Health and Housing Outcomes among HUD-VASH Participants: Project-Based Vs. Scattered-Site Housing

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What do we know?

While the majority of vouchers provided through the U.S. Departments of Housing and Urban Affairs-Veterans Affairs Supportive Housing (HUD-VASH) program are used for private market rental apartments (i.e., scattered-site), approximately 6% are allocated to project-based programs in which multiple units in a building are supported by HUD-VASH vouchers. Project-based permanent supportive housing (PSH) programs typically provide supportive services on site to participants who have a shared experience of housing instability.

A recent study of Veterans participating in HUD-VASH found that Veterans who are older and have diagnoses of chronic medical and mental health conditions have increased odds of accessing project-based HUD-VASH compared with scattered-site housing. In addition, staff of project-based HUD-VASH programs reported developing and administering these programs specifically for more vulnerable Veterans and those who may have difficulty accessing scattered-site housing due to health-related needs or other barriers (e.g., record of felony offenses, poor credit history). Existing studies have not identified if either type of housing is associated with specific participant outcomes or whether particular subpopulations may benefit more from one housing paradigm more than the other.

New information this study provides

This study compared 41,940 HUD-VASH participants who entered housing between September 2008 and October 2015 by type of housing (i.e., project-based units vs. scattered-site), matching on level of acuity, to explore the relationship between each housing model and participants’ outcomes. Qualitative findings from focus groups in 10 project-based HUD-VASH programs at 5 locations with project-based program staff provide additional context to explain the quantitative results. Veterans who accessed project-based HUD-VASH programs tended to have greater health-related needs: they were older, more frequently had diagnoses of chronic medical or behavioral health conditions, and they used more of each type of health services compared with Veterans who were in scattered-site housing. When controlling for level of need, however, we found few differences in their housing and health outcomes.
Specifically, we found that Veterans who were living in project-based HUD-VASH programs had increased odds of increasing their participation in primary care while those in scattered-site housing had increased odds of remaining in housing for more than 1 year.

Typically, increases in primary care are considered to be a positive outcome, indicating improved engagement with health care, while not maintaining housing tenure is often considered a negative outcome. In this case, it is important to consider this housing outcome in the context of housing choice and lack of affordable and accessible housing. Studies have found that both staff and consumers believe that transitioning into “mainstream housing” is important for recovery and that there is often longer housing retention in scattered-site housing. In addition to both participants’ and providers’ perceptions about project-based PSH, it is important to consider the realities of securing voucher-supported housing in tight rental markets. While there is some concern that project-based housing may limit choice and thwart participants’ community integration, it is often difficult to cover the rent of housing in low-crime, low-poverty neighborhoods, making project-based housing a more tenable option in some communities. During site visits to project-based HUD-VASH programs, staff discussed that moving into the project-based program was often considered a stepping stone to more longer-term, independent housing.

More Information on Project-Based HUD-VASH


