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Overview of NCHV's Transition in Place Questionnaire

WASHINGTON— In early 2013, the National Coalition for Homeless Veterans (NCHV) conducted a survey of Grant and Per Diem (GPD) Program service providers in order to assess their capacity to implement the U.S. Department of Veterans Affairs' (VA) Transition in Place (TIP) housing model. An overview of this survey's results is presented below.

Due to a variety of factors, many GPD service providers may have misestimated their ability to implement TIP. This survey nonetheless provides insight into these service providers' mindsets as they consider implementing this innovative housing model.

NCHV presents this data to VA for its consideration, and encourages the department to formally evaluate all GPD facilities to determine the national capacity to implement TIP.

Who participated in this survey?

- NCHV reached out to 400+ unique points of contact for GPD programs.
- More than half of these contacts (200+ respondents) participated in the survey.

Original survey questions and overall responses

Q2. What types of housing services does your organization currently offer people who are homeless? (Select all that apply.)

- 97.6% offered services through GPD.
- 42.5% offered services through the HUD Supportive Housing Program.
- 36.2% offered other emergency housing.
- 42% offered other transitional housing.

Q3. What percentage of your organization's clients are veterans?

- 42.5% of organizations had a veteran clientele of 0-25%.
- 14.5% of organizations had a veteran clientele of 26-50%.
- 10% of organizations had a veteran clientele of 51-75%.
- 33% of organizations had a veteran clientele of 76-100%.

Q6. How many GPD beds does your organization currently operate?

- 55.5% of organizations operate 1-25 GPD beds.
- 20% of organizations operate 26-50 GPD beds.
- 11% of organizations operate 51-75 GPD beds.
- 3.5% of organizations operate 76-100 GPD beds.
- 6.5% of organizations operate 101+ GPD beds.

Q7. Which GPD grant(s) does your organization currently operate? (Select all that apply.)

- 29% of organizations operate Capital grants.
- 84.5% of organizations operate Per Diem Only grants.
- 8.5% of organizations operate Special Needs grants.
- 9% of organizations operate Transition in Place grants.

Q9. In your best estimate, how many of your organization's GPD beds are capable of – or are already – implementing Transition in Place?

NOTE: Survey respondents were instructed to review a one-page overview of TIP (see Appendix A) before answering this question to help ensure they had the same basic understanding of the program.

- 75.8% of organizations said 0-25% of their GPD beds are capable of or are already implementing TIP.
- 4.8% of organizations said 26-50% of their GPD beds are capable of or are already implementing TIP.
- 2.7% of organizations said 51-75% of their GPD beds are capable of or are already implementing TIP.
- 4.8% of organizations said 76-100% of their GPD beds are capable of or are already implementing TIP.
- 11.8% of organizations said they were unsure of how many of their GPD beds are capable of or are already implementing TIP.

Q10. If your program is unable or unwilling to implement Transition in Place, what are the primary reasons why? (Select all that apply.)

- 21.5% of organizations said: “We are concerned that the housing model will be too expensive to implement.”
- 53.8% of organizations said: “Some of our GPD housing units are not apartment-style.”
- 39.2% of organizations said: “We would be unable to replace our transitional housing units if they are converted to permanent housing.”
- 31.7% of organizations said: “Some of the veterans in our GPD program require more intensive care than is provided by Transition in Place.”
- 17.7% of organizations said: “We do not fully understand the Transition in Place model.”
- 29% of organizations cited various other concerns.

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Open-Ended Survey Responses

The Transition in Place questionnaire conducted by NCHV provided participants an opportunity to elaborate on why they were unable or unwilling to implement the TIP housing model. Certain themes emerged among the open-ended responses.

A number of GPD service providers commented on the onerous nature of VA's inspection process.

- “[We have] implemented the placement of one family into the TIP program. Current regulations prohibit timely placement of additional veterans and initial startup dollars delay placement. GPD regulations are set up to support a model that does not work for scattered site housing. Trying to get the local VA for an initial inspection is a challenge—five VA reps must attend the initial inspection and all have conflicting schedules. We had six apartments inspected and by the time they were signed off on by the VA the leasing agents had leased to other occupants. There are many concerns with this program and I would suggest a conference call for only TIP providers.”
- “If vets who are completing our vet housing program remain in their apartments, we would need to complete the inspection for every new/replacement apartment unit. We would like vets to be able to ‘stay put,’ but the current inspection takes too much time for the landlords and our staff. We would welcome this step if we could replace the current inspection process (designed for much larger settings rather than for small apartments) with a city inspection or a HUD approval process.”
- “Fire safety codes are too costly for most landlords.”
- “We have begun implementation of TIP and feel that we can make the model work. However, at this time the VA inspection process is keeping us from moving forward in a way that is agreeable to property owners and is preventing us from housing veterans.”
- “Our local VA's ability to inspect and approve new units in a timely fashion was a key factor in our not writing for a new TIP grant. Our existing Per Diem Only units are subleased, and could be ‘swapped out’ for TIP units if our program could be converted. Once again, the ability to have new units inspected quickly may be an issue.”
- “The TIP concept is good, but the problem is the need for the apartment/home to meet VA fire codes. HUD-VASH housing does not need to meet VA fire codes.”

Other elements of the TIP Program were proving troublesome for current grantees.

- “We are in the startup phase of TIP. The requirement to see the veterans daily is hard to comply with when the housing is scattered throughout the community. If they are all in one location it is no problem. Staff will be spending time driving all over the city to see them. Also we will have to have weekend staff to accomplish this task. How can you do case management when you have to drive around the city all day to see people? This requirement impedes care.”

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- “This service is good for some but not for all veterans. Among our concerns are landlord issues, veteran income, transportation, treatment, parole issues, emergency response, apartments meeting life safety codes, visitors to veterans, isolation from other veterans with little mentoring, medications not monitored or abused.”

The TIP housing model’s focus on single-occupancy apartments was also a hot-button issue for some GPD service providers.

- “Our vets agree most would prefer NOT to live alone for safety/possible relapse reasons. They would like shared housing— two to three in a home with each having their own bedroom. This would give them the freedom to live independently as well as the support of those who care.”
- “Our apartments are two-bedroom with unrelated vets rooming together. We would be willing to try the TIP model with community-based apartments.”
- “While we have apartments, they are all two- or three-bedrooms and are shared by two or three vets, each having their own room but a sharing living room, bathroom and kitchen. Most of our vets at this point are single and can’t afford a two- or three-bedroom apartment.”
- “Our current housing units hold multiple veterans. We would lose too many beds for TIP. We did, however, get funded for five scattered-site TIP beds.”
- “Our GPD units are two-bedroom apartments shared by two veterans. We could transition in place only with a subsidy, and most of our participants do not have enough income for market-rate apartments. While it has been done elsewhere, our area has not approved shared apartments for HUD-VASH. Other HUD programs do not allow it either. Given changes in rent subsidy rules, we would be willing to move toward transition in place.”

Certain GPD service providers, meanwhile, were precluded from participating in the TIP Program due to their existing property agreements.

- “Our veteran GPD housing is provided on former federal property conveyed to us by the federal government with a provision that it be utilized to serve the homeless for 30 years. We provide the housing in dormitory-style accommodations with some of beds provided onsite in separate three-bedroom modular homes. All veteran housing units are under the same 30-year compliance period, of which only five years have expired.”
- “Our Conditional Use Permit does not allow for any permanent housing at our location. We only have the one location for 48 Grant and Per Diem beds.”
- “Our facilities are located on VA grounds.”
- “Facilities are located on VA grounds through shared lease agreement”

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- “Our GPD site is in our church building. We could not use the Transition in Place model.”

Along those lines, at least one GPD service provider felt less competitive due to its geographic location.

- “We are in a small rural area. The TIP program is biased toward large urban areas where there is a plethora of housing units. The rental housing stock in our locality is insufficient to support a TIP model.”

For ideological reasons or otherwise, some GPD service providers were diametrically opposed to the TIP Program.

- “The GPD model has been a dismal failure the way that it has been governed by VA. The practice of ‘permanency’ in GPD has crippled the ‘transitional’ principle, and it further incapacitates the veterans’ desperate need for self-reliance if accountability measures aren’t enforced and fully supported. ‘Up to 24 months’ should truly mean what it says!”
- “We are hooked onto a mission.”
- “Our organization already has a program that provides permanent housing.”

A number of GPD service providers, however, were very open to the TIP concept, even if they weren’t immediately capable of implementing it.

- “Our current GPD beds are not appropriate for TIP. However, we would be able to acquire other housing that would be appropriate and would work within the model of the TIP program.”
- “Our current GPD program is not apartment style housing, but we do own 36 apartments in which some of them would be perfect for Transition in Place.”
- “Our current GPD program is a licensed substance abuse facility, therefore making TIP not do-able. However, we are building a new facility (to open in spring) with both permanent and transitional housing, where in the future this might be possible.”

Appendix A: Overview of VA’s “Transition in Place” Housing Model

The Department of Veterans Affairs (VA)’s “Transition in Place” housing model offers residents housing in which support services transition out of the residence over time, rather than the resident. This leaves the resident in place at the residence and not forced to find other housing in 24 months or less. The concept of “Transition in Place” under [VA’s March 1, 2012, NOFA](#) is for eligible entities to identify or convert existing suitable apartment-style housing where homeless veteran participants would receive time-limited supportive services optimally for a period of 6-12 months, but not to exceed 24 months. Upon completion, the veteran must be able to “transition in place” by assuming the lease or other long-term agreement which enables the unit in which he or she resides to be considered the veteran’s permanent housing.

Grantees are expected to replace units as they are converted to permanent housing in order to maintain the average number of bed days as stated in the application during the entire grant period. Once the veteran assumes the lease or other long-term agreement, VA will no longer provide funding for the unit under Transition in Place. For example, each time a veteran assumes the lease or other long-term agreement for the apartment, the grantee must identify a new unit in which to place another veteran. By program design, transition to permanent housing should occur as rapidly as possible, and grantees should continually be acquiring and coordinating with VA on the inspection of new units so as to maintain a steady number of veterans served.

Applicants must own or lease apartments intended as permanent housing for an individual or single family. Apartments must meet the inspection standards outlined at [38 CFR 61.80](#), and have the following characteristics:

- Private access without unauthorized passage through another dwelling unit or private property;
- Sanitary facilities within the unit;
- Basic furnishings; and
- Suitable space and equipment within the unit to store, prepare and serve food in a sanitary manner (including, at a minimum, a refrigerator, freezer, sink and stove). Note: Microwave ovens, hot plates or similar items are not suitable substitutes for an operational stove.

VA offers current grantees the ability to convert existing “Per Diem Only” projects to this model. Current “Capital” grantees should contact the GPD Program Office to determine eligibility due to recapture and disposition requirements that may apply to their Capital grants.

For more information on this housing model, download VA’s Transition in Place recipient guide [here](#) (PDF).