



NATIONAL COALITION *for* HOMELESS VETERANS

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Policy Statement: HUD-VA Supportive Housing Program

WASHINGTON, Jan. 1, 2015- The U.S. Department of Housing and Urban Development-U.S. Department of Veterans Affairs Supportive Housing (HUD-VASH) Program is the only federal program specifically designed to end chronic homelessness for veterans and their families. The men and women who enroll in the program become eligible for placement in permanent housing through the award of veteran-specific HUD Section 8 housing vouchers, and receive comprehensive VA case management and other supportive services to remain stably housed.

Case management is an integral part of the permanent supportive housing program. The vast majority of veterans who receive HUD-VASH vouchers have serious mental illness, substance abuse disorders, physical disabilities, or co-occurring disorders. Veterans create individualized "Housing Recovery Plans" with their case managers, focusing on long-term recovery and full integration into their communities. These plans involve health care, resolving legal and financial issues, and addressing employment needs and other income supports for which they may be eligible.

Through FY 2015, HUD has awarded more than 78,000 HUD-VASH vouchers. Nationwide, more than 300 Public Housing Authorities (PHAs) have participated in the program. Recently, 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.

How does the program work?

When Congress funds new HUD-VASH vouchers, HUD – in consultation with VA – awards blocks of vouchers to PHAs across the country based on geographic need. When vouchers become available, VA Medical Center personnel determine which veterans are clinically eligible for the program before making referrals to local PHAs, which then must verify eligibility based on income limits and 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. In 2014, 71% of veterans admitted to the HUD-VASH program met chronic homeless criteria and 91% of allocated vouchers resulted in permanent housing placement.

Mission: The National Coalition for Homeless Veterans will end homelessness among veterans by shaping public policy, promoting collaboration, and building the capacity of service providers.

Why is HUD-VASH critical?

With its focus on housing the most vulnerable and difficult-to-serve veteran families, the HUD-VASH Program enables communities to effectively end chronic veteran homelessness. 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.

“The HUD-VASH voucher remains the most flexible and responsive housing option we have, thanks to our partnership with HUD and the leadership of Secretary Donovan,” said then Secretary of Veterans Affairs Eric Shinseki at the 2012 NCHV Annual Conference. “Chronically homeless veterans face a complex set of issues that only the HUD-VASH Program can successfully and swiftly address.

What should Congress do?

NCHV recommends that Congress continue the build out of tenant-based HUD-VASH vouchers to match the need in communities, as seen in data collected by VA and HUD. In addition, NCHV recommends that Congress fund a 5,000 project-based voucher allocation for the four states with the highest concentration of chronically homeless veterans – (California, Texas, Florida and New York). Continuing the build-out of HUD-VASH is the cornerstone of efforts to house the nation’s chronically homeless veterans. These are the hardest to serve; clients challenged by serious mental illness, disabilities and extreme poverty, and who need intensive case management to remain stably housed. More than half of the nation’s homeless veterans reside in the four states listed above. Regardless of how future HUD-VASH allocations are distributed, these states will continue to experience high numbers of chronically homeless veterans. Project-basing this 5,000 voucher special allocation – for developments awarded through a competitive process in specific communities – would provide housing units with essential supportive services to dramatically reduce chronic homelessness in areas that desperately need targeted resources.

Congressional initiative and commendable bipartisan support is largely responsible for the noteworthy success of the HUD-VASH program today. Voucher lease-up is at an all-time high, and VA and HUD leadership have renewed their focus on targeting vouchers to chronically homeless veterans. A continued investment in the program will ensure our nation has the resources needed to serve the most severely impacted segment of the homeless veteran population, and effectively end chronic veteran homelessness by 2015.

What should the Administration do?

Despite the many successes of the HUD-VASH program, some issues remain. The largest of these is the ability of VA to fill the need for case managers. In many locations around the country, the expertise or the capacity for case managing HUD-VASH vouchers lies solely outside of the VA, with local community service providers. VA has the ability to “contract out” case manager positions to these community providers, and in fact “encourages” its VAMC’s to do so. However, the likelihood of this happening is different at every VAMC, and is not always most likely where it is most needed. VA should direct its VAMC’s to contract out case management positions in locations where the VA has not been able to provide case managers itself within a set period of time.

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