

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: Congress has provided HUD \$40 million in FY21 and \$50 million in FY22 for *additional* HUD-VASH vouchers, with case management funding provided through VA.

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 *Advocates' 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 178,000 homeless veterans, many of whom were chronically homeless, achieve housing stability.

Since 2008, well over 100,000 HUD-VASH Vouchers have been allocated by HUD each year to support the ongoing Federal effort to end homelessness among veterans. The number can fluctuate due to yearly recessions of project-based vouchers. At the end of FY23, 82,500 Veterans and their family members were permanently housed through the HUD-VASH Program.

Nationwide, more than 330 Public Housing Authorities (PHAs) participate in the program. In 2015, 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. This program, also known as Tribal HUD-VASH, was funded at \$1 million from FY16 through FY20, \$4.2 million in FY21, and \$5 million in FY22 & FY23. 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 with the last competition occurring in FY 2016.

The HUD-VASH program is jointly administered by VA and HUD's Office of Public and Indian Housing (PIH). The [PIH HUD-VASH Handbook](#) is updated periodically to incorporate eligibility and program updates. 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 2023, HUD estimates that 35,574 veterans were homeless on a given night. This number represents a 55.3% 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 remained steady, plateauing for the four years preceding a small uptick in FY20. With only sheltered veteran numbers available for FY21 due to the national public health emergency, FY22 numbers indicate a decrease in veteran homelessness of 11% between FY20 and FY22.

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 fewer and fewer dollars to HUD for new “additional” vouchers each year, with the exception of a \$50 million award in FY11 and FY22, a \$60 million award in FY16, having plateaued at \$40 million awards in FY17, FY18, FY19, FY20 and FY21. The rising cost of housing has resulted in the amount allocated toward vouchers covering a fewer number each year with between 3,500 and 4,000 depending on locality requests, now being funded per \$40 million for additional vouchers. To date, proposals for FY24 for the first time provide no additional vouchers for HUD-VASH.

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 veterans experiencing chronic homelessness have received assistance through HUD-VASH due to high need and limited alternative options. With the estimated 15,507 unsheltered homeless veterans on a given night in FY23, many chronically homeless and otherwise vulnerable veterans still need this vital resource. In total from 2008 through 2023, \$935 million dollars have been appropriated for new HUD-VASH vouchers.

PROGRAM SUMMARY

HUD-VASH is a cornerstone in the efforts to end veteran homelessness, providing a particularly effective resource because it combines 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 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 support 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 the last longitudinal study 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. VA has acknowledged it’s need to improve staffing of HUD-VASH case management at VAMCs to better voucher execution and utilization at the local level. VA has been making strides in recent years toward better levels of case management staffing at many VAMCs, through recent authorities granted by the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, (Public Law 116-315).

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 (OTH) discharge statuses. Emergency supplemental legislation waived most eligibility restrictions for HUD-VASH during the Public Health Emergency (PHE), which allowed VA's Homeless Programs Office to more swiftly pair linked program outflows and effectively utilize the vouchers as needed. These authorities were lost with the expiration of the PHE on May 11, 2023.

Project-Based Vouchers (PBV) are needed for service-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 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), The “National Defense Authorization Act” for Fiscal Year 2021 (PL 116-283) included provisions expanding eligibility for HUD-VASH to veterans who received an

“Other Than Honorable” (OTH) discharge; 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, VA case management is provided for and also a requirement of a veteran's 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, 20 and 21 HUD was awarded an additional \$40 million for approximately 5,500 new vouchers annually. For FY22 & 23, HUD was awarded \$50 million for between 4,500 to 5,000 new HUD-VASH vouchers, the first increase for additional vouchers since the program's inception. Proposals for FY24, for the first time since 2008, allocate no new additional 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 existing 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 FY21's "National Defense Authorization Act" (NDAA - PL 116-283).

VA's funding for, and ability to hire 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, approximately 4,000-5,000 new vouchers have historically been funded each year, a separate issue being that VA lacks matching case management funding to operationalize those vouchers until the next fiscal year. CARES and American Rescue Plan (ARP) funding was utilized to support time-limited case management contracts to get a portion of these vouchers out to communities with limited success as veterans are increasingly finding themselves with vouchers in hand and no available stock of affordable housing to rent, adding to underutilization on top of the Project Based Vouchers that are held aside unutilized as projects are developed. 2024 efforts 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 properly identify and address its qualified case management provider recruitment backlog if it is unable to properly contract out for those positions. Second, VA should be encouraged to conduct 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. Third, Congress should conduct a review of report data requested in the FY21 and FY22 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" better known as Isakson/Roe. If VA can effectively continue to address case management understaffing issues, more opportunities will exist to improve voucher utilization as the program is modernized. Fourth, Congress should pursue legislative options such as removing veteran disability payments from income calculations for HUD-VASH eligibility and voucher payments or passing further eligibility expansions to other vulnerable veteran groups as proposed in the End Veteran Homelessness Act.

FORECAST FOR 2024

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 as most regions' vouchers remain fully utilized while recapturing and reallocating unused vouchers. VA must ensure that case management funding follows the vouchers by maintaining the special purpose designation as it distributes funds to Medical Centers.

VA and local service providers have identified additional priority groups for service through HUD-VASH, though the program is configured for a subset of homeless veterans, themselves a subset of veteran eligibility for the HCV set-aside, further complicating attempts to uncouple the program from VA's need for case management for the original intended population. 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 post 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 and landlord incentives like lease up fees, initial sums for first and last month's rent, also continue to enhance pairing resources with the Supportive Services for Veteran Families (SSVF) and Grant and Per Diem (GPD) programs. Encourage your local VAMC to get creative with HUD-VASH staffing incentives and offers, especially for the most remote locations, 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 rather than letting allocated vouchers go un or underutilized due to lack of affordable housing stock. HUD also provides for the [Voluntary Reallocation or Recapture of 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 \$50 million for additional HUD-VASH Vouchers, and additional

appropriations for VA to better align case management for the over 16,000 unutilized (non-project-based) vouchers. Additional appropriations for HUD-VASH Vouchers will go a long way toward helping 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 access to appropriate levels staffing, in-house or through contracting with service providers, to provide appropriate levels of case management for these veterans.

Advocates should emphasize the need for novel programs to prevent homelessness as housing programs are housing veterans at record rates. Programs that would provide additional, non-traditional rental assistance supports for veterans. Legislative efforts could include a Veteran Rental Assistance Guarantee, like the Veteran Home Loan Guarantee, that would provide upstream prevention through both landlord incentives and a one-time allotment for a veteran Household's first and last month's rent, maintaining veteran housing being by far more cost effective than a veteran household becoming homeless.

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.