



Testimony of the

**NATIONAL COALITION**  
*for* **HOMELESS VETERANS**

**United States House of Representatives**  
**Committee on Veterans' Affairs**

**“Evaluating Federal and Community Efforts to Eliminate  
Veteran Homelessness”**

December 11, 2014

**Chairman Jeff Miller, Ranking Member Michael Michaud, and distinguished members of the House Committee on Veterans' Affairs:**

Thank you for the opportunity to appear before this Committee today. My name is Baylee Crone and I am the Executive Director of the National Coalition for Homeless Veterans. On behalf of the more than 2,100 community- and faith-based organizations NCHV represents, I would like to thank all of you for your steadfast commitment to serving our nation's most vulnerable heroes.

This testimony will focus on our understanding of the progress made to end veteran homelessness in this country, particularly:

- National progress made toward ending veteran homelessness
- Matching services to the needs of homeless and at-risk veterans
- Successes of permanent housing, transitional housing, employment, and prevention interventions

Additionally, this testimony will outline the benefit of coordinated outreach and intake systems in rapidly directing veterans to the local services that meet their most immediate needs.

**National Decline in Veteran Homelessness**

The national decline in veteran homelessness since 2009 is without precedent. The success we have seen to date, and our future success relies on the strengths of VA's front lines – the community providers and VA case managers who fight the daily battle to do more, better and faster. The momentum is on the side of rapid change, and we are closer than ever to achieving our mission of effectively ending veteran homelessness. However, ending veteran homelessness is not a moment; it is a moving target.

To make progress toward our mission, we must see drops in the Point in Time (PIT) count, but that is not the only aspect of change we must see. We must see immediate engagement of services when a need arises, rapid response to those on the streets, and a continuation of successful permanent housing placement. We must empower community agencies to meet specific needs of individual veterans using targeted services through data-driven programs.

As the number of veterans on the street and in temporary shelter goes down, we will need to be more, not less, diligent in ensuring that we provide a hand up to those who remain on the street and find themselves at high risk. We will end veteran homelessness, but reaching that benchmark happens when the systems in place are ready and able to immediately meet a veteran's needs should he fall into homelessness or be at high risk. As we make progress, resources will need to be redeployed, not withdrawn.

Across the country, our community organizations and VA partners are stepping in with a safety net and a hand up to self sufficiency and independence. We are fostering empowerment, we are halting cycles of abuse, and we are educating and protecting. These activities may not show up in a point in time count, but they are, and will continue to be, the actions protecting against homelessness for many veterans.

*National Declines: The Point in Time Count*

Looking at one measure, the 2014 PIT count, tells an important part of this story: on a single night in January, 49,933 veterans were homeless. This 33 percent decline since 2009 is more than a statistic – it represents a real, measurable, downward trend in homelessness among veterans. Veteran homelessness dropped 10 percent in one year, representing the steepest decline since veteran homelessness dropped 12 percent from 2010 to 2011. Homelessness among unsheltered veterans dropped 14 percent in one year, representing a greater than 40 percent decline since 2009. These significant drops happened as community organizations and VA Medical Centers (VAMCs) have improved outreach and targeted

services for those with the most significant barriers. The challenges remain daunting, but they are surmountable with close coordination of complementary programs on the local level.

While the PIT count presents a useful benchmark for tracking progress, it only shows part of the picture of who experiences homelessness throughout the year and who receives services from VA and other community programs. The PIT count is a snapshot; other data build out a more nuanced scene of the challenges we face and the road ahead.

#### *National Declines: Beyond the Point in Time Count*

In FY 2014, 80 percent of unsheltered veterans moved out of unsheltered status within three days. As VA stated in their annual report, “this metric pushes the system to move literally homeless veterans off the streets and into safe and stable temporary housing.” In that same period, 50,730 veterans achieved permanent housing through the Supportive Services for Veteran Families (SSVF) program, far outpacing the VA’s goal of 40,000. These data points begin to show us the full picture: veterans are engaging VA when they need help, are moving rapidly off the streets, and are successfully moving into permanent housing.

The VA has also innovated to improve efforts on the ground. The VHA Programs Office updated its Homeless Gaps Analysis to include quarterly actual data and VAMC operational strategies. They also launched the 25 Cities campaign to promote community-based solutions to ending veteran homelessness in high-need areas. The picture gains more clarity: results are being meticulously and consistently tracked to improve targeting to meet specific local and individual needs. The system has improved, and it is working.

Looking at the PIT count, service usage trends, and changes in data processing helps us to track progress, but still, the full picture of change is not clear with this information alone. The stories of homelessness are pervasive in our work: an elderly veteran on a fixed income loses his roof in a bad storm but cannot afford to fix it; a mother with debilitating post-deployment headaches is unable to work and must choose between asking for help and keeping her family together; a recently transitioned young veteran living in his car struggles to keep up in school to retain his GI Bill.

#### **Matching Needs to Services**

At NCHV, we demand that individual needs match specific services. We do not have a “homeless veteran population” – we have individual veterans who are homeless and who have specific and unique needs profiles to be addressed through a coordinated system of care. Wherever chronic, episodic and recent, or at-risk homelessness exists, the VA and its community partners must be ready and armed.

#### *Needs of Chronically Homeless Veterans*

We see veterans who are chronically homeless. Those individuals make up the majority of the unsheltered point in time count numbers, and are those targeted through the HUD-VASH program. As of September 30, 2014, 91 percent of vouchers allocated to local communities for HUD-VASH led to permanent housing. Of those admitted into the HUD-VASH program, 71% met the definition for chronically homeless. By exceeding its target of 65%, VA showed a commitment to ending homelessness for those most vulnerable veterans in need of the intensive services offered by HUD-VASH.

These data points are built on a foundation of behind-the-scenes coordination. Progress has required collaboration between the local Public Housing Authorities, local landlords, and VA personnel and grantees. Through this collaboration, they have identified high-need homeless veterans, streamlined verification, inspection, and approval processes, and rapidly placed these veterans into available housing units.

### *Needs of Episodically and Recently Homeless Veterans*

We see veterans who are episodically or recently homeless. Those individuals make up a large portion of the sheltered homeless count, a smaller portion of the unsheltered count, and a significant portion of those needing services who are outside of formal counting systems. They are couch surfing and in and out of transitional housing, shelters, and treatment programs.

These veterans connect to services through an extensive local outreach network. In communities across the country, homeless veteran service providers partner with the VAMC, community clinics, and Continuum of Care partners to ensure that homeless veterans seeking care encounter a “no wrong door” approach to outreach: no matter where the veteran accesses services, he is assessed and referred to the local agencies that can best meet his specific needs.

If the veteran needs a place to sleep that night and services while a housing plan is developed, intake workers can refer him to residential treatment programs through VA, like Grant and Per Diem (GPD). As of the end of FY2014, VA had reached its annual goal for discharging veterans into permanent housing from GPD. If the coordinated intake process identifies the need for employment assistance, the veteran can be referred to a local Homeless Veteran Reintegration Program (HVRP). This program placed over 10,000 veterans into gainful employment in FY2013, with a cost per placement under \$3,000 per veteran.

Again, improved results rest on the shoulders of behind the scene changes. GPD programs across the country are lowering barriers to entry to make services more accessible. They develop service menus based on each individual veteran’s goals so that the transition from homelessness to stable housing is a rapid and sustainable one. HVRP grantees have integrated innovative employment placement strategies into their programs, continuing to successfully place homeless veterans in competitive employment even in a challenged economy.

### *Needs of At-Risk Veterans*

We also see those who are at risk of homelessness. These veterans may be one lost paycheck, one expensive utility bill, one broken down car away from losing their housing stability. They are often not counted in the Point in Time count, but they are here at our doorsteps and are often engaged in services through the Supportive Services for Veteran Families Program (SSVF). In FY 2013 alone, over 44,000 veterans and veteran family members were assisted through homelessness prevention SSVF resources. The data shows that these individuals obtained and maintained housing: among veterans receiving SSVF prevention services and exited to permanent housing destinations, 90 percent did not use VA homeless services within a year after their exit from the SSVF program.

### **Magnifying Impact through Coordination of Services**

We can end chronic homelessness; we are already doing it through HUD-VASH and Housing First. We can functionally end episodic and recent homelessness; rapid rehousing infrastructure, transitional housing, and income interventions are joined together to make this happen. We can get ahead of homelessness through prevention; SSVF serves more veterans and their families more cost effectively every single year. The full picture is complicated, but it is lit up with hope.

Ending veteran homelessness starts with the veteran, and people are complicated. Some individuals with complicated needs profiles will be served by several programs. This does not mean that services are being duplicated, but rather that organizations and programs work together to address specific barriers to permanent housing.

### *Serving Chronically Homeless Veterans*

Targeting chronically homeless veterans for rapid placement sometimes requires utilization of other programs to fill needs when no other resources exist in a community; this could include SSVF for security

deposits in competitive rental markets or GPD as bridge housing between living on the streets and moving into housing while a unit is inspected and approved.

#### *Serving Episodically and Recently Homeless Veterans*

Serving episodically or recently homeless veterans, especially those who do not qualify for HUD-VASH, requires bridge housing and employment and income services to make affordable housing within reach. This could include pairing the vocational services of an HVRP case manager trained in labor market information and employment placement with the benefits and transitional housing services of a GPD program. A veteran may be referred to both programs, but for complementary, not duplicative, services. Utilizing some aspects of both programs, the veteran will obtain enough income to afford an apartment on his own.

#### *Serving At-Risk Veterans*

Sustaining at-risk veterans in the housing they have requires quick action and creative coordination; this could include a utility bill paid through SSVF and the intervention of another community organization with a strong landlord relationship to prevent an eviction. Because of their longstanding reputation for service in local communities, this community organization is often a GPD provider.

#### **Evolving Needs, Evolving Programs**

Needs will never disappear, but they are already evolving – and programs are adapting to them. SSVF has evolved based on constant feedback and best practices, and it is serving more vulnerable veterans per dollar every year. HUD-VASH's integration of Housing First principles gives strong case management and consumer choice the driver's seat in collaborative care. HVRP's adoption of Job-Driven Training and connection to American Job Centers and DOL labor market information allows homeless veterans to receive front-line connection to gainful employment.

We believe in and will defend effective deployment of targeted resources to fuel research-based interventions when and where they are needed. We must be diligent in the collection of empirically sound data so programs and the organizations executing these programs are responsive locally. They will need to continue to magnify impact by simultaneously addressing various barriers. Local programs are our force multipliers, pulling the entire community into the mission of ending veteran homelessness through the gravity of its importance.

At NCHV, we do not advocate for the unqualified growth of resources for the sake of expanding programs. We believe a surge is still needed now, not because we set a goal for 2015 and want to check a box, but because we have the momentum now to make it happen. Building and sustaining those strongholds requires maintenance of infrastructure so homelessness is not simply paused, but truly stopped.

#### **In Summation**

Thank you for the opportunity to present this testimony at today's hearing. It is a privilege to work with the House Committee on Veterans' Affairs to ensure that every veteran in crisis has access to the support services they have earned through their service to our country.

#### **Baylee Crone**

Executive Director

National Coalition for Homeless Veterans  
333 ½ Pennsylvania Avenue SE  
Washington, DC 20003  
202-546-1969

### **NCHV Disclosure of Federal Grants**

Grantor:	U.S. Department of Labor
Subagency:	Veterans Employment and Training Service
Grant/contract amount:	\$450,000
Performance period:	February 2014 – February 2015
Indirect costs limitations or CAP limitations:	20 percent
Grant/contract award notice provided as part of proposal:	No