

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 Started: Formally in 1992; most active since 2008

Number of Persons/Households Served: More than 175,000 veterans since 2008

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

Funding: \$40 million was provided in FY20 and in FY21 in HUD-VASH vouchers with case management through VA. The FY22 spending bill provided \$50 million for HUD-VASH vouchers.

See Also: For related information, refer to the *Housing Choice Voucher Program*, *Veterans Housing*, *Homeless Assistance Programs*, and *Interagency Council on Homelessness* sections of this guide.

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 VA. It is a key program in the effort to end veteran homelessness. To date, this program has helped more than 175,000 homeless veterans, many of whom were chronically homeless, achieve housing stability.

Since 2008 there have been over 105,000 HUD-VASH Vouchers allocated by HUD to support the ongoing federal effort to end homelessness among veterans. At the end of FY20, 79,133 Veterans and their family members were permanently housed through the HUD-VASH Program. 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 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 and clinical services are provided by the VAMC, or a designated party.

HISTORY

As of January 2020, HUD estimates that 37,252 veterans were homeless. This number represents a 50% decline in veteran homelessness since 2010. Major declines in veteran homelessness have occurred among the unsheltered population thanks in large part to the HUD-VASH program and national efforts to end homelessness for all people, including veterans. Numbers have remained steady having plateaued for the past 5 years.

Congress began funding these special purpose vouchers in earnest in the "Consolidated Appropriations Act of 2008" (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 \$40 million awards in FY17, FY18, FY19, FY20, and FY21. In FY22, \$50 million was provided for HUD-VASH vouchers. The rising cost of housing has resulted in the amount allocated toward

vouchers covering a fewer number each year with between 4,500 and 5,000 now being funded per \$40 million for additional vouchers.

In the early 2000s, advocates estimated 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 veterans experiencing chronic homelessness have received assistance through HUD-VASH due to high need and limited alternative options. Of the 15,204 unsheltered homeless veterans, many chronically homeless and otherwise vulnerable veterans still need this vital resource.

PROGRAM SUMMARY

HUD-VASH is a cornerstone in the efforts to end veteran homelessness and provides an effective resource by combining both housing and services into one housing-first oriented resource. PHAs are 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 any 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 can regain control of their lives and ultimately reintegrate into society.

As additional target populations have been 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 is needed to better voucher execution at the local level. VA has been making strides in recent years toward better levels of case management staffing at many VAMCs.

Historically, the requirement for VA health care eligibility meant that many veterans were not eligible for the program, due to their military discharge status. VA and HUD worked to pilot a program called HUD-VASH continuum, that would pair HUD-VASH vouchers with non-VA case management funded separately in a handful of communities. Recent legislative developments opened program eligibility up to include veterans with other-than-honorable discharge statuses. Recent legislation also waived most eligibility restrictions for HUD-VASH while the nation is in a declared state of emergency due to COVID, which has allowed VA's Homeless Programs Office to more swiftly pair linked program outflows and effectively utilize the vouchers as needed.

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. Proposed Reconciliation legislation would provide \$25 billion toward an infusion of HCV vouchers over 10 years with a \$1 billion set-aside for PBV.

ELIGIBLE PARTICIPANTS AND VOUCHER ALLOCATION

To be eligible, a veteran must:

- Be VA-health care eligible if not in the HUD-VASH Continuum program;
- Meet the definition of homelessness as defined by the “McKinney Homeless Assistance Act” as amended by S. 896, the “Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009” (HEARTH Act); 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.

Three major data sources help drive local voucher allocations once the Housing Authority and VAMC register interest, 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 that 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 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, 18, 19, and 20 HUD was awarded an additional \$40 million for 5,500 new vouchers annually. For FY21, HUD was awarded another \$40 million for 5,000 new HUD-VASH vouchers. For FY22, HUD was awarded \$50 million for HUD-VASH vouchers. 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. Congress has gone as far as to provide veterans access in the FY21 Appropriations to the special population set aside for general section 8 vouchers which allowed veterans with discharge status issues, in addition to the other than honorable population’s new eligibility provided in last year’s National Defense Authorization Act (NDAA).

VA’s funding for case management has not kept pace with funding allocated for new vouchers, due to the timing of standalone appropriations legislation in the last several years. As such, over 5,000 new vouchers are funded each year but VA lacks matching case management funding to operationalize the vouchers until the next fiscal year. Attempts have been made to utilize CARES funding to support time-limited case management contracts to get a portion of these vouchers out to communities with limited success. Efforts in 2022 are best focused on ensuring that VA identifies and eliminates remaining barriers to full voucher utilization above and beyond vouchers set aside for project basing. Congress needs to pursue a few key actions. The first would be to direct VA to provide a new budgetary projection for case management of all its vouchers to end the one-year delay between voucher creation and case management funding provision. In addition, proactive outreach to veterans who have previously applied for

a voucher but had been denied due to OTH discharge statuses and to currently homeless veterans would allow these vouchers to have maximum impact as we still await updated eligibility guidance nearly a year after this eligibility change became law. Second would be to conduct a review of report data requested in the FY21 program appropriations for HUD-VASH to assist in the management contracting expansion in H.R. 7105 (P.L. 116-315), the Johnny Isakson and David P. Roe, M.D. “Veterans Health Care and Benefits Improvement Act of 2020.” If VA can effectively continue to address case management understaffing issues, there will be more opportunities to improve voucher utilization as the program is modernized.

FORECAST FOR 2022

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.

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

Under a non-emergency designation, VA and local service providers have identified additional priority groups for service through HUD-VASH. VA 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 chronically homeless as well as other homeless veterans with high needs.

TIPS FOR LOCAL SUCCESS

Continue working with VA to increase referrals and coordinate targets 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 not limited to resources through the Supportive Services for Veteran Families (SSVF) program. Encourage your local VAMC to get creative with HUD-VASH staffing and 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 types 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

Advocates may find success in discussing the need for resources to end veterans’ homelessness with policymakers who have previously been found to be difficult to approach for support on more broad affordable housing and homelessness issues. The Administration has continued to cite the successes of the HUD-VASH program in its communications around data on veteran homelessness.

Advocates should speak to senators and representatives, particularly if they are on the Appropriations or Veterans Affairs Committees, and urge them to provide HUD \$75 million for additional HUD-VASH Vouchers and \$75 million for VA to better align case management for 13,500 unutilized for additional HUD-VASH Vouchers to help end homelessness among veterans while fully 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 ensuring 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.