

U.S. Department of Housing and Urban Development–Veterans Affairs Supportive Housing Program: Bring All Homeless Veterans Home

Ethan J. Evans

On a single night in January 2020, 37,252 veterans were experiencing homelessness in the United States—36,115 fewer veterans than in 2009, when these data were first collected (U.S. Department of Veterans Affairs [VA], 2021). This result is no accident. In 2010, the Obama White House and the United States Interagency Council on Homelessness released the *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* report, in which the President wrote, “Veterans should never find themselves on the streets, living without care and without hope” (p. 2). This report provided a plan to prevent and end homelessness among veterans in five years. We ought to applaud the progress made, and as social workers we also ought to examine what has stood in the way of total success. Moreover, we ought to work toward remedy and help see this goal realized. In this column, I describe the U.S. Department of Housing and Urban Development–Veterans Affairs Supportive Housing (HUD-VASH) program. I then present several challenges impeding its progress—low lease-up and insufficient case management services. Finally, in a call to action of social workers, I echo proposals for change long made by veteran-serving community-based organizations across the nation.

BACKGROUND

The HUD-VASH program targets the neediest, most vulnerable homeless veterans and their immediate families, pairing a HUD rental subsidy voucher with case management and clinical services provided by the VA. The program’s true his-

tory is a bit shadowy (National Housing Law Project, 2008), but several identifiable acts solidify its operation. In 1992, Congress passed the *Homeless Veterans Comprehensive Service Programs Act (1992)*. It established a pilot program enabling the VA to expand and improve benefits and services to homeless veterans. Specifically, it directed the VA secretary to assign employees of the administration to conduct outreach programs and services for homeless veterans and established the ability of the VA to make grants for transitional housing assistance. Also in 1992, an announcement of funding allowed for Section 8 rental voucher set-asides for homeless veterans with severe psychiatric or substance abuse disorders. Then in 2008, \$75 million were appropriated in the *Consolidated Appropriations Act (2007)* for the HUD-VASH program.

From 2008 to 2021, the federal government had released at least 106,989 HUD-VASH vouchers (HUD, n.d.-b). These vouchers are allocated to local public housing agencies across the country to administer. Each voucher allows the holder to pay only 30 percent of their income toward rent while HUD pays the difference on the holder’s behalf directly to the landlord. Referrals to receive these vouchers are facilitated through the nearest VA medical center (VAMC) that provides healthcare to the veteran. The referring VAMC will then provide VASH case management to the recipient.

THE LEASE-UP CHALLENGE

According to data posted publicly as of December 2021 to the Housing Choice Voucher (HCV)

Data Dashboard, there were 104,939 HUD-VASH special purpose vouchers in effective circulation—75 percent of which are successfully leased up, meaning a recipient of the voucher is actively in housing (HUD, n.d.-a). In other words, 25,814 veterans across the country who could be housed and obtaining services through HUD-VASH are not. While three-fourths of vouchers are being used nationally, the lease-up rate varies widely by state. For instance, in the state of New York nearly 90 percent of their 5,886 VASH vouchers are successfully being used. On the other hand, in California, a state that receives about 25 percent of all VASH vouchers, only about 65 percent are successfully being used (15,286 out of 23,600).

One may assume that the high cost of living may explain why California has low HUD-VASH lease-up rates. However, a similar non-veteran-specific program for other Californians experiencing housing instability, mainstream Housing Choice Vouchers, has about an 88 percent lease-up rate. Low VASH voucher lease-up rates result from two inter-related challenges:

1. Eligibility for VASH vouchers is often reserved for the most ill and perhaps least equipped to find housing and stay housed on their own. The complexity of such cases can make it particularly hard for these veterans to secure and maintain housing, even with VASH vouchers and case management.
2. There are simply not enough VAMC case managers.

VASH requires participants to meet the federal definition of homeless *and* be VA healthcare eligible (HUD, 2021). Currently, participants are not required to have or be treated for a chronic mental illness or substance use disorder to qualify for a voucher. However, many homeless veterans experience these conditions. Thus, voucher-eligible veterans often struggle to secure and maintain given the likelihood of underlying conditions.

As early as 2012, community-based organizations that work with veterans have voiced serious concerns about the adequacy of HUD-VASH case management. In a summary report, *Concerns Identified by Service Providers at the 2012 NCHV Conference Session with the VA Secretary's Advisory Committee on Homeless Veterans*, veteran-serving organizations from across the country asserted that HUD-VASH

“case management is currently unable to address the complex needs of chronically homeless veterans” (National Coalition for Homeless Veterans, 2012, p. 2).

Early in the program, the VA sought to hire case managers in-house to work at designated VAMCs. Community organizations in 2012 suggested that this practice of hiring within the VA mental health system instead of contracting out case management to service providers or independent contractors delayed program implementation and resulted in underassigned units to the chronically homeless population.

To encourage the practice of contracting, a provision was included in Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012:

The Secretary of Veterans Affairs shall consider entering into contracts or agreements with eligible entities to collaborate with the Secretary in the provision of case management services to covered veterans as part of the supported housing program [HUD-VASH] to ensure that the homeless veterans facing the most significant difficulties in obtaining suitable housing receive the assistance they require to obtain such housing.

The circumstances under which such consideration should be made and a contract between the VA and the outside service provider may occur include (a) shortage of affordable rental housing and a veteran needs more assistance than the VA can provide, (b) a veteran does not live near a local VA facility and it is impractical for the VA to provide assistance, or (c) veterans in the area have lower than average success in obtaining housing when compared with veterans participating in HUD-VASH overall.

Because the challenges persisted nearly a decade later, an additional measure was then added to promote gaining additional capacity for the program through contracting with passage of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020. In it, section 4207 requires the directors of certain VAMCs to seek to enter into agreements with eligible entities to provide case management services to veterans participating in the HUD-VASH program who need case managers and are having diffi-

culty obtaining the assistance they need; section 4208 requires the VA to submit a report on the assessment of hiring needs of the HUD-VASH program. Relatedly, the Homeless Programs Office of the Veterans Health Administration included strategy 2.1: Increase case management for Veterans by ensuring enough VA-designated grant support and/or contract staffing exists to deliver services as a way of preventing and resolving returns to homelessness in its 2021–2025 strategic plan (VA, [Veterans Health Administration, 2022](#)).

Despite the requirement to consider contracting under specific circumstances issued in 2012 and the clearer directive to contract in 2021, the VA has not consistently pursued contracting as a way to increase the number of case managers and cover the full number of VASH vouchers issued ([National Coalition for Homeless Veterans, 2012](#)).

POTENTIAL SOLUTIONS

The HUD-VASH program offers a powerful tool to prevent veteran homelessness, and much progress has been made over the last decade. If 100 percent of HUD-VASH vouchers were put into use, we would have sheltered 69 percent of all veterans living on the street today. That would immeasurably change the lives of 25,814 men and women across the country.

To achieve this goal, the remedies seem to be to increase the number of case managers and enhance their effectiveness. To these ends, community-based organizations across the nation have proposed that the VA contract more case management for HUD-VASH to local nonprofits—those with cultural competence and experience working with veterans. This would be consistent with the way the VA’s the long-running Grant Per-Diem Program and Supportive Services for Veteran Families operate. Both exclusively leverage contracted community partners to provide supportive services to eligible veterans. Therefore, a successful model for implementation within HUD-VASH exists, and there is a pool of trained, effective case managers at the ready. By doing this, the VA could improve the case management ratio, providing more comprehensive services to veterans in the program.

Another suggested improvement would be for the VA to assess the range and severity of issues for individual HUD-VASH clients before assigning case manager caseloads; given the high needs of some clients, mediated caseloads could help man-

agers provide adequate care to an appropriate number of veterans who have been entrusted to them.

We are 12 years into what was originally a five-year goal to end veteran homelessness. Expanding and enhancing case management within the HUD-VASH program offers an immediate path to housing nearly 70 percent (25,814) of the veterans who remain unhoused. All social workers can help make this happen. Please contact your senator (web directory available at <https://www.senate.gov/senators/senators-contact.htm>). When you call or write, please let them know that you are a social worker concerned about housing homeless veterans. Ask them to help by expanding the HUD-VASH program to meet needs of all veterans experiencing homelessness. Also, ask them to direct the VA to contract with community-based organizations—those with cultural competence and experience working with veterans—to ensure that the veterans can successfully use the vouchers and receive the help they have earned by serving our country. **HSW**

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Ethan J. Evans, PhD, MSW, is assistant professor, Division of Social Work, California State University, Sacramento, 6000 J Street, Mariposa Hall 4010, Sacramento, CA 95819-6090, USA; email: ejevans@ucdavis.edu.