Statement by

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Written Statement "Making HUD-VASH Work for all Veteran Communities."

Tamera Kohler, CEO, San Diego's Regional Task Force on the Homeless

Chairman Levin, Ranking Member Bilirakis, and distinguished members of the Senate Committee on Veteran Affairs, Subcommittee on Economic Opportunities

Introduction

My name is Tamera Kohler, I am the Chief Executive Officer of the Regional Task Force in the Homeless (RTFH) for the San Diego area. On behalf of our Board of Directors and members, I thank you for the opportunity to share our views with you this morning. The Regional Task Force on the Homeless is the Housing and Urban Development (HUD) Continuum of Care (CoC) for San Diego County, the second-largest county in the State of California. We have a large geographic area and population, for context the population in San Diego County is nearly 3.5 Million, a population larger than 22 of the states in the nation.

We are one of over 400+ CoC across this nation designed to promote a community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

We work collectively with our funding partners, such as the Veterans Administration (VA) and local housing authorities to tailor a local homeless crisis response system through data-driven planning, purposeful collaboration, targeted aligned resources and coordination of efforts while providing guidance and technical assistance around proven evidence-based practices and emerging promising practices to effectively and efficiently use resources to address and alleviate homelessness. This includes all efforts undertaken with local, state and federally funded agencies, faith-based organizations, non-profit organizations, health organizations, and others. These programs provide outreach, prevention, diversion, emergency shelter, transitional housing, short term rental assistance, housing subsidies and permanent supportive housing along with food, health services, employment services, connection to social services, legal aid and case management support for thousands of homeless in our region, both sheltered and unsheltered, those at-risk, and formerly homeless each year.

I appreciate the opportunity to focus on Veteran homelessness in this statement. Specifically, to examine access to HUD-VASH in urban, suburban, rural, and tribal communities and work to determine where bottlenecks exist in delivering resources in communities of all sizes.

What we know about veteran homelessness nationally:

In 2018 Point-In-Time (PIT) estimates no less than 73,878 veterans are experiencing homelessness on any given night, with 38 percent unsheltered.

What we know about veteran homelessness in California:

California accounted for just under 30 percent of all veterans experiencing homelessness in the United States (29% or 10,836 veterans) and half of all unsheltered veterans (7,214 veterans) according to 2018 PIT estimates.

With these numbers in mind, I will focus my statement and testimony on two areas around where bottlenecks tend to be present to access HUD-VASH vouchers in our communities; referrals from VA to Housing Authorities and limited eligibility for homeless veterans for VA assistance with HUD-VASH.

Focus: Insufficient referrals from the VA to Housing Authorities

Without question one of the most impactful and successful coordinated efforts to address homelessness has been the partnership between HUD and VA in the VASH voucher programs. This single dedicated resource has reduced the numbers of veterans significantly with nearly a 50% reduction since 2009. In our region we are experiencing a significant challenge with insufficient referrals to fully utilize the VASH programs.

In coordination with our largest Housing Authority in the Region, San Diego Housing Commission (SDHC), I am sharing the following data SDHC prepared and their recommendations as of the date of this hearing. SDHC is strongly focused on this issue, holding discussions with both regional and federal leaders at the VA as well as state and federal legislators.

SDHC has approximately 354 unutilized VASH vouchers, approximately 31 percent of their total VASH allocation of 1,117 vouchers. Challenges in our jurisdiction include:

• The U.S. Department of Veterans Affairs (VA) San Diego Healthcare system averaged nine referrals per month to SDHC for VASH vouchers in Fiscal Year 2019 (July 1, 2018 – June 30, 2019). These VA referrals are insufficient to increase the utilization rate or keep up with the attrition rate, which averaged eight households per month in Fiscal Year 2019.

SDHC is concerned about this shortage of VA referrals because of the clear need for permanent housing resources in the City of San Diego:

· The 2019 regional Point-in-Time Count identified 810 veterans experiencing homelessness—472 sheltered and 338 unsheltered. In addition, regional Coordinated Entry System (CES) assessments in the past 18 months identified 840 veterans experiencing homelessness in need of housing.

Currently, as the need for these resources remains, VASH vouchers go unutilized because of few referrals to the program. A 6-month review of homeless veterans referred for VASH voucher to the VA through CES managed by the RTFH shows from April –September 2019, 192 referrals were made to the VA with 91 declines or a decline rate of 50 percent. This data was verified by our partners at VA with over 50 percent of those declines solely due to VA eligibility requirements, including prioritization eligibility. The CES does not have the ability to track the referrals from the VA to the Housing Authorities (HA) such as SDHC.

There is a gap in the time and number of referrals from CES referral acceptance to assignment for referral to the HA for VASH. The HA have cited this may be due to staffing of supportive services and level of care required by the VA.

Focus: Limited eligibility for homeless veterans for VA assistance with HUD-VASH

With a high concentration of homelessness among military veterans locally, San Diego has a more significant need to identify housing solutions for veterans experiencing homelessness than other communities.

SDHC has recommended the following actions to Federal VA Leadership for SDHC to maximize the utilization and impact of VASH vouchers to provide housing for veterans experiencing homelessness in the City of San Diego:

- 1. Reduce barriers to ending a veteran's homelessness by expanding VASH eligibility:
 - Eliminate the time-served requirement.
 - Include veterans discharged under conditions other-than-honorable, but not dishonorable, in the eligibility criteria.
 - Eliminate VA healthcare eligibility requirement.
- 2. To ensure needed resources are available to maximize VASH utilization, outsource Case Management:
 - VA outsource case management, including referrals.
 - Permit SDHC to administer and contract out supportive services from community-based organizations. Organizations would make referrals for VASH (in coordination with Regional CES data, Supportive Services for Veteran Families (SSVF) providers, and outreach teams) and provide services.
- 3. Allow SDHC to use VASH vouchers to provide housing for veterans experiencing homelessness, regardless of the supportive services they receive.
 - SDHC's voucher utilization rate for non-VASH vouchers exceeds 100 percent.
 - SDHC voucher households obtain housing within 60 days, on average.
 - SDHC's Landlord Engagement and Assistance Program (LEAP) and other initiatives create additional opportunities to identify housing for veterans with VASH vouchers.
 - The average turnover rate of 60-80 households per month among all SDHC voucher households will enable SDHC to accommodate all of the referrals it receives from the VA for VASH vouchers.

The underutilization of VASH vouchers was specifically cited as an area for immediate consideration in the <u>City of San Diego Community Action Plan on Homelessness</u>, approved unanimously by the San Diego City Council on October 14, 2019. (On behalf of the City of San Diego, SDHC contracted with the Corporation for Supportive Housing to develop this plan).

This Community Action Plan on Homelessness further identified that with more efficient use of veteran's resources, specifically VASH vouchers, ending veteran homelessness in San Diego is **an attainable goal within reach** in the next three years. SDHC, the City of San Diego and the Regional Task Force on the Homeless seek the support of the VA to achieve this goal.

Our partner at the VA, Dr. Robert Smith, Director of VA San Diego Healthcare System Veteran Health Administration (VHA) stated in his written statement for the August 2019 field hearing that they support all efforts to increase Homeless Veteran HUD-VASH prioritization eligibility.

Additional factors in San Diego County suburban and rural areas-

Housing affordability/tight rental market:

With rents rising much faster than wages, the burden of affording rent is looming larger and larger for many veterans, especially those that are aging and on fixed incomes, and, in some cases becoming insurmountable. According to the Zillow Group Consumer Housing Trends Report 2018, 8 out of 10 renters or 79 percent of renters who moved in the last 12 months experienced an increase in their monthly rent before moving to a new place. Over two-thirds (67 percent) said that hike was a factor in pushing them out the door and into another rental.

Nearly a third (30 percent) of households nationwide, representing roughly 73 million adults, report they're struggling or just getting by financially. Most extremely low-income Americans spend greater than 50 percent of their income on rent. Increasingly, major metro areas are becoming out of reach for those who aren't earning more than minimum wage, and this is becoming increasingly true even in markets that have historically been more affordable. This is especially difficult for those on fixed incomes. A majority of renters (79 percent) report living with others. This is very true in the high cost tight rental market in San Diego County.

As an example, according to the National Low-Income Housing Coalition, San Diegans need an income of nearly \$30 an hour to afford a 1 bedroom unit at 30% of their income. San Diego County's average rent hit an all-time high in September of \$1,960 a month, as reported from MarketPointe Realty Advisors. The lowest vacancy rate in the county in September was 1.5 percent for apartments costing \$1,200 to \$1,299 a month. These are traditionally the units veterans are looking to lease with vouchers.

In our regions Point-in-Time count survey the question was asked, what do you need to end your homelessness? 60% stated a rental subsidy or financial assistance. Increases in rent, tight rental markets and limited housing stock all contribute to the difficulty finding adequate and affordable housing and our Homeless Management

Information System (HMIS) data shows higher than the national average returns to homelessness after housing assistance due to unaffordable rent without assistance.

This high cost, tight rental market makes it extremely difficult for veterans with vouchers to find rental units. In this type of market conditions there is a need to assist veteran in navigating the market and working with landlords.

Aging homeless veteran population:

Older Veterans are expected to be a majority of the population of Veterans who experience or are at risk of homelessness in the coming years. As members of this group get older, they are likely to have increasingly complex and age-related needs. Among participants in the VA's transitional housing programs, a significantly greater proportion of Veterans age 55 or older have serious medical problems, compared to younger Veterans, making them especially vulnerable to experiencing negative consequences related to homelessness.

Homeless veterans are not just aging, their needs are vastly different than younger veterans. With the greater numbers of Elderly Homeless Veteran come significantly different challenges than our system has been designed to serve. Long term healthcare issues and independent living options will become greater challenges and housing options more limited. Attention to this emerging urgent need is needed by both the VA and HA as well as the HUD CoC Homeless system. This again speaks to efforts to increase Homeless Veteran HUD-VASH prioritization eligibility and consideration of level of supports outside of current models.

Data from the RTFH Homeless Management Information System (HMIS) for the San Diego CoC shows significant increases in our population over the age of 62 in just 2 years. In the 1st quarter of 2017, 1 in 5 or 20% of veterans were 62 or older, 2 years later in the 1st quarter of 2019, 1 in 4 or 26% of veterans are now 62 or older.

Additionally, during this same time frame in 2017, 12% of those served with SSVF Rapid Rehousing were 62 or older, in 2019 it has increased to 18%. We need more permanent housing resources and options for elderly homeless veterans who are currently being served by short term SSVF.

Focus: Building on Success

A significant measure of success has been achieved through the impactful partnership between HUD and the VA in the VASH voucher programs. To address the underutilization of our VASH programs, RTFH supports the Expanding Access options of H.R. 2398. This proposed legislation will allow additional vulnerable chronically homeless Veterans to receive much needed HUD-VASH vouchers and case management. As our regional VA office noted that in expanding eligibility, VA and HUD will need to coordinate to ensure responsible program implementation in order to maintain continued quality of care and success of the HUD-VASH program. RTFH also supports H.R. 2399 transparency in HUD-VASH.

Focus: Data-driven decisions

Despite these areas of success, we are missing critical information on the characteristics and needs of Veterans who experience unsheltered homelessness to better tailor and target strategies and resources. We need greater data collected by outreach on the unsheltered population. We need to better understand the risk factors for returns to homelessness among Veterans being served by the HUD-VASH and SSVF programs and more data on the numbers of Veterans experiencing homelessness who have dishonorable discharges or are otherwise not eligible for VHA health care services.

Conclusion

Thank you to the committee for inviting me to again speak on this issue. I will restate my conclusion from my previous statement in August 2019. Nowhere is the struggled more real than here in California as those experiencing homelessness tonight are more likely to be unsheltered than sheltered or housed. We must acknowledge there are continuing and growing serious issues and major challenges in this work and it will take our best efforts, collectively and individually to dig deeper, to stretch our understanding, and test our assumptions, and be bold in our determination and decisions. We must not be afraid to act, to learn, analysis and coordinate at the system level not only as individual programs or funding sources but as leaders too. We need to be nimble and act with urgency to address local homeless issues and scale up proven practices that the data shows are effective. We must fully utilize all of the resources we have as efficiently and as collaboratively as possible. We ask this committee to continue to work to increase access to these dedicated resources to serve veterans so their homelessness may be rare, brief and nonrecurring. We need to return dignity to our citizens and communities, and remove the demoralizing effects homelessness has on communities that struggle to meet the needs of its most vulnerable citizens and veterans.

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