Testimony of the

NATIONAL COALITION
for **HOMELESS VETERANS**

United States House of Representatives
Committee on Veterans' Affairs

"Housing Our Heroes – Addressing the Veteran Homelessness Crisis"

August 22, 2019

Chairmen Takano and Levin, Ranking Members Roe and Bilirakis, and distinguished Members of the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity:

On behalf of our Board of Directors and Members across the country, thank you for the opportunity to share the views of the National Coalition for Homeless Veterans (NCHV) with you. NCHV is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide emergency, transitional, and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for thousands of homeless, at-risk, and formerly homeless veterans each year. We are committed to working with our network and partners across the country to end homelessness among veterans.

Since June of 2014, 77 communities and three states have achieved the federal benchmarks and criteria for ending veteran homelessness. This is an important proof point highlighting that ending veteran homelessness nationwide is in fact, an achievable goal. We have seen the annual point-in-time (PIT) count of veterans experiencing homelessness decrease by nearly 50 percent since 2009, largely a testament to the dedication and hard work of local service providers, community partners, and Veterans Affairs Medical Center (VAMC) staff. While in the abstract this is progress toward the goal of ending veteran homelessness, in real tangible terms, it is life changing for the thousands of veterans who are now stably housed.

However; this progress is challenging to maintain, requiring a dedication to surpassing the status quo, and we can not afford to rest on our laurels. With 37,878 veterans experiencing homelessness on a given night according to the latest PIT count, we still have much work to do across the nation. From NCHV's perspective, even a single homeless veteran is one too many. The need is paramount that we double down on our efforts to ensure that homelessness is rare, brief, and nonrecurring, for veterans and all Americans.

For communities and their providers, this means looking at community-level data to not only identify acuity but to ensure that service providers across the community have the resources,

expertise, and the will to partner to meet these needs. Providers must continue to implement evidence-based strategies like Housing First that help homeless veterans quickly access permanent housing, employment, and any resources they may need to attain housing stability. This also requires partnering with other providers to create housing-first-oriented systems that incorporate a variety of housing interventions, including appropriately-sized transitional housing options in communities where these facilities fill gaps in services or where the housing crisis is so extreme that permanent housing placement takes longer than it should. We need to recognize that successful implementation of this model also includes access to health and mental health care, and wraparound services like benefits assistance and employment and training services to ensure that a placement is indeed sustainable. The needs of veterans must come first, thus it is NCHV's position that Housing First should never mean housing only. It is also NCHV's view that shelter and services alone can not solve this problem. Deep investments in affordable housing must be paired with solid implementation of housing-first oriented systems and housing-first interventions in order to see true success.

Congress must ensure that the key programs that serve veterans experiencing homelessness are sufficiently funded, not only because it is the right thing to do for those that have served, but because Congress has taken the issue on as the first step in reducing overall homelessness across the nation. At NCHV, we do not advocate for the unqualified growth of resources for the sake of expanding programs. NCHV recommends the following authorizing and appropriations levels for the key programs below:

- Homeless Veterans Reintegration Program: $100 million
- Grant and Per Diem: $300 million
- Supportive Services for Veteran Families: $400 million
- HUD-VASH: $40 million for new vouchers

HUD-VASH

Homelessness is a multifaceted and complex problem that differs for each veteran experiencing it, thus interagency collaboration is needed to address these issues. One great example of interagency collaboration is the Supportive Housing or HUD-VASH program, which has allowed

VA to focus resources more efficiently by pairing VA-funded case management with a HUD-funded Section 8 voucher for the most vulnerable veterans. Congress has been very generous with the creation of new HUD-VASH vouchers since 2008. NCHV applauds the foresight entailed by this consideration, and thanks Congress for these vouchers on behalf of the tens of thousands of veterans who have been and are currently being housed.

Yet, the simple fact remains that there is still much unmet need across the country. A recent survey of NCHV members indicated that 86% of our respondent communities still had an unmet need for permanent supportive housing and had a wait-list of veterans for HUD-VASH. As such, NCHV is calling for an increased investment in the effective HUD-VASH program to address the entire homeless veteran population by simply covering the wait lists as intended. While Vouchers have been effective, the continued messaging to communities regarding the ability to project-base these vouchers is a crucial consideration. The affordable housing crisis in the US is widespread. It is most acute in urban areas, particularly, in the areas of the country with the highest concentration of homeless veterans: California, New York, and Florida. In certain areas of the country with extremely low rental housing vacancy rates, the ability to locate housing is the single biggest barrier to housing veterans. For many communities experiencing this crisis, the only way to find affordable housing in which to place formerly homeless veterans is to create it. Vouchers must be distributed to areas with the most acute needs and housing authorities should consider project-basing more frequently, particularly in low-vacancy, high-cost markets.

NCHV additionally recommends a change to how HUD-VASH case management is funded and delivered. Other VAMCs have case managers who focus solely on the clinical aspects of case management, such as mental health care and medication management, at the expense of case management that focuses on basic tenets of housing stability. Successful case management in permanent supportive housing must address both clinical and housing stability aspects to adequately support the client, and in too many instances, veterans are not able to access that standard of care, leaving affordable housing providers responsible for filling that gap. NCHV appreciates that Congress has generously created additional vouchers to support tens of thousands of veterans in affordable housing, however; complications in appropriating case management funds to pair with these vouchers results in delayed implementation on account of a

broken appropriations process. We ask that VA funding pertaining to HUD-VASH case management be re-designated as Mandatory Spending to reflect the importance bestowed upon it. Keeping case management in the discretionary spending column hamstrings the cross departmental importance of its function, limiting the efficiency and effectiveness of case managers, the programs they administer, as well as negatively impacting the veterans that require their services when funding levels are insufficient or called into question in any one of the multiple federal departments funding bills or processes.

"OTH"

Veterans who received an "Other Than Honorable" type of discharge from military service are in practice ruled ineligible for VA health or other benefits. This is true even though many studies in recent years have shown that a large portion of "Other Than Honorable" (or, "OTH") discharges are the result of service members behavioral changes from repeat deployments or unaddressed Post Traumatic Stress (PTS). The Department of Defense has acknowledged PTS as a vector to OTH discharges, and has directed review boards for discharge status upgrades to take it into account. NCHV in the 114th Congress was proud to champion legislation that ended a two-decades-long regulatory issue which was preventing OTH veterans from receiving VA homeless services such as the Supportive Services for Veteran Families (SSVF) program or the Grant and Per Diem (GPD) program. The reason for our support of that bill, now enacted as PL 114-315, was simple: despite a single-digit percentage of America's veterans receiving OTH discharges, they are disproportionately represented, making up 15% of the homeless veteran population nation-wide. In some urban locales the percentage of OTH veterans among the homelessness population can rise to nearly 30%. NCHV strongly supports Representative Scott Peters' recently introduced legislation that will expand HUD-VASH eligibility to veterans with "Other Than Honorable" discharges, cited as the "Veteran Housing Opportunities and Unemployment Support Extension (Veteran HOUSE) Act f 2019". We have committed as a nation to ending veteran homelessness – these men and women are veterans, and we must not leave them behind.

Grant and Per Diem Program

The Grant and Per Diem Program (GPD) plays a key role in providing transitional housing and making recovery-oriented services available for those veterans who indicate they would benefit

from them. NCHV has supported the GPD reboot, as it generated several types of program models service providers can implement in order to adjust their operations more harmoniously into a housing-first oriented system of care for homeless veterans. As grantees have shifted to utilizing these models, we have heard consistently that challenges have cropped up, due to the expense of hiring higher level clinical staff with the appropriate credentials to operate certain higher-intensity models such as clinical treatment, hospital to home, clinical, and low demand. NCHV humbly suggests that Congress modify the law such that providers operating these models are eligible to receive 125% of the state home per diem amount. There is precedent for amending the per diem payment structure to accommodate the augmented needs of the Special Needs Grant population, and the higher costs of operating GPD Transition-in-Place beds, thus NCHV urges Congress to take swift action to make similar changes to ensure providers can afford to continue operating these models.

Training and Technical Assistance

As with any major change in a large federal program, sufficient training of grantees is required to ensure the most optimal outcomes for veterans. We urge you in Congress to amend 38 USC 2064(a) to expressly authorize VA to provide technical assistance to grantees on issues related to operating their grants, national best practices, and working collaboratively with key partners. We also respectfully request that the expired authorization of appropriations language in 38 USC 2064(b) be modified to include $2,000,000 in perpetuity for the training of GPD grantees and contractors through the HCHV program.

Data Collection

Data is a key component of an effective community-based response to veteran homelessness. HUD has mandated that grantees utilize a homeless information management system (HMIS) to coordinate local efforts to serve people experiencing homelessness and to collect client-level data on individuals experiencing and at-risk of homelessness, the services and housing interventions they utilized, and the services and housing interventions available in their communities. Data completeness improves a community's ability to coordinate services, and identify and plan for impending trends in inflow. The SSVF program has mandated its use for its grantees, and providers have been able to incorporate that into their annual budgets. The GPD program has

not yet mandated its grantees to do so and many do not. The per diem payment structure does not allow for those who may be receiving the maximum per diem payment per bed, to do so without decreasing the standard of service to veterans in their programs. We merely ask that the Committees consider a legislative change to authorize an appropriation for a reimbursement of reasonable HMIS user fees for GPD grantees who are otherwise unable to access HMIS through their SSVF, Continuum of Care, or other local grants received. The improvement in data quality will improve community responses to veteran homelessness which in turn will enhance outcomes and efficiencies.

Successful Program Transitions and Adaptability

Providers in several communities that have made tremendous progress in ending veteran homelessness have raised concerns to NCHV regarding barriers to changing their programs that arise from receiving a GPD Capital Grant in the past. There are certain communities where the population of veterans experiencing homelessness has decreased such that there are significant vacancies in local GPD programs. NCHV has heard from several providers in this situation, who are interested in transitioning away from operating a GPD grant and into operating permanent supportive housing, or affordable housing. They have been told that in order to fulfil both VA real property recapture requirements and the real property disposition requirements of the Office of Management and Budget (OMB), they would need to pay the government a percentage of the current market value of their property to fulfil the requirements of their grants, many of which date back to the early 1990s. Obviously, real property can appreciate in value dramatically over the course of several decades and in some cases these payments are prohibitively expensive for nonprofit service providers. It is the view of NCHV that no grantee should face a financial penalty for their success in achieving housing stability in their communities. Further, grantees shouldn't be required to embark on a capital campaign to pay the government in order to adjust their operations to meet their community's most pressing need. We request that Congress promulgate legislation to waive both VA real property recapture requirements and OMB real property disposition requirements for grantees who would like to leave the GPD program under certain circumstances. These would include, but not be limited to, making a long-term commitment to utilizing the property for which the grant was received to serve homeless or at

risk individuals, especially veterans, by offering affordable permanent housing, permanent supportive housing, or other services to address housing instability.

Suicide Prevention

There is a correlation between homelessness and multiple factors currently being addressed by Congress including suicide. The risk for suicide among the homeless has been estimated at five times higher than that of the general population, and studies have shown the high prevalence of suicidal ideation and attempts among older homeless and at-risk veterans.

Opioid Epidemic

Further, there is significant overlap between the populations of veterans experiencing homelessness and opioid use disorders. VA's own researchers have found that veterans seeking medication assisted treatment for opioid use disorders are ten times more likely to be homeless than veterans seeking care at VA. These highly vulnerable veterans are not the type of population that should be subject to wide variability when it comes to case management.

In Summation

Thank you for the opportunity to submit this testimony for the record and for your continued interest in ending veteran homelessness. It is a privilege to work with the House Committee on Veterans' Affairs to ensure that every veteran facing a housing crisis has access to safe, decent, and affordable housing paired with the support services needed to remain stably housed.