Good morning Chairman Levin, Ranking Member Moore, and distinguished Members of the Subcommittee. Thank you for providing the Department of Housing and Urban Development (HUD) this opportunity to testify on the topic of reducing veteran suicide. It is very insightful for the subcommittee to include housing instability among the major issues that put veterans at greater risk of suicide. HUD is working to support the Administration’s work to reduce suicide among service members and veterans, specifically by helping to address upstream risk and protective factors to suicide.

There is compelling and growing evidence regarding the link between financial strain and material hardship—including and especially housing insecurity and homelessness—as risk factors for suicide. A 2020 study based on a nationally representative survey of adults found that four elements of financial strain—financial debt/crisis; unemployment; past homelessness; and lower income—each was associated with a higher likelihood of suicide attempts. Those who experience all four of these strains had a 20 times higher predicted probability of attempting suicide compared with respondents with none of these strains.\(^1\) Additional studies have found strong links between residential transience—defined as changing residences in an unstructured and typically involuntarily manner (such as through evictions) —and increased risk of suicide. One study found that residential transience was associated with 70% to 90% greater odds of suicidal ideation compared to adults who were not transient.\(^2\)

Sadly, this association between housing insecurity and suicide also holds true for veterans. Unstably-housed veterans have more than double the rate of suicide compared with stably housed veterans (81.0 versus 35.5 suicides per 100,000 veterans). In addition, 29% of veterans receiving treatment for suicidality had evidence of housing instability.\(^3\) Data on 36,155 US adults in the National Epidemiological Survey of Alcohol and Related Conditions-III found that US veterans with homeless histories were 7.8 times more likely to have attempted suicide than veterans with no homeless histories (24.5% vs 2.8%). (Non-veterans with homeless histories were 4.1 times more likely to have attempted suicide than those with no homeless histories [23.1% vs 4.5%].) In other words, while veterans have a rate of suicide twice as high as non-

---

\(^1\) Eric B Elbogen, Megan Lanier, Ann Elizabeth Montgomery, Susan Strickland, H Ryan Wagner, Jack Tsai, Financial Strain and Suicide Attempts in a Nationally Representative Sample of US Adults, American Journal of Epidemiology, Volume 189, Issue 11, November 2020, Pages 1266–1274.


\(^3\)www.va.gov/HOMELESS/nchav/docs/NCHAVResearchBrief_UnderstandingRiskForSuicidality_Jan2020_Blosnic h_Montgomery_Dichter.pdf
veterans, being an unstably housed veteran is associated with an increased rate even more and being a veteran that has had a homelessness history increases it even further.

Secretary Fudge takes this issue quite seriously and is alarmed by the fact that so many veterans experience housing insecurity, and resulting increased risk of suicide, in America today. While homelessness among veterans has decreased by nearly 50 percent since 2010, according to the 2020 Annual Homeless Assessment Report, there are an estimated 37,000 veterans on any given night and many more who experience homelessness over the course of the year. Beyond literal homelessness, the most recent available data from the American Housing Survey shows that there are 619,000 renter households with at least one member who served in the military who experience what HUD refers to as ‘worst case housing needs,’ meaning that they had very low income (at or below 50% of AMI) and either had a housing cost burden of 50% or greater, lived in severely inadequate housing, or both. That translates to 15% of all renter households with a former servicemember experiencing worst case housing needs. Roughly speaking, this means that there could be at least 700,000 veterans who experience housing insecurity or homelessness every year and who therefore have a heightened rate of suicide risk.

HUD is committed to addressing housing insecurity among veterans, including as a means of reducing their risk of suicide, and we know HUD’s housing assistance programs work when properly resourced.

The HUD-VA Supportive Housing (HUD-VASH) program contributed substantially to the nearly 50 percent reduction since 2010 in homelessness among veterans. HUD-VASH couples HUD Housing Choice Vouchers with wrap-around case management services provided by the Department of Veterans Affairs to end homelessness among veterans experiencing chronic homelessness and who have high service needs due to serious mental illness, PTSD, substance use disorders, or other chronic conditions. This successful intervention with interagency collaboration, has been demonstrated to be cost-effective in helping high-need veterans permanently exit homelessness and reducing their use of other costly crisis services such as inpatient hospitalizations, emergency departments, jails, and detox programs. HUD-VASH is also part of the evidence base that shows that Housing First strategies work.

HUD also continues to work with the Department of Veterans Affairs and the United States Interagency Council on Homelessness to end veteran homelessness through the joint strategies we developed at the charge of Secretary Fudge and Secretary McDonough. Through HUD’s House America effort, HUD is assisting leaders in 89 states and communities to use American Rescue Plan resources to re-house at least 100,000 people experiencing homelessness—including veterans—and place at least 20,000 units of permanent affordable housing to address homelessness into the development process by the end of 2022. HUD is also supporting VA’s goal to place 38,000 veterans experiencing homelessness into permanent housing by the end of

---

2022. One of the ways that HUD is supporting this goal is through targeted technical assistance to places that have low utilization rates for HUD-VASH vouchers but high numbers of veterans experiencing homelessness. This on-the-ground, site-specific assistance is essential for improving voucher utilization, including for HUD-VASH, and is an agency priority in our recently released strategic plan.

As mentioned above, the problem of housing instability among veterans isn’t solely one for veterans experiencing homelessness and with high need for VA services. Many veterans work hard every day but in jobs with low incomes which makes it difficult to afford housing. That struggle can impact their mental health. Therefore, HUD, and our state and local partners, use our broader housing assistance programs, targeted to low- and extremely low-income households, to serve veterans as well. All of our programs – homelessness, public housing, Housing Choice Vouchers, multifamily, homeownership assistance, mortgage lending, and housing counseling – serve veterans with low incomes. Therefore, proposals such as President Biden’s FY 2023 $71.9 billion budget request for HUD are ways to address the broader challenge of housing insecurity for veterans. The President proposed 200,000 additional Housing Choice Vouchers prioritizing people experiencing homelessness (including veterans) and fleeing domestic violence, as well as a $576 million increase for HUD’s homeless assistance programs. In addition, the Budget requests $35 billion for the Housing Supply Fund, a new mandatory spending program providing grants to State and local housing finance agencies and their partners to invest in strategies to increase the supply of affordable housing. These are only two examples of the ways this Administration is working to close the housing affordability gap and help more people, including veterans, have access to housing assistance.

HUD also recognizes that the experience of housing-related challenges can trigger significant mental health distress. In addition to tackling housing affordability and housing insecurity, HUD is also working to ensure that our national network of front-line housing professionals are able to catch signs and symptoms of mental health distress and refer people to care. Mental Health First Aid training, for example, is an evidence-based training designed for non-clinical personnel such as first responders, law enforcement officers, teachers, and others to recognize when people are experiencing mental health symptoms. HUD is in the process of extending that type of training to our national network of housing counselors, services coordinators in senior housing, and Fair Housing program intake staff with training on how to recognize signs and symptoms of mental health distress and to connect people to care. HUD is beginning these trainings in FY 2022, and the President’s FY 2023 Budget for HUD includes resources to scale these trainings further.

As shown by this joint federal agency panel today, our effort in this space requires a “whole of government approach” and the housing component is no different. In addition to our collaboration with VA, HUD is working with other agencies to help create additional affordable housing units. Among the many strategies in this effort is HUD’s work with the Department of the Treasury to provide technical assistance to help communities use Treasury’s State and Local Fiscal Recovery Funds alongside low-income housing tax credits and HUD resources to help create affordable rental housing. These efforts will increase affordable rental housing units that can be accessed by veteran households.
In closing, HUD shares this subcommittee’s goal to reduce housing insecurity as a risk factor for suicide among veterans, and to ensure that whenever a veteran does experience housing insecurity or homelessness, our network of housing agencies and their staff are able to recognize signs of distress and suicide ideation and connect people to care. We hope members of the subcommittee will also support the President’s Budget request, which will enable us to achieve this goal. Thank you for the opportunity to testify.