

Written Testimony  
Of

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before the

Committee on Veterans Affairs

United States House of Representatives

Hearing on  
Evaluating Federal and Community Efforts to Eliminate Veteran Homelessness

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Chairmen Miller, Ranking Members Michaud, and members of the Committee, on behalf of our Board of Directors, our President Nan Roman, and our thousands of partners across the country; thank you for providing the National Alliance to End Homelessness the opportunity to testify today. We are grateful to you for holding a hearing on veterans homelessness and what we are doing and can do to end it. The National Alliance to End Homelessness works closely with federal policymakers as well as with state and local government, businesses, nonprofit organizations and many others who believe that homelessness should not be tolerated in the United States.

**Homelessness among veterans**

Our nation witnesses far too many veterans living on the streets. The number of homeless veteran has declined substantially in recent years, but is still far too high. While most veterans are well housed, a substantial minority are burdened with high housing costs, which combined with other factors can leave them at risk of homelessness. As a nation we have undertaken a concerted effort to solve the problem, which is a good thing, since without that effort there are many reasons to believe that the problem would become worse. Thousands of Americans are returning from the Middle East, with the kinds of demographic traits and disabilities that we know to be risk factors for homelessness, to an economy with unemployment that is still too high. Without continued hard work, there would be a grave possibility that an entire new generation of veterans will become stuck in homelessness.

It is important to recognize that not all homeless veterans are the same. At the one extreme, some homeless veterans have severe disabilities, particularly related to behavioral health, and have lived on the streets or in shelters for long periods of time. This pattern has been referred to as “chronic homelessness,” and it costs taxpayers substantial money in emergency health care, jails, shelters and

other emergency “services.” Returning these veterans to safety and housing often requires long-term rent subsidies, and intensive social services and medical care.

While this is probably most Americans’ stereotype of what a homeless person is like, and while there are certainly a percentage of homeless veterans who are like this, it is a minority. Most veterans and other Americans who experience homelessness do so because of personal economic crises. They do not have profound disabilities. Their lack of housing is often a serious barrier to getting their lives back on track; but program models known as “rapid re-housing” have shown that if that barrier is removed through return to housing, they can succeed through their own devices or with short-term help to afford housing.

The Alliance is enthused and hopeful in light of the work that has already been done and the reductions that have already occurred. The federal government’s part in this work is being carried out pursuant to a commonsense plan, organized around a clear understanding of the problem and a commitment to solve the problem. The rest of this testimony will review what has happened so far, and what needs to happen between now and the end of 2015 to bring about the best possible results.

### **What’s been done, what remains to do to house all homeless veterans**

In 2008 the Alliance presented testimony at a hearing held jointly by the Senate Appropriations subcommittees with jurisdiction over VA and over HUD. The topic was what to do about homelessness among veterans. At that point we talked about how we as a country needed to take four big steps in order to end homelessness for veterans. I am happy to say today that VA, HUD and Congress have taken three of those steps, and are in the middle of step four. We could still stumble, we could still not succeed; but if we finish what’s been started in the right way, we can see the number of homeless veterans fall substantially, to the point where communities that use the help available to them and follow through can end veterans homelessness by the end of 2015.

***Step one: “command and control” infrastructure.*** Step one was to put in place a national plan and monitoring system that would be based on real data to determine what is working, what isn’t, and how much progress is taking place. That piece is in place. The creation of the National Center on Homelessness Among Veterans has been extremely important in this regard. The Center, a joint project of VA and the University of Pennsylvania, provides a context for leading national experts on homelessness to use the rich data that is available on the use of VA programs, combined with other research and data on homelessness. The close cooperation of the National Center with the program offices within the Veterans Health Administration, and with staff in the Secretary’s office, provides a “command and control” function that is essential.

***Step two: a full range of interventions.*** Step two was to expand the range of program models to make effective practices available for the full range of veterans who are homeless. This, too, has been accomplished. At the time, in 2008, most housing for homeless veterans was being provided through the Homeless Grants and Per Diem program, a two-year transitional housing model. This is a model that

works very well for certain people, but we believe anyone running such a program would agree that it is not for everyone. To end homelessness requires a range of programs so that everyone can get what he or she needs. As noted above, some homeless veterans, particularly those experiencing chronic homelessness, have permanent disabilities combined with other issues that make a transitional program unrealistic for them. The HUD-VASH program was put in place to address these needs. On the other hand, people who become homeless due to a short-term economic emergency can escape homelessness with short-term help to deal with that crisis. The “rapid re-housing” model, implemented at VA through the Supportive Services for Veteran Families program, has proven extremely effective at ending homeless for this group, at substantially less cost than either permanent or transitional supportive housing programs.

It is important to note that there are eligibility issues. Not everyone who served on active duty in the military is eligible for these programs, because of discharge status or the complex rules relating length of service and the era in which a veteran served. This has been further complicated by recent statements by VA. Our hope is that some of these issues can be resolved by Congress; and that better coordination of discharge upgrade programs carried out by veterans service organizations with homelessness programs will resolve the issues for some; and that HUD-funded and other programs can, despite the financial stress that they are under, re-house the rest.

**Step three: Go to scale with program capacity.** Step three was to fund those various interventions at the scale necessary to get the job done. As of this writing, VA budget requests and Congressional appropriations are on the verge of getting this done as well. Our estimate is that if Congress funds VA’s FY 2015 budget request, it will finish the job of putting money on the table for communities to be able to provide housing, through HUD-VASH, GPD, and SSVF, for every veteran who experiences homelessness today and through the end of 2015. SSVF is the newest of these programs, and it has proven to do exactly what it sets out to do. VA has requested permission to move funding from other parts of its budget to increase grants to communities for SSVF, based on the latest solid data about what is needed.

**Step four: making it work at the community level.** That brings us to step four, which is for every community to organize itself so that every homeless veteran is located, identified, and matched up with the right intervention to end his or her homelessness; and that these interventions work at peak efficiency, focused on quickly re-housing every homeless veteran they serve. We as a country are in the process of taking that step. VA is mobilizing its staff at local medical centers to make this happen. Mayors are taking part in campaigns to get other mayors to commit to this. Providers from the HUD-funded homelessness system are reaching out to VA-funded providers to share information and coordinate their work. The Alliance, based on years of work with communities that have succeeded in reducing the number of people who are homeless, believes that there are five key things that need to happen at the community level:

- Leaders in each community need to oversee the effort, using a solid plan and data to monitor progress.

- Communities need to set clear numerical goals for how many veterans need to be housed, how quickly.
- Leaders, program operators, and others need to be accountable for taking the specific actions they have committed to.
- Proven strategies need to be implemented in a skillful way: outreach, crisis housing, rapid re-housing, permanent supportive housing, and a coordinated system to ensure that each veteran gets access to the program that's right for him or her.
- Leaders need to communicate with the entire community about what is getting done, and what help is needed, particularly by landlords and employers in the community.

VA needs to make every possible effort to get its employees, grantees and contractors behind making sure that these five things are happening. VA has a number of efforts under way to provide technical assistance that will help make that happen.

### **Making sure homelessness stays ended**

When these four steps are complete, there will be few if any veterans who remain homeless on a given night. Which leads to the next step, the first step beyond veterans homelessness – to put in place a system that will find vulnerable veterans before they ever become homeless, and prevent their homelessness entirely. We are quite a way from having such a system. For the time being, ending homelessness will mean that while additional veterans may become homeless, as soon as a homeless veteran is discovered, help is there to provide whatever is needed in order to end that instance of homelessness. Programs to find veterans who become homeless, ensure their safety, and rapidly rehouse them will need to continue in place. This system will need to transition over time into an effective system of homelessness prevention. In the end, a prevention system will employ the kind of research and data analysis that the National Center already has under way. It will require careful thought about the right kinds of interventions, and how they should be targeted to veterans who would most likely become homeless without them. It will require work by this Committee and others to redeploy these resources so that we can all say, never another homeless veteran.

### **Congress's part**

Besides oversight of the ongoing effort, there is work for Congress to do in order to bring this result about. Most important are the following:

***Ensuring that funding remains available.*** The appropriations committee has responded well to VA's budget requests for these efforts. There is, however, great uncertainty over the federal budget over the next few years. As those discussions take place, it will be important to stand behind the work to end veterans homelessness.

**Short-range fixes.** There are some minor changes needed to federal statutes to remove certain barriers to implementation. These changes should be made via the earliest possible legislative vehicle. They are the following:

- Provide VA with more flexibility to use funds for the programs that are needed most at the time. The current limit of \$300 million per year for SSVF, in particular, underfunds this program and should be raised to “such sums as are necessary.”
- Codify existing eligibility rules for VA homelessness programs. For many years, the GPD and now the SSVF program have served homeless veterans with various other-than-dishonorable discharges, even if, because of complicated rules regarding era and length of service, the veterans are not eligible for the full range of VA health services. A recent communication from VA, now suspended, called this practice into question, based on a new reading of statutes. Estimates by providers indicate that as many as 15 percent of homeless veterans would be left without help from these effective programs if this ruling were to go into effect. Congress should at least clarify that these veterans are eligible for these homeless services.
- Authorize the National Center on Homelessness Among Veterans. As noted above, this Center provides a forum for expert examination of VA and other data and research, ensuring that VA’s practices are informed by the best possible analysis. To have it authorized in statute would ensure ongoing support as the U.S. makes the challenging transition from solving the problem of veterans homelessness, to ensuring the problem never recurs.
- Ensure VA has waiver authority to allow changes in GPD. Many GPD providers are finding that reductions in the number of homeless veterans, and the focus by VA on moving further in that direction, are causing severe difficulties. Congress should provide VA with waiver authority to allow GPD providers in communities where veterans homelessness has declined substantially to experiment with different models, including very short term housing for veterans experiencing housing crisis; and recovery housing for veterans who were but are no longer homeless, but are recovering from addiction or other severe difficulties.

**Longer term statutory change to prevent veterans homelessness from recurring.** Existing VA programs that were designed to serve homeless veterans will need to do different things and serve different people when the number of homeless veterans is very small. They will, however, need to be there, to provide help when veterans have crises that leave or threaten to leave them without places to live. To move to a prevention-based homelessness system, there will need to be careful thought about what services are needed, which veterans need them, and how incentives can be established that will reward providers for effective work. This project should be undertaken and completed by the next Congress.

**Promote the local efforts.** Every member of the U.S. Congress is a leader in his or her local community. As noted above, success at ending homelessness requires local commitment and local action. The Alliance encourages members of this Committee, and all members of Congress, to get involved with the issue locally, and do what they can to make sure that the communities they represent understand what they have to do to bring the number of homeless veterans down to zero.

STEVEN R. BERG  
Curriculum Vitae

Experience:

Vice President for Programs and Policy, National Alliance to End Homelessness, October 1997 to present (previously Director of Programs).

Senior Policy Analyst, Center on Budget and Policy Priorities, September 1996 to September 1997.

Staff Attorney, Connecticut Legal Services, September 1990 to August 1996 (Norwalk and Bridgeport Offices).

Executive Director, Legal Aid Foundation of Santa Barbara County, August 1987 to August 1990 (previously Staff Attorney).

Staff Attorney, Contra Costa Legal Services Foundation, September 1983 to August 1987.

Education:

Harvard Law School, J.D. 1982.

Lewis and Clark College, B.A. 1978.

DISCLOSURE

The National Alliance to End Homelessness is party to a subcontract to provide technical assistance to communities, as part of a contract with the U.S. Department of Veterans Affairs. Under this subcontract the Alliance will be paid a maximum of \$130,000 for its work.