

**United States Interagency Council on Homelessness**  
**Report to Congress on Homeless Veterans**

**December 2012**



# USICH Report to Congress on Homeless Veterans

## Purpose

As requested by the Senate Committee on Appropriations,<sup>1</sup> this report provides an assessment by the U.S. Interagency Council on Homelessness (USICH) of the progress of the Department of Housing and Urban Development and Department of Veterans Affairs Supportive Housing (HUD-VASH) Program and of efforts to address homelessness experienced by Veterans in rural communities and on Native American reservations.

## Overview of Homelessness among Veterans

According to HUD's *2011 Annual Homeless Assessment Report*, 67,495 Veterans experienced homelessness on the night of the annual homeless Point-in-Time (PIT) count for January 2011. This marks a 12 percent decrease from the number of Veterans experiencing homelessness in the January 2010 PIT count.<sup>2</sup> The decline in Veteran homelessness—particularly given the weak economic recovery and the increased number of Veterans returning from Operations Enduring Freedom, Iraqi Freedom, and New Dawn—is a testament to the unprecedented level of collaboration across Federal agencies and to the increased investment in effective homeless assistance programs, particularly HUD-VASH.

National data from the annual PIT count suggests that Veteran homelessness is heavily concentrated in the urban centers of populous states. Some states have a disproportionate share of Veterans experiencing homelessness when compared to their total Veteran population. More than half (52 percent) of Veterans who experience homelessness were located in California, New York, Florida, and Texas, whereas only 28 percent of all Veterans live in these states. Veterans who are experiencing homelessness and using shelters are also more likely to live in urban areas.<sup>3</sup> Although only 31 percent of all Veterans live in principal cities, 68 percent of sheltered Veterans experiencing homelessness were located in principal cities.<sup>4</sup>

Because rural Veterans experiencing homelessness are not easily identifiable and not engaged in services, it is difficult to capture an accurate picture of the number of Veterans experiencing homelessness in rural communities. A lack of affordable rental housing can be a serious problem in rural areas. Many low-income rural households live in overcrowded housing with friends or family, or live in substandard housing. Veterans are more likely than non-Veterans to live in rural areas,<sup>5</sup> and Veterans in rural areas tend to be older and in worse health than Veterans in urban areas.<sup>6</sup>

According to the *2010 Annual Homeless Assessment Report*, Native Americans represent 0.7 percent of the total population of Veterans but represent 2.5 percent of Veterans experiencing homelessness.<sup>7</sup> Native American Veterans may be at greater risk of homelessness because, compared to non-Hispanic white Veterans they are more likely to be unemployed, less likely to have health insurance, and more

likely to forego needed medical care.<sup>8</sup> Additionally, there is a severe lack of adequate and affordable housing for Native Americans living on reservations.<sup>9</sup>

## **Federal Plan to End Veteran Homelessness by 2015**

In 2010, USICH released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, which outlines a set of four goals, including the goal to prevent and end homelessness among Veterans by 2015. *Opening Doors* aligns with the Department of Veterans Affairs' Five-Year Plan to Prevent and End Homelessness among Veterans. Ending Veteran homelessness requires a coordinated federal response and an increased and strategic investment in programs that have demonstrated success in preventing and ending homelessness.

USICH is working with federal agencies and local communities on adopting a Veteran-centric approach to ending homelessness that will help Veterans and their families return to housing quickly and provide them the specific level of assistance and services they need to remain in housing. In August 2011, USICH and the Departments of Veterans Affairs, Housing and Urban Development, Health and Human Services (HHS), and Defense sponsored an Expert Panel on Homeless Veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn. The panel documented research-based knowledge, field experience, and best practices in meeting the needs of Veterans returning from recent wars. The guiding principles and action steps that emerged from this panel, including coordinating with community-based organizations and targeting more support to Veterans' families, have helped inform our interagency approach to ending Veteran homelessness.<sup>10</sup> Collaborations between federal partners that use effective Veteran-specific and mainstream resources and coordinate between VA service providers and Continuums of Care (CoCs), will enhance the commitment to setting and measuring incremental targets on the path to ending Veteran homelessness.<sup>11</sup>

One approach that reduces Veteran homelessness is increasing the supply of permanent supportive housing for Veterans with disabilities, especially those who experience chronic homelessness. Consequently, the President and Congress have been increasing investment in HUD-VASH vouchers since 2008. The HUD-VASH program is jointly administered by HUD and VA. HUD funds the permanent rental subsidy provided through Public Housing Agencies (PHA), and VA funds case management and clinical services provided through VA Medical Centers. HUD-VASH vouchers are prioritized for Veterans who are experiencing chronic homelessness, who have disabilities, who have long histories of homelessness and health factors that make them particularly vulnerable to living in shelters or on the streets, and for Veteran families with children, particularly Veterans of Operations Enduring Freedom and Iraqi Freedom.

Veterans with limited barriers to self-sufficiency who do not require the level of intensive support services provided by the HUD-VASH program can use interim rental assistance and related services to find and maintain housing in their communities. VA has significantly increased its investment in interim rental assistance through the Supportive Services for Veterans Families (SSVF) program, which provides

services to prevent homelessness for at-risk Veterans and to rapidly re-house Veterans who are homeless.

Additionally, VA has also increased its investment in flexible rental assistance with supports within its existing homeless programs. The Grant and Per Diem Program (GPD) is one of VA's largest homeless assistance programs, with approximately 14,000 beds. Through the GPD program, VA funds community agencies to provide supportive housing (for up to 24 months) and supportive services for Veterans experiencing homelessness. GPD assistance is awarded through a competitive application process. Historically GPD programs have tended to provide housing and services in congregate facilities. Many of these facilities were designed to serve single male Veterans and it is difficult to update these facilities to serve the increasing number of female Veterans and Veterans with families experiencing homelessness.<sup>12</sup> VA is addressing this issue by encouraging GPD applicants to adopt a transition-in-place (TIP) model. Under the TIP model, the GPD program provides short- to medium-term rental assistance and supportive services for Veterans—including families with children—for a specific duration of time. After the household is stabilized, the Veteran can remain in the rental unit, without rental assistance, as the leaseholder. On September 19, 2012, VA announced that of the 38 GPD grants it awarded in the 2012 competition, worth a total of \$28.4 million, 31 will serve Veterans using the TIP model.

Federal agencies are also working to identify best practices for using rental assistance and other supports to prevent homelessness among Veterans. HUD currently is administering the \$10 million Veterans Homeless Prevention Demonstration Program at five sites in collaboration with the VA and the DOL. This is a three-year demonstration designed to explore ways HUD can offer early intervention homelessness prevention for Veterans, primarily Veterans returning from the wars in Iraq and Afghanistan. The lessons learned will be important in addressing the unique needs of homeless Veterans and will support efforts to identify, reach, and assist them to regain and maintain housing stability in both rural and urban areas. An evaluation of the program will also provide HUD with additional information to inform programs addressing means of preventing homelessness among Veterans in the future.

The first objective of *Opening Doors* is to provide and promote collaborative leadership at all levels of government and across all sectors, including collaboration between VA and local homeless service systems. Veterans Integrated Service Network (VISN) Homeless Summits bring together VISN homeless coordinators and other key VA staff with the leaders of local homeless service systems, PHAs, and government officials in their catchment area. In FY 2012, as of June 25, there have been a total of 144 VISN Homeless Summits, more than twice the number held in FY 2011. The goal of these summits is to increase collaboration among VA and local homeless service systems, identify service gaps and opportunities for improvement in local plans to end Veterans homelessness, and improve the targeting and administration of services for Veterans experiencing homelessness.

Increased collaboration has also helped communities align their local plans to end homelessness with the VA's Five-Year Plan to End Homelessness among Veterans. In 2011, New Orleans released its 10-Year

Plan to End Homelessness, which was developed with input from federal and local VA staff. In Seattle/King County, the Committee to End Homelessness added a representative of the regional Veterans Administration to its ranks and invited the Washington State Department of Veterans Affairs to join in its coordinated planning process. This collaboration yielded the King County Five-Year Plan to End Veteran Homelessness by 2015 through coordinated federal, state, and local investment.

*Opening Doors* also calls for better service coordination and targeted outreach strategies to engage Veterans. Some Veterans are unaware of VA services, programs, and benefits for which they are eligible, or they may be reluctant to use such services.<sup>13</sup> It is critical to properly assess the needs of Veterans experiencing homelessness and to connect them with the effective job training, employment programs, and other supportive services they need to help reduce their financial vulnerability to homelessness.

Finally, *Opening Doors* emphasizes the importance of collecting quality, timely data on homelessness to measure our progress in accomplishing our goals. Starting in 2011, HUD began requiring communities to conduct counts of homeless veterans in unsheltered locations. This information is currently being reported by all Continuum of Care (CoC) systems and allows HUD to produce national estimates of unsheltered homeless Veterans without the use of statistical adjustments. Previously, communities were not required to count Veterans in unsheltered locations, and thus earlier estimates used statistical techniques to account for missing data on unsheltered homeless Veterans. Beginning with the January 2013 PIT Count, HUD will require communities to report on the number of homeless women veterans in unsheltered locations. Also, in the summer 2011, HUD and VA launched a collaborative effort to make sure VA residential programs for homeless Veterans were included in each CoC's inventory of beds for homeless people. Representatives from CoCs and Veterans Integrated Service Networks (VISNs) led this effort at the local level.

## **HUD-VASH is a Key Tool in Ending Homelessness among Veterans**

### **Overview**

The HUD-VASH program combines Housing Choice Voucher (HCV) rental assistance for Veterans experiencing homelessness provided by HUD with case management and clinical services provided by VA. At the local level, the HUD-VASH program operates as a collaborative effort between VA Medical Centers (VAMCs) and local Public Housing Agencies (PHAs). The VAMC identifies Veterans who are eligible for the program and refers them to the PHA to receive a HUD-VASH voucher. The PHA provides the rental subsidy, and the VAMC provides case management and clinical services.

Incremental HUD-VASH vouchers—new vouchers that Congress funds through the appropriations process—are awarded based on the number of Veterans reported to be experiencing homelessness in each community, the capacity and performance of local VAMCs and PHAs, and the overall geographic distribution of vouchers. HUD-VASH vouchers are allocated through a collaborative approach between HUD and VA, which relies on three sets of data: HUD's Point-in-Time data submitted by CoCs, VAMC data on the number of contacts with homeless Veterans, and performance data from PHAs and VAMCs

(namely the referral rates and lease-up rates of partnering agencies that have received HUD-VASH funding in previous years).

Established in 1992, HUD-VASH initially was funded and administered as a demonstration program with requirements that were very different from the current program. Between 1992 and 1994, HUD competitively awarded 1,753 vouchers to 35 PHAs, which were required to issue the vouchers to eligible Veterans during the vouchers’ five-year contract term. At that time, HUD did not have a means to track the vouchers, but VA tracked the vouchers’ use through reports submitted by VA clinicians. From 1994 to 2007 as Veterans left the program, the vouchers were no longer funded as HUD-VASH vouchers.

From 2008 to 2012, Congress has funded an additional 48,400 HUD-VASH vouchers (Table 1). As of March 2012, more than 31,200 Veterans lived in HUD-VASH supportive housing.<sup>14</sup> The expansion of the program has helped to reduce Veteran homelessness, including a 12% decrease between 2010 and 2011.

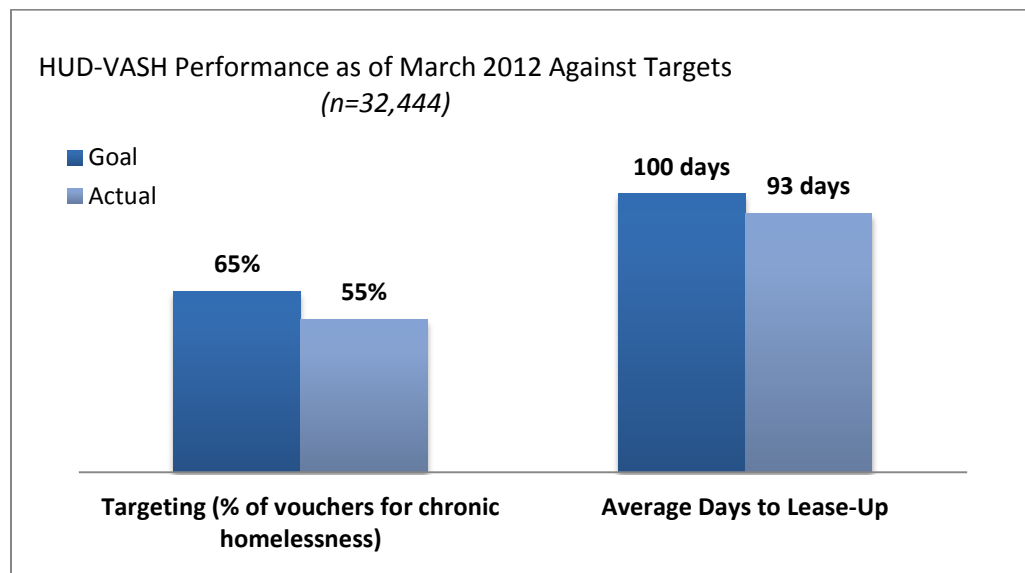
**Table 1: HUD-VASH Program Awards, 2008-2012**

Fiscal Year	Incremental Vouchers*	Total Vouchers
2008	10,150	10,150
2009	10,290	20,440
2010	10,146	30,601
2011	7,349	37,950
2012	10,450	48,400
*These are the new additional vouchers that were awarded each year		

**HUD-VASH Performance Measures: Voucher Utilization, Targeting, and Lease-Up Times**

For overall program implementation during FY 2012, VA developed outcome metrics concerning the targeting, utilization, and average lease-up times for HUD-VASH vouchers. These metrics are to cover all vouchers that are in service during FY 2012 (both prior-year appropriations and new FY 2012 allocations). Figure 1 compares these outcome metrics for HUD-VASH vouchers to actual performance to date. As of March 2012, when this data was compiled, only vouchers appropriated through FY 2011 were in service. The first round of FY 2012 awards became effective on April 1, 2012, and the second round of FY 2012 awards became effective on July 1, 2012.

**Figure 1: HUD-VASH Performance as of March 2012 Against Targets**



VA's goal is to target at least 65 percent of FY 2012 HUD-VASH vouchers to Veterans experiencing chronic homelessness.<sup>15</sup> To achieve this goal VA is working with VAMC staff to increase their understanding of chronic homelessness and to communicate best practices for identifying, engaging, and housing people experiencing chronic homelessness. As of March 2012, 55 percent of Veterans who were issued and successfully used a HUD-VASH voucher in FY 2012 were chronically homeless when they were admitted to the program. This is a 12 percent increase from FY 2010, when 49 percent of HUD-VASH vouchers were targeted to Veterans experiencing chronic homelessness. With the lease-up of FY 2012 vouchers, VA is expecting to achieve the overall target.

Data from VAMCs indicate that many non-chronically homeless Veterans have similar needs and barriers to housing as chronically homeless Veterans, and they may differ from the chronically homeless only because they have not been homeless for as long. Since the start of FY 2011, 69 percent of Veterans receiving a HUD-VASH voucher have either been chronically homeless, diagnosed with co-occurring mental illness and substance abuse disorders, or hospitalized on multiple occasions within the last 12 months.

On average, it takes 93 days from the time a Veteran is referred to the program to the time he or she uses a HUD-VASH voucher to move into an apartment. The average housing placement time has decreased by 13 days from FY 2011 to FY 2012 and is now below the FY 2012 target of 100 days.

Voucher utilization is defined as the percentage of HUD-VASH vouchers that are currently being used by a Veteran to lease a housing unit. The VA has set a minimum standard that at least 88 percent of HUD-VASH vouchers, excluding any newly issued FY 2012 vouchers, should be utilized by September 30, 2012, the last day of the FY 2012 Fiscal Year. As of March 2012, 83 percent of HUD-VASH vouchers (through the FY 2011 appropriations) were being used by a Veteran to lease a housing unit; an additional 10

percent had been issued to Veterans who were in the process of leasing a unit; and 3 percent had not been issued. USICH expects utilization rates to increase as available vouchers continue to be utilized and housing retention rates for Veterans in the program remains high. Therefore, we believe VA is on track to exceed its minimum standard that 88 percent of HUD-VASH vouchers be utilized by September 30, 2012.

## Innovative Practices

An unprecedented level of collaboration is occurring between HUD and VA at the federal and local levels and among federal agencies and community stakeholders. As part of *Opening Doors*' implementation, the Administration has adopted a multi-faceted approach to administering the HUD-VASH program that focuses on strategic investment of resources and evidence-based best practices. The HUD-VASH program has become more efficient, more effective, and better targeted. Progress on HUD-VASH has come through a variety of innovative practices. The GAO noted the improvements to HUD-VASH data collection in its June 2012 report: *Veteran Homelessness: VA and HUD Are Working to Improve Data on Supportive Housing Program*.<sup>16</sup>

## Housing First

Housing First is a Substance Abuse and Mental Health Services Administration (SAMHSA) recognized evidence-based best practice for serving people experiencing chronic homelessness.<sup>17</sup> Housing First is distinguished from a traditional "Continuum" model by its philosophy of providing permanent housing first and then providing services as needed and requested rather than conditioning permanent housing on sobriety and treatment. HUD-VASH's design supports a Housing First approach: there is no sobriety or treatment requirement for eligibility and unlike the standard Housing Choice Voucher program, PHAs can only deny admission to Veterans referred by the VAMC if they are on the lifetime sex offender registry. A Housing First pilot program in Washington, DC demonstrated that a Housing First approach has the potential to reduced housing placement times, improve housing retention, and reduce hospitalization costs compared to usual care.<sup>18</sup>

VA is currently funding a Housing First demonstration study in 14 communities. The study includes a process evaluation to assess each community's fidelity to the Housing First model, and an outcome evaluation to assess the impact of the HUD-VASH program on Veterans' housing stability, income, employment status, and clinical status.

Adopting a Housing First strategy can be a difficult transition for providers who have traditionally required clients to demonstrate sobriety and "housing readiness" before entering permanent supportive housing. VA provided leadership on this issue through the *HUD-VASH Resource Guide*. The guide, written by the VA's National Center on Homelessness among Veterans and released on April 2012, provides a comprehensive set of resources for VA case managers and others involved in implementing the HUD-VASH program. The guide includes a chapter on Housing First, describing the strong evidence-base for



this approach and providing explicit guidance to HUD-VASH case managers and other staff on how to assist Veterans according to Housing First principles.

### HUDStat

A process called HUDStat allows HUD and VA officials to regularly monitor and evaluate the progress of HUD-VASH within the context of ending Veteran homelessness by 2015. Twice a year, the HUD Secretary meets with officials from HUD and VA who present the latest national data on HUD-VASH program performance measures including voucher utilization, lease-up times, and targeting. The HUDStat process allows HUD and VA officials to regularly assess the progress of the HUD-VASH program in order to identify problems or issues that require policy changes or clarifications and to address them. HUDStat meetings provide an opportunity for HUD and VA officials to examine HUD-VASH operations and implementation with representatives from HUD and Veterans Health Administration (VHA) field staff within priority cities. HUDStat meetings have prompted the development of several action steps to improve the administration of the HUD-VASH program, including:

- HUD and VA signed a data-sharing agreement that will enable the agencies to ensure the integrity of HUD-VASH reports. The agencies have matched HUD-VASH participant data from HUD and VA's respective reporting systems and are in the process of cleaning up discrepancies and errors identified.
- HUD produced and shared a best-practices report for communities, *HUD-VASH Best Practices—Version 1.0: A Working Document*.<sup>19</sup>
- VA is in the process of exploring the impact of the "Housing First" approach on processing times and expanding this focus to more communities.
- HUD explored opportunities to reduce cost impacts on PHAs when administering HUD-VASH vouchers.

### Guidance and Technical Assistance

HUD, VA, and USICH regularly provide information on best practices, guidance, and technical assistance to providers in the field, focusing special attention on communities with the highest concentration of people experiencing homelessness. HUD recently released the *HUD-VASH Best Practices* guide. The guide highlights promising practices and innovative strategies implemented by local HUD-VASH programs that decrease housing placement process times and improve targeting to chronically homeless and vulnerable Veterans. In March 2012, USICH published an online HUD-VASH Toolkit targeted to providers, VAMCs, and others directly involved with placing Veterans in housing.

USICH is working with VA and HUD to coordinate technical assistance in priority cities. Many of these communities receive technical assistance through different contractors funded by multiple agencies. HUD field office staff and VA regional staff also provide critical support to HUD-VASH partnering agencies, such as facilitating meetings to troubleshoot problems and organizing local trainings and

conferences. USICH now regularly convenes technical assistance providers in priority communities to share information, eliminate redundancies, and ensure that technical assistance efforts are aligned with the overall effort of ending Veteran homelessness.

### **Rapid Results Boot Camps**

Special initiatives such as Rapid Results Boot Camps have improved the administration of the HUD-VASH programs in communities around the country. With the support of Community Solutions, a national nonprofit organization whose mission is to help communities end homelessness, communities across the country have participated in the camps to streamline the housing placement process. At these camps, VAMCs, PHAs, and community partners (e.g., CoC leads, homeless planning leaders, and homeless service providers) work together to map the current housing placement process, identify inefficiencies, and redesign the process to make it simpler and faster, while still meeting the necessary regulatory requirements. Staff from Community Solutions, HUD, VA, and USICH are the facilitators for the camps. To date, 23 communities have participated in Rapid Results Boot Camps.<sup>20</sup>

### **Working with Community Partners**

Ending Veteran homelessness will be achieved through collaboration and partnerships at every level of government and with the private sector. Strategically leveraging the resources and skills within a community will help stretch resources and improve program outcomes. In communities across the country, VAMCs and community service providers are collaborating to identify and engage Veterans experiencing homelessness for HUD-VASH referrals. In selected communities, VA and USICH have encouraged VAMCs to contract with community-based providers to improve targeting to Veterans experiencing chronic homelessness. The use of nonprofit service providers to provide case management and wraparound services is an adaptation of the HUD-VASH program that VA is currently exploring. VAMCs in Boston, Philadelphia, New York, Washington, D.C., Portland, Seattle, Los Angeles, and Anchorage currently have contracts—or are in the process of contracting with—external organizations to provide HUD-VASH referrals and case management. PHAs can also choose to contract out some of their HUD-VASH responsibilities to nonprofit organizations that have more experience serving people experiencing chronic homelessness. For example, the City of Phoenix Housing Department contracted with HOM, Inc., a permanent supportive housing provider, to manage the leasing functions of the HUD-VASH program. HOM, Inc.'s expertise in serving people experiencing homelessness has helped shorten the housing placement process for chronically homeless Veterans in Phoenix.

Many communities have created priority placement lists of Veterans experiencing homelessness to coordinate referrals into permanent supportive housing units. Community Solutions has been a national leader in this effort with its 100,000 Homes Campaign. Campaign communities create homeless registries, which prioritize the need for placement into permanent supportive housing based on the Vulnerability Index. VA has partnered with Community Solutions to house 10,000 vulnerable and chronically homeless Veterans in 2012. VA will work with Campaign communities to integrate their homeless registry data into the HUD-VASH referral process, and Community Solutions will provide

technical assistance to communities to reduce housing placement times. Centralized placement lists for supportive housing capture information on Veterans with long histories of homelessness, chronic medical conditions, and extensive utilization of hospitals, detox centers, and other emergency services. With a coordinated list, VAMCs are able to better identify and refer many of these Veterans to the HUD-VASH program, even if they are not currently engaged in VA services. A centralized referral process based on need can improve HUD-VASH targeting and utilization. Some VAMCs, like Phoenix, have begun using these centralized permanent supportive housing priority lists as the basis for HUD-VASH referrals.

A noteworthy project that demonstrates the type of community partnership USICH and VA support is Project 60 in Los Angeles County, California. In collaboration with federal, county, and local governments, and nonprofit entities, VA Greater Los Angeles Healthcare System launched a two-year demonstration project in February 2011 called Veterans to Home Project 60 (VHP60). The project aims to move 60 of the most vulnerable, chronically homeless Veterans off the streets and into permanent supportive housing, primarily through the use of HUD-VASH vouchers using a Housing First approach. Local nonprofit agencies partnered with VA to reach out to the most chronically homeless and vulnerable Veterans identified from homeless registries in the cities of Santa Monica, Venice, Hollywood, and Van Nuys. The Project 60 initiative was meant to place 60 Veterans experiencing homelessness into safe and independent housing with case management and access to needed services and benefits. The project met this target a year ahead of schedule. As of December 12, 2011 the project was renamed Project 120 to reflect its expanded goal of housing 120 Veterans experiencing homelessness.<sup>21</sup>

## Implementation Challenges

While innovations have helped the HUD-VASH program become more efficient and better targeted, there remain implementation challenges related to both the housing placement process and the provision of case management and clinical services.

### VAMC Case Manager Staff Hiring and Capacity

At times, after Congress increases the number of HUD-VASH vouchers funded, VAMCs may have an insufficient number of case managers to administer the expanded HUD-VASH program. These staffing shortages can result in fewer referrals to PHAs, and as a result, delays in the overall lease-up process. Although VAMC case manager capacity becomes a particular challenge when new HUD-VASH vouchers are awarded to a community, it can also be a challenge when there is case manager attrition. Typically a VAMC does not know until the awards are announced each year how many new vouchers its community will receive, and therefore how many Veterans the VAMC needs to serve through the HUD-VASH program. The challenge to hiring new case managers is the amount of time it takes to hire and train new staff. Ideally, VAMCs should have time to recruit, hire, orient, and train case managers before the case managers must fulfill their role of providing quality, comprehensive, and intensive services to Veterans with complex health and housing needs. Unfortunately, this sequencing would delay the referral and housing placement process. Consequently, VAMCs are trying to balance the urgent need to stabilize

homeless Veterans with the practical time required to build and maintain a quality case management team.

### **VAMC Case Manager Case Load**

In order to receive assistance in the HUD-VASH program, Veterans must agree to work with their assigned case manager to develop and follow a housing stabilization plan for meeting their housing needs and treatment goals. VA's goal is to have a ratio of one case manager for every 25 Veterans receiving a HUD-VASH voucher. However, because of difficulties hiring and training case managers or contracting with external agencies for case management services, the case manager-to-Veteran ratio may exceed 1:25 in some VAMCs. Veterans who are targeted for the HUD-VASH program are particularly vulnerable and have intensive case management and clinical needs. An excessive case load impacts case managers' ability to provide the intensive care and support services that Veterans need to maintain housing stability. VA is developing some new approaches to providing wraparound services through a team approach. In the team approach, the case manager is supplemented by medical professionals, peer specialists, and substance abuse counselors.

### **Reduction in PHA Administrative Fees**

Local PHAs are paid monthly administrative fees by HUD based upon the number of units leased as of the first day of each month. Administrative fees are used by PHAs to cover the costs of administering the Housing Choice Voucher (HCV) program, which includes HUD-VASH. Congress reduced funding levels for PHA administrative fees in FY 2011 and again in FY 2012, which created challenges for some PHAs in administering the HCV program, including HUD-VASH.

The reduction in administrative fees can be a particular problem for PHAs administering HUD-VASH vouchers because these vouchers are believed to have higher administrative costs than regular Housing Choice Vouchers. Some Veterans experiencing homelessness who have disabilities may have a harder time than other voucher holders attending mandatory appointments for program briefings or housing inspections; as a result, PHAs have to demonstrate greater flexibility in scheduling briefings, conducting inspections, and other program requirements. PHAs also have to allocate time to coordinate with VAMCs and other partner agencies to assess implementation and address concerns regarding the progress of individual Veterans. PHAs have had to expand their tracking and reporting systems to respond to inquiries from HUD and VA regarding the status of individual Veterans and overall leasing activities. Some PHAs have even turned down HUD-VASH allocations because they determined they could not afford the additional expenses associated with administering HUD-VASH vouchers.

### **Identifying Housing for Veterans**

Many Veterans experience challenges when searching for housing because of a lack of available, quality housing that is affordable for them. In high-cost housing markets, unless a PHA receives an exception payment standard (i.e., maximum subsidy) from HUD, there can be a severe shortage of rental units that do not exceed the PHA's payment standard for that location. In rural communities, the problem of

substandard housing can be a challenge because many of the housing units do not pass HUD's Housing Quality Standards (HQS). In tribal communities the ability to use HUD-VASH vouchers is challenging because there is a severe housing shortage. The majority of existing housing units were developed with Federal funds, and therefore cannot be leased using a HUD-VASH voucher or any form of Section 8 tenant-based rental assistance.<sup>22</sup>

Even where rental units are available, local landlords are sometimes reluctant to rent to homeless Veterans with poor rental, credit, or criminal histories.

### Resources for Move-In Expenses

Renting an apartment involves expenses other than monthly rent such as security deposits, application fees, household supplies, and basic furnishings. HUD-VASH funding cannot be used to help Veterans pay for move-in expenses. These expenses are fairly small (approximately \$3,000 per Veteran) relative to the total costs of the HUD-VASH program, but they are often prohibitive for homeless Veterans, particularly those experiencing chronic homelessness who are unlikely to have income or savings. The lack of a dedicated funding source for move-in expenses has been cited by HUD-VASH sites as the biggest major obstacle faced by Veterans during the lease-up process and can sometimes prevent Veterans from using their vouchers to lease units within the required 120-day timeframe.<sup>23</sup>

In the absence of a dedicated source of funding for move-in expenses, communities have often relied on the use of other federal funding sources or philanthropic support. Many communities have used Homeless Prevention and Rapid Re-Housing Program (HPRP) funds to help Veterans with HUD-VASH vouchers pay for move-in costs and related expenses. HPRP was a three-year, \$1.5 billion HUD program funded through the American Recovery and Reinvestment Act and administered by HUD. All HPRP funds were officially expended as of September 30, 2012. VA's Supportive Services for Veteran Families (SSVF) has helped to fill the gap left after the exhaustion of HPRP funds. Using these funding sources has helped some communities drastically reduce the time it takes for Veterans to successfully use their HUD-VASH vouchers. However, this approach has its limitations. First, SSVF funds cannot be used to pay for furnishings. Second, using SSVF resources as a stopgap to pay move-in costs and related expenses for Veterans in the HUD-VASH program means that fewer Veteran households receive SSVF resources for rapid re-housing or homelessness prevention assistance.

Philanthropies, nonprofits, and private businesses have helped to cover Veterans' move-in costs through special loan or grant programs. The HUD-VASH Best Practices Guide highlights several communities that have successfully used local organizations to help pay for move-in expenses for Veterans in the HUD-VASH program. However, many communities, particularly those in suburban and rural areas, do not have active philanthropic organizations capable of providing this support. Second, VA is legally restricted from coordinating directly with philanthropic groups and Veterans Service Organizations (VSOs).<sup>24</sup> Third, relying on outside support adds to the administrative cost of the program because PHAs must devote resources to applying for grants to pay for move-in expenses.

To address some of these issues, Funders Together to End Homelessness has launched a national initiative to raise funds from philanthropic organizations in its network, as well as the private sector, to pay Veterans' move-in costs. This initiative has been coordinated with HUD's Office for International and Philanthropic Innovation. HUD Secretary Shaun Donovan sent a letter to philanthropies in the 14 HUD-VASH Housing First demonstration sites asking for their support.<sup>25</sup> The initiative has successfully increased philanthropic investment, particularly in communities where Funders Together to End Homelessness has strong relationships with local philanthropies.

However, relying entirely on philanthropic investments to pay for move-in costs is likely to have mixed results for several reasons. First, philanthropies prefer to raise money for catalytic investments with long-term outcomes like education and job training rather than paying for things like furniture or a security deposit. Second, philanthropy generally prefers to capitalize on local community initiatives rather than a top-down national initiative. Unfortunately, not all communities have local organizations with the resources or the energy to take a leadership role.

### **Addressing Needs of Veterans in Rural and Tribal Areas**

People living in rural areas are between 1.2 and 2.3 times more likely to be poor than people living in metropolitan areas,<sup>26</sup> and from 2007 to 2010 the number of people in suburban and rural areas who use homeless shelters has increased 57 percent.<sup>27</sup> The lack of affordable housing options in rural communities causes many individuals and families in need to live in overcrowded conditions and severely dilapidated structures. About one-fourth of rural households are renters who are twice as likely to live in substandard housing as their urban counterparts.<sup>28</sup> Native Americans in tribal communities are much more likely than other Americans to live in overcrowded or substandard housing.<sup>29</sup>

The ability to serve individuals and families experiencing homelessness in rural areas is often constrained by geographic isolation. In rural areas, public transportation options are often limited or unavailable, and long trips are needed to get to work, access health care, or reach other supportive services. On average, Veterans in rural areas must travel 24 miles to access VA medical facilities.<sup>30</sup> Veterans living in rural areas, far from VA facilities, are less likely to utilize VA outpatient services.<sup>31, 32</sup> Some studies have also found that rural Veterans have worse mental and physical health outcomes than Veterans in urban areas.<sup>33</sup>

Geographic isolation, the problem of substandard housing, and the lack of resources and service providers can make it difficult to provide Veterans experiencing homelessness in rural areas the support they need to maintain stability. Despite the challenges, USICH and its federal partners have been working to address the major issues for rural and Native American Veterans by leveraging existing mainstream and homeless assistance programs and improving the coordination of targeted programs for rural and tribal communities.

Homelessness prevention, rapid re-housing, and transition in place are effective models for providing assistance to Veterans who are homeless or at-risk of homelessness, particularly in rural areas. Rather

than requiring Veterans to leave their communities to seek shelter, housing assistance, or supportive services, Veterans receive rental assistance and related services that they can use to stay in their existing housing or to find a rental unit in their communities. VA is supporting this model through funding Grant and Per Diem (GPD) providers to adopt a transition-in-place model, and through the implementation of the SSVF program, which provides prevention and rapid re-housing assistance. To ensure that Supportive Services for Veterans Families (SSVF) assistance is available to Veterans in rural and tribal communities, the VA requires potential grantees to demonstrate that, to the extent practicable, “grants are equitably distributed across geographic areas, including rural communities and tribal lands.”<sup>34</sup>

The HUD-VASH program is one among several housing assistance programs that serves Veterans experiencing homelessness in rural communities. Very few VAMCs are located in rural areas, and, as noted above, Veterans often travel great distances to reach a VAMC. Three percent of HUD-VASH vouchers have been allocated to VAMCs located in rural areas.<sup>35</sup> Although tribes are not eligible to participate in the Housing Choice Voucher Program and thus do not receive a HUD-VASH vouchers allocation, 971 Native American households have used a HUD-VASH voucher since the program’s inception, representing 2.3 percent of all households in the program.<sup>36</sup> If permitted under state law and the tribe consents, a Native American Veteran issued a HUD-VASH voucher may choose to use the voucher to lease an eligible housing unit located inside the tribe’s reservation.<sup>37</sup>

## **Other Programs for Homeless or At Risk Veterans in Rural and Tribal Areas**

### **Housing Programs**

HUD’s Office of Native American Programs (ONAP) is the principal administrator of housing assistance in tribal communities. ONAP administers funds to tribes for affordable housing activities through the Indian Housing Block Grant (IHBG) program. The IHBG program was established by the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996. NAHASDA gave tribal governments greater self-determination by separating housing assistance in tribal areas from other HUD rental assistance programs. Housing assistance programs for Native Americans were consolidated into the IHBG program, which allows tribes to fund a variety of housing related activities, including housing development, assistance into housing developed under the Indian Housing Program, housing services to eligible families and individuals, crime prevention and safety, and model activities that provide creative approaches to solving affordable housing problems. Because assistance is provided through a block grant, HUD does not have programs designated specifically for Native American Veterans, although tribal governments can choose to use IHBG funds specifically for Veterans experiencing homelessness. ONAP provides home ownership opportunities through the Section 184 Home Loan Program and by leveraging opportunities through the Title VI loan guarantee program, which funds the same activities as the IHBG program. Tribal governments receive additional funding for housing assistance through the Native American Housing Block Grant Competition (NAHBG) provided for in the Recovery Act. Through the second quarter of FY 2012, tribes have used the Recovery Act assistance to develop 1,841 new housing units and rehabilitate an additional 12,642 units.

The Department of the Interior's Bureau of Indian Affairs (BIA) administers a Housing Improvement Program that provides housing repair assistance and homes for Native Americans who have incomes at or below 125 percent of the federal poverty level and who are homeless or living in substandard housing.

In addition to Federal programs, tribal governments are very aware and committed to addressing the housing needs of Veterans. Many tribes including Tulalip, Coeur D'Alene, Southern Ute, Chickasaw and Cherokee tribes have established Veterans offices to help coordinate services for Veterans available through local, state, and federal programs and to oversee tribally-funded Veterans' homeownership programs.

In rural communities, the Rural Development program administered by the U.S. Department of Agriculture (USDA) provides assistance to low-income households in the form of direct loans, guaranteed home loans, rental assistance, and emergency shelter. The USDA is the largest guarantor of mortgages in many rural communities, accounting for at least a third of all mortgages in sparsely populated areas.<sup>38</sup> In 2011, USDA issued 1,713 guaranteed loans worth a total of \$225 million to low-income Veterans. USDA has also implemented special programs for Veterans returning to rural communities, including the Veterans Sustainable Agriculture Training Program which helps Veterans start careers as organic farmers. USDA is also working with the American Legion to increase awareness among Veterans, particularly Veterans in rural areas, of USDA programs. In December 2011, the USDA formally launched the Veterans, Reservists, and Military Families Task Force (VRMF) to strengthen and coordinate programmatic and outreach efforts to better serve military and Veteran families.

### **Service Programs**

A variety of federal agencies have programs to provide health care, employment, and transportation assistance to Veterans in rural and tribal communities. To better serve Veterans in rural areas, VA's Office of Rural Health (ORH) was established in 2007 to improve access and quality of health care for rural Veterans and Native American Veterans in tribal communities. ORH supports three Veterans Rural Health Resource Centers. These centers provide technical assistance to service providers, evaluations of promising practices, and promotion of telehealth technologies—the delivery of health-related services through information technology. ORH also funds Veterans Integrated Services Network (VISN) Rural Consultants to coordinate rural health efforts in each VISN. The ORH-funded projects are expanding services within communities, facilities, and community-based outpatient clinics to provide and improve access to care for all Veterans, and, specifically, hard-to-reach Veterans in rural, highly rural, and reservation areas. ORH has obligated over \$50 million dollars in the past four years for Native American Veteran services and projects.

A number of federal departments and agencies support services in tribal communities located on or near Indian reservations and Alaska Native villages, often in extremely remote rural and frontier areas. The Indian Health Services (IHS), an operating division of the Department of Health and Human Services, provides federal funding to support a wide range of clinical, public health, and community services



primarily to members of over 566 federally recognized Indian Tribes.<sup>39</sup> Over half of the IHS budget authority appropriation is administered by tribes and tribal organizations, primarily through self-determination contracts and self-governance compacts.<sup>40</sup> IHS and tribal health programs use funds to purchase care from other health care providers which they cannot provide directly. However, available IHS funding is substantially less per capita for its user population than the amount of per capita health care spending on the U.S. population as a whole (\$2,741 vs. \$7,239).<sup>41</sup> Native American Veterans may be eligible for health care services provided by IHS, VA, or both (in addition to eligibility for any other public or private coverage). On October 1, 2010, IHS and VA signed an updated Memorandum of Understanding (MOU) to help both agencies improve the health status of American Indian and Alaska Native (AI/AN) Veterans. The IHS-VA MOU expands the partnership established through a previous MOU in 2003 that improved communication between the agencies and tribal governments and developed strategies for sharing information, services, and information technology. The new MOU outlines a plan for coordination, collaboration, and resource-sharing between the two agencies. It will improve quality through training and workforce development and address emergency, disaster, and pandemic preparedness and response planning. The MOU requires the establishment of an implementation task force, the engagement of IHS and VA leadership to set priorities for action, and an annual progress report.<sup>42</sup>

The Department of Labor (DOL) has a dedicated office for serving Veterans: Veterans Employment and Training Services (VETS). VETS administers the Homeless Veterans Reintegration Program (HVRP). HVRP grants are intended to address two objectives: 1) to provide services to assist in reintegrating homeless Veterans into meaningful employment, and 2) to stimulate the development of effective service delivery systems that will address the complex problems facing homeless Veterans. For 2012, VETS awarded 154 HVRP grants. These awards range from a minimum of \$100,000 to a maximum award of \$300,000 for urban grants and \$200,000 for non-urban grants. Thirty of the 154 grants (20 percent) are non-urban grants. In 2010, 34 out of 140 HVRP grants (24 percent), worth a total of \$6.2 million, went to non-urban grantees. Despite non-urban grantees' considerable challenges in overcoming gaps in local supportive services, which adversely affect the provision of services to homeless Veterans, HVRP grantees in non-urban areas have kept pace with urban HVRP grantees by placing 60 percent of Veterans enrolled into sustainable, meaningful jobs.

Additionally, VETS has targeted HVRP funding to support reintegration into the labor force of two subpopulations of homeless Veterans: homeless female Veterans and Veterans with families (HFVWWF), and the Incarcerated Veterans Transition Program (IVTP). VETS awarded 21 HFVWWF grants and 16 IVTP grants in 2012.

The HFVWWF grants focus on addressing the issues and barriers homeless female Veterans and Veterans with families face in finding and sustaining meaningful employment, which might include helping identify transitional housing, family counseling and youth development services, primary care, mental health and substance abuse treatment, post-traumatic stress disorder and sexual trauma therapy, legal assistance, child care and other Veteran-specific needs.

The IVTP grants provide services to Veterans who have been incarcerated or who are within 18 months of transitioning out of incarceration and who are at risk of homelessness. IVTP grantees take a client-centered case management approach that collaborates with federal, state, and local resources. In many cases, local and county jails are the first location where grantees focus outreach and provide program services. Where possible, IVTP grantees partner with a VA healthcare re-entry specialist to identify Veterans transitioning from incarceration who may be negatively impacted by their military service, exhibiting behavior such as untreated anger or drug and alcohol use to self-medicate. IVTP programs are designed to be flexible in addressing the specific issues and problems that impact incarcerated Veterans' level of readiness to re-enter the workforce.

Also at DOL, the Women's Bureau has contributed to the effort to eliminate homelessness among female Veterans by developing a guide for service providers: *The Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers*. The trauma guide was commissioned by the Women's Bureau as one of its many efforts to help women Veterans experiencing homelessness find jobs and successfully reintegrate back to civilian life. The trauma guide was created to address the psychological and mental health needs of women Veterans. Written for service providers, the guide offers observational knowledge and concrete guidelines for modifying practices with the goal of increasing re-entry outcomes. The guide includes an organizational self-assessment for providers serving female Veterans and resource lists.

The Department of Transportation's Veterans Transportation and Community Living Initiative provides grants to communities to better coordinate access to transportation for Veterans. The Initiative has provided more than \$63 million to 119 grantees to better coordinate the often fragmented network of transportation options available to Veterans. Reliable transportation is instrumental in helping Veterans find and maintain stable housing. Many grantees serve rural areas like central Indiana and western Colorado and one grant went to the Indian Nations Council of Governments in Oklahoma. Representatives from HUD, HHS, and VA helped review the proposals and select grantees.

USICH can continue to play an ongoing role in convening staff to ensure that HUD and VA are coordinating with USDA, BIA, HHS, and DOL in administering programs to prevent and end homelessness in rural and tribal communities. The overarching issue is helping to ensure that need is matched with sufficient resources to address housing and services needs among Veterans in rural and tribal areas.

## Recommendations

USICH has the following recommendations for strengthening the HUD-VASH program and improving our efforts to prevent and end homelessness among Veterans in rural and tribal areas:

- **Provide additional HUD-VASH vouchers.** Housing coupled with supportive services has proven to be an evidence-based best practice that is cost effective and leads to increased stability for persons experiencing chronic homelessness. Communities have improved the targeting of HUD-VASH vouchers to Veterans experiencing chronic homelessness. To expand the supply of

affordable housing options for Veterans experiencing homelessness, we urge Congress to provide additional HUD-VASH vouchers as included in the President's budget request for FY 2013.

- **Address lack of resources for move-in expenses for Veterans in the HUD-VASH program.** VA and HUD, together with PHAs and community partners, will continue to explore innovative solutions for funding move-in expenses, such as security deposits and furnishings. Securing these expenses would remove a major barrier to the successful and timely use of HUD-VASH vouchers, particularly for Veterans experiencing chronic homelessness.
- **Support prevention, rapid re-housing, and transition-in-place initiatives.** There must be a range of housing and service options available for Veterans experiencing homelessness, in particular in rural and tribal communities, so that they can achieve self-sufficiency and stability.
- **Continue to increase collaboration between HUD, VA, HHS, DOL, USDA, and BIA to improve the availability and access to housing and support services in rural and tribal communities.** The majority of federal assistance to prevent and end homelessness among Veterans is administered by HUD and VA; however, USDA and BIA also have programs and staff in these communities providing necessary services. USICH will work to continue to better coordinate resources and expertise among these agencies.
- **Engage tribal governments.** Federal agencies should increase collaboration with tribes to develop housing assistance for Native American Veterans. Tribal governments and organizations work to address the housing and service needs of Native American Veterans through various tribally-run programs. Collaboration would provide an opportunity to better understand the housing needs of Native American Veterans and which programs are effectively addressing them.

## Conclusion

The leadership and collaborative efforts of VA, HUD, and USICH staff, along with their partners, have demonstrated that when resources are invested in strategic outcomes we can end homelessness among America's Veterans. Ending homelessness among Veterans is not the responsibility of VA alone. It is a goal that is shared across government agencies, community-based programs, the private sector, and political leaders of every affiliation. With the continued support of Congress, there is a tremendous opportunity to harness momentum from our continued progress in order to work faster and better together to reach the goal of ending Veteran homelessness by 2015.

## Endnotes

---

- <sup>1</sup> U.S. Senate Committee on Appropriations. 2012. *Senate Report 112-083-Transportation and Housing and Urban Development, and Related Agencies Appropriations Bill, 2012*. 112<sup>th</sup> Cong., 1<sup>st</sup> sess. S. Rep 1596.
- <sup>2</sup> U.S. Department of Housing and Urban Development, Office of Community Planning and Development. 2011. *The 2011 Point-in-Time Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report*, Washington, D.C. Retrieved from: [http://www.hudhre.info/documents/PIT-HIC\\_SupplementalAHARReport.pdf](http://www.hudhre.info/documents/PIT-HIC_SupplementalAHARReport.pdf)
- <sup>3</sup> U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs. *Veterans Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*. Washington, D.C. Retrieved from [hudhre.info/documents/2010AHARVeteransReport.pdf](http://www.hudhre.info/documents/2010AHARVeteransReport.pdf)
- <sup>4</sup> A principal city is the largest city in each metropolitan or metropolitan statistical area. Other smaller cities may qualify if specified requirements (population size and employment) are met.
- <sup>5</sup> Bishop, Bill. "Vets Attracted to Rural Counties, Smaller Cities". The Daily Yonder. May 14, 2012. <http://www.dailyyonder.com/vets-attracted-rural-counties-smaller-cities/2012/05/13/4002>
- <sup>6</sup> McFaulm, Mimi. "Returning Veterans and their Families in Rural America: A Brief Lay of the Land". Accessed August 2, 2012. Western Interstate Commission for Higher Education. Presentation. Web, 7. <http://www.nationalserviceresources.org/files/sample-forms/mcfaulmoftheland1.pdf>
- <sup>7</sup> U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs. *Veterans Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*. Washington, D.C. Retrieved from [hudhre.info/documents/2010AHARVeteransReport.pdf](http://www.hudhre.info/documents/2010AHARVeteransReport.pdf)
- <sup>8</sup> Johnson, P., Kathleen, F., Hearst, M. "Healthcare Disparities for American Indian Veterans in the United States: A Population-Based Study". *Medical Care* 2010 June; 48(6): 563-569.
- <sup>9</sup> U.S. Department of Housing and Urban Development. *Assessment of American Indian Housing Needs and Programs: Final Report*. Washington, DC: Office of Policy Development and Research. Retrieved from: [http://www.huduser.org/publications/pdf/Hud%207159\\_1.pdf](http://www.huduser.org/publications/pdf/Hud%207159_1.pdf)
- <sup>10</sup> "SAMHSA's Expert Panel on Homeless Veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn". Accessed September 21, 2012. United States Interagency Council on Homelessness. [http://www.usich.gov/resources/uploads/asset\\_library/FCT\\_SAMHSA\\_EXPERT\\_PANEL\\_ON\\_VETERANS\\_FINAL.pdf](http://www.usich.gov/resources/uploads/asset_library/FCT_SAMHSA_EXPERT_PANEL_ON_VETERANS_FINAL.pdf)
- <sup>11</sup> Continuum of Care refers to the network of service providers responsible for applying for and administering HUD's Homeless Assistance Grants and developing and implementing community plans to organize and deliver housing and services to meet the specific needs of people who are homeless.
- <sup>12</sup> Government Accountability Office. 2011. *Homeless Women Veterans: Actions Needed to Ensure Safe and Appropriate Housing*. Washington, DC: GAO.
- <sup>13</sup> Improving access to mainstream benefits is one of the seven central objectives of *Opening Doors*. USICH is currently implementing a plan of action across its member agencies to improve Veterans' access to mainstream benefits.
- <sup>14</sup> Government Accountability Office. 2012. *Veteran Homelessness: VA and HUD Are Working to Improve Data on Supportive Housing Program*. Washington, DC: GAO.
- <sup>15</sup> A person is considered chronically homeless if he or she has a disability and has either been homeless continuously for the past year or had at least four separate homeless episodes over the last three years.
- <sup>16</sup> Government Accountability Office. *Veteran Homelessness*. (See note 8).
- <sup>17</sup> Housing First has been recognized by the Department of Health and Human Services as a best practice for service providers: <http://homeless.samhsa.gov/channel/housing-first-447.aspx>
- <sup>18</sup> Campbell, N., Vazzano, J. and Kane, V. "Permanent Supportive Housing for Chronically Homeless Veterans". Presented at National Alliance to End Homelessness 2012 National Conference on Ending Homelessness. Retrieved September 23 from: [http://b.3cdn.net/naeh/3ebb0b2f92fdb017c\\_abm6buyqw.pdf](http://b.3cdn.net/naeh/3ebb0b2f92fdb017c_abm6buyqw.pdf)
- <sup>19</sup> U.S. Department of Housing and Urban Development. 2012. HUD-VASH Best Practices—Version 1.0: A Working Document. Retrieved June 20 from: <http://portal.hud.gov/huddoc/VASH-BestPractices.pdf>
- <sup>20</sup> This includes New York and Los Angeles, who participated in Housing Placement Boot Camps, the predecessor to Rapid Results, the 16 communities that participated in Round 1 of the Rapid Results Boot Camps, and the five communities that participated in the Colorado Rapid Results Boot Camps in October 2012.
- <sup>21</sup> VA Greater Los Angeles Healthcare System. Press Release: GLA VA and LA County Partners for VHP/Project 120. December 14, 2011. Retrieved November 6 from: [http://www.losangeles.va.gov/mediaroom/11-12-14\\_PR\\_Project-120.pdf](http://www.losangeles.va.gov/mediaroom/11-12-14_PR_Project-120.pdf)
- <sup>22</sup> Housing and Urban Development. 24 C.F.R § 982.352 Eligible Housing (2000).
- <sup>23</sup> Department of Housing and Urban Development (2012). *HUD-VASH Best Practices – Version 1.0: A Working Document* Retrieved at: [portal.hud.gov/huddoc/VASH-BestPractices.pdf](http://portal.hud.gov/huddoc/VASH-BestPractices.pdf)
- <sup>24</sup> Sataline, S. "Lack of Money and Coordination Stymies Services for Veterans." *The Chronicle of Philanthropy*. June 24<sup>th</sup>, 2012. Retrieved from: [philanthropy.com/article/Lack-of-MoneyCoordination/132443/](http://philanthropy.com/article/Lack-of-MoneyCoordination/132443/)

- 
- <sup>25</sup> February 2012 Letter from HUD Secretary Shaun Donovan. Retrieved from: [http://funderstogether.org/wp-content/uploads/2012/08/Funders-Together\\_HUD-VASH\\_Secretary-Donovan-letter\\_2-14-12-1.pdf](http://funderstogether.org/wp-content/uploads/2012/08/Funders-Together_HUD-VASH_Secretary-Donovan-letter_2-14-12-1.pdf)
- <sup>26</sup> "Rural Homelessness." (Rep. No. NCH Fact Sheet #11). Accessed June 19, 2012. National Coalition for the Homeless. <http://www.nationalhomeless.org/factsheets/rural.html>
- <sup>27</sup> U.S. Department of Housing and Urban Development (2011). *The 2010 Annual Homeless Assessment Report*. Office of Community Planning and Development, Washington, D.C.
- <sup>28</sup> Robertson, M., Harris, N., Fritz, N., Noftsinger, R., Fischer, P. 2007. *Rural homelessness*. Presented at Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research, March 1-2, 2007. Washington, D.C. Accessed on June 19, 2012 from: <http://aspe.hhs.gov/hsp/homelessness/symposium07/robertson/>
- <sup>29</sup> The Substance Abuse and Mental Health Administration. Homelessness on the Frontier and in Rural America. Expert Panel Event on April, 11, 2012.
- <sup>30</sup> VA 2011 Enrollee Geocoded Data (provided via email correspondence with Lisa Skupien July 13, 2012).
- <sup>31</sup> National Rural Health Association (2004). Rural veterans: A special concern for rural health advocates. Policy Brief. Retrieved from <http://www.ruralhealthweb.org/go/rural-healthtopics/veterans-health>. Accessed on October 11, 2010.
- <sup>32</sup> Burgess, J., DeFiore, D. (1994). "The Effect of Distance to VA Facilities on the Choice and Level of Utilization of VA Outpatient Services". *Social Science & Medicine*. 1994 Jul;39(1):95-104.
- <sup>33</sup> Nayar, P., Apenteng, B., Yu, F., Woodbridge, P., and Fetrick, A. (2012). "Rural Veterans' Perspectives on Dual Care". *Journal of Community Health*." Retrieved at: <http://edaff.siumed.edu/appointment/service/references/Advocacy/Rural%20Veterans%20Perspectives%20of%20Dual%20Care.pdf>
- <sup>34</sup> Department of Veterans Affairs Supportive Services for Veteran Families Criteria for Selecting Proposals. Retrieved from: <http://www.Federalgrantswire.com/va-supportive-services-for-veteran-families-program.html>
- <sup>35</sup> For the purposes of this analysis, VAMCs were considered rural if they were not located within a Core Based Statistical Area (CBSA).
- <sup>36</sup> This data comes from HUD's Pictures of Subsidized Housing Information Center (PIC) data system. The data was provided via email correspondence with Kaitlin Miller in HUD's Office of Public and Indian Housing on July 23, 2012. The 973 households includes both American Indian/Alaskan Natives and Hawaiians and Other Pacific Islanders. A total of 689 American Indian and Alaskan Native households have received a HUD-VASH voucher, 1.6% of all HUD-VASH households.
- <sup>37</sup> A PHA can administer HUD-VASH and other Housing Choice Vouchers (HCVs) on reservation land so long as state law does not prohibit a PHA from operating outside of its jurisdiction. In addition, the Indian tribe with jurisdiction over the reservation must consent to the PHA operating on tribal land. If state law allows it and the tribe consents, then a household issued a voucher may lease, on a reservation, a unit that has not received funds awarded under the Native American Housing Assistance and Self Determination Act (NAHASDA) and meets other eligibility criteria provided at 24 CFR 982.352.
- <sup>38</sup> Simon, Ruth. "USDA is a Tough Collector When Mortgages Go Bad." *The Wall Street Journal*. May 24, 2012. <http://online.wsj.com/article/SB10001424052702304371504577406002591760584.html>
- <sup>39</sup> Department of Health and Human Services Fiscal Year 2013 Indian Health Service Justification of Estimates for Appropriations Committees, p. CJ-1.
- <sup>40</sup> IHS Year 2012 Profile, January 2012, accessed 8/15/2012 at <http://www.ihs.gov/PublicAffairs/IHSBrochure/QuickLook.asp>.
- <sup>41</sup> Ibid.
- <sup>42</sup> IHS Press Release: "Indian Health Service and Department of Veterans Affairs Sign Memorandum of Understanding," November 16, 2010, accessed 8/15/2012 at Indian Health Service and Department of Veterans Affairs Sign Memorandum of Understanding.