbaum, a professor of psychiatry and Director of the Emory Healthcare Veterans Program, presented on innovative PTSD treatments for veterans, specifically the combination of MDMA with prolonged exposure therapy. This intensive two-week program, which provides veterans with daily treatment, is offered at no cost to post-9/11 veterans, achieving a completion rate of over 90 percent. Dr. Rothbaum indicated that the success of the program is due to its intense, immersive outpatient format, which she describes as the “secret sauce” to effectively treating PTSD.

Dr. Rothbaum noted that Emory has been researching MDMA for approximately 10 years, starting with animal studies and progressing to clinical trials. MDMA has been shown to facilitate fear extinction, an effect that is highly relevant for PTSD treatment. She noted that recent research suggests that MDMA-induced brain plasticity may last about two weeks, making it ideal to combine MDMA with exposure therapy in an intensive two-week protocol. This combined treatment approach, Dr. Rothbaum explained, allows veterans to emotionally process traumatic memories in a way that may be more accessible to those with military backgrounds.

Emory’s current study, which she described as an “open clinical trial,” is funded to treat 15 veterans. Dr. Rothbaum expressed a desire to expand this study to treat more veterans, given the potential impact of the combined MDMA and therapy protocol. She also highlighted that both the VA and the DOD have recently issued calls for applications for psychedelic research, reflecting the federal government’s growing interest in this treatment field.

Brett Waters, attorney and co-founder of Reason for Hope and the Veteran Mental Health Leadership Coalition, shared his personal connection to mental health advocacy following the suicides of his mother and grandfather. Mr. Waters noted the limited effectiveness and significant side effects of current VA treatments for veterans, including the widespread practice of polypharmacy, where multiple drugs are combined with little supporting evidence. In contrast, he noted that the FDA has granted breakthrough therapy status to MDMA-assisted therapy for PTSD and three psilocybin-based drugs, indicating substantial improvement over existing treatments. However, MDMA-assisted therapy was recently rejected by the FDA, which requested an additional phase three trial, with psilocybin now expected to be the first approved psychedelic therapy around 2027.

Mr. Waters outlined several barriers to access, including the Schedule I classification of MDMA and psilocybin, which restricts research, increases costs, and prevents access through Right to Try laws. Although Georgia and federal laws allow terminally ill patients to try experimental drugs, the DEA has not established a pathway for Schedule I drugs under Right to Try, forcing patients to travel abroad or risk prosecution for access.

Mr. Waters pointed out that once FDA approval is granted, federal law requires rescheduling within 90 days, which about half the states adopt automatically. However, Georgia requires additional administrative steps, potentially causing delays. He also mentioned the FDA’s Risk Evaluation and Mitigation Strategy (REMS), which mandates that approved psychedelic treatments be administered only in certified clinics under strict safety protocols. Cost remains a major barrier due to the time and resources required for these therapies. Mr. Waters noted that FDA approval is essential for insurance coverage, or else these treatments will remain unaffordable for many in need. He noted workforce shortages in mental health, especially within the VA, and advocated for community-based clinics to provide accessible care to veterans, urging Georgia to invest in training, infrastructure, and research. Federal funding from the DOD and VA is limited, so state support remains crucial.

Mr. McLachlan concluded Reasons for Hope's presentation by expressing gratitude to the Senate committee for holding a hearing on psychedelic-assisted therapies, which he describes as a breakthrough in mental health care with the potential to transform lives. Mr. McLachlan, who previously served in the Connecticut legislature, outlines a "litmus test" he used to determine state involvement in various issues: assessing the need, evaluating federal action, and identifying potential market solutions. He asserted that there is a profound need, as an estimated 22 to 40 veterans die each day from suicide, alcohol-related deaths, or drug-related deaths, highlighting a mental health and veteran suicide crisis. He indicated that, despite some progress within the VA and DOD, the federal government has largely stayed on the sidelines concerning funding and research on psychedelic therapies. He explained that there is no market solution for psychedelic-assisted therapies because these treatments do not align with big pharma's take-home medication business model. He alluded to psychedelic therapies, which involve intensive, short-term treatment with psilocybin or MDMA, as lacking scalability for profit, framing them as a public good that requires state intervention.

Mr. McLachlan highlighted several states taking action including Texas's psilocybin and MDMA clinical trials; Illinois' "Breakthrough Therapies for Veteran Suicide Prevention" program with \$6.5 million in funding; Maryland's PTSD and TBI Alternative Therapies Fund which provides \$1 million for research and direct patient access for veterans; Arizona's \$3 million allocated for clinical research on naturally cultivated psilocybin; and North Carolina's pending Republican-led legislation seeking \$5 million for the University of North Carolina at Charlotte to research psilocybin.

Mr. McLachlan emphasized the bipartisan support for psychedelic-assisted therapy initiatives, with red and blue states alike pursuing mental health innovations to support veterans in need. He concluded by thanking the committee and highlighting the significance of state leadership in mental health innovation.



## MEETING FIVE

**Date:** November 20, 2024

**Location:** Georgia State Capitol – Atlanta, GA

**Topic:** Final Report and Recommendations Meeting

### Committee Members Present

**Chair:** C. Payne

**Senators:** E. Harbison, J. McLaurin, and R. Williams

**Others:** N/A

The committee discussed and voted upon this Report and Recommendations. The committee unanimously adopted this report and its recommendations before adjourning.

## FINDINGS AND RECOMMENDATIONS

Based on the testimony and research presented, the Study Committee on Veterans' Mental Health and Housing makes the following recommendations:

1. Support state and private organizations that assist veterans procure new duty assignments (*i.e.*, new jobs and/or careers) upon their return home to Georgia;
2. Establish a failsafe system between the U.S. Department of Defense and the Georgia Department of Veterans Service to directly engage **every** service member returning home to Georgia for the purpose of connecting them with relevant resources following their service and during their re-entry into civilian life;
3. Establish a system for public service-oriented organizations and groups within the State (specific to each local community) that facilitates fast-track employment opportunities for veterans;
4. Evaluate the utility of base transition programs in enhancing transition opportunities beyond Resume building;
5. Establish a program to help increase health literacy among veterans to maximize the utilization of Tricare;
6. Increase support of programs that give preference to veterans joining public safety organizations (similar to the federal Veterans' Preference Act);
7. Assist service members transitioning to civilian life with identifying housing within their budget;
8. Prioritize and evaluate availability of childcare for dual working couples;
9. Identify "veteran friendly" and/or "military spouse friendly" employers and share their information with unit transition centers;
10. Partner with GDVS to establish a membership fee waiver program for community service groups (such as rotary clubs, YMCAs, etc.) that integrate newly transitioned veterans;
11. Establish an application fee waiver program for veterans and spouses applying to universities;
12. Establish a state waiver for reduction or omittance of property taxes for a specified period of time for veterans;
13. Increase GDVS's presence on military bases in Georgia for the purpose of connecting service members with VA services;
14. Support GDVS's statewide data monitoring program that tracks veterans' issues and evaluates transition plan implementations;
15. Allocate up to \$5 million to support innovative studies on the use of psychedelic therapies (such as MDMA, psilocybin, and other compounds) in treating PTS, TBI, and other mental health conditions affecting veterans; and
16. Amend state law to automatically align state drug scheduling statutes with federal scheduling statutes, to remove unnecessary obstacles to implementation, and to accelerate medical access for veterans.

Respectfully Submitted,

**FINAL REPORT OF THE SENATE VETERANS' MENTAL  
HEALTH AND HOUSING COMMITTEE (SR 527)**



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**Senator Chuck Payne – Committee Chairman  
District 54**

## APPENDIX A



**KENNESAW STATE**  
UNIVERSITY

CENTER FOR THE ADVANCEMENT  
OF MILITARY AND EMERGENCY  
SERVICES RESEARCH

# Housing Insecurity among Georgia Veterans

Recent Evidence and Policy Recommendations

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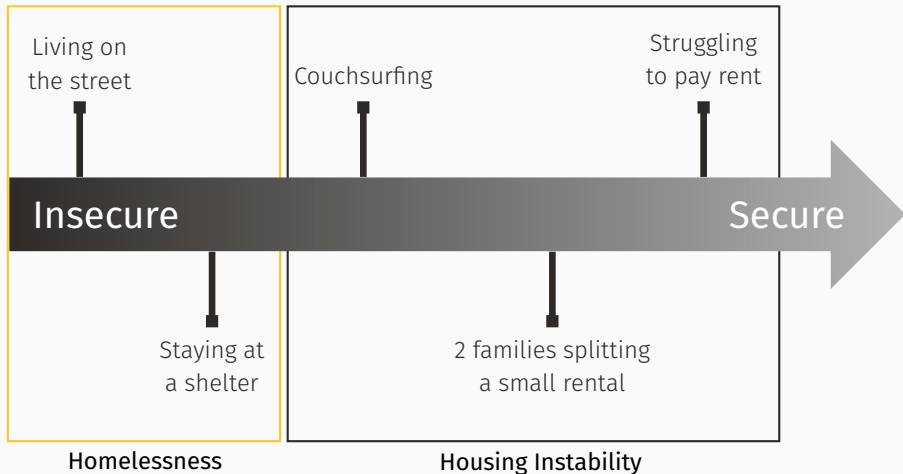
Chris Hess, Ph.D.

July 17, 2024

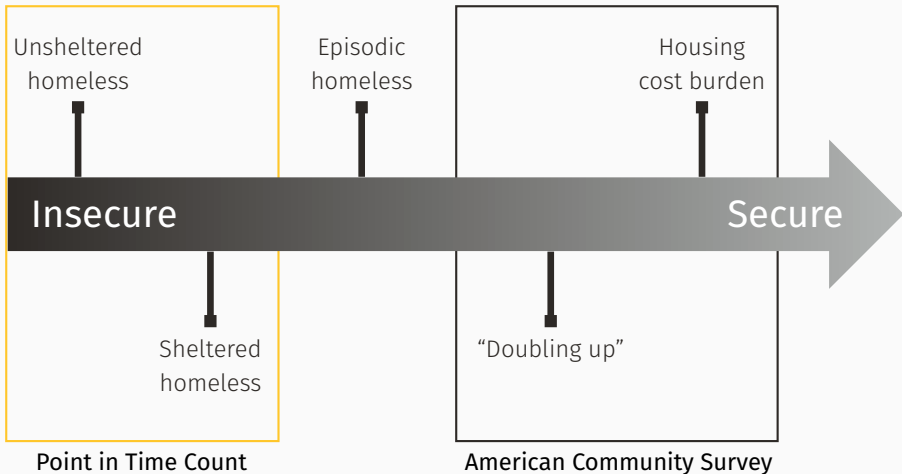
# Table of contents

1. Homelessness
2. Housing Instability
3. Housing & Health
4. Veteran Housing Programs
5. Recommendations

# Degrees of housing insecurity



# Evidence about veteran housing insecurity in GA





# Veteran homelessness in GA declined about 60% since 2013

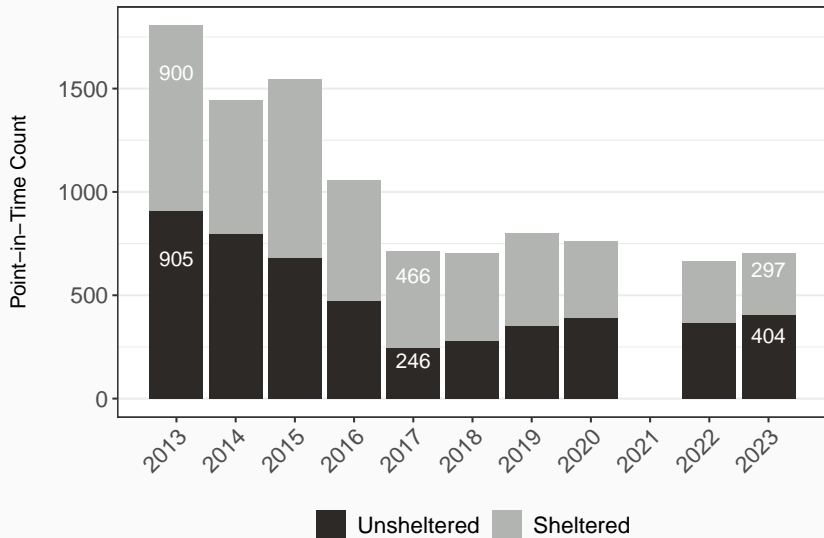


Figure 1: Point-in-Time (PIT) Count of Homeless Veterans in GA, 2013-2023

## Most areas in GA saw declines since 2013, but trends uneven

Continuum of Care	2013	2023	% Change
<b>Core Metro Atlanta CoCs</b>	<b>1,142</b>	<b>315</b>	<b>-69</b>
Atlanta CoC	983	241	-75
Fulton County CoC	33	29	-12
Marietta/Cobb County CoC	59	23	-61
DeKalb County CoC	67	22	-67
<b>Georgia Balance of State CoC</b>	<b>496</b>	<b>284</b>	<b>-43</b>
<b>Other Georgia CoCs</b>	<b>167</b>	<b>102</b>	<b>-39</b>
Savannah/Chatham County CoC	68	42	-38
Augusta/Richmond County CoC	42	27	-36
Columbus/Muscogee County CoC	42	16	-62
Athens/Clarke County CoC	15	17	13
<b>Georgia Total</b>	<b>1805</b>	<b>701</b>	<b>-61</b>

**Table 1:** 2013 & 2023 PIT Homeless Veteran Counts by GA Continuum of Care

# Veteran homelessness in GA is now more suburban and rural

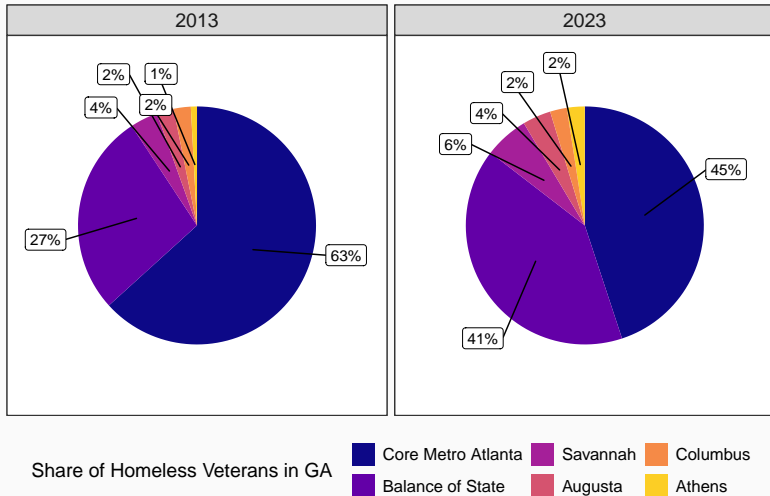
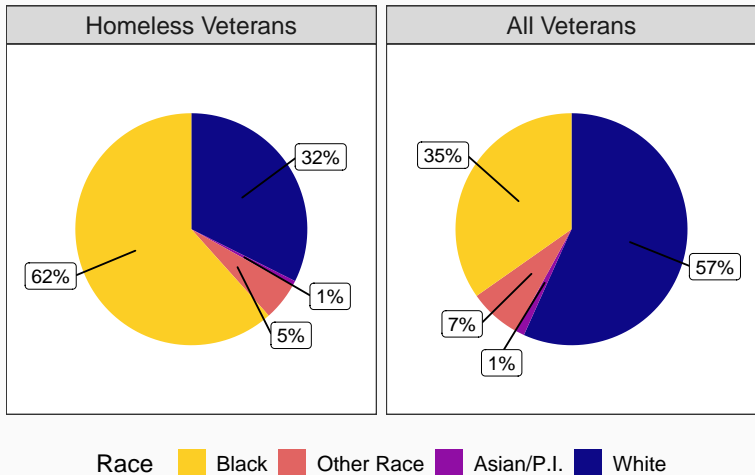


Figure 2: 2013 & 2023 Regional Distribution of Homeless Veterans across GA

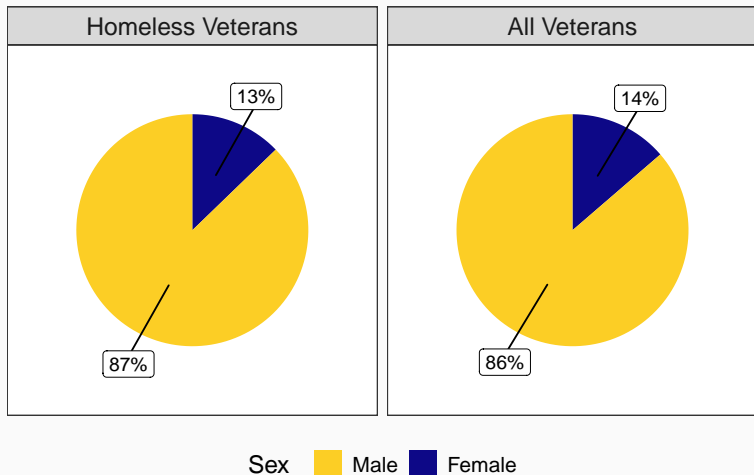
# Homeless veterans disproportionately likely to be Black



**Figure 3:** Race of Homeless Veterans (left) and All Veterans (right) in GA

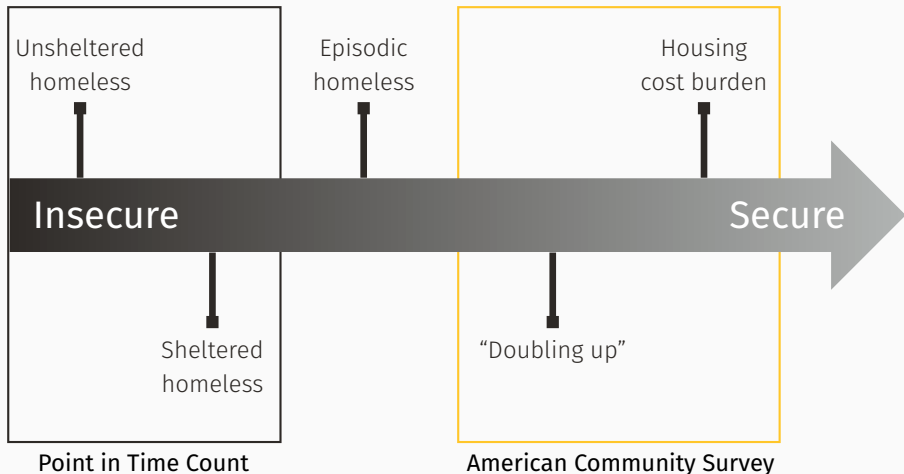
**Note:** Homeless estimate = 2023 PIT Count, overall estimate = 2022 ACS

## Comparable rates of homelessness across sex of veterans



**Figure 4:** Sex of Homeless Veterans (left) and All Veterans (right) in GA  
**Note:** Homeless estimate = 2023 PIT Count, overall estimate = 2022 ACS

# Evidence about veteran housing insecurity in GA



## 2 in 5 GA veteran renters are burdened by their housing cost

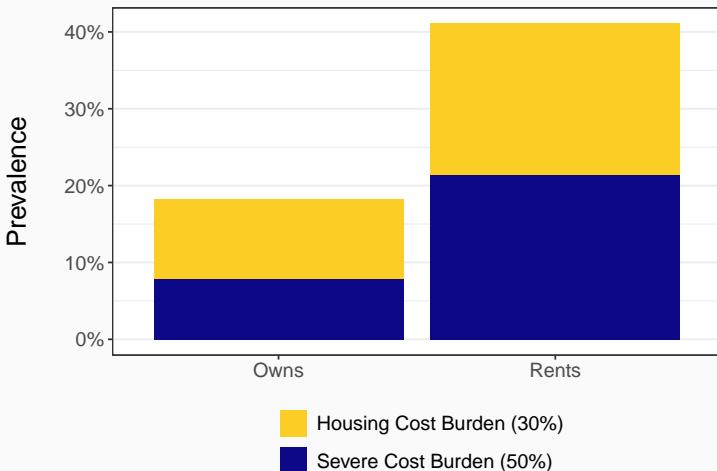
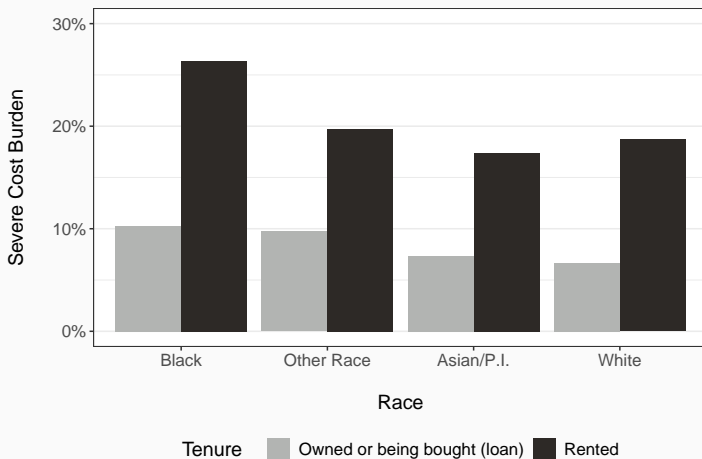


Figure 5: Housing Cost Burden among GA Veterans by Tenure

**Note:** Cost burden ratio = total housing cost to total household income; estimates based on 2022 ACS

# 25% of Black veteran renters are severely housing cost burdened



**Figure 6:** Housing Cost Burden among GA Veterans by Race and Tenure

**Note:** Cost burden ratio = total housing cost to total household income; estimates based on 2022 ACS



# About 25% of senior (65+) veteran renters are severely burdened

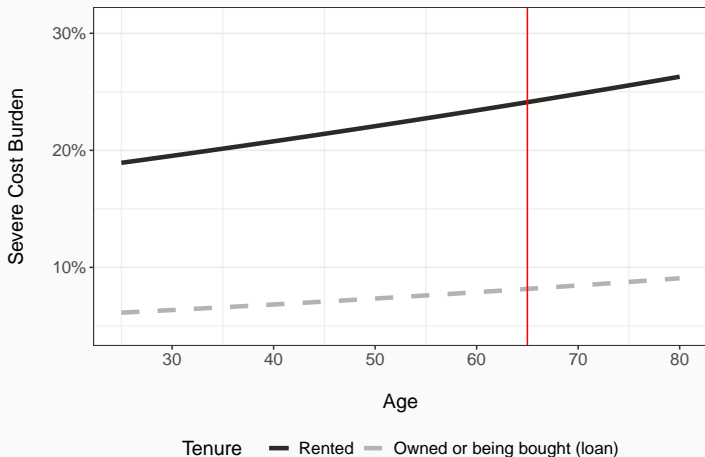
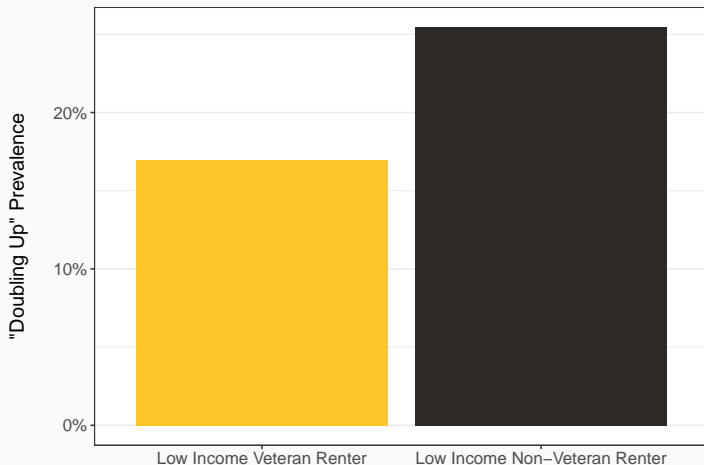


Figure 7: Housing Cost Burden among GA Veterans by Age and Tenure

**Note:** Cost burden ratio = total housing cost to total household income; estimates based on 2022 ACS

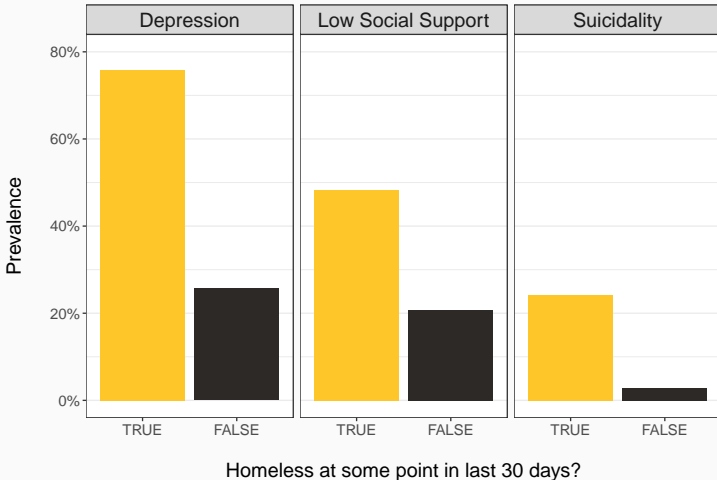
# Low-income veterans less likely to “double up” with other family



**Figure 8:** Low Income Renters living with Another Family by Veteran Status

**Note:** Low-income = below household size appropriate Federal Poverty Line (FPL)

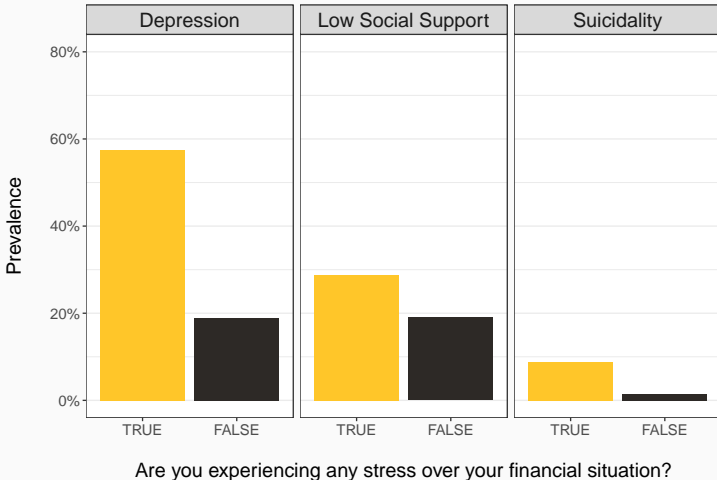
# Homelessness linked to worse mental health among veterans



**Figure 9:** Prevalence of Mental Health Conditions by Recent Experience of Homelessness

**Note:** Estimates based on 2023 AMES SSG Fox SPGP data

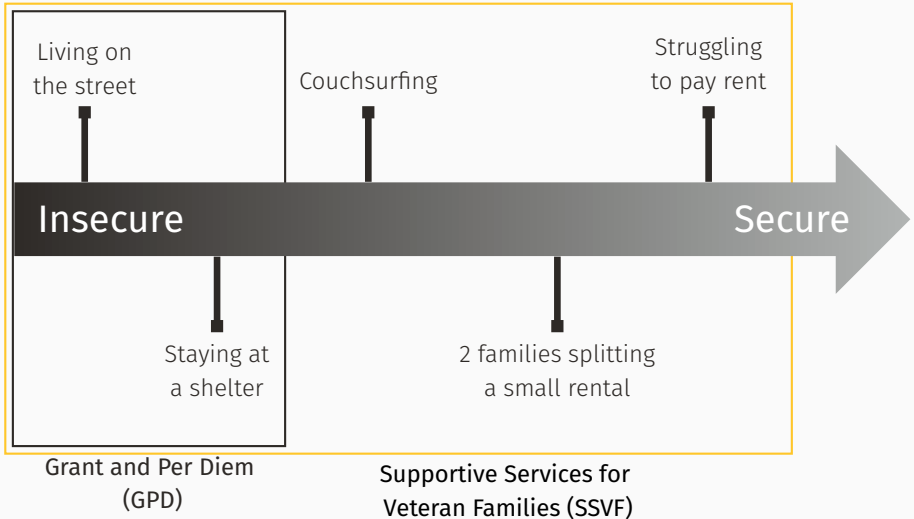
# Financial stress also still linked to worse mental health



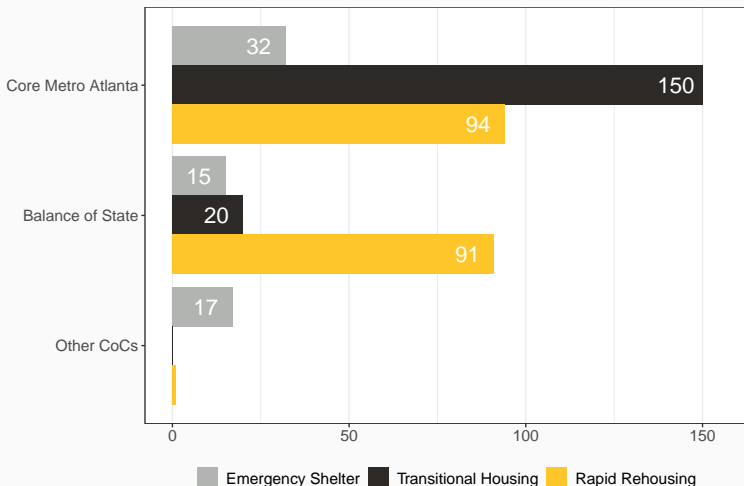
**Figure 10:** Prevalence of Mental Health Conditions by Financial Stress, Veterans who Have Not Recently Experienced Homelessness

**Note:** Estimates based on 2023 AMES SSG Fox SPGP data

# Programs for veterans who are homeless or at imminent risk



# Georgia had 420 beds designated for homeless veterans in 2023



**Figure 11:** Housing Designated for Homeless Veterans, 2023 Housing Inventory Count (HIC)

# Housing designated for homeless veterans declined since 2017

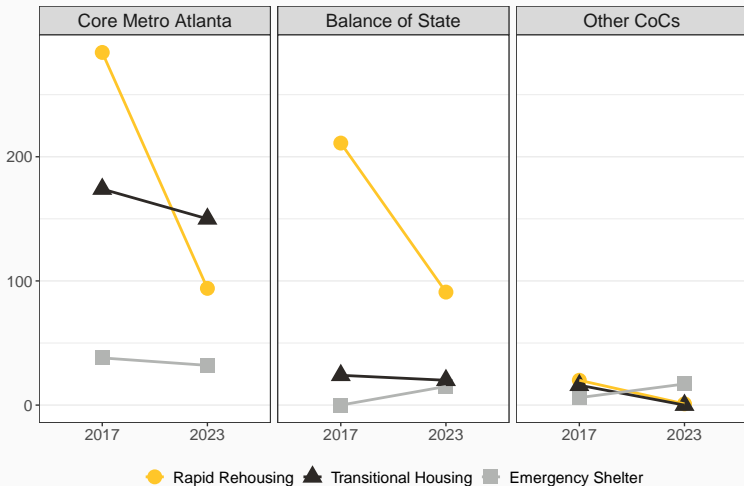
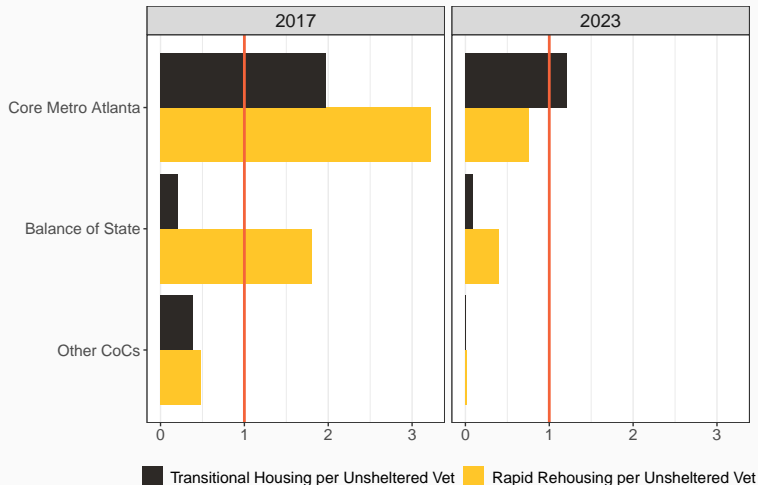


Figure 12: Housing Designated for Homeless Veterans, 2017 & 2023 HIC

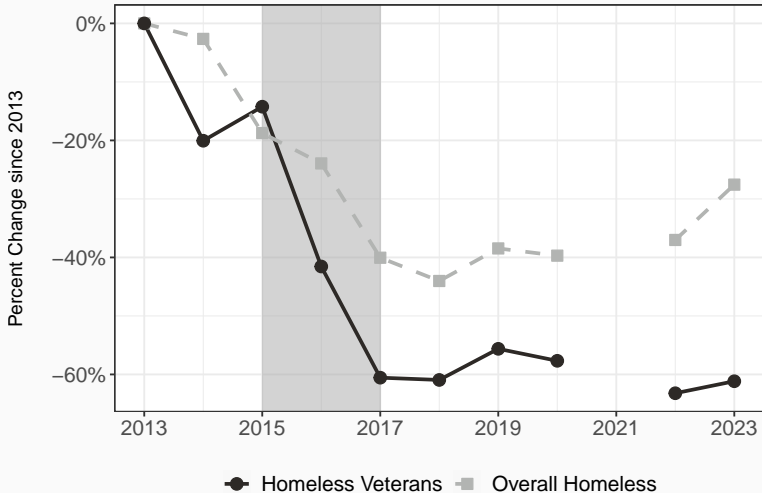
# Less veteran designated housing relative to unsheltered vets



**Figure 13:** Ratio of Veteran Designated Rapid Rehousing (RRH) and Transitional Housing (TH) to Unsheltered Homeless Veterans, 2017 & 2023 HIC



# GA veteran homelessness declines amid SSVF “surge” 2015-2017



**Figure 14:** Change in Veteran Homeless and Overall Homeless relative to 2013 Point-in-Time Count

# SSVF funding increasing, but households served not kept pace

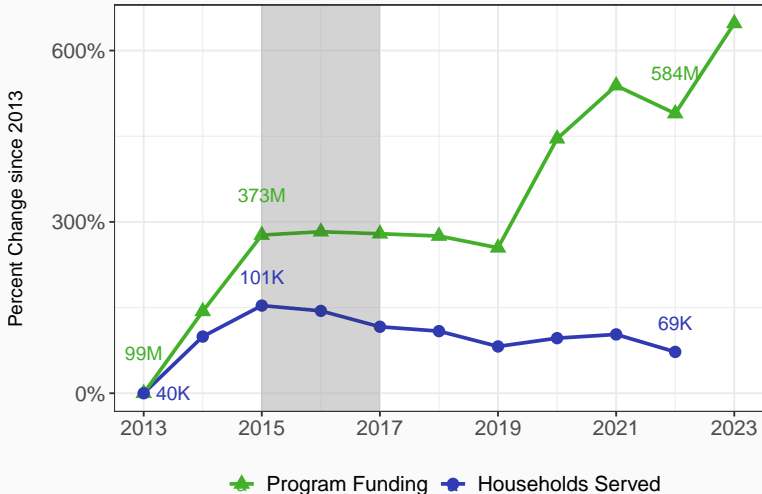


Figure 15: Supportive Services for Veteran Families (SSVF) FY2022 Annual Report Data on National Total Funding and Households Served by Year

## Recommendation #1: Add capacity to GA War Veterans Homes

- This is important for reducing homelessness among elderly and disabled veterans who need skilled nursing care.
- The War Homes are important do not necessarily fit all homeless veterans right now
- E.g., those who do not need skilled nursing care or those with behavioral/psychiatric disorder are not eligible.
- Still, a substantial share of SSVF recipients are older and have a disability; 1 in 4 65+ veteran renters severely cost burdened.
- These individuals may be well served by the War Veterans Homes, if there was the capacity to serve them.

## Recommendation #2: Increase rural prevention in GA

- Working upstream on veteran mental health across rural GA can also help with identifying instability and homelessness.
- Balance of State CoC's size presents challenges for homeless services — 152 out of Georgia's 159 counties in this area.
- Still, about 40% of homeless veterans are located in this region, with this growth in share due to shallower declines since 2013 compared core metro Atlanta.
- Geographically granular data on homelessness prevalence can inform which specific counties have the most unmet need.
- Nonprofits in areas with unmet need can use this evidence to apply for more SSVF funding for the Balance of State.

## Recommendation #3: Study barriers to SSVF entry and exit

- SSVF provides a variety of services to those who are homeless or at imminent risk (i.e., homelessness prevention).
- Rising housing costs, particularly in areas like metro Atlanta, are a factor for the declining number of veterans served by SSVF.
- It can also be that identifying and enrolling individuals in SSVF has grown harder as homeless veteran population has declined.
- Also could be that households are remaining in the program longer, e.g., due to difficulty resuming paying rent on own.
- Pinpointing where any barriers with SSVF are “on the ground” can inform appropriate outreach to increase households served.

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AMES Center @ KSU Website

[research.kennesaw.edu/ames-research/](http://research.kennesaw.edu/ames-research/)

## Reference map: Georgia Continuums of Care

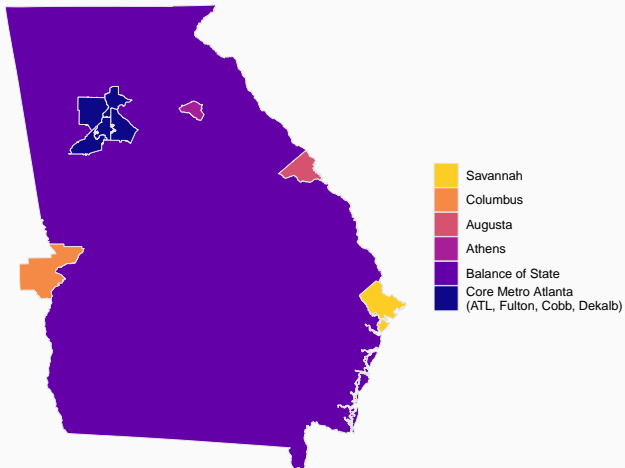


Figure 16: Continuums of Care in Georgia

## GA and neighbors saw declines in veteran homelessness

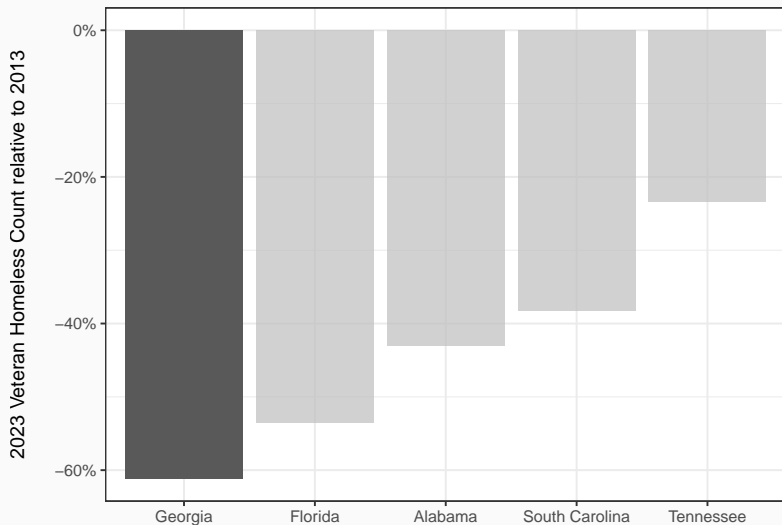


Figure 17: Change in Homeless Veterans since 2013, GA and neighbor states



# GA trends relative to all states

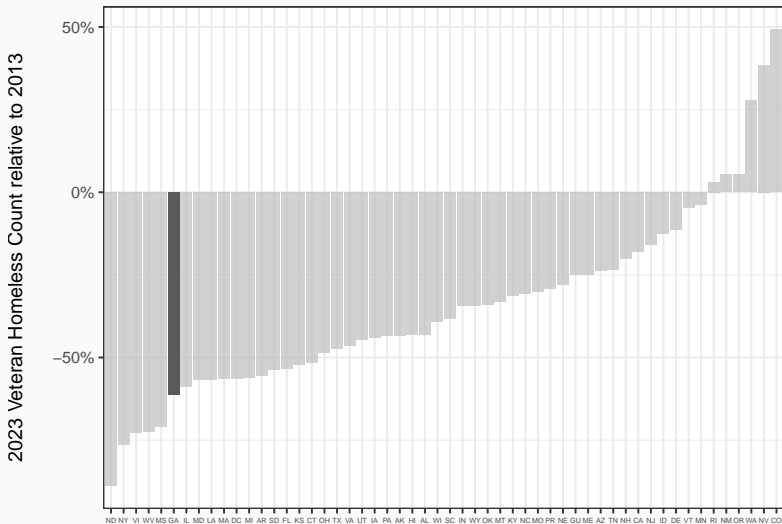
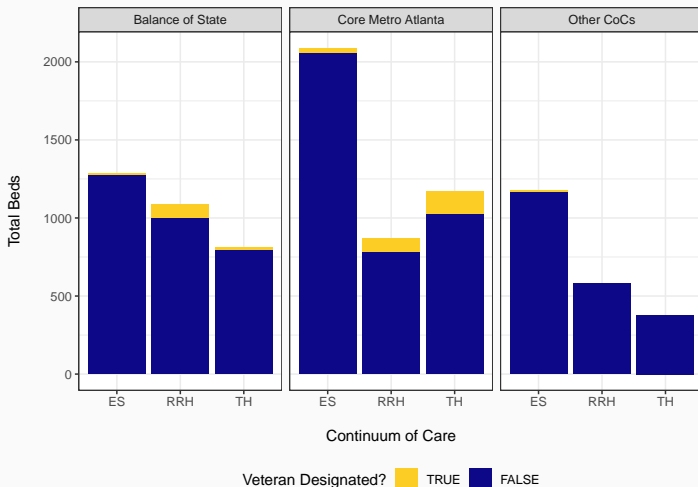


Figure 18: Change in Homeless Veterans since 2013, all states

## GA veteran homelessness becoming more suburban and rural

Continuum of Care	2013 Share	2023 Share
Atlanta CoC	54.46	34.38
Georgia Balance of State CoC	27.48	40.51
Fulton County CoC	1.83	4.14
Athens-Clarke County CoC	0.83	2.43
Augusta-Richmond County CoC	2.33	3.85
Columbus-Muscogee CoC	2.33	2.28
Marietta/Cobb County CoC	3.27	3.28
Savannah/Chatham County CoC	3.77	5.99
DeKalb County CoC	3.71	3.14

# Overall shelter inventory at 2023 Point-in-Time Count



**Figure 19:** Housing Inventory across CoCs and whether Veteran Dedicated

**Note:** Core Metro Atlanta = Fulton, Cobb, Dekalb Counties

## Veteran designated rapid rehousing has shrunk since 2017

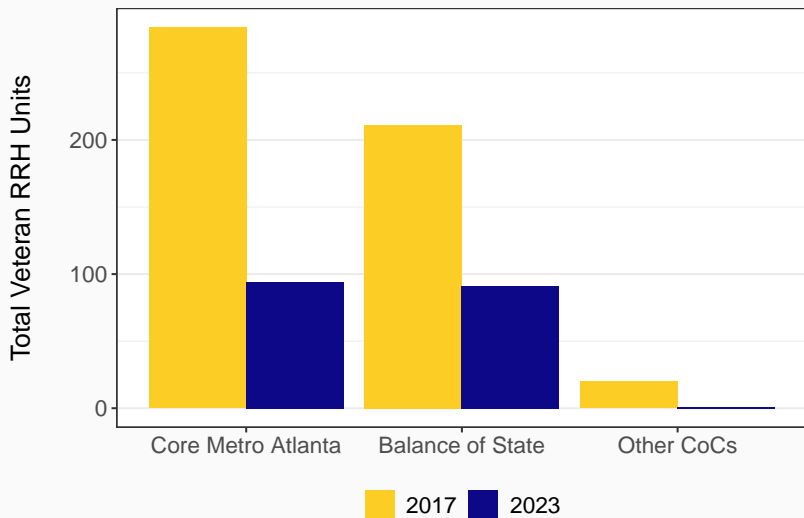


Figure 20: Rapid Rehousing Designated for Homeless Veterans, 2017 & 2023

## Why Vet Designated “Housing First” Programs?

1. Transitional Housing (TH) provides comprehensive services for those who are in need of additional supports like for health services or job readiness
2. Rapid Rehousing (RRH) is a targeted strategy that stabilizes individuals so they can obtain permanent housing.
3. In GA, RRH and TH are equally likely to stabilize a homeless individual who has no children, but RRH more likely to stabilize households with children (Rodriguez and Eidelman 2017)
4. Once housed, TH and RRH providers can then work with the individual to apply for longer term VA-funded supports like Veterans Affairs Supportive Housing (VASH) vouchers

# Reference Figure: FY2022 SSVF Annual Report Data

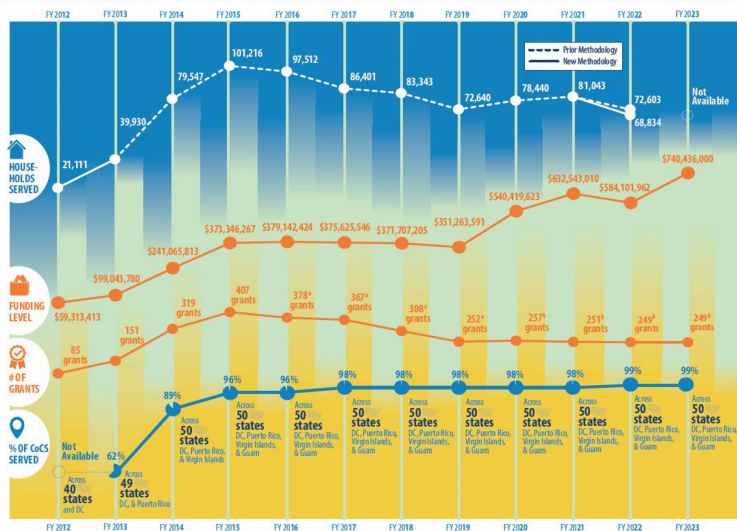
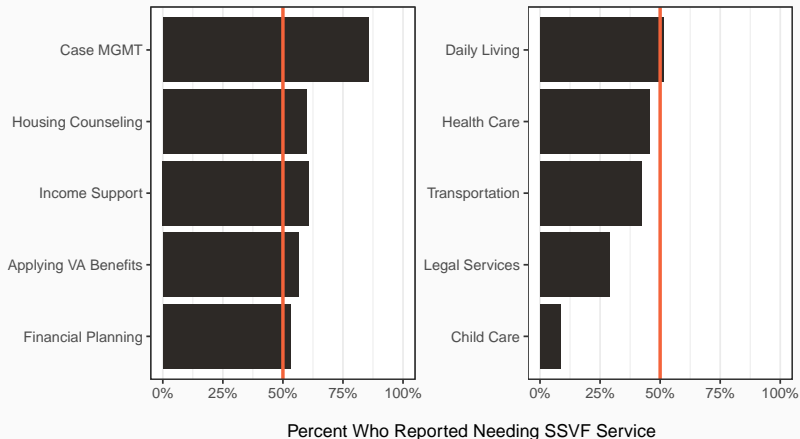


Figure 21: Original Figure from SSVF FY2022 Annual Report

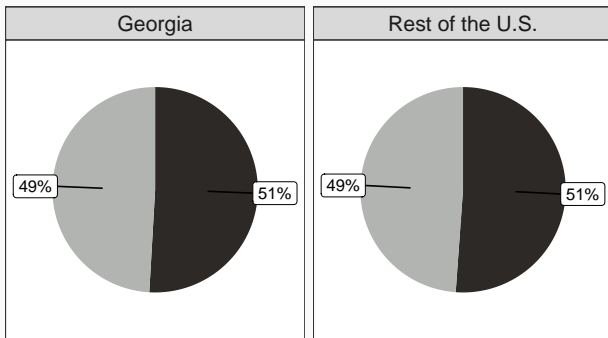
# SSVF participants have varying needs while in program



**Figure 22:** Services Needed among Georgia SSVF Participants

**Note:** Estimates based on SSVF Satisfaction Survey Data obtained through VA FOIA Request 23-00617-F by the Data Liberation Project

# 50% of GA SSVF participants face housing cost strain after exit



Since receiving SSVF, has your income decreased so much that it became hard to pay your housing costs?  No  Yes

**Figure 23:** Self-Reported Housing Financial Strain among SSVF Participants, Georgia and the Rest of the United States

**Note:** Estimates based on SSVF Satisfaction Survey Data obtained through VA FOIA Request 23-00617-F by the Data Liberation Project