



RESEARCH BRIEF

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Exploring the Role of Project-Based Vouchers in the HUD-VASH Program

Ann Elizabeth Montgomery, Meagan Cusack, Sonya Gabrielian, Erika L. Austin, Stefan Kertesz, & Jesse K. Vazzano

Introduction

To end homelessness among Veterans, the U.S. Departments of Housing and Urban Development (HUD) and Veteran Affairs (VA) have substantially expanded their collaborative permanent supportive housing (PSH) program (HUD-VASH). HUD-VASH comprises a permanent housing subsidy provided through HUD's Housing Choice Voucher Program and case management and clinical services provided by multidisciplinary teams of VA staff who use a Housing First approach to PSH. HUD-VASH programs offer vouchers to support scattered-site, tenant-based housing, as well as increasingly through project-based housing, in which Veterans live in units at a single site where multiple vouchers are assigned. As of the end of June 2016, almost 5,000 project-based vouchers (about 6% of all HUD-VASH vouchers) had been awarded.

This research brief describes project-based HUD-VASH programs, including how property management, clinical services, and housing supports are organized; how Housing First principles are incorporated into project-based programs; and the Veterans who are served by project-based HUD-VASH programs and their perspectives. Finally, we identify directions for future research.

Methods

The study team conducted site visits to 10 project-based HUD-VASH programs at five locations. During these visits, the team conducted focus groups and qualitative interviews with VA and community partner staff (n=64) and Veterans (n=8). Study sites were selected purposefully to capture significant diversity in geography, housing market, cultural milieu, degree of adoption of Housing First, and importance to the Veterans Health Administration (VHA) Homeless Programs and HUD-VASH Offices. Site visits took place during May–July 2017 in Detroit, MI; Houston, TX; Los Angeles, CA; San Francisco, CA; and Washington, DC.

Description of Project-Based HUD-VASH Programs

The size of the project-based HUD-VASH programs ranged from 75 to more than 600 units. Each of the project-based programs accepted other housing subsidies in addition to HUD-VASH, and half also offered private market, affordable housing units. More than half were Veteran-only buildings. All of the project-based programs offered on-site property management and the majority were owned and managed by nonprofit landlords whose mission was to address homelessness, often with a specific focus on Veterans. Half of the project-based programs offered single-room occupancy (SRO) units. While the other programs offered larger accommodations, only one offered housing suitable for families with

children. Nearly all of the project-based programs offered some basic furnishings for tenants upon move-in and the buildings often featured a variety of amenities.

Typically, the project-based programs had at least one on-site HUD-VASH case manager and several utilized additional specialized HUD-VASH staff (e.g., nurses, peer support specialists) to augment on-site services. A few sites offered medical services on-site, e.g., primary care services offered one day/week. All of the project-based programs were located within close proximity to a VA facility, and several offered daily shuttles to and from the local VA Medical Center (VAMC). Several programs were also co-located with other VHA Homeless Programs, such as Grant and Per Diem (GPD) and Supportive Services for Veteran Families (SSVF).

Both Veteran- and community-level factors led to the initial development of project-based HUD-VASH programs. Project-based programs were perceived as an important option for highly-vulnerable Veterans who struggled to access or maintain housing in scattered-site settings due to a history of chronic homelessness, a record of felony convictions, or the need for case management to maintain independent housing. In addition, project-based programs were able to meet Veterans' housing needs in areas with particularly tight rental markets. As program staff described:

The Veterans that we have left are Veterans who have been homeless for five, 10, 15 years, can't get housing—either because they didn't have income, they have a history of felony convictions, they have substance abuse issues currently—but they do aspire to become housed, and they may go to your place and say, "Wow, you know what? This looks like a place where I can really practice good recovery." And so, we have to be able to accommodate them in this process as well.

Program Operations

At each of the project-based housing programs, property management was located on site and was responsible for collecting rent and caring for the physical structure of the housing. At some sites, property management also provided on-site security or staff to sit at a front desk in the building. According to program staff, rules for the project-based programs were based on a standard lease agreement with additional policies to ensure positive social interaction among residents:

The metaphor I like to use for property management: we're at arms' length, but we're within reach of the VA. So, we do have healthy boundaries, but we're there and available.

Project-based programs provided a variety of supports to assist Veterans in maintaining their housing stability. While VA case managers served as the backbone of this support system, connections with other community resources and VA health care helped Veterans reach their recovery goals. At some sites, non-VA community resources were co-located at the project-based program, which improved VA staff's familiarity with the various community-based services available to support Veterans. Case managers connected Veterans with other outside resources and also encouraged Veterans to volunteer and engage with community organizations and churches. While many services and resources were available at project-based programs, staff emphasized a desire not to replicate services available through the VA health care system. Staff reported that having VA case managers on site at the project-based programs facilitated Veterans' ability to access health care and supported discharge planning:

The VA, over time, has added experts, whether it's navigators or employment experts or et cetera, as VASH has expanded to meet the needs of long-term, I think the original focus was to

get them housed, but over time, it evolved into, okay, so get them housed. How do they succeed long-term?

Interactions between property management and VA case managers varied across sites; although property managers could be helpful in assisting case managers with identifying potential issues with tenants, sites agreed that having distinct responsibilities for both teams was critical. Property management could invoke consequences for Veterans falling behind on rent or not following rules while VA case managers could assist Veterans to address these issues by connecting them with resources or advocating on their behalf. Program staff distinguished the role of property management:

[Property management] really deals with the rent issues, but we talk about it as a team in our blended management meetings...What we've tried to set up with [property management] is the first month if somebody doesn't pay, let us know so we as a service team can start talking to them now to make sure we can kind of get them back on track and help them. But every now and then of course there's somebody who slips through the cracks and they end up owing more than what we would like them to owe. And we don't just automatically evict. We do the eviction prevention plan. We work with that person. We send them to the state to try to [get emergency funds]. We send them to some other agencies in the community that we work with within the Continuum to try to get their rent paid or the back-rent paid. And again we do employment services to try to make sure that people can sustain themselves.

The Application of Housing First Principles to Project-Based Programs

After HUD-VASH formally adopted the Housing First approach in 2013, VA mandated that the program adhere to the principles of rapid, non-contingent placement of the most vulnerable Veterans into permanent housing with comprehensive services available to support Veteran recovery. This represented a significant philosophical shift for many HUD-VASH programs, and the complexities of making this shift were heightened in project-based programs where partnerships between property management and supportive services were required.

Program staff stressed the importance of consumer choice in terms of both housing and services, as well as the importance of matching housing with Veterans' needs. Housing choice occurred at the outset, when programs gave Veterans the option of scattered-site housing in the community or placement in project-based programs. HUD-VASH staff may have tried to persuade Veterans in one direction over the other given Veterans' needs or the particular challenges of the local housing market, but program staff reported that the choice was formally left in the hands of the Veteran:

It's still all by choice. Even though a person gets matched to me, our staff contacts that person and it's still by choice. Where do you want to live? You have the list of apartment complexes. We can go in the community. We can look at apartment complexes. We also have project based apartment complexes. And it's your choice and your decision where you want to go.

Staff recognized that although project-based programs offered on-site services, housing was not contingent on the use of services. The strict separation of housing and services, which is integral to the Housing First philosophy, was also supported by a clear distinction in the functions of property management and HUD-VASH case managers. At all of the project-based programs visited for this study, the property was either owned or managed by a property management company, which was clearly tasked with collection of rent, maintenance of the property, enforcement of rules, evictions, and other issues related to property management. Clinical and other supportive services, on the other hand, were

the domain of VA staff and other contracted service providers. The separate but complementary roles played by property management and VA case managers were most evident with regard to evictions and rules enforcement:

Blended management is really about we're all here at the table for the same reason, to keep people housed and to protect the asset. That's everybody. And property management is more about protecting the asset. Support is more about keeping people housed but really the asset is better off if people stay housed versus turning folks over. So, we realize we're all kind of working at the same goal. It's just we come at it from a different kind of perspective.

Veterans Served in Project-Based HUD-VASH Programs

The ability to consistently prioritize the most vulnerable Veterans for project-based programs was noted as a key goal of the program. Staff agreed that Veterans who needed more support to live independently due to medical, mental health or substance use disorders, physical disabilities, or other reasons benefited from the additional assistance provided by project-based programs. Of note, the needs of some of these Veterans often exceeded the services currently available in the project-based settings; VA and community partnered staff often felt ill-equipped to serve the highest need Veterans, e.g., those with dementia, recalcitrant substance use disorders, and/or serious mental illness with functional limitations. Veterans who were able to sustain more independent housing but who preferred a community environment or wanted more support during their transition out of homelessness were also appropriate for project-based programs. Veterans who were less likely to thrive in project-based programs included those who had maintained stable housing in the recent past and felt restricted in a project-based program; Veterans who posed a risk to other residents; Veterans who required more medical care than on-site staff could reasonably offer; and Veterans who would rather remain “anonymous” in the community.

Generally, Veterans tended to use project-based housing as a stepping stone toward a future goal of independence or remained in project-based housing for the rest of their lives. Program staff identified improved health and housing and greater independence as recovery goals for Veterans in project-based housing. Community integration and family reintegration were also key foci of case management to help Veterans on their paths to recovery. In addition, staff described possible independent outcomes for program participants, including graduation from the HUD-VASH program, especially for those demonstrating greater knowledge of resources, less need for intensive case management, and increased social supports:

We have a lot our Veterans who are senior citizens where they made this step up and now they can relax...And then we got some Veterans who say okay, I'm cleaning myself up. I'm going to get myself ready to get a job and move on next to my career, and move on to bigger and better things. And we work with the Veterans with whatever their goal is.

Veteran residents appreciated the broad range of supportive services available through project-based programs, including peer support, on-site support groups and activities, and outings the staff planned for Veterans. Many Veterans noted the coordination between and within VA staff as well as between on-site case managers and property management staff as a major strength of the program:

If you get down and you have problems, you can come in and talk to them and then they go with you to talk to the management. And you can't pay your rent or something like that, I had got down with SSI and they took all my pay and I'm worrying about what I'm going to do. So, I got

with them and they helped me and they finally sent a check and I talked to the [property] manager and when the check came, I just gave him the whole thing. So, it's a big help here.

Residents also appreciated housing in neighborhoods that were safe, quiet, located conveniently to shopping, transportation, and the VAMC, with playgrounds for children:

Because I was once there. I was homeless. So, it's nice living in a place that you can call your own and wake up and don't have to worry about the elements or worry about someone attacking you.

Living around other Veterans, with shared experiences, was also described by Veterans as a major benefit of living at project-based programs:

You kind of have the same language and you have experiences that you can kind of bond over.

On the other hand, some Veterans expressed serious concerns regarding illegal activities in their buildings, including loan sharking and prostitution. The prevalence of drug selling, drug use, and overdoses was reported as especially problematic for Veterans in recovery:

If you don't have the will power, it is [difficult]. Regardless of the fact that I can go in my unit and then close my door and not worry about what's going on outside my unit. It's okay, but if you walk through the building, you can actually smell drugs, especially on long weekends. So, for a person who's just moving in there or who's been coming out of rehab, it would be very, very hard. Very hard.

Though project-based programs often had a range of rules in place to limit Veterans' negative experiences, including restrictions on weapons, zero-tolerance for illegal activities, and monitoring visitors to the building, opinions on the extent to which building rules were enforced were mixed:

You get kicked out for criminal activity. That's anything from assaults to prostitution to having a weapon to drug dealing to doing anything in the criminal activity. You can be kicked out of here for it.

They don't enforce any rules unless it's something they just want to pick. So, I've had eight complaints since I've been here. They haven't addressed any of them.

Veterans suggested that increased building security, employment opportunities, and better transportation would improve their experiences in project-based programs.

Directions for Future Research

Given that the use of project-based vouchers in the HUD-VASH program is growing, future work is needed to assess the health and housing outcomes of Veterans participating in project-based programs. Implementation work to provide services suited for higher need Veterans who are struggling in project-based VASH, e.g., on-site nursing care or medication management, is also critical. Research should compare project-based program participants with scattered-site PSH participants, matching on level of acuity, to better understand the relationship between the specific housing model and outcomes. In addition, further research is needed to understand Veterans who may require more support than is currently available through project-based programs, such as aging Veterans who may have difficulty living independently but do not yet require care provided by skilled nursing facilities or other more

intensive resources, and how to meet their needs. Finally, future work should assess the feasibility of offering project-based HUD-VASH in more rural areas.

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AUTHOR AFFILIATIONS

Ann Elizabeth Montgomery, PhD is a researcher with the VA National Center on Homelessness among Veterans; Health Science Specialist with Birmingham VAMC Health Services Research & Development; and Assistant Professor at the University of Alabama at Birmingham, School of Public Health, Department of Health Behavior.

Meagan Cusack, MSc, is a researcher with VA Center for Health Equity Research & Promotion.

Sonya Gabriella, MD, MPH is a Core Investigator, VISN22 MIRECC and VA Los Angeles HSR&D COIN; Affiliated Researcher, National Center on Homelessness Among Veterans; Assistant Professor, Department of Psychiatry and Biobehavioral Sciences, UCLA David Geffen School of Medicine

Erika L. Austin, PhD, MPH is faculty in the Department of Biostatistics in the University of Alabama at Birmingham School of Public Health.

Stefan Kertesz, MD, MSc is a physician at Birmingham VA Medical Center and Associate Professor at the University of Alabama at Birmingham.

Jesse Katherine Vazzano, LICSW is National Director, HUD-VA Supportive Housing (HUD-VASH), VHA Homeless Programs