Testimony of the

NATIONAL COALITION
for **HOMELESS VETERANS**

United States House of Representatives
Committee on Veterans' Affairs

"Coronavirus Pandemic Response: The Impact of Economic and Health Care Services on Homeless Veterans in America."

April 28, 2020

Chairmen Takano, Ranking Member Roe, and distinguished Members of the House 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.

From a public health perspective, homelessness makes both individuals and veterans more vulnerable to exposure to and transmission of highly communicable conditions like COVID-19 as corroborated by recent reporting. As of April 24th, 2020, veterans comprised 0.8 percent of COVID-related deaths but only 0.7 percent of the country's confirmed cases, this data reveals a veteran is currently 12.5% more likely to pass away if exposed to the virus. Communities like NYC and DC that have been reporting statistics among people experiencing homelessness have seen more than half of the individuals being tested for COVID-19 are turning up positive. As of the 23rd here locally in the DMV area the population in general had its highest spike of recorded cases to date to emphasize our immediate plight.

As largest health care system in the country, VA could be in a unique position to lead the way for the country in testing, treatment access, and outcomes. Of the cases in VA's daily report, we have not been able to determine how many are experiencing homelessness. We have reason to question the comprehensiveness of that data, given recent reports that 30 individuals, the majority of whom are veterans, tested positive at a Baltimore transitional housing facility for veterans leaving homelessness during the Week of April 13. VA's data as of April 23 showed only 16 confirmed cases at the VA Maryland Health Care System because cases from the shelter were neither diagnosed by nor treated at the VAMC. More clarity is needed to understand the true scope of transmission in the veteran population, as there will likely be many instances across the country where veterans are receiving testing and care outside the VA health care system.

NCHV requests that Congress continue to identify and address any racial disparities that may exist in the identification and treatment of veterans for the coronavirus. African American and Native American veterans are far more likely to experience homelessness and underlying diagnoses that increase their likelihood of morbidity due to COVID-19. Given the challenge this population faces with implicit bias in many medical systems, VA must include comprehensive race and ethnic data in addition to homeless statistics to the VA's reporting on confirmed

COVID cases and deaths. Congress must also ensure that all responses to this pandemic are designed to equitably center the needs of veterans of color, and other vulnerable subpopulations.

The pandemic has undoubtedly impacted veterans in a variety of ways from making it harder for unsheltered veterans to find shelter and housing in some communities, to causing increased difficulties in accessing supportive services and utilizing HUD-VASH vouchers, to creating new mental health challenges for veterans feeling isolated in housing or struggling to find their way to a safe place to sleep inside.

If there is anyone who is prepared to take on the uncertainty of providing vital services in the midst of a pandemic, it is the organizations that are already committed to this work on a day to day basis. However; even they face pandemic-related challenges, from a glaring lack of personal protective equipment (PPE) and disinfectants, facility wide deep cleanings after posativesto identifying innovative ways to deliver services in the era of social distancing, to financial considerations for providers trying to safely operate transitional housing programs, and affordable housing developers having deals delayed due to construction stoppages.

Earlier this month we wrote a letter to VA Secretary Wilkie urging action to address veteran homelessness within the greater scale of the COVID-19 response, and to stress the importance of timely dissemination of funding to VA's grantees. Since then we have been pleased to see an increase in provider-facing communication and to hear that VA is allocating $300 million to its homeless programs. We have seen the announcement to Supportive Services for Veterans and Families (SSVF) grantees of an additional $200 million in funding. However, we need to ensure VA has the tools it needs to release the remaining funds allocated for the GPD program to grantees, with guidance on its use. Given the infection rates that have been documented in congregate transitional housing facilities across the country, any further delay is putting homeless service providers in the impossible position of making life or death decisions, based on insufficient resource availability, for veterans experiencing homelessness.

Further, VA must look at prioritizing testing for veterans who are unsheltered or living in transitional housing. A CDC Morbidity and Mortality Weekly Report on the prevalence of coronavirus infections among transitional housing residents found that early testing of residents in congregate transitional housing is critical to reducing the rapid spread of the virus among a highly vulnerable population.[1] The study examined a limited number of shelters where testing took place and found much lower rates of infection during pre-emptive testing, than when there was a single case, or a cluster of cases.

[1] Mosites E, Parker EM, Clarke KE, et al. Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters – Four U.S. Cities, March 27-April 15, 2020. MMWR Morb Mortal Wkly Rep. ePub: 22 April 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6917e1external icon

There are well-established homeless programs to serve veterans and additional resources would allow them the flexibility to hold the lines at the forefront of this crisis. If not prevented, widespread transmission among this population can overwhelm VHA's inpatient hospital capacity unnecessarily. With recently updated guidance from the CDC for homeless service providers the need for proactive measures is clear. We know VA recently distributed a list of necessary legislative changes to current homeless programs including specific waiver authorities to the committee. NCHV supports these changes, to allow the VA to continue to provide services during this crisis of indeterminant length.

Hospitals around the country are filling to capacity and lack sufficient space to meet the predicted demands for health care in the worst-case scenarios, so community partnerships with housing and shelter providers are now more critical than ever patients are triaged among limited housing and shelter options. One critical role the housing and shelter system can play is in support of medical respite capacity for veterans who test positive and have no safe space in which to isolate.

Communities across the county also need additional capacity for unsheltered individuals to self-isolate if they are clinically at-risk but asymptomatic. The distribution of appropriated funding for VA's Healthcare for Homeless Veterans (HCHV) and SSVF programs can rapidly scale isolation capacity on a contract or individual basis in communities that need it. Social distancing requirements for safe operations are requiring grantees to reduce admissions in their current facilities by up to 75 percent in the most compressed facilities. Congress provided VA with the authority to waive the maximum per diem payable to grantees under the Grant and Per Diem (GPD) Program, along with the ability to waive discharge other requirements, but did not offer direction on the maximum per diem rate payable to grantees. We urge Congress to direct VA to temporarily increase the per diem rate to a maximum of three times the state home per diem rate, retroactive to the beginning of this pandemic. Grantees are paying for unexpected costs such as disinfectant, masks, single use thermometers, sanitizer, and now hazard pay for staff to operate facilities. The combination of these factors, and an overall decrease in charitable donations, are creating unbearable financial strain on these organizations on the front lines of this fight.

Enhancing VAMC homeless outreach capacity via HCHV should be a priority for training, testing, and enhanced surveillance in encampments or places where unsheltered veterans may be unable to access housing, and appropriate PPE for outreach staff doing this work. With surveillance playing such a critical role in this response, all VA homeless outreach employees whose clinical scope of practice allows it must be trained in administering diagnostic testing to ensure all who need care can get it. Those whose scope of practice does not allow it should be partnered with local officials or other entities who are able to administer tests.

We know that over 80 public housing authorities (PHA) have moved to remote operations and over 100 have altered operations because of the pandemic. In communities across the country, veterans with vouchers are unable to access housing they have identified, and that funds are available to support, as inspections and enrollments depend on PHA staff. We encourage collaborative Federal efforts to identify ways to efficiently operate this program, while maintaining staff safety. The recovery phase presents an opportunity to move veterans from temporary to permanent housing by leasing up currently unused vouchers within the HUD-VASH system with additional vouchers as well, even a round of Project Based vouchers would add to the flexibilities for PHAs. There is absolutely no reason any veterans in motel/hotel placements temporarily should be exited back into homelessness at the end of the pandemic.

In order to address these issues faced by veterans experiencing or at risk of homelessness and respond to the pandemic-related economic impacts that are likely, VA should temporarily relax targeting standards around homelessness prevention in the SSVF program. This would give grantees room to serve the anticipated increase in veterans at-risk of homelessness due to staggering unemployment and reduced pay. Additionally, an increase to the maximum number of months of rental assistance that can be paid by SSVF in support of long-term housing stability would be of monumental importance.

NCHV anticipates the economic recovery will take time, and payments made for rent in arrears could move veterans off assistance before they have stabilized. If needed, the powers of the Robert T. Stafford Disaster Relief and Emergency Assistance Act may allow VA to include homeless assistance under this authority to flexibly provide this assistance as an emergency protective measure across the country. Re-Employment and re-integration efforts will be crucial to stabilize an anticipated influx of unemployed veterans through an expanded Homeless Veteran Reintegration Program though 2023.

We ask Congress to direct VA to utilize the humanitarian care authority granted by section 1784 of Title 38, U.S.C., during the duration of the pandemic to provide health care to all veterans experiencing homelessness, regardless of discharge status. Approximately 15 percent of the veterans experiencing homelessness have other-than-honorable discharges, and in some urban communities that percentage rises as high as 30 percent. Access to health care is of the utmost importance in a pandemic, and NCHV members who provide shelter or rapid rehousing for these veterans often report difficulty accessing healthcare that has military-cultural-competence.

NCHV recommendations are for funds necessary for homeless veteran programs to function for the remaining balance of FY20 & FY21 considering passed and proposed program needs. NCHV estimates a total need in excess of $1.34 billion, including $70 million for DOL's HVRP program and $100 million for HUD to provide new HUD-VASH vouchers to expand access to permanent housing in a recovery.

VA

a. **$137 million increase to the Health Care for Homeless Veterans Program (HCHV)** for temporary housing for homeless vets to reduce social distancing and to increase PPE availability for VA staff, outreach, and surveillance of homeless encampments during the crisis and recovery period.
b. **$740 million increase to Supportive Services for Veteran Families (SSVF)** to provide flexible assistance targeted at keeping vulnerable vets in safe situations and improving the HUD-VASH program once operations resume in PHAs.
c. **$243 million increase for the Grant and Per Diem Program (GPD)**to increase the daily rate since social distancing means fewer heads in beds during the crisis and recovery period.
d. **$50 million for the Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) Program** for VA to provide additional VA or community contracted Case Managers

HUD

e. **$100 million increase for HUD-VASH** to increase the recovery capacity of communities to move veterans from motel/hotel placements into permanent housing rather than releasing them back to the streets.
    i. $45m for HUD to provide 5,000 new Project Based Vouchers, that are not counted against PHA utilization rates and caps on project-basing of vouchers
    ii. $55m for HUD to provide 6,000 new Tenant Based Vouchers

DOL

f. **$70 million increase for DOL's Homeless Veteran Reintegration Program (HVRP)** through FY'23 aimed at helping at-risk veterans due to pandemic-related job loss.

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 the House Committee on Veterans' Affairs 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.