



Statement for the Record of the

National Coalition
for Homeless Veterans

**United States House of Representatives
Committee on Financial Services,
Subcommittee on Insurance, Housing and Community
Opportunity**

**“Housing for Heroes: Examining How Federal Programs
Can Better Serve Veterans”**

September 14, 2012

**Chairwoman Judy Biggert, Ranking Member Luis Gutierrez,
and distinguished members of the House Committee on Financial Services,
Subcommittee on Insurance, Housing and Community Opportunity:**

Thank you for having me here to speak on this critical issue. My name is Baylee Crone and I am here today representing the National Coalition for Homeless Veterans, the only national organization solely dedicated to ending and preventing homelessness among veterans. I am humbled to be part of this panel of distinguished experts, many of whom come from organizations NCHV is proud to call members; these organizations are a few of the more than 400 NCHV members working tirelessly over the past 22 years to help veterans move out of homelessness and into gainful employment, sustained housing, and independent living.

We are here today to talk about housing options for homeless and at-risk veterans. This discussion often starts with HUD-VA Supportive Housing (HUD-VASH), the collaborative program between the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Housing and Urban Development (HUD) that pairs comprehensive case management and services from the VA with Housing Choice vouchers from HUD.

This is often the starting point for a reason, given the incredible success to date. Let me please take this moment to express our deep gratitude for your bipartisan leadership in advancing the build-out of HUD-VASH. Through FY 2012, more than 44,000 vouchers were distributed to the veterans most in need. With the President's FY 2013 ask, we will be closer to the goal of housing 60,000 chronically homeless veterans than many thought was feasible in such a short period of time. With lease-up rates averaging nearly 1,000 per month, we are on target to reach this goal prior to the end of the VA Five-Year Plan to End Veteran Homelessness. This targeted expansion has changed the world as we know it by facilitating access to permanent supportive housing for disabled and extreme low-income veterans who would likely fail to achieve stability without this program.

While our progress on HUD-VASH represents a noble accomplishment, HUD-VASH is not the full answer, is not the only important housing program for homeless veterans, and does not meet the needs of the majority of homeless and at-risk veterans. This is an important yet positive distinction. Not all homeless and at-risk veterans need or are eligible for the intensive case management and sustained housing support of a HUD-VASH voucher, but these veterans still have critical care needs and difficult obstacles we can help them overcome by supporting integrated community planning and increasing access to affordable housing opportunities.

I am often asked why veterans experience homelessness. I respond that it truly depends on the circumstances and that each situation is unique because we are dealing with people, not just numbers. Many veterans struggle with obstacles common in most homeless populations: unemployment and underemployment, broken families, illness or disability. Veterans also struggle with barriers related more directly to their service, such as disabling conditions related to PTSD, TBI, and military sexual trauma that impact their

likelihood of developing anxiety disorders, substance use disorders, depression, or a combination of these factors.

Understanding the risk factors is important, but just as important is maintaining a comprehensive system of care to maximize the access points for veterans experiencing or at risk of homelessness. We must make sure that these various access points are connecting homeless veterans to services that meet their more pressing needs, and at this time, we recognize that the most pressing need is access to affordable housing. The first comprehensive assessment of homeless individuals in 1997 ranked access to long-term housing as their most important need, and since then, access to long-term housing options has repeatedly been rated as a Top Ten Unmet Need in the VA's annual CHALENG Reports.

When I say "access to affordable housing," I mean both options that increase the numbers of housing units available and that increase veteran access to existing units designated for low-income individuals. These options go beyond HUD-VASH and several of these programs will be discussed in detail by my colleagues. Now is the time to secure that access, and we have the programs and momentum to make it happen if we can continue connecting the right pieces within most communities.

This connectivity takes on various forms, depending on the situation of the individual veteran. Homeless veterans in Grant and Per Diem Programs (GPD) will have housing needs that fall along the entire housing spectrum, from rapid re-housing in independent units to shared living situations to HUD-VASH referral.

For the nearly 25,000 veterans graduating from Grant and Per Diem (GPD) programs each year, successful rapid stabilization and transition to permanent housing requires appropriate referrals within a coordinated service delivery network, connectivity to landlords, employment training and access to income supports, and appropriate funding to cover expenses like utility payments or security deposits that would otherwise prevent the veteran from effectively executing a lease agreement. For veterans in GPD, access to affordable housing provides the main pathway for successful placement and a real reduction in the numbers of homeless veterans in the sheltered and unsheltered counts. The need, however, goes beyond those in GPD programs.

The numbers of at-risk veterans accessing homeless-specific VA services is already increasing. We see these trends in the thousands of veterans receiving stabilization supports and rapid re-housing through the VA's Supportive Services for Veteran Families (SSVF) Program and in the staggering numbers of transitioning veterans who are low-income and likely to experience homelessness. For the 1.4 million veterans below the poverty line, especially the more than 140,000 who are likely to experience homelessness, stabilization and rapid re-housing will require a closely coordinated effort within communities to appropriately target resources and services to maximize benefits to veterans and their families.

Additionally, in the next five years, approximately 1.4 million service members will return to civilian life. With a poverty rate for veterans that has increased from 5.6% in 2000 to 6.9% in 2010, we can anticipate increased demand for efficient service delivery and rapid re-housing interventions. Availability of housing units, resources to secure those units, and community supports to ensure continued housing stability are fundamental components of the dual mission to end and prevent homelessness among veterans.

Fortunately, community providers working with homeless veterans realized many years ago that the integrated service delivery network built around the health services of a VA Medical Center would provide the best foundation to connect homeless veterans to the services they need to promote housing stability. Homeless veteran service providers and their government partners at VA, HUD and the U.S. Department of Labor (DOL) have realized the mutual benefit they each bring to the table. Together, they bring expertise in service delivery, funding and health care that can foster housing stability for homeless veterans in local communities. These veteran-specific providers work collaboratively with their partners in several agencies.

Starting in 2011, we were given the opportunity to ensure that this coordinated service delivery network built around the VA Medical Center and involving the nation's best homeless service providers is more thoroughly connected to HUD's mainstream homeless resources. Prior to 2011, collection of veteran-specific data was not required as part of the Point-in-Time (PIT) count of homeless individuals conducted for the Annual Homeless Assessment Report (AHAR) to Congress. Up to 35% of Continuums of Care either did not collect veteran data or did not collect it at all locations within their Continuum.

With federally mandated veteran integration into data collection and consolidated planning within Continuums of Care, homeless veterans have the opportunity to access increased affordable housing options. Not only do we have more reliable data on the overall numbers of homeless veterans from year to year and over the span of a year, we also have a better sense of veteran representation within local homeless populations, which allows us to more effectively communicate and advocate for homeless veteran service providers and their clients' needs.

This data clarity now allows consolidated planning partners to more accurately prepare for the housing needs of veterans in their communities. This does not demand proportional representation, but rather equitable access to housing options and the supports that facilitate permanent housing placement for homeless veterans.

These veterans are not broken. They are often injured, physically and emotionally, but are not beyond help if assistance is delivered with purpose. Access to affordable housing is a fundamental component of this healing process, allowing veterans to harness their skills and strengths to regain their role in the communities they fought to protect.

As we move forward in this era of increased interagency collaboration and integrated community planning, we have better opportunities to provide homeless veterans with the tools to remain successfully and sustainably housed.

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NCHV Staff Biography

Baylee Crone, Technical Assistance Director

Baylee Crone currently serves as the Director of Technical Assistance for the National Coalition for Homeless Veterans (NCHV). In this capacity, she is responsible for oversight of NCHV's research and communications staff to ensure that service providers around the country have access to timely, accurate and comprehensive resources to support their program activities. NCHV's research and communications activities annually provide more than 300 unique resources, including grant guidance materials, programmatic tools, and research and policy updates through a dynamic website that receives more than 80,000 hits per month. In addition to providing regular intensive, one-on-one program development and expansion consultations with HVRP grantees and their partners, Crone develops informed trainings and best practices to help facilitate stronger outcomes for grantees and the homeless veterans they serve. Utilizing a strong relationship with partners throughout the country, Crone serves as a liaison between grantee organizations and their partners in state and Federal agencies.

Prior to joining NCHV, Crone managed a series of corporate foundation grant programs, evaluating grantee performance and monitoring budgets and deliverables, and trained company staff on organizational structure and theories of change. Since 2008, Crone has also engaged with multiple organizations providing direct services to veterans and at-risk populations, including a regional Lifeline suicide prevention hotline, CAUSE's massage therapy program at Walter Reed Army Medical Center, RAINN's Military Sexual Assault helpline, and the Veterans Artist Program. She graduated with honors from the University of California, Santa Barbara, where she earned a Bachelor's Degree in Political Science with an emphasis in Public Service and Global Security. She is currently pursuing her Master's Degree in Vocational Rehabilitation Counseling at the George Washington University to provide vocational services to veterans with Traumatic Brain Injury.