

Veterans Affairs Supportive Housing Vouchers

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Administering agency: HUD's Office of Public and Indian Housing (PIH), and the Department of Veterans Affairs (VA)

Year program started: Formally in 1992; most active since 2008

Number of persons/households served: More than 137,000 veterans since 2008

Population targeted: Homeless veterans meeting VA health care eligibility, with a focus on chronic homelessness

FY17 funding: \$60 million in HUD-VASH vouchers with case management through the VA.

See also: *Housing Choice Voucher Program, Veterans Housing, Homeless Assistance Programs, Interagency Council on Homelessness*

BRIEF INTRODUCTION

The HUD-Veterans Affairs Supportive Housing Program (HUD-VASH) combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the VA. It is a key program in the effort to end veteran homelessness. To date, this program has helped more than 137,000 homeless veterans—many of whom were chronically homeless—achieve housing stability.

HUD has awarded more than 86,000 HUD-VASH vouchers through FY17. Nationwide, more than 300 Public Housing Authorities (PHAs) participate in the program. In recent years, Congress created a set-aside pilot program to encourage HUD-VASH vouchers to be used on tribal lands, thereby filling an important gap in our service delivery system. Additionally, HUD has released a series of project based competitions to help spur development of new affordable housing units in high-cost markets with limited affordable housing stock.

The HUD-VASH program is jointly administered by the VA and HUD's Office of Public and Indian Housing (PIH). The vouchers are allocated to local Public Housing Agencies (PHAs), although veteran

referrals usually come from the nearest VA Medical Center (VAMC). Administration of HUD-VASH is conducted by the PHA; clinical services are provided by the VAMC, or the contracted VAMC case management provider.

HISTORY

As of January 2017, HUD estimates that 40,056 veterans were homeless. This number represents a 45% decline in veteran homelessness since 2009. Major declines in veteran homelessness have occurred among the unsheltered population (a 49% drop), thanks in large part to the HUD-VASH program and national efforts to end chronic homelessness for all people, including veterans.

Congress began funding these special purpose vouchers in earnest in the 2008 Consolidated Appropriations Act (Public Law 110-161) with an allocation of \$75 million for approximately 10,000 vouchers. Since FY08, Congress has allocated \$75 million to HUD for approximately 10,000 new vouchers each year, with the exception of a \$50 million award in FY11, a \$60 million award in FY16, and a \$40 million award in FY17. As of the end of FY16, some 88,348 vouchers had been distributed to local communities with 85,085 HUD-VASH vouchers in use.

In the early 2000s, advocates approximated that 60,000 chronically homeless veterans were in need of the comprehensive services offered through a HUD-VASH voucher. These advocates encouraged Congress and the administration to set this as a target for the number of vouchers on the street. This target has since been revised upwards, as additional target populations beyond those veterans experiencing chronic homelessness have received assistance through HUD-VASH due to high need and limited alternative options. Of the remaining 15,366 unsheltered homeless veterans, many chronically homeless veterans still need this vital resource.

PROGRAM SUMMARY

HUD-VASH is a cornerstone in efforts to end veteran homelessness, providing a particularly effective resource because it combines both housing and services into one housing-first oriented

resource. Historically, when Congress funded new HUD-VASH vouchers, HUD—in consultation with VA—awarded blocks of vouchers to PHAs across the country, based on geographic need. This year is the first year that PHAs were required to register their interest in vouchers with HUD, in consultation with their local VA medical center, in order to be considered for vouchers. When vouchers become available in a community, VA personnel, in consultation with community partners, determine which veterans are clinically eligible for and in need of the program before making referrals to local PHAs, which then must verify eligibility based on HUD regulations.

Veterans who receive HUD-VASH vouchers rent privately owned housing and generally contribute up to 30% of their income toward rent. VA case managers foster a therapeutic relationship with veterans and act as liaisons with landlords, PHAs, and community-based service providers. In some instances, these case management services are contracted through service providers who have already established relationships with participating veterans. When a veteran no longer needs the program's supports or has exceeded its income limits, these vouchers become available for the next qualifying veteran. By providing a stable environment with wrap-around services, veterans and their families are able to regain control of their lives, and ultimately reintegrate into society.

As additional target populations were identified for HUD-VASH, the need for this resource has grown. These target populations include homeless female veterans, homeless veterans with dependent children, and homeless veterans with significant disabling and co-occurring conditions. In 2014, some 71% of veterans admitted to the HUD-VASH program met chronic homeless criteria and 91% of allocated vouchers resulted in permanent housing placement. Targeting of HUD-VASH to chronically homeless veterans has led to dramatically positive results—lease-up rates have improved, and the time it takes to lease up vouchers has dropped significantly across the country. Improved staffing of HUD-VASH case management at VAMCs has also contributed to better voucher execution on the local level.

Project-based vouchers (PBV) are needed for services-enriched multifamily developments in areas with a large concentration of chronically

homeless veterans and in high-cost, low-vacancy markets. PHAs may designate a portion of their total HUD-VASH allocation as project-based vouchers based on local need. HUD has established PBV set-asides to competitively award several thousand project-based HUD-VASH vouchers, most recently in November 2016, when HUD awarded \$18.5 million to 39 local public housing agencies for approximately 2,100 veterans experiencing homelessness. These recent PBV awards were concentrated in high-need areas, including throughout the state of California.

ELIGIBLE PARTICIPANTS AND VOUCHER ALLOCATION

To be eligible, a veteran must:

- Be VA health care eligible;
- Meet the definition of homelessness defined in The McKinney Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009; and
- Be in need of case management services for serious mental illness, substance use disorder, or physical disability.

Veterans with high vulnerability are prioritized, but veterans must be able to complete activities of daily living and live independently in their community. Although the program follows a Housing First orientation, case management is a requirement of participation in HUD-VASH.

After determining which areas of the country have the highest number of homeless veterans, the VA Central Office identifies VA facilities in the corresponding communities. HUD then selects PHAs near to the identified VA facilities by considering the PHAs' administrative performance, and sends the PHAs invitations to apply for the vouchers. There is at least one site in each of the 50 states, the District of Columbia, Puerto Rico, and Guam.

The allocation for HUD-VASH vouchers has been a collaborative, data-driven effort conducted by HUD and the VA. Three major data sources help drive local allocations, including: HUD's point-in-time data, performance data from both PHAs and VAMCs, and data from the VAMCs on their contacts with homeless veterans. In some communities, HUD-VASH staff work with the local Continuum

of Care through the coordinated intake process to ensure veterans who have high needs profiles on the By-Name List are connected to HUD-VASH.

FUNDING

In FY08 through FY10, and FY12 through FY15, HUD was awarded \$75 million for 10,000 vouchers, and the VA was awarded case management dollars to match those vouchers. In FY11, \$50 million was provided for approximately 7,500 vouchers. In FY16, HUD was awarded \$60 million for 8,000 new vouchers. In FY17, HUD was awarded \$40 million for 5,500 new vouchers, with case management funding for VA coming in FY18 through the MILCON appropriation (the VA received no additional funding for HUD-VASH case management services to match the HUD-VASH vouchers allocated to HUD in FY17, so the next appropriations bill will back-fill this need.) HUD-VASH voucher renewals are lumped into the general Section 8 tenant-based rental assistance account, and Congress has provided sufficient funding in recent years to renew all HUD-VASH vouchers.

VA has distributed its funding to its Medical Centers as special purpose funds, to ensure that each area has sufficient staffing to support the vouchers allocated to it. In 2017, the VA proposed to change the way funding was allocated such that it would be distributed through the Veterans Equitable Resource Allocation Model it uses for general health care funding. This could impact the amount of funding available at each VAMC to case manage veterans in HUD-VASH. The VA backed off of the idea for a year but intends to revisit funding for homeless programs in the next budget cycle.

FORECAST FOR 2018-2019

HUD-VASH vouchers are an incredibly important resource in ending veteran homelessness. Congress should continue to provide adequate funding in the tenant-based Section 8 account to renew all existing HUD-VASH vouchers, as well as continue to provide new HUD-VASH vouchers to house all chronically homeless veterans.

The VA must ensure that case management funding follows the vouchers by maintaining the special purpose designation as it distributes funds to Medical Centers.

Additionally, HUD should request special purpose vouchers to allow for permanent housing for

veterans who do not qualify for HUD-VASH due to their lack of healthcare eligibility.

VA and local service providers have identified additional priority groups for service through HUD-VASH. The VA has set a target of 65% of HUD-VASH voucher recipients being chronically homeless, with the remaining 35% of vouchers being available for other vulnerable high-priority groups including veterans with families, women, and Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (or 9/11 veterans). As we move to end all homelessness—starting with veterans—through the Federal Strategic Plan to Prevent and End Homelessness, Congress and the administration along with interested community partners and homeless advocates will need to reassess what resources are needed to end homelessness for both the chronically homeless as well as other homeless veterans with high needs.

TIPS FOR LOCAL SUCCESS

Continue working with the VA to increase referrals and coordinate targeted for the HUD-VASH program so the most in need veterans are connected to this vital resource. Expand efforts to find additional resources for move-in costs, including but beyond resources through the Supportive Services for Veteran Families (SSVF) program. Support the VAMC to get creative with HUD-VASH staffing, to include peer support services and housing navigators. Work with PHAs to support landlord outreach and engagement to improve lease-up rates and time. Encourage your PHA to apply for Extraordinary Administrative Fees, when available, to help with these sorts of outreach and engagement efforts. Evaluate the need for contracted case management in your area. Evaluate if, due to exceptionally expensive or tight rental markets, your local PHA should consider project-basing additional HUD-VASH vouchers.

WHAT TO SAY TO LEGISLATORS

For those policymakers who advocates have found difficult to approach for support on more broad affordable housing and homelessness issues, advocates may find success in discussing the need for resources to end veterans' homelessness. HUD Secretary Dr. Benjamin Carson stated support for the HUD-VASH program in his confirmation hearing.

Advocates should speak to Senators and Representatives, particularly if they are on the Appropriations or Veterans Affairs Committees, and urge them to provide \$75 million for 10,000 new HUD-VASH vouchers to help end homelessness among veterans, while full-funding all existing vouchers through the regular Section 8 account.

Advocates should highlight the role that case management plays in housing stability for these veterans, and should urge Members of Congress to hold VA accountable for maintaining the special purpose designation to ensure each VAMC has sufficient funding and staffing to provide appropriate levels of case management for these veterans.

Advocates should also highlight to Congress how well HUD-VASH works with the other veteran

homelessness relief programs, including SSVF and the Grant and Per Diem Program. Data regarding the prevalence of homeless veterans is available in HUD's Annual Homeless Assessment Report, through the U.S. Interagency Council on Homelessness, or from the National Center on Homelessness Among Veterans.

FOR MORE INFORMATION

National Coalition for Homeless Veterans,
202-546-1969, www.nchv.org

Corporation for Supportive Housing,
212-986-2966, www.csh.org

National Alliance to End Homelessness,
202-638-1526, www.endhomelessness.org

National Low Income Housing Coalition,
202-662-1530, www.nlihc.org