

# Supporting Veterans from Homelessness to Housing: An In-Depth Look at the HUD-VASH Program

Derek Low, LCSW, MPH  
Stephanie Cuevas, LMSW  
Kara Albrecht, LICSW  
Adrian Spencer, LMHC

*Community Housing and Outreach Services  
Social Work Service  
VA Puget Sound Health Care System*

# VA Homeless Programs

- The Department of Veterans Affairs (VA) has many programs for homeless Veterans and their families:
- Health Care for Homeless Veterans (HCHV)
- Community Resource and Referral Centers (CRRC)
- Supportive Services for Veteran Families (SSVF)
- Grant and Per Diem (GPD)
- Veterans Justice Outreach
- Domiciliary Care for Homeless Veterans (DCHV)
- Housing and Urban Development-VA Supportive Housing (HUD-VASH)

# What is HUD-VASH?

- Partnership with Housing and Urban Development (HUD) and Veterans Affairs Supportive Housing (VASH)
- Adapted and expanded by Obama administration, May 2008
- HUD provides Project Based and Housing Choice Section 8 vouchers
- VA determines clinical eligibility and provides technical and clinical support

# HUD-VASH Nationally

- Growing every year since 2008
- 87,000 VASH vouchers nationally
- 144,000 Veterans served since 2008
- 500 Public Housing Authorities (PHAs)
- Added 102 PHAs in April 2018

# HUD-VASH Philosophy of Care

- Evidence based practices:
  - Veteran centered care
  - Housing first
  - Harm reduction
  - Critical Time Intervention
  - Interdisciplinary teams

# HUD-VASH Goals

- End homelessness among Veterans!
- Prevent homelessness from reoccurring for participants
- Coordination of care with VA and community providers
  - Mental Health, SUD treatment, primary care
- Working towards Veteran's autonomy

# Achieving HUD-VASH Goals

- Coordination of healthcare and social services
- Education
  - Health, budgeting, finances, being a good tenant, employment
- Advocacy (landlords, housing authority, and community providers)
- Community connectedness

# Continuum of Care (CoC) Program

- “A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.”



# Continuum of Care (CoC) Program

- Involving several organizations (Nonprofit Providers, Federal, State, and Local governments)
- Promote access to and utilization of community resources
  - Emergency Shelters, Transitional Housing
  - Outreach (intake/assessment)

# Coordinated Entry

- Ensure coordination of community wide services
- Ensure fair/equal access housing resources by using the same screening tool, uniformed guidelines, and having consistent referral policies and procedures
- “Aims to incorporate the principles of a system-wide housing first approach and prioritize those with the highest service needs.”

# HUD-VASH Criteria

- HUD-VASH participants must be:
  - Homeless\* (per the McKinney Vento Assistance Act, as amended by The HEARTH ACT)
  - Eligible for VA Health Care\* (as defined by law and regulation)

*\*VA staff evaluate these factors*

# HUD-VASH Criteria

- HUD-VASH participants must be:
  - Under 80% AMI\*
  - NOT a lifetime registered sex offender under a state sex offender registry

*\*The Public Housing Authority evaluates these factors*

# HUD-VASH Criteria

- Participant Targeting:
  - Chronically homeless
  - Other vulnerable Veterans with demonstrated case management needs
    - Prioritization follows HUD's guidance\*
    - An acuity tool is used in many jurisdictions

\*HUD Notice CPD-16-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

# Tribal HUD-VASH

- Demonstration program started in 2015
- Provides rental assistance and supportive services to Native American Veterans experiencing or at risk of homelessness
- Veteran must be living near a reservation or other designated Indian areas.
- Funding awarded to specific tribes and tribally designated housing entities (TDHEs).
- 500 vouchers nationally
- Veteran must be registered with a tribe or be an Alaskan Native

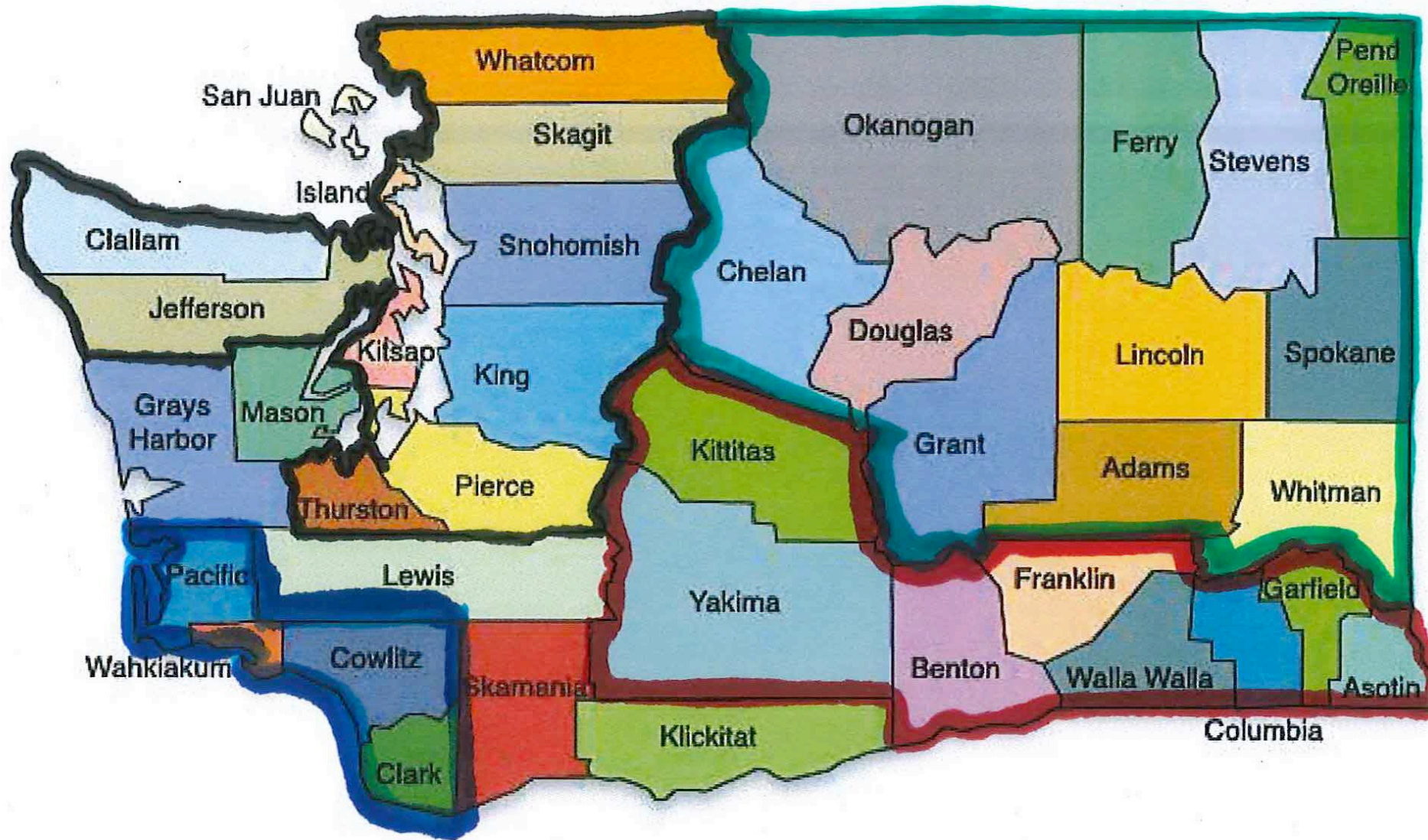
# How is it Different?

- Income limits are set by the tribes and non-taxable income is not counted
- Not a traditional voucher--Tribe receives sum of money and is allowed to allocate as they choose
- Residence may or may not be on the reservation
- Select tribes choose to run their program more similarly to a project based site

# Washington HUD-VASH Program

- Washington State's HUD-VASH programs are managed through 4 distinct VA Medical Facilities:
  - Puget Sound
  - Spokane
  - Walla Walla
  - Vancouver/SW Washington





# Washington State HUD-VASH Allocations

- Over 2800 HUD-VASH vouchers currently active across the state
- VA Medical Facilities partner with 22 different Public Housing Authorities
- 460 new vouchers awarded by HUD in April 2018

## 2017 Voucher Allocation for Washington State (awarded April 2018)

HUD-VASH AWARDS				
STATE	HOUSING AUTHORITY	PARTNERING VA MEDICAL FACILITY	NUMBER OF VOUCHERS	AMOUNT
Washington	Bellingham Housing Authority	Seattle	10	\$50,776
	Housing Authority of Chelan County/City of Wenatchee	Spokane	10	\$44,124
	Housing Authority of Island County	Seattle	10	\$61,254
	Housing Authority of Skagit County	Seattle	3	\$18,097
	Housing Authority of Snohomish County	Seattle	50	\$441,558
	Housing Authority of the City of Renton	Seattle	10	\$92,756
	Housing Authority of the City of Tacoma	Seattle	10	\$65,758
	Housing Authority of Thurston County	Seattle	21	\$137,962
	Housing Opportunities of Southwest Washington	Portland	11	\$50,225
	King County Housing Authority	Seattle	100	\$914,568
	Okanogan County Housing Authority	Spokane	17	\$59,705
	Peninsula Housing Authority	Seattle	10	\$46,456
	Pierce County Housing Authority	Seattle	70	\$483,160
	Seattle Housing Authority	Seattle	40	\$336,840
	Spokane Housing Authority	Spokane	30	\$138,751
	The Housing Authority of the City of Bremerton	Seattle	28	\$183,738
	Yakima Housing Authority	Walla Walla	5	\$20,116
	Vancouver Housing Authority	Portland	25	\$174,693
Washington Total			460	\$3,320,535

# But What is the Housing?

- A network of formal and informal partnerships with non-profit and for profit housing providers.
- Most participants live in a “regular” apartment with direct rental assistance payments provided by a Section 8 voucher through the local Public Housing Authority.
- Some units have “project based” subsidies (the building has the subsidy, not the Veteran). Some project based housing has additional on-site support and some don’t.
- Veteran’s pay 30%-40% of THEIR gross income, voucher covers the remainder of rent.

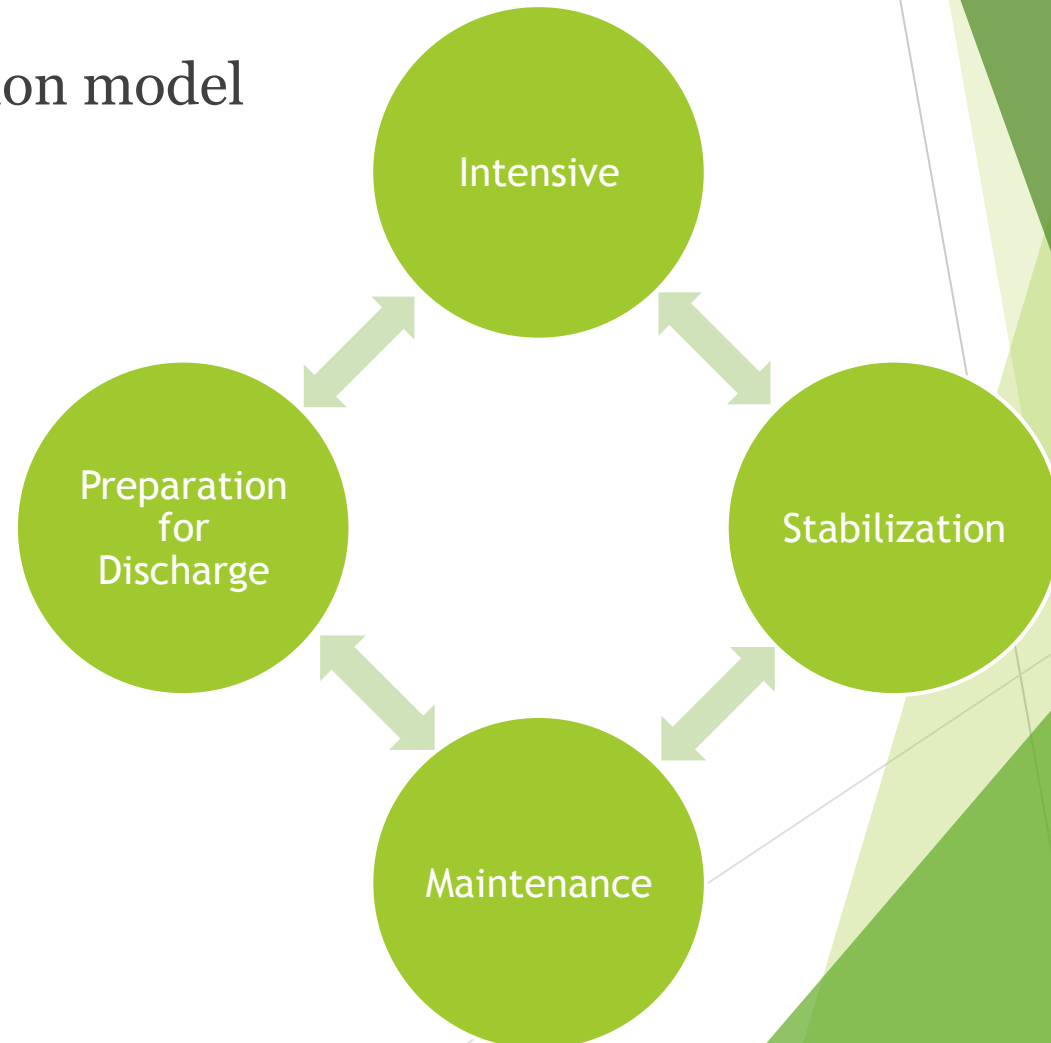
# What Can a Veteran Expect?

- VASH case management is highly tailored to the individual.
- Intensive housing search or placement assistance
- Regular **in-home** visits (frequency based on clinical need)
- Financial assistance via section 8 voucher.
- Veterans can be graduated/discharged from case management but retain Section 8 voucher subsidy.



# Stabilization Case Management

- Guided by **Critical Time Intervention** model
- Fluid model with frequent movement between stages
- Progression through stages is highly dependent on individual needs and barriers



**Stage 1: Intensive** – At this stage, Veterans require the highest level of service. At a minimum, weekly home visits are required, but more frequent interactions may be needed to obtain clinical stability.



- Primary focus is on helping the Veteran acclimate to housing and navigate rental responsibilities
- Motivational interviewing to encourage engagement in treatment/services.
- Engage collateral contacts and create a support network (e.g., landlord, family/friends, providers, etc.)
- Address immediate needs (e.g., Income, furniture, etc.)

**Stage 2: Stabilization** – At this stage, Veterans are more adept at managing their housing responsibilities and physical and/or mental health needs, thereby increasing their housing stability. At a minimum, twice a month home visits are required, with additional interactions as needed.

- Primary focus is on helping the Veteran develop a routine and create contingency plans
- Motivational interviewing to encourage continued engagement in treatment/services
- Veteran utilizes both their case manager and support network to resolve barriers
- Continue addressing immediate needs while also exploring long-term goals





**Stage 3: Maintenance** – At this stage, Veterans are demonstrating stability, independence, and improved coping skills and recovery. Ongoing CM services are focused on treatment, support, and mentoring assistance needed after housing placement. At a minimum, once a month home visits are required, with additional interactions as needed.

- Primary focus is on promoting independent decision making and encouraging autonomy
- Motivational interviewing to help Veteran assess progress in treatment and determine ongoing needs
- Veteran utilizes support network as first line of defense when faced with barriers
- Discuss long-term goals and existential needs

**Stage 4: Preparation for Discharge** – At this stage, Veterans have at least one year of demonstrated stability and sustained a low acuity level. Case management can be provided in the home, community, or at the medical center and is focused on actively preparing the Veteran for discharge. During this phase, contacts are to occur at least quarterly and the focus of case management would address steps towards graduation from case management, and/or discharge planning.

- Primary focus is on preparing Veteran for graduation from case management
- Veteran has taken responsibility for their treatment and actively pursues services as needed
- Support network has expanded and is capable of addressing most barriers faced by the Veteran
- Veteran is taking steps towards achieving their long-term goals and existential needs.

# Post-Graduation

- VASH case manager continues to serve as point of contact
- Yearly follow-up with Veteran
  - Provide assistance with Housing Authority annual recertification
- If necessary, Veteran may re-enroll in VASH case management



# Questions?????



# Presenter Contact Info

- Derek Low, LCSW, MPH [Derek.Low2@va.gov](mailto:Derek.Low2@va.gov)
- Stephanie Cuevas, LMSW [Stephanie.Cuevas@va.gov](mailto:Stephanie.Cuevas@va.gov)
- Kara Albrecht, LICSW [Kara.Albrecht@va.gov](mailto:Kara.Albrecht@va.gov)
- Adrian Spencer, LMHC [Adrian.Spencer@va.gov](mailto:Adrian.Spencer@va.gov)