

Written Testimony

Senate Veterans Affairs and Emergency Preparedness, and Urban Affairs and Housing Committee  
Joint Hearing on Veterans Homelessness  
Veterans Place, 945 Washington Boulevard, Pittsburgh, Pennsylvania 15206

Senator Pat Stefano, Chairman  
Senate Veterans Affairs and Emergency Preparedness Committee  
Senator Joe Pittman, Chairman  
Senate Urban Affairs and Housing Committee  
Senator Nikil Saval, Minority Chairman  
Senate Urban Affairs and Housing Committee  
Senator Katie Muth, Minority Chairman  
Senate Veterans Affairs and Emergency Preparedness Committee

William M. Reed, Board Member  
Veterans Outreach of Pennsylvania, Board Member

Tuesday, July 26, 2022

As a twenty-six-year Veteran of the United States Navy, and as a Board Member for the Veterans Outreach of Pennsylvania, I wish to share my support for the adoption of best practices, collaborations, and innovative initiatives that seek to identify, address, and meet the needs of homeless and at-risk Veterans in the Commonwealth of Pennsylvania. I witness the challenges homeless and at-risk Veterans in Central Pennsylvania face on a daily basis in my role as a Director of Veterans Services at the YWCA of Greater Harrisburg, Member of the Governor's Advisory Council on Veterans Services, and participant in Community Initiatives focused on developing resources to end Veteran homelessness.

Veteran homelessness in Pennsylvania remains a challenge. The 2021 Department of Housing and Urban Development (HUD) coordinated, Annual Point in Time (PIT) count of homeless individuals, identified 724 homeless Veterans in Pennsylvania on a single night. In 2021 the PIT count did not include a survey of unsheltered homeless. Adjusted data from additional sources suggests that nearly one thousand Veterans are homeless in Pennsylvania on a given night. When tracked over a full year the total number of unduplicated homeless Veterans is two or more times higher than the PIT count. Veteran homelessness continues throughout the urban, suburban, and rural communities of Central Pennsylvania.

Veterans remain overrepresented in the homeless population. Key factors leading to homelessness among Veterans include mental illness, substance use including the growing effects of opioid addiction, financial instability, military sexual trauma, problematic military discharge, challenges transitioning from military to civilian life, problems associated with aging, and lack of affordable housing. Many of these factors have been exacerbated by the COVID pandemic, challenges accessing services, and strains on existing systems of care. The Central Pennsylvania systems of care have been evolving and adapting to meet the needs of these Veterans and to overcome the multitude of challenges they face.

In Central Pennsylvania, implementation of best practices recommended by the United States Interagency on Homelessness (USICH) have supported development of improved access to systems of care by homeless and at-risk Veterans while focusing on building resources and innovative practices. This includes the development and implementation of Coordinated Entry Systems within each Continuum of Care, and joint review, and case conferencing via each community's By Name or Master List of homeless Veterans. This has significantly improved the ability to engage, assess, and direct services while also determining demand, gaps, and unmet needs. Coordinated Entry has also supported the growing body of information on Veterans that use or re-enter the systems of care and provides information needed to best allocate or seek additional resources and services.

Collaboration and sharing of information to better meet and identify needs has also benefited from implementation of the Pennsylvania Department of Military and Veterans Affairs' PA VETConnect, information and referral network, increased coordination with County Veterans Affairs Offices, and weekly case conferencing with Department of Veterans' Affairs (VA), Health Care for Homeless Veterans (HCHV) programs. These efforts have significantly improved Veteran, family, and caregiver access to services while assisting in navigating through a myriad of processes to access resources in a timely manner. The need for improved accessibility to housing supportive services, and resources is especially important for homeless Veterans as they may choose to avoid accessing needed care out of frustration or loss of confidence in systems of care.

Existing programs that have significantly contributed to the lowering Veterans homeless numbers in Central Pennsylvania include the VA funded Supportive Services for Veteran Families (SSVF) program; the joint Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) permanent supportive housing program; HCHV programs including Grant and Per Diem, and Veterans Justice Outreach programs; the Department of Labor, employment and training assistance from the Homeless Veterans Reintegration Program (HVRP) and Disabled Veteran Outreach Program (DVOP); Veteran prioritized and mainstream HUD housing programs; and a variety of community based Veteran focused programs and services.

The USICH notes an approximate fifty percent reduction in the number of homeless Veterans throughout the United States since 2010. Despite ongoing success in meeting the needs of many homeless and at-risk Veterans, USICH also notes that progress to reduce Veteran homelessness had stalled since 2016. This loss of momentum led to the provision of additional resources and increased emphasis on Diversion and Prevention in an attempt to restart progress and provide options to reduce the number of Veterans entering the homeless systems of care. Gains were made and HUD reported a 13 percent reduction in Pennsylvania homeless Veterans in 2019.

Unfortunately, much of this progress was significantly impacted by the COVID-19 pandemic, economic challenges, and ongoing lack of affordable housing opportunities. These factors placed additional challenges on Pennsylvania Veterans while increasing the demand for homeless Veteran response and prevention services. Existing programs have adapted to respond to increased demand for services to include expanded use of hotels to provide shelter and case management during temporary shelter closures; increased access to needed services including Health Care Navigation, Legal Services, and Shallow Subsidy programs; increases in HUD-VASH vouchers, and greater access to SSVF Prevention Services.

One example of identifying goals is the current VA Permanent Housing National Challenge to House 38,000 homeless Veterans during the 2022 Calendar Year. This program initiated by the VA involves a high level of coordination with service providers that utilize State Continuum of Care information to include accessing Homeless Management Information System (HMIS), real time data. In addition, Case Conferencing with Veteran and mainstream service providers, and weekly tracking of progress towards meeting area VA Medical Center Catchment goals supported this initiative and has improved the overall level of coordination with community partners resulting in more responsive provision of resources and services.

As an example, the goal for Pennsylvania is to house 1,472 Veterans within the year. During the most recent Lebanon VA Medical Center's weekly overview, VA and community partners reviewed the challenge goals to house 250 Veterans within the Catchment area. A total of 159 Veteran households had already obtained permanent housing equating to 63.6 percent of the annual goal. The overview also noted that an additional 15 Veteran Households would need to obtain permanent housing each month to achieve the overall goal. Stakeholders provided their support and commitment to the goals and discussion focused on strategies to maximize engagement and resources to meet individual Veteran's needs.

Central Pennsylvania communities have also identified potential gaps in services and responded to ongoing challenges to ensure that the street homeless continued to be identified, engaged, and provided with basic needs and supportive services. Many of these responses were developed and tailored to respond to local challenges and expanded to include stakeholders and service providers at the Federal, State, and County level. These responses supported further development of coordination and identified ways to overcome barriers to services. Data was shared with community leaders and care providers to support development of innovative responses such as expanded street outreach and case management services.

Existing Rapid Rehousing programs such as SSVF and HUD Rapid Rehousing continue to provide shorter term interventions to many Veteran Households. Their Housing First goal is to rapidly move the homeless Veteran into a permanent housing opportunity, provide and develop linkages to supportive services, assist with access to benefits, and income with the intent to exit the Veteran when they have the income and capacity to sustain their housing. These programs rely heavily on the availability of Permanent Housing rental stock. The overall success rates for these programs demonstrated their value for many homeless Veterans but some especially those that lack the socialization skills, life skills, or suffer from significant mental illness demonstrated the need for other housing options.

Permanent Supportive Housing (PSH) programs such as HUD-VASH, and HUD Section 811 vouchers provide access to varying levels of case management and/or clinical case management. These programs are frequently prioritized for the highest barrier Veterans needing additional case management and long-term access to supportive services. There is a high level of demand for these programs, and due to limited availability of housing stock and challenges locating landlords that will accept PSH vouchers, these programs may take significantly more time to result in a permanent housing placement. Veterans enrolled and waiting for available housing typically rely on shelters or Transitional Housing programs to receive services and maintain contact. In addition, the qualification requirements and/or wait time to obtain vouchers may prohibit some Veterans from utilizing these programs.

The USICH has identified strategies to support achieving the Benchmarks and Criteria to seek an end to Veteran homelessness. The use of Housing First principles continues to prioritize the need to

rapidly move the Veteran to permanent housing. In addition, USICH supports communities to improve existing Transitional Housing Models and to consider adopting different models of housing including supportive housing models. One such innovative model currently under development in Central Pennsylvania is the use of Tiny Home Communities as a therapeutic transitional housing option. Within the City of Harrisburg, Dauphin County, the Veterans Outreach of Pennsylvania, a 501 (c) (3) non-profit organization, is in the process of building a Tiny Home Veteran Community that will include fifteen individual Tiny Homes adjacent to a Community Center that will serve the Veterans residing within the Tiny Homes and as a service provision site for other homeless Veterans in the service area.

This innovative housing option is a form of Therapeutic and Transitional Supportive Housing where the homeless Veteran is provided “space” for the opportunity to grow accustomed to living and thriving in a home as part of a community that provides familiarity, support, accountability, and instruction. Through the application of Therapeutic Housing Community principles each Veteran will grow in a setting that sets goals and provides options and opportunities to build and develop socialization and self-sufficiency skills. The lack of socialization and self-sufficiency skills contribute to lower success rates for other permanent housing programs while insertion into the general housing community can be overwhelming especially for Veterans dealing with PTSD, Anxiety, and co-occurring challenges.

Providing access to socialization and learning opportunities is also a key component of the Therapeutic Tiny Home community. Access to the “Community Center” and grounds provide shared areas where participants can meet, socialize, receive services, and develop their sense of community among their peers. The use of Community-as-Method establishes roles, responsibilities, and a system of communication and feedback that supports growth. By establishing the Community Center as a shared space, and the Tiny Home as the participants safe space Veterans needs are supported as the progressively develop comfort integrating into the larger community. This provides choice and the ability to develop a tailored timeline that supports each participant’s Individual Service Plan.

Community residents will have served in the Armed Forces, share similar backgrounds, cultures, experiences, and challenges. The common bonds formed in the military along with shared values, barriers, and strengths, will support open communications, empathy, and acceptance. As part of a Therapeutic Community the peer support and guidance provided will promote development of the skills and resources needed to support the transition to stable permanent housing.

The Tiny Homes and surrounding Community Center and grounds serves as the Therapeutic Community (TC) that provides an ideal environment to support a participative group-based approach to dealing with a number of barriers frequently associated with factors that contribute to homelessness. These often include mental illness, personality disorders, addiction, and co-occurring disorders. The development aspects of a TC that seek to address these barriers to include behavior management, intellectual and spiritual aspects, emotional and psychological aspects, vocational and survival aspects. In addition, the environment, and shared experiences of military service within a dedicated Housing Community support acceptance of TC principles by the Veteran.

Throughout their stay in the community, Veterans will be provided with direct access and assistance in receiving supportive services through use of the Continuums’ Coordinated Entry process. This includes tracking of progress through review of the By Name List of Veterans and through collaboration with Veteran specific and mainstream providers. The Tiny Home Community will serve as a place for program participants and service providers to meet as well as serve other Veterans including

street homeless Veterans that are not ready to commit to a housing intervention. Through this activity the Community and Veterans will contribute to the greater good of all homeless Veterans.

The Tiny Home Community project is currently in Phase 2, site preparation and will be transitioning to Phase 3 site construction. The current goal is to staff and begin provision of services in 2023 to include full-time staff, 24 hours a day, seven days a week. Once operational this Therapeutic Transitional Supportive Housing option will fill a gap in services for Veterans that have not or would be less likely to succeed in existing interventions. Through the addition of this housing model more Veterans will have the opportunity to learn, achieve, and sustain, their goal of housing stability.

Despite the many challenges faced by homeless and at-risk Veterans in Central Pennsylvania, the opportunity for success and achieving an end to Veteran homelessness has never been greater. Through an ongoing focus on adoption of best practices, growing collaboration, and implementation of innovative initiatives, these Veterans have more opportunities and options to succeed. Thanks to the ongoing commitment of Community, State, and Federal, partners, efforts continue to focus on identifying and meeting the needs of the Veterans in our community. I would like to express my fullest support for these efforts and the ongoing resolve to end Veteran homelessness.