

## **Policy and Legislative Update: Budgetary Agreement and Policy in 2015**

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### **Budgetary Agreement – the “CRomnibus”**

On December 13, in a rare Saturday session, the Senate voted to approve a budget deal that had already cleared the House earlier in the week. The deal took the form of a “CRomnibus” – a combination of continuing resolution and omnibus. Essentially, it funded most of the government for the entirety of the remaining fiscal year and temporarily funded the Department of Homeland Security until February.

All major programs serving homeless and at-risk veterans were funded via the omnibus, and have spending authority through until the end of Fiscal Year 2015. Those programs that are administered through the Department of Veteran’s Affairs (VA) are funded on a unique two year cycle called advanced appropriations. These programs (including Supportive Services for Veteran Families [SSVF] and Grant and Per Diem [GPD]) were therefore funded until the completion of Fiscal Year 2016.

For FY 2015, the SSVF program was funded at \$300 million – the same as it received this past year. This money has already begun to be disbursed to programs around the country; it was announced through the two rounds of “surge funding” that the VA made available in both January of 2014, and more recently, in October of 2014. Fortunately, FY 2016 will see a large increase in the funding level of this program. The advanced appropriations for the SSVF program in FY 2016 are at the \$500 million level.

GPD received a \$15 million increase over last year’s appropriation figure; its funding level for FY 2015 is \$250 million. The advanced appropriations for FY 2016 provide \$253 million for this program.

On the Department of Housing and Urban Development (HUD) side, the HUD-VA Supportive Housing program received an additional \$75 million for FY 2015. This money will fund roughly 10,000 vouchers this year. The supportive services piece of this partnership, administered by VA, received the necessary level of funding to support these vouchers.

The Department of Labor administers the Homeless Veterans Reintegration Program (HVRP). HVRP received a steady funding level from last year, at \$38.109 million dollars. This number has remained unchanged for a number of years in a row, and there is room for it to grow. NCHV strongly supports growing the program, and will work to accomplish an increased appropriation for FY 2016.

Despite the flat funding of HVRP, all other homeless veteran programs received increases in their appropriations through the CRomnibus, and no programs were shrunk. VA healthcare received a further \$209 million for this year; this is in addition to their previously agreed upon funding level, *and* in addition to the \$15 billion (over three years) they received through the “Veterans Access, Choice, and Accountability Act”. Though none of this money will be going to homeless programs specifically, it does represent a promise of expansion of medical services (especially in rural areas) and a reduction in wait times for services.

### **Policy in 2015: Three Major Themes**

In our last newsletter, Baylee Crone laid out three messages that will be driving NCHV as we enter the New Year. She discussed how “The VA Cannot Do it Alone,” how “It Takes a Community,” and how “Local Progress and National Policy” are merely two sections of the same puzzle. But what do these messages mean for the sort of policy work that we will be conducting at NCHV, and the sort of advocacy

that we are conducting on the Hill and in the Federal departments? Let's take it piece by piece, and talk about some of the highlights.

*The VA Cannot Do it Alone:* The very nature of the grantor/grantee relationship means that the on-the-ground work of programs like GPD and SSVF will be conducted by you, our members. In recognition of this, NCHV is representing you and your needs by advocating for tweaks to the way programs are operated and funded. For instance, we believe that in areas where it is difficult for VA to staff up its supportive services personnel, there should be more contracting of case-management for the HUD-VASH program. This practice is already possible and is done in several places around the country, but more needs to be done to encourage the use of contracting where there is a need. Many of you are part of organizations with a depth of skilled staff that could easily be providing this case management – we are working to make that easier.

*It Takes a Community:* Communities that have experienced marked success in the push to end veteran homelessness all have one thing in common: cooperation and a shared goal between all stakeholders. NCHV is proud to support efforts around the country that advance this goal, whether that be the VA's 25 Cities initiative, or any number of non-governmental campaigns that bring stakeholders together like the Mayors Challenge.

Veterans' homeless assistance programs in local communities often work with their mixed-population counterparts for referrals and services; this is good news for those veterans who are ineligible for VA healthcare or for any VA-funded assistance programs. While NCHV believes that local continuums of care *should* serve these ineligible veterans, we also strongly believe that GPD and SSVF should continue to serve otherwise-healthcare-ineligible veterans. NCHV is advocating on the Hill to ensure that this will always be the case.

*Local Progress and National Policy:* The Federal government set the goal of ending veteran homelessness by 2015, but you had already been working every day to reach that goal. Lawmakers in Washington, D.C. set national policy, but it is our member organizations carrying out the day-to-day work and experiencing the effects of that policy – whether those effects be good or bad. NCHV hears your feedback and is working to advance changes to policy that will make it easier to more effectively and successfully serve veterans.

Many of you have noticed an uptick recently of female homeless veterans and homeless veterans with families presenting for help; for many of you this presents a unique set of challenges from physically separate space, to differences in programing, to a need for trauma-informed care. NCHV is working to protect and expand Special Needs grants, and to make the broader GPD program more conducive to the type of flexible growth needed to confront these changing demographics.

These are only a small sample of the issues on which NCHV is advocating, but they go to show how we are focusing our policy efforts on making the continuum of programs we have built over the last few years work more efficiently and seamlessly among themselves.