



Testimony of the

NATIONAL COALITION
for **HOMELESS VETERANS**

United States House of Representatives
Committee on Veterans' Affairs

**“Addressing Veteran Homelessness: Current
Position; Future Course”**

January 18, 2018

Chairmen Wenstrup and Arrington, Ranking Members Brownley and O'Rourke, and distinguished members of the House Committee on Veterans' Affairs:

I am Kathryn Monet, the Chief Executive Officer of the National Coalition for Homeless Veterans (NCHV). On behalf of our Board of Directors and Members across the country, we thank you for the opportunity to share our views with you this morning.

NCHV is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide emergency, transitional, and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for hundreds of thousands of homeless, at-risk, and formerly homeless veterans each year. We are committed to working with our network and partners across the country to end homelessness among veterans.

The good news is that since June of 2014, 60 communities and three states have achieved the federal benchmarks and criteria for ending veteran homelessness. This is an achievable goal. We have seen the annual point in time (PIT) count of veterans experiencing homelessness decrease by 45 percent since 2009, largely a testament to the dedication and hard work of local service providers, community partners, and VAMC staff. While in the abstract this is progress toward the goal of ending veteran homelessness, in real terms it is life changing for the veterans that were able to access housing and assistance as a result.

The bad news is that our hold on this progress is tenuous at best, as evidenced by the slight increase in the PIT count of veterans between 2016 and 2017. The increase nationwide was 585, or 1.5%, to 40,056 veterans. While 36 states and DC saw decreases in their PIT count, other communities with particularly high cost rental markets were faced with dramatic increases. From NCHV's perspective, an increase of even one veteran is one too many.

The 2017 PIT count is a stark reminder that now is not the time to take our foot off the gas pedal, or shift resources for these programs elsewhere. We need to double down on efforts to ensure that homelessness is rare, brief, and nonrecurring, for veterans and all Americans.

For communities and providers, this means looking at community-level data to identify acuity and ensure that service providers across the community have the resources, expertise, and the will to partner to meet these needs. Providers must continue to implement evidence-based strategies like Housing First that help homeless veterans quickly access permanent housing, employment, and any resources they may need for housing stability. We also need to recognize that successful implementation of this model also includes access to health and mental health care, and wraparound services like benefits assistance and employment and training services to ensure that a placement is sustainable. This also means partnering with other providers to create a system effective at connecting veterans to the most appropriate resources to meet their needs. Housing First never means housing only.

At the national level, the Department of Veterans Affairs must soon name a permanent leader for its homeless programs. While there is a deep bench of high quality candidates who have acted in this role temporarily, the position has been officially vacant since the end of 2016. Permanent leadership would improve effectiveness and send a strong signal that this issue remains a priority at VA.

Congress must ensure that the key programs that serve veterans experiencing homelessness are sufficiently funded. At NCHV, we do not advocate for the unqualified growth of resources for the sake of expanding programs. The slight uptick in the PIT count, in conjunction with rising rents across much of the country, and the series of natural disasters that occurred in 2017 leads NCHV to recommend the following authorizing and appropriations levels for the key programs below:

- Homeless Veterans Reintegration Program: \$50 million
- Grant and Per Diem: \$257 million
- Supportive Services for Veteran Families: \$400 million
- HUD-VASH: \$40 million for new vouchers

Another priority at the national level is to focus on interagency collaboration, as homelessness is a multifaceted and complex problem that differs for each veteran experiencing it. One of the best ways we can do that is to ensure the authority for United States Interagency Council on Homelessness (USICH) does not sunset. The small professional staff of policy experts and analysts at USICH is directed by a Council comprised of Cabinet Secretaries and agency heads, and their work cuts across these agencies and departments. USICH is the body which brings together different agencies with different missions, but which all have potential impacts in the attempt to end homelessness; USICH is able to convene them and set policy priorities and shared objectives to actualize the plan to end homelessness. Furthermore, from their unique cross-cutting position, USICH is able to identify and prevent duplication of services that would otherwise waste effort and resources. Finally, USICH is focused on cost-effective solutions to ending homelessness which drives them to identify and support policies that best economize taxpayer money while still achieving superior results in our efforts to end homelessness among veterans and for everyone.

We can also encourage further collaboration between VA, HUD, DOL, and their grantees to provide more seamless services to homeless veterans. One great example of interagency collaboration is the HUD-VASH program. HUD-VASH has proven to be a successful interagency program, allowing VA to focus resources more efficiently by pairing VA-funded case management with a HUD-funded Section 8 voucher for the most vulnerable veterans. The case management funding historically has been distributed to VAMCs through a special purpose designation, as the case managers must be located where the vouchers are distributed to ensure this program works.

In late September of 2017, VA sent guidance to VISN Directors regarding the immediate conversion of funding for 99 line items, including HUD-VASH case management funding, from special purpose funds to general purpose funds. NCHV objects, in the strongest terms, to any conversion of special purpose homeless program funding for any purpose, especially any of the critically important funding available for HUD-VASH case management. In the 60 communities and three states which have effectively ended veteran homelessness, HUD-VASH vouchers are well-known as game changing resources that increase the availability of stable and affordable

housing for chronically homeless veterans who desperately needed it.

Per 38 U.S.C. 2003(b), VA has a statutory duty to ensure that veterans in receipt of a HUD-VASH voucher have case management as needed. Every VA case manager that is currently budgeted for is desperately needed; the loss of any of these positions will lead directly to veterans not receiving the care they rely on and deserve. These case managers are already stretched thin – sometimes caring for more veterans than clinically indicated. To remove these positions would be catastrophic to the health, well-being, and housing stability of the more than 87,000 veterans and their families residing in HUD-VASH funded housing.

There is a correlation between homelessness and suicide. The risk for suicide among the homeless has been estimated at five times higher than that of the general population, and studies have shown the high prevalence of suicidal ideation and attempts among older homeless and at-risk veterans. Further, there is significant overlap between the populations of veterans experiencing homelessness and opioid use disorders. VA researchers have found that veterans seeking medication assisted treatment for opioid use disorders are ten times more likely to be homeless than veterans seeking care at VA. These highly vulnerable veterans are not the type of population that should be subject to wide variability when it comes to case management. As such, NCHV insists these funds must be used for their intended purpose.

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 facing a housing crisis has access to safe, decent, and affordable housing paired with the support services needed to remain there.

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