



## **PHA Profile: District of Columbia Housing Authority Veterans Housing Choice Voucher Streamlining Initiative**

### **Basic PHA Stats**

Location: District of Columbia  
Housing Choice Vouchers: 13,917  
Public Housing Apartments: 8,038

### **Program Description**

Historically, navigating the process for obtaining a Housing Choice Voucher had been difficult for any homeless client in Washington, DC. When the District of Columbia Housing Authority (DCHA) wanted to serve veterans through HUD-VASH, they and their partners identified 537 homeless veterans living on the streets and in shelters through a Vulnerability Index survey. Together they identified the 105 most vulnerable, chronically homeless veterans. To assist these veterans with multiple challenges, DCHA made necessary changes alleviating the multiple documentation requirements and strict deadlines in the application and lease-up process that were often barriers.

DCHA partnered with its local Continuum of Care, led by the DC Department of Human Services (DHS) and managed by The Community Partnership for the Prevention of Homelessness (TCP). Together, these agencies successfully streamlined the eligibility determination and lease-up processes for VASH veterans through their “VASH-Plus” Program. They enlisted the help of the D.C. Office of the Chief Technology Officer (OCTO) to develop a customized web-based project management software that allows all partners to exchange information on 1) the status of each participant’s housing application and 2) available apartments. As a result of their efforts, the average time from referral to lease-up was reduced from six months to one month.

A key accomplishment of the project is that, unlike the traditional voucher approval process, which is linear, many application and lease-up activities now progress simultaneously. Following is a summary of the steps included in the new application and housing search process. (Please see the attached “[DC VASH-Plus Overview](#)” for more information.)

#### Steps in the new application process:

1. DHS conducts a pre-eligibility screening of all clients.
2. DHS staff is cross trained in the DC Housing Authority (DCHA) approval process and helps applicants complete application forms.
3. DCHA gets an alert through the automated system, Quickbase, when a clients’ housing application is complete.
4. DCHA reviews the application, determines eligibility, and updates the database.

#### Steps in the new housing search process:

1. TCP identifies available apartments and lists them in the database.
2. The database alerts DCHA when a new unit is added, which triggers them to conduct a rent reasonableness assessment of the unit.
3. TCP negotiates the rental cost with the Landlord. Once the approved rent is agreed upon, TCP changes the status of the unit to “Requiring Inspection.”
4. DHS staff creates an inspection schedule for DCHA staff.
5. DCHA identifies approved units in the database.
6. DHS case managers take clients to select their new unit.
7. Once approved and housing secured, Veteran goes to the Housing Authority on lease-up day with their case manager and landlord and receives the keys to their new apartment.

## Motivation

DCHA wanted to assist chronically homeless veterans in accessing housing as soon as possible.

## Resources Required

This program did not require MTW status. While the program required additional resources in the inspection department, it saved time in the application process because applications were substantially complete at the time of submission. The PHA also saved resources in the rent negotiation process because TCP negotiates the rent with landlords.

## Challenges

The main challenges were aligning the inter-agency processes to make them more efficient; the sharing of data among agencies to track progress of applications and lease-ups; managing the rent-reasonable and inspection process; and managing landlord expectations.

## Rewards

DCHA says the ability to rapidly house veterans who were chronically homeless is the most rewarding part of implementing this program. Another success of the program is that it increased communication and efficiencies among DCHA and its partner agencies. DCHA was also able to reach out to more landlords and increase its pool of available units.

## Partners

DCHA does not have written agreements with its partner organizations.

Partner Name	Type of Organization/ Role in Program
DC Department of Human Services (DHS)	Case management, pre-screening applications, coordinating unit viewings
The Community Partnership for the Prevention of Homelessness (TCP)	Identification of units, rent negotiations and other resources for veterans
Veterans Administration	Verified that the population served were indeed veterans

## Documentation Changes Made

Document	Document Changes
Procedure Documents	Procedures that were adjusted for this program include 1) cross training of DHS staff to pre-screen voucher applications, 2) timing for inspection of unit, and 3) voucher issuance and lease-up timing.

## Words of Wisdom from DC

“We feel this program has worked well and can be evidenced by the fact that all VASH vouchers were utilized. The key to successfully implementing such an effort is to have a comprehensive database to share with all partners.”

## Contact Person for PHAs Interested in Implementing a Similar Program

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# “VASH PLUS”:

A BRIEF REVIEW  
OF A SUCCESSFUL STRATEGY FOR IMPLEMENTING  
THE HUD-VASH PROGRAM IN WASHINGTON, D.C.

## Introduction

In 2008, communities around the country began using housing vouchers and supportive services to help homeless veterans obtain permanent housing through the HUD-Veterans Affairs Supportive Housing Program (HUD-VASH). This program is a collaborative effort between the U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Veterans Affairs (VA). Housing Choice Vouchers are provided through Public Housing Agencies (PHAs) and critical case management and clinical services are provided through the VA.

Many communities around the country have struggled to develop strategies that rapidly and successfully utilize these resources. In Washington, D.C., however, the local Continuum of Care (led by the District of Columbia’s Department of Human Services (DHS)) and managed by The Community Partnership for the Prevention of Homelessness (The Community Partnership) has developed a collaborative strategy that in 2010 successfully housed 105 of the most vulnerable, chronically homeless veterans living on the streets or in emergency shelters through its “VASH Plus” Program. This brief case study documents the design and details of this initiative, which reduced the client wait time from application to voucher-issuance from six months to less than one month. The structure and design of the D.C. VASH Plus program has many aspects that can be replicated and applied in other communities. Its success was a direct result of strategic collaboration between multiple government agencies and local partners. The program also demonstrates how the effective use of technology can improve communication and expedite housing and service provision.

## Lessons Learned

The D.C. VASH Plus program model demonstrates how a community can succeed in effective use of the HUD-VASH program in housing vulnerable homeless clients when committed partners work together to use existing resources in innovative ways. Among the many lessons learned, this model underscores the importance of:

- Engaging key community partners (the VA, CoC, and PHA) in a pro-active partnership;
- Using flexible case management services and resources in a community system; and
- Creating an inventory of housing options for prospective voucher recipients.

## Background

In the Fall of 2009, the White House Office of Urban Affairs convened a meeting that brought together representatives from U.S. Department of Veterans Affairs, the District of Columbia DHS, The Community Partnership and other interested partners to discuss improving access to housing for homeless veterans in D.C and developing more effective strategies for use of recently awarded Veterans Affairs Supportive Housing (VASH) vouchers. Washington, D.C.’s 2010 Point-in-Time enumeration identified a total of 512 veterans on the streets and in shelter on any given night. Other data on local homeless populations including DC’s Annual Homeless Assessment Report submission revealed that many homeless veterans in D.C. were chronically homeless and challenged by a variety of serious health conditions. The White House meeting sparked further discussions between the local Veterans Affairs Medical Center (VAMC) and DHS on how best to utilize VASH vouchers to assist vulnerable, chronically homeless veterans. Through these discussions it became apparent that to target VASH vouchers to those who were most

in need, DHS and the VAMC needed to implement a set of strategies to: a) identify eligible veterans, b) determine what type of case management intervention would best meet their needs, and c) identify rental units to house them.

## A Snapshot of Clients Served through “VASH Plus”

Demographic data on homeless veterans served through “VASH Plus” and PSHP are consistent with national findings on chronically homeless adults in general (Culhane & Byrne, 2010). Of the homeless veterans placed in the “VASH Plus” program:

- 87 percent are over the age of 60
- 94 percent are male
- 60 percent have mental illness
- 77 percent have a substance abuse problem
- 57 percent have mobility impairments
- 77 percent have a major medical health condition

In order to determine which of its many homeless clients should be housed, DHS used a Vulnerability Index created by Dr. Jim O’Connell of Boston’s Healthcare for the Homeless Program and a surveying process that was developed by Common Ground, Inc. to identify and prioritize chronically homeless clients based on their risk of morbidity. The Vulnerability Index helps communities prioritize for housing those homeless individuals with conditions that place them at most risk of literally dying on the streets. The VASH Plus program developed the first inter-governmental agreement between the VAMC and a local government entity for the provision of case management services for veterans housed with VASH vouchers. Under this agreement, and with VAMC funding, DHS was able to customize the service delivery model so that services were in line with their existing client-centered Housing First program model.

DHS and its partners identified 537 homeless veterans living on the streets or in shelters through the vulnerability index survey. DHS homeless service staff used this data to identify and prioritize 105 of the most vulnerable veterans who were selected for housing utilizing the HUD-VASH vouchers. Analysis of veterans’ information gathered through the Vulnerability Index clearly indicated that chronically homeless veterans had serious chronic, physical and psychiatric disabilities and little access to supportive services. Many had been homeless for long periods of time, and most were averse to participating in supportive services or case management. As such, it would have been difficult for them to comply with highly structured clinical programs. Moreover, the homeless veterans in greatest need of housing required a different type of intervention than the services traditionally offered through the VAMC. Many of the VAMC programs and services had high-barrier service components such as sobriety, and the needs of chronically homeless veterans required a more intensive service approach that also included the provision of basic services such as life skills training. Additionally, the VAMC case manager-to-client ratio established under original VA rules was 1:35 -- much higher than the typical case manager-to-client ratio for other permanent housing programs in D.C., and much higher than “best practice” principles established for effective interventions with similar populations (Culhane & Byrne, 2010). In this light, it was understandable that the conventional case management approach provided by the VAMC would not likely work well for the chronically homeless veterans that were being targeted for housing through the HUD-VASH program in the District of Columbia.

## The “VASH Plus” Solution

In response to these programmatic challenges, partners in the District of Columbia created the “VASH Plus” approach. The traditional VASH program design utilizes VAMCs to provide both the clinical and case management services associated with vouchers. In order to meet both VASH requirements and the unique needs of these especially challenging program participants, the VAMC and DHS entered

into a special inter-governmental agreement that altered the traditional VASH program constructs. Instead of providing services directly to chronically homeless clients, the VAMC chose to provide annual funding to DHS to ensure case management services to veterans being housed with VASH vouchers. Under this agreement, and with VAMC funding, DHS was able to customize the service delivery model so that services were in line with their existing client-centered Housing First program model. In turn, the VAMC was able to define the quality and scope of case management services through the agreement. This modification to the established VASH design proved to be extremely successful.

### The D.C. Permanent Supportive Housing Program (PSHP)

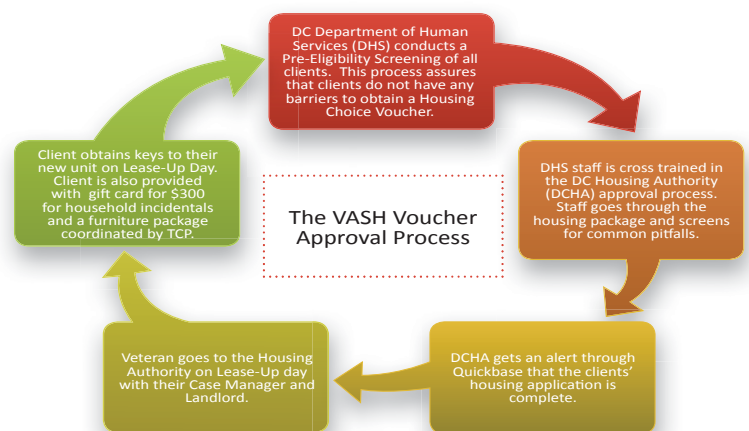
The city decided to model VASH Plus after a Housing First program called the Permanent Supportive Housing Program (PSHP) that was already being administered in D.C. The PSHP had been designed to implement the goal outlined in the City’s ten year plan to end homelessness (Homeless No More) to house 2,500 chronically homeless individuals and families (Corporation for Supportive Housing, 2008). In order to accomplish this task, D.C. developed a comprehensive housing system that included governmental and non-governmental partners who managed aspects of the program for which they had expertise.

In order to reach the goal of housing 2,500 chronically homeless individuals and families, it was imperative for DHS to identify housing and services that could be provided efficiently and effectively. To launch the PSHP Housing First Program, the D.C. Housing Authority (DCHA) allocated 350 Housing Choice Vouchers (HCVs) to house chronically homeless clients. These vouchers were available for this special targeting due to attrition in HCV program participation. The DCHA Board of Directors approved a time-limited, local homeless preference for dissemination of these targeted vouchers, and DHS then was given the authority to identify and prioritize clients. DHS, in turn, developed an innovative housing process that was the basis for the VASH Plus

implementation strategy described below.

### “VASH Plus” Housing Model

Historically, navigating the process for obtaining a Housing Choice Voucher had been difficult for any homeless client in D.C. Requirements for submission of many pieces of essential documentation and strict time frames for completing certain tasks made it especially difficult for individuals already facing multiple challenges to obtain a voucher quickly. While the steps to obtaining a voucher remained the same under this new model, both DCHA and DHS worked hard together to streamline the information exchange between the client and the public agency responsible. This reformed process was based on a newly created automated communication system in which all partners could exchange information on both the status of clients’ housing applications and the identification and availability of units for placement. DHS enlisted the help of the D.C. Office of the Chief Technology Officer to develop a customized web-based project management software for the purposes of enhanced data sharing that would track both housing identification and client movement through the housing process. Unlike the traditional voucher approval process, this improved D.C. process was not linear; rather, many activities progressed simultaneously.



To support veterans utilizing VASH vouchers, DHS hired an in-house team of case managers to provide case management services (Cunningham, 2009).

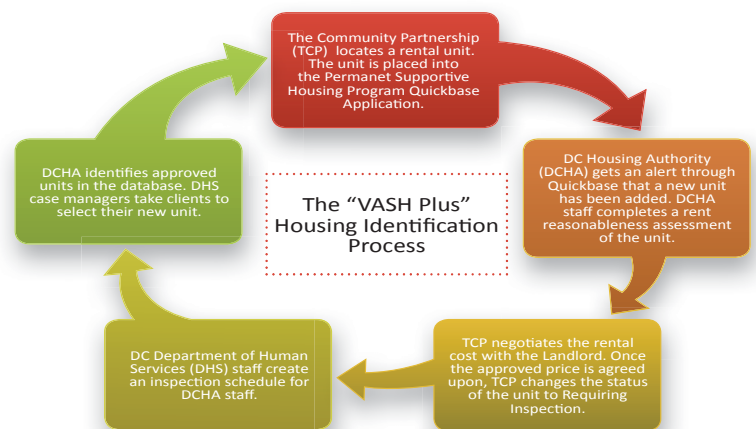
Case management was based on a Housing First approach that is client-centered. Clients housed were provided with wrap-around services that primarily focus on increasing access to benefits, harm reduction, enhancing community integration and expediting access to health services. Once clients were stabilized in their housing, more intensive case management services were offered. Additionally, DHS provided training on Housing Choice Voucher processes to staff whose responsibility included helping to facilitate and track voucher movement within their department. These cross-trained staff members acted as quality control liaisons to DCHA by pre-screening veterans' housing applications and searching for common shortcomings. DHS staff entered the pre-screened applications into the program database under a customized client module. DCHA then reviewed the application and entered status updates in the system to track a client's application through successful conclusion of the voucher approval process.

As DCHA screened veterans eligible for placement, DHS enlisted The Community Partnership to identify a selection of housing units from which veterans could choose their rental units. The Community Partnership has a long history of success in both housing homeless clients and developing strong landlord relationships that helped identify housing and negotiate rental costs with landlords all over the city. Since the modified VASH case management-to-client ratio of 1:21 was slightly higher than "best practices" in comparable Housing First programs (which typically have case management-to-client ratios of 1:10 to 1:15), The Community Partnership worked with landlords to place clients in housing clusters to allow more intensive, home-based, case management interventions (Culhane & Byrne, 2010).

Project leaders also understood that simply providing a chronically homeless veteran with an empty housing unit would not be enough to keep them stably housed. In response, The Community Partnership negotiated furniture packages with local vendors so that every veteran received a

fully furnished apartment. Then, the organization persuaded landlords to allow furniture to be delivered in advance of lease-signing and receipt of initial rental payments, so clients could move in to furnished apartments. The Community Partnership also coordinated the provision of department store gift cards that were used by clients to obtain basic household necessities.

The Community Partnership issues 1,200 checks monthly for clients in all their housing programs. As such, they maintain close working relationships with many local landlords across the city. The Community Partnership primarily used these existing relationships with landlords, who are catalogued in an internal housing database, to solicit additional units for VASH Plus. When new units were identified, The Community Partnership entered both landlord and unit information into a customized housing module in the program database. DCHA then conducted a rent reasonableness determination on each unit and The Community Partnership, in turn, negotiated the adjusted rental cost with the landlord. Once a rental rate was agreed upon, the unit's status was updated in the database. The Community Partnership maintains a 95 percent success rate with negotiating these adjusted rent rates with landlords.



As units passed inspection, DCHA staff further updated this information in the database's housing module. DHS then provided listings of units identified with "passed" housing inspections to case

managers for veterans to preview. Veterans were typically shown two to three units from which they could select their housing. Once a client selected their housing unit, the listing from the housing module and the client information from the client module were paired together in the data system and the lease-up was scheduled at DCHA. Built-in controls within the database application prevented a unit that was already assigned to a client to be assigned to another veteran. As a result, the average participant was housed within two weeks of beginning the VASH Plus application process with DCHA.

As of the end of 2010, all 105 veterans housed through VASH Plus remain in housing and engaged in services.

## Summary

The structure and design of the D.C. “VASH Plus” program has many aspects that can be replicated and applied in other communities. Included among these:

- “VASH Plus” minimized bureaucratic routines or processes; the housing process conformed to the needs of the clients by capitalizing on various stakeholders’ areas of expertise.
- DHS provided clear and consistent organizational leadership for the project, which is essential for success in executing any large scale housing project.
- VAMC and DHS worked together to develop a supportive services approach that was tailored to the needs of the targeted population.
- DCHA re-sequenced its process for obtaining vouchers and demonstrated a great deal of flexibility in completing many of the required functions critical to administering vouchers. As such, DCHA transformed the Housing Choice Voucher process for vulnerable populations.
- As a strong local partner, The Community Partnership enabled the inclusion of housing identification, landlord negotiations and flexible

housing support in efforts necessary to support success in housing stability.

- The development of a customized database application helped ensure transparency in task completion and constant communication in a system that encompassed many moving parts completed by a variety of stakeholders.

## References

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