



Testimony of the

NATIONAL COALITION
for **HOMELESS VETERANS**

United States Senate
Committee on Veterans' Affairs

Hearing on Pending Legislation

June 23, 2021

Chairman Tester, Ranking Member Moran, and distinguished Members of the Senate Committee on Veterans' Affairs:

On behalf of our Board of Directors and Members across the country, thank you for the opportunity to share the views of the National Coalition for Homeless Veterans (NCHV) with you. NCHV is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide emergency, transitional, and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for thousands of homeless, at-risk, and formerly homeless veterans each year. We are committed to working with our network and partners across the country to end homelessness among veterans.

I thank you for your leadership and continuing efforts to focus on the needs of veterans experiencing or at-risk of homelessness, as Congress has enacted several pieces of COVID relief legislation in the form of the Families First Coronavirus Response Act, the Coronavirus Aid, relief, and Economic Security or CARES Act, the past year's National Defense Authorization Act or NDAA, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, and most recently the American Rescue Plan. The assistance Congress provided has resulted in over \$971 million in supplemental resources, 75 percent of which had been obligated as of May, being distributed to organizations across the country to keep veterans safe from COVID by decongregating shelter spaces, ramping up rapid rehousing capacity, and focusing on individualized housing options in hotels and motels.

Last week NCHV was afforded the opportunity to present testimony before the House Committee on Veterans Affairs Economic Opportunity Subcommittee on veteran homelessness in the wake of COVID-19. Our testimony touched on many items, most important among them the need for sufficient funding must be incorporated into non-emergency appropriations and authorizations as we move away from COVID-specific emergency funding, if we are to move out of this emergency and continue to decrease veteran homelessness, implement program expansions enacted earlier this year, and incorporate program changes included in current legislative proposals.

While veteran homelessness decreased by 50 percent between 2010 and 2020, HUD's 2020 Point-in-Time Count data revealed a slight uptick in veteran homelessness to 37,252 individuals on any given night. While 37,252 veterans homeless is far more than there should be, this count is a snapshot of the population on one given night. Given the way the homeless population ebbs and flows, the population of veterans served in a year is much higher.

Decreases in veteran homelessness were made possible over the last decade due in large part to Congressional investment in key Federal Programs, adherence to evidence-based solutions, and

dedicated coordination at the national and local level. As we progress into 2021, veteran homelessness is once again a priority at the Department of Veterans Affairs (VA,) and it is unavoidably clear that we must double down on ongoing efforts to end veteran homelessness, while simultaneously recalibrating to respond to the urgent economic crisis COVID has created and the inequities that certain veteran groups face.

Today's Senate hearing is a testament to the ability of the Veterans' Affairs Committees to continuously work towards bettering the lives of veterans through your bipartisan legislative efforts. NCHV would like to note the importance of all the pending legislation today covering a wide number of subjects. However, a few bills on the agenda today have a more direct impact on homeless veteran services; S. 612 the "Improving Housing Outcomes for Veterans Act of 2021," S. 796 the "Protecting Moms Who Served Act of 2021," and the Chair's "Building Solutions for Veterans Experiencing Homelessness Act of 2021." We do not oppose legislation that is not included in NCHV's views, however, we have abstained from offering comments on legislation outside our scope of expertise.

S. 612: Improving Housing Outcomes for Veterans Act of 2021

NCHV supports the intent of S. 612, the "Improving Housing Outcomes for Veterans Act of 2021." However; it is unclear that a legal mandate for VHA to communicate with local staff working on homelessness would address any major issues the bill sponsor was attempting to address. We do acknowledge that not all VAMCs are participating robustly in local HMIS and reserving vouchers for veterans on the local prioritization lists. NCHV recommends technical changes to this legislation to require that HUD and VA jointly develop a mechanism for effectively sharing and reporting data between HUD's nearly 30 HMIS systems and VA's HOMES system. We further recommend that addition funding be appropriated to VA's HCHV program to enhance coordinated entry specialist support at each VAMC. VAMC catchment areas often overlay multiple HUD Continuums of Care (CoC), meaning that some VA Coordinated Entry Specialists are responsible for maintaining partnerships with multiple CoCs. NCHV supports improved provider access to information and looks forward to working towards those ends with the committee.

Draft bill: Building Solutions for Veterans Experiencing Homelessness Act of 2021

NCHV commends the Chairman specifically for his draft legislation, "Building Solutions for Veterans Experiencing Homelessness Act of 2021." It is my pleasure to, on behalf of NCHV, let the Chairman know that he will be awarded NCHV's 2021 Policy Award at our annual conference being held this very week, for his enduring and tireless efforts on behalf of homeless veterans across the nation. Your responsive and proactive governance has proven itself time and

again, allowing an open flow of information from providers on the front lines. On behalf of NCHV and all of our members across the nation, thank you.

NCHV supports this bill. More specifically NCHV appreciates the flexibilities Congress granted to make it easier for current grantees to take advantage of GPD Capital Grants to decongregate their facilities. NCHV has requested future rounds of capital grants, in regular, non-emergency funding to allow time for appropriate planning and construction. We support their continuation, in order to allow remaining congregate providers the opportunity to reconfigure facilities. All grantees will benefit from continued waivers of VA real property disposition and matching requirements. Certain restrictions in the most recent Capital Grant NOFO (notice of funding opportunity) prevented certain grantees from making full use of this opportunity due to the caps on per unit cost being low for acquisition in certain communities and new construction in communities where aging stock makes construction more affordable. Further, the overall grant award caps prevented larger program operators from utilizing the opportunity as the funding available was insufficient to support decongregation of larger facilities.

Another major concern amongst service providers relates to the availability of sufficient per diem funding to support 24/7 staffing operations at multiple sites for providers that were unable to decongregate beds without adding to their physical footprint. With an increase in the rate above the 115% authorized in P.L. 116-315, organizations would have a fighting chance at addressing staffing needs at multiple locations. Grant and Per Diem (GPD) recipients and grantees have found current GPD rates are insufficient to run these types of programs well in higher cost of living/rent areas.

NCHV supports increasing the GPD rate and requests that you require VA to identify a way to decouple payments to GPD operators from the State Home Per Diem Rate. NCHV requested GPD caps be maintained at 300% post-emergency or until a more responsive formula can be developed. Another important factor to note is that while the CDC has relaxed masking guidelines for many activities and types of locations, its guidelines for congregate shelter remain unchanged.¹ They continue to recommend decongregating, keeping isolation and quarantine beds available, and adequate distancing measures in congregate facilities, even as much of the country goes back to more normal operations. While certain bed models will continue to run deficits on a regional basis with the bills proposed 200%, this is an important step toward GPD providers maintaining program solvency as they have been funded off of an entirely separate program's formula. Most programs will not receive anywhere near these elevated rates as these are merely caps, under which any provider would have to justify an approved reimbursement rate.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>. National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. 6/8/2021

Additional technical assistance is needed across most of HPO's homeless programs as the amount provided has not changed since their authorizations. Rather than updating specific dollar amounts we support the legislation setting aside 2 percent of yearly funding. These additional flexibility for TA funding will allow VA to be proactive in their implementation of program adjustments in real time. NCHV supports the effort to provide further public transportation services for veterans as proposed by the pilot programs.

NCHV supports report language gathering more information on the recently expanded SSVF Shallow Subsidy program and the requested report language. The more we know about the impact of this more recent addition the better we can calculate need and benefits of future expansions. Health care navigators implemented and hired during the emergency for the Supportive Service for Veteran Families (SSVF) program should be continued as they have been a success with service providers, improving veteran outcomes and transition among programs and should be expanded to include housing navigation as well. Halting navigator assistance to veterans would jeopardize a provider's ability to increase positive outcomes for homeless veterans. Veterans need this assistance, including those participating in other VA programs, and Congress can close this gap by approving the Chairman's bill. NCHV thanks the chair for including this valuable asset in his bill. This program has been a success during the pandemic, as its flexibility has allowed for innovative collaboration.

NCHV anticipates the economic recovery will take time, and payments made for rent in arrears could move veterans off assistance before they have stabilized. Re-employment and reintegration efforts will be crucial to stabilize an anticipated influx of unemployed veterans through an expanded Homeless Veteran Reintegration Program re-authorized at \$75 million through 2025. In a recent veteran employment hearing, the newly minted Veteran Rapid Retraining Assistance Program (VRRAP) revealed it has seen a generous uptake with program administrators claiming they will expend the \$386 million allotted, halfway to the program's goal of 17,250 participants. This displays a deep well of need for veteran employment programs. The economic crisis will deepen when unemployment benefits sunset. Similarly, the housing crisis will deepen when the eviction and foreclosure moratoriums sunset. Nearly 15 million Americans have accrued over \$50 billion in missed rental and mortgage payments, and veterans are among them. Of which over 6 million renter households will immediately be added to the "at-risk" category of homelessness if unable to access enough emergency rent assistance or other homelessness prevention funding. Adequate funding for programs that prevent homelessness and lift up veterans through quality employment are direly needed.

S. 796 – Protecting Moms Who Served Act of 2021

NCHV supports this legislation. We note that research from the Urban Institute has found that among a sample of civilian women experiencing homelessness in Massachusetts found that 48

percent of women were pregnant and 52 percent experienced pregnancy in the year prior to shelter entry.² The study found that these women accessed less ambulatory prenatal care, more emergency care, and were more likely to experience health complications during and immediately after giving birth. To that end, we request that Section 4(b)(1) of the bill be amended to require the report to also include not only recommendations for improving care for pregnant homeless veterans, but also identification of any correlation between the housing status of veterans and maternal outcomes.

In Summation

Thank you for the opportunity to submit this testimony for the record and for your continued interest in ending veteran homelessness. It is a privilege to work with all of you to ensure that every veteran facing a housing crisis has access to safe, decent, and affordable housing paired with the support services needed to remain stably housed. We are in the middle of an emergency and veterans experiencing and at-risk of homelessness need safe housing now more than ever. We thank you for your attention as we work collectively to lessen the impact that COVID-19 will have on veterans experiencing or at-risk of homelessness.

² <https://housingmatters.urban.org/research-summary/pregnant-and-homeless-how-unstable-housing-affects-maternal-health-outcomes>. Robin E. Clark, Linda Weinreb, Julie M. Flahive, Robert W. Seifert. 3/20/2019