



NATIONAL COALITION *for* HOMELESS VETERANS

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Policy Statement: Homeless Providers Grant and Per Diem Program

WASHINGTON, Jan. 1, 2015— The Homeless Providers Grant and Per Diem (GPD) Program, permanently authorized by Congress and administered by the U.S. Department of Veterans Affairs (VA), has been the foundation of community-based homeless veterans assistance since 1992. With nearly 15,000 beds nationwide serving up to 30,000 men and women each year, the GPD Program is often the first and most significant step toward recovery for veterans experiencing homelessness. By helping homeless veterans obtain stable housing, health services, employment and other income supports, the GPD Program has helped hold the line against increases in veteran homelessness despite continued economic stagnation, the housing crisis, high veteran unemployment and drawdown of active duty forces from recent conflicts.

The effects of military service under stressful conditions – particularly combat exposure – typically do not manifest themselves right away. By maintaining the infrastructure of the homeless veteran response system – with the Grant and Per Diem Program at its core – and ramping up VA’s ability to prevent veteran homelessness through the Supportive Services for Veteran Families (SSVF) Program, America can ensure that returning veterans will always have the support they need in times of crisis.

How does the GPD Program work?

The Grant and Per Diem Program features two primary types of funding: “Capital” and “Per Diem” grants. Capital grants provide up to 65% of the cost to acquire, renovate or construct facilities that are used to provide short-term supportive housing and service centers for homeless veterans. These funds may also be used to purchase vans to conduct outreach or provide needed transportation for homeless veterans.

Capital grant recipients receive priority for Per Diem grants, which fund GPD programs’ operational costs at a maximum rate of \$43.32 per day per veteran housed. By incorporating additional funding streams and collaborating with other local community- and faith-based service providers, grantees maximize the benefits of this relatively modest investment from the federal government with the objective of returning clients to permanent housing and income security as quickly as possible.

Why is GPD critical?

Despite GPD graduates receiving treatment for primary and mental health issues, substance abuse disorders, or securing employment, many of these veterans are unable to find affordable housing in most communities for a variety of reasons. Eligibility for housing assistance is often based on a priority system that favors families, single parents with children, and persons with disabilities. Many homeless veterans have legal and past financial hardships they must overcome. GPD often serves as a transition point for veterans as they obtain permanent housing. In 2014, 71% of veterans in GPD transitioned to permanent housing. VA’s “Transition in Place” housing model is

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helping rectify this issue, enhancing the program's potential success placing GPD clients into permanent housing.

Transition in Place allows support services to be gradually reduced over time, as opposed to the veteran having to move out of his or her residence. This is accomplished by enabling veterans to assume a lease or other long-term agreement for their GPD residences – effectively converting these housing units from transitional to permanent housing.

While some service providers have long practiced this housing model, it only recently became part of VA's official portfolio. On Sept. 19, 2012, the department awarded the first 31 Transition in Place grants to current Per Diem Only providers. As this housing model expands, the affordable housing gap will begin to close for veterans who are stabilized and ready to exit the GPD Program.

The most recent data from the VA points to a need for at least 15,000 GPD beds nationwide to continue to provide emergency housing and rapid stabilization services to homeless veterans with specialized needs – women veterans, single veterans with dependent children, veterans transitioning out of incarceration, veterans with mild to moderate mental illnesses, veterans who become homeless due to sudden or worsening economic hardship and loss of employment. Most of these clients will be able to stabilize and advance to permanent housing with relatively short-term supports.

What should Congress do?

NCHV recommends that Congress authorize the Grant and Per Diem Program to the level set in the FY 2015 Omnibus. This would mean an authorization of \$253 million for FY 2016, to match the appropriations by the 113th Congress in H.R. 83.

Additionally, the program must be modernized in order to keep pace with the department's goal to end and prevent veteran homelessness. Congressional oversight and limited legislative action can open opportunities for current GPD providers to adapt to local needs. Advancement of formerly homeless veterans into permanent housing should become the expected outcome for GPD grant recipients, and innovative uses of existing Per Diem beds must be facilitated.

More than 2,100 veteran service providers represented by NCHV are eager to finish the job of the Five-Year Plan to End Veteran Homelessness. The GPD Program, working in collaboration with local VA medical centers and service delivery networks, helps make this goal a practical possibility in communities nationwide.

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