

**Testimony of
Steve Berg
Vice President for Programs and Policy
National Alliance to End Homelessness**

before the

**Subcommittee on Insurance, Housing and Community Opportunity
Committee on Financial Services
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**“Housing for Heroes: Examining How Federal Programs Can Better Serve Veterans”
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The National Alliance to End Homelessness (the Alliance) is a nonpartisan, mission-driven organization committed to preventing and ending homelessness in the United States. The Alliance analyzes policy and develops pragmatic, cost-effective policy solutions as we work collaboratively with the public, private, and nonprofit sectors to build state and local capacity to help homeless individuals and families make positive changes in their lives. We provide data and research to policymakers and elected officials in order to inform policy debates and educate the public and opinion leaders nationwide.

The Alliance appreciates the important work of this subcommittee over many years to ensure the best possible response to homelessness. The focus on veterans is important. Our country is at a point where the system that addresses homelessness among veterans is prepared to lead the way, in demonstrating what can be achieved when the right interventions are brought to scale in a careful, data-driven manner, with a focus on the concrete goal of ending homelessness. In this testimony, the Alliance would like to report to the subcommittee our analysis of where we have come so far on veterans homelessness, and what needs to be done to finish the job by the end of 2015.

Progress to date

Behind the scenes, in large and small ways, the country has moved toward ending homelessness for veterans. The impacts have barely begun to show up in the numbers, but for people who have worked on the issue, the changes have been remarkable.

Quantifying – There is an increasing level of seriousness about quantifying the problem. The rough estimates of prior years have been replaced by actual enumeration as the standard. Different subpopulations of homeless veterans are more clearly identified and sized. The establishment within VA of the National Center on Homelessness Among Veterans, working with top researchers from academia, has increased the ability to monitor progress overall and on important operational objectives. The coordination between HUD and VA on annual point-in-time counts to include veterans has allowed us to have a realistic measure of progress that is helping to motivate everyone involved.

The right range of program models – VA and HUD together have the statutory authority to run programs providing a full array of interventions, based on proven experience in the field.

The **HUD-VASH** program, designed for those veterans who have the most severe disabilities, have been homeless the longest, and are the most disconnected from mainstream society, has been implemented across the country. Since the 1990s, people working on homelessness have increasingly understood that the intervention known as permanent supportive housing can be successful at getting even the most hard-to-serve homeless people off the street and into safe, modest apartments. Once housed, with the right package of treatment and medical and supportive services in place, research showed that people who had been chronically homeless quickly came to have fewer encounters with expensive emergency services and institutions such as emergency rooms, acute mental health treatment, detoxification, jail, and, of course, homeless shelters. In other words, when targeted correctly, permanent supportive housing made the lives of homeless people immeasurably better, and saved taxpayers money. HUD made a substantial investment in permanent supportive housing for homeless people during the George W. Bush Administration. Congress followed up with new investments in HUD-VASH, which in an earlier demonstration had proven effective at getting homeless veterans with mental illness into stable housing.

The **Homeless Grants and Per Diem Program** has been made more flexible. This includes a recent move by VA to use Grant and Per Diem to fund a transition-in-place option, allowing a scattered-site model. This intervention allows nonprofits funded by VA to more effectively serve veterans who need a medium-term, residential program due to conditions such as addiction that are debilitating but that can improve significantly over time with intensive supports.

Finally, through the new **Supportive Services for Veteran Families** program, VA has the authority to provide funds for rapid re-housing programs for homeless veterans. Rapid re-housing is a program model that HUD funded successfully in the Homelessness Prevention and Rapid Re-Housing Program from the 2009 economic recovery legislation. As did HPRP, SSVF also provides authority to operate homelessness prevention programs.

Rapid re-housing, as the most recent addition, may be unfamiliar to some readers. It is an intervention based in the observation that many homeless families are homeless due to a short-term crisis, leading to a drop in income that makes paying rent impossible. This is particularly common during a period of high unemployment. Rapid re-housing programs focus on two things – getting the homeless person or family in to housing (through cultivating relationships with landlords, providing help with security deposits and sometimes the first few months' rent, and removing other barriers to rental), and improving the household's income (through intensive employment assistance and/or access to benefits where appropriate). Either of these goals can be met through close work with other service providers in the community. The approach involves short-term, intensive assistance, then quickly puts the onus back on the household to maintain longer term stability and move forward. It avoids long-term dependency, and allows people to escape from homelessness for substantially less money than other programs. It is particularly useful for veterans because of the extensive employment, services, and benefits infrastructure that is already available.

Funding at scale – In the House and Senate MilCon Appropriations bills, and in the Administration's budget, the amount requested for VA homelessness programs is the same, providing modest increases. HUD's funding for its part of the HUD-VASH program matches the VA funding. The Alliance's best estimate is that this capacity, if continued in the future, will be sufficient to provide the right intervention to each homeless veteran, and each veteran at imminent risk of homelessness, by the end of 2015.

A national priority – VA, as mentioned above, instituted the National Center on Homelessness Among Veterans, which has helped focus on the most effective kinds of interventions. It has also brought talented staff from around the country, from both inside and outside VA, to work in its homelessness team at headquarters, adding to the important capacity that was already in place. Through a range of efforts, VA headquarters has promoted the goal of ending homelessness to its regional and local offices and Medical Centers. At the same time, HUD has retained and increased its focus on veterans homelessness, improving cooperation between the Public and Indian Housing division, where HUD-VASH is administered, and Community Planning and Development, where the McKinney-Vento homelessness programs are administered. Finally, the U.S. Interagency Council on Homelessness has taken an active role in promoting interagency cooperation, in Washington and in the field.

A mindset change – All of these individual changes contribute to a paradigm shift that will be essential to reaching the goal. This is a shift from funding disconnected programs that focus only on the individuals they decide to serve, to funding a system that exists and is driven to solve a problem, that problem being the continued travesty of homelessness among veterans. The system focuses as much on the homeless veterans who are not yet being served, and on getting the result of stable housing as efficiently as possible for everyone. The focus on that goal has created a sense of urgency that has not been seen in the past.

All of these changes have created the immediate and very real possibility that when the results of the January 2016 count of homeless people come out, the number of homeless veterans, rather than the 67,000 it was in January 2011, will be much closer to 6,700, or 670.

Challenges

Compared to where we have come in the past 20 years, the changes that still need to happen in order to reach this goal are manageable. They are not, however, insignificant. There are challenges that could stop us from getting to zero.

Targeting – For all efforts to end homelessness for any population, probably the most difficult challenge is for people running programs to take a chance on those whose problems and barriers to stability are more severe. For veterans, overcoming this tendency will be most important in the HUD-VASH program. This is the most intensive intervention that the system has available. If homeless veterans with the most severe barriers cannot get help from HUD-VASH, they will not get help from anyone, and they will continue to live and die on the streets. In turn, the less intensive programs will need to serve every homeless veteran who is not served by HUD-VASH. Fortunately, veterans for the most part have access to a rich array of medical, employment, and other services through VA and other sources. The key to success in housing more disadvantaged veterans is to ensure that the housing programs are well coordinated with other resources.

To achieve targeting goals, it will be essential for VA staff and contractors to work closely with others in their communities, especially HUD-funded homelessness programs. This is particularly the case with HUD-VASH. Many of the most severely disabled and chronically homeless veterans are, for various reasons, estranged from VA, but may be well-known to others in the community, such as ESG-funded shelters, police, or emergency rooms in hospitals. If local VAs make decisions about which veterans should receive help from HUD-VASH without consulting with the rest of the community, many of these veterans will be left behind. A useful rough measure of the targeting of HUD-VASH is the percentage of HUD-VASH tenants who were “chronically homeless,” as that term was defined in the HEARTH Act,

when they were re-housed. The percentage was too low in the first years of HUD-VASH expansion, probably due to pressure to rent the vouchers up quickly. HUD and VA headquarters have worked to push communities to increase the percentage of HUD-VASH vouchers going to chronically homeless veterans. This percentage should be monitored by Congress and expected to increase, especially once SSVF is expanded to provide another resource for those with less severe conditions.

Managing local systems – For these resources to have the impact they need to have, it will be necessary for each community to have structures in place to find every homeless veteran, and connect each homeless veteran to the right intervention to end his or her homelessness. Without this kind of systemic approach to resource distribution, individual programs operate in a vacuum, resources are not aligned with need, and many veterans go unserved. Individual programs and federal funders will need to clearly define in each community which program is appropriate for veterans with which characteristics. A process will need to be established, with buy-in from all sides, for matching individual veterans with programs. The people operating this process cannot be satisfied with serving the veterans who come to them – the system will need to reach out to others in the community, work with outreach teams, and find all homeless veterans in the community, including those who are completely disconnected from social supports and/or who have an adversarial relationship with VA.

To develop such a system will require close cooperation between VA and VA-funded programs, and others in the community who may encounter homeless veterans. The HUD-funded homelessness programs will be particularly important. Fortunately, due to HUD's ongoing implementation of the HEARTH Act, these programs are right now going through a similar local process of developing a coordinated system for assessing the needs of each homeless person and ensuring that each one gets matched with the right program.

Re-housing, then prevention – For everyone working on homelessness, the ultimate goal is to develop a homelessness prevention capacity so that people get help with housing before they ever become homeless. With tens of thousands of veterans still homeless, however, the first task is to get those who are already homeless off the streets, out of shelters, and in to housing. If there is a premature shift to prevention, veterans who are already homeless, who may be harder to find or more complicated to house, will get left behind. Communities will get the best results if they use the resources at hand to make a strong, rapid push to find and house every homeless veteran, with supports to ensure that they will stay housed; and then shift to prevention programs that target veterans who are on the verge of homelessness, and who would become homeless without the kind of interventions that SSVF, for example, can provide. HUD's experience with HPRP will be invaluable in helping VA and others manage this shift and implement homelessness prevention in a manner that is maximally effective.

In the long run, there will be work to do in Congress, once the number of homeless veterans approaches zero in many communities, to determine which veterans are at real risk of homelessness and need more intensive interventions than SSVF can provide in order to stay housed. Existing programs that now serve homeless veterans will be ideal to do that work. Transitioning homeless veterans programs to a country where no veteran is homeless will be complicated but joyful work.

Conclusion

The National Alliance to End Homelessness is in constant communication and interaction with people working on homelessness around the country, including veterans homelessness. We can report that there is a hunger to finish this job. We have been talking about the intolerability of veterans

homelessness for too long. Thanks to important work that people in Congress and several Administrations, in both parties, have done, we can see the end of this travesty right in front of us. The last few steps will be hard ones to take, requiring people to change what they do, to take risks, and to think in new ways. Compared to what veterans have given, these challenges should not be daunting, but should be embraced. We are confident that they will in fact be embraced by people working on this problem at all levels and in all sectors. We look forward to working with this subcommittee and others in Congress to achieve this goal.