



SAN DIEGO
**Regional Task Force
on the Homeless**

Statement by

Tamera Kohler, San Diego's Regional Task Force on the Homeless, CEO

**for the
U.S. House of Representatives
Committee on Veterans' Affairs
Subcommittee on Economic Opportunity
Field Hearing**

"Housing our Heroes: Addressing the Veteran Homelessness Crisis"

**Thursday, August 22, 2019, at 10:00 a.m. (Pacific Standard Time)
North County Coastal Military & Veterans Affairs Resource Center
2nd Floor Conference Room
1701 Mission Avenue, Ste. 110
Oceanside, CA 92058**



**Written Statement “Housing our Heroes: Addressing the Veteran Homelessness Crisis”
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Chairman Levin, Ranking Member Bilirakis, and distinguished members of the Senate Committee on Veteran Affairs, Subcommittee on Economic Opportunities

Introduction

My name is Tamera Kohler, I am the Chief Executive Officer of the Regional Task Force in the Homeless (RTFH) for the San Diego area. On behalf of our Board of Directors and members, I thank you for the opportunity to share our views with you this morning. The Regional Task Force on the Homeless is the Housing and Urban Development (HUD) Continuum of Care (CoC) for the San Diego County, the second-largest county in the State of California. We have a large geographic area and population, for context the population in San Diego County is nearly 3.4 Million, a population larger than 22 of the states in the nation.

We are one of over 400+ CoC across this nation designed to promote a community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

We work collectively with our funding partners, such as the Veterans Administration (VA) to tailor a local homeless crisis response system through data-driven planning, purposeful collaboration, targeted aligned resources and coordination of efforts while providing guidance and technical assistance around proven evidence-based practices and emerging promising practices to effectively and efficiently use resources to address and alleviate homelessness. This includes all efforts undertaken with local, state and federally funded agencies, faith-based organizations, non-profit organizations, health organizations, and others. These programs provide outreach, prevention, diversion, emergency shelter, transitional housing, short term rental assistance, housing subsidies and supportive housing along with food, health services, employment services, connection to social services, legal aid and case management support for thousands of homeless in our region, both sheltered and unsheltered, those at-risk, and formerly homeless each year.

I appreciate the opportunity to focus on Veteran homelessness in this statement.



What we know about homelessness Nationally:

In 2017, over 550,000 people are experiencing homelessness on any given night, with 40,056 veterans and 35% unsheltered.

What we know about homelessness in California:

In 2017, over 134,000 people are experiencing homelessness on any given night, with 11,472 veterans and 68% unsheltered.

Veterans experience homelessness in every state but nearly one-third reside in just two states, California (24.5%) and Florida (7.4%), according to 2017 PIT estimates.

With these numbers in mind, I will focus my statement and testimony on two areas – risks factors of veteran homelessness and two highly vulnerable veteran subpopulations- female veterans and elderly veterans.

Focus: Veterans risks factors for homelessness

Housing affordability:

With rents rising much faster than wages, the burden of affording rent is looming larger and larger for many veterans, especially those that are aging and on fixed incomes, and, in, some cases becoming insurmountable. According to the Zillow Group Consumer Housing Trends Report 2017, 79 percent of renters who moved in the last 12 months experienced an increase in their monthly rent before moving to a new place. And over half (57 percent) said that hike was a factor in pushing them out the door and into another rental. Only 21 percent of renter households didn't report experiencing a rent increase.

Nearly a third (30 percent) of households nationwide, representing roughly 73 million adults, report they're struggling or just getting by financially. Most extremely low-income Americans spend greater than 50% percent of their income on rent. Increasingly, major metro areas are becoming out of reach for those who aren't earning more than minimum wage, and this is becoming increasingly true even in markets that have historically been more affordable. This is especially difficult on those on fixed incomes.

As an example, according to the National Low Income Housing Coalition, San Diegans need an income of nearly \$30 an hour to afford a 1 bedroom unit at 30% of their income.

In our regions Point-in-Time count survey the question was asked, what do you need to end your homelessness? 60% stated a rental subsidy or financial assistance. Increases in rent, tight rental markets and limited housing stock all contribute to the difficulty finding adequate and affordable housing and our HMIS data shows higher than the national average returns to homelessness after housing assistance due to unaffordable rent without assistance.

Limited resources for Prevention and Rapid Resolution:

Housing ends homelessness. This includes preventing homelessness by maintaining current housing. Conditions that increase veterans' risks for experiencing housing instability and homelessness include poverty, unemployment, and economic hardships, trauma, mental health conditions (including but not limited to PTSD), substance use disorders, family or relationship conflicts, disruptions in connections to social support networks, social isolation, and incarceration. These episodes of homelessness can be rare, brief and non-recurring if we can address them quickly with flexible resources within Prevention and Rapid Resolution SSVF funding. We need more information to help understand *which* Veterans and their families are most at-risk of experiencing homelessness. Is it a combination of risk factors? This information will help to tailor prevention strategies.

Increasing resources for targeted prevention and rapid resolution efforts are needed, especially in areas of high rent costs, for our highly vulnerable veteran households and those on fixed incomes. This funding needs to be more flexible, client choice focused and include financial assistance, case management, and safety net system coordination among the services. Increasing the funding will allow us to collect better data to help determine *which* Veterans risk factors are having the most devastating effects that result in homelessness.

Focus: 2 rapidly increasing vulnerable homeless veteran subpopulations, and those at risk of homelessness:

Aging population:

Older Veterans are expected to be a majority of the population of Veterans who experience or are at risk of homelessness in the coming years. As members of this group get older, they are likely to have increasingly complex and age-related needs. Among participants in the VA's transitional housing programs, a significantly greater proportion of Veterans age 55 or older have serious medical problems, compared to younger Veterans, making them especially vulnerable to experiencing negative consequences related to homelessness.

Homeless veterans are not just aging their needs are vastly different than younger veterans. With the greater numbers of Elderly, Homeless Veteran come significantly different challenges than our system has been designed to serve. Long term healthcare issues and independent living options will become greater challenges and housing options more limited. Attention to this emerging urgent need is needed by both the VA and HUD CoC Homeless system.

Data from the RTFH Homeless Management Information System (HMIS) for the San Diego CoC shows significant increases in our population over the age of 62 in just 2 years. In the 1st quarter of 2017, 1 in 5 or 20% of veterans were 62 or older, 2 years later in the 1st quarter of 2019, 1 in 4 or 26% of veterans are now 62 or older.

Additionally, during this same time frame in 2017, 12% of those served with SSVF Rapid rehousing were 62 or older, in 2019 it has increased to 18%. We need more permanent housing resources and options for elderly homeless veterans who are currently being served by short term SSVF.

Female Veterans:

Women make up more than 15% of all active-duty members of the armed forces and are expected to be about 12% of the nation's Veterans by 2025. With this increase, there will likely be an increasing number of women Veterans who are experiencing or at risk of homelessness in the coming years. Compared with their non-Veteran peers, women Veterans report higher rates of childhood maltreatment: physical, emotional, sexual abuse – 1/3 enlisted women have a history of childhood sexual abuse. Women Veterans generally—and homeless women Veterans, specifically—have reported joining the military to escape family violence or other pre-military adversity.

Veteran women are more than twice as likely as non-Veteran women to experience homelessness. The characteristics of Veteran women who experience homelessness are different from Veteran men. More than one-third of Veteran women who experience homelessness have experienced military sexual trauma (MST), and they have lower rates of substance abuse and mental health problems than Veteran men who experience homelessness.

For Veteran women, and women in the general population, intimate partner violence (IPV) is also associated with and contributes to homelessness and housing instability. Women Veterans face an elevated risk of experiencing IPV, compared to women who have not served in the military, and women patients are screened for recent IPV when they receive outpatient care at VA medical facilities. One study of VA health records found that nearly one in four (24%) women who screened positive for IPV within the past year were also experiencing homelessness or housing instability, compared to one in ten (10%) women who screened negative for IPV. When adjusting for age and race, women who screened positive for past-year IPV were nearly three times as likely to be experiencing homelessness or housing instability, compared to other women Veterans.

Finally, Veteran women experiencing homelessness are more likely to be a part of a family with children, compared to Veteran men. Focused attention to Homeless Prevention and Rapid Rehousing for Female veteran households with a sense of urgency and focus safe housing options are imperative. These services need to assess for and address experiences of trauma and housing instability together and ensure access to mental healthcare, especially related to MST, IPV, and PTSD.

Focus: Building on Success

VASH, GPD & SSVF:

Without question one of the most impactful and successful coordinated efforts to address homelessness has been the partnership between HUD and VA in the VASH voucher programs. This single dedicated resource has reduced the numbers of veterans significantly with nearly a 50% reduction along with the introduction of the SSVF programs to rapidly rehousing and prevent homelessness for veteran families.



Updates to the GDP programs have been beneficial in allowing for bridge housing within its programming. The VA can allow for facility upgrades to meet the safety and security needs of women veterans, veterans with chronic mental health issues, and aging and disabled veterans – all rapidly growing populations. GDP programs need to capitalize on expertise in outreach, case management, and landlord engagement to make homelessness brief and non-recurring.

The continued options within SSVF are transformational with Rapid Resolution and the most recent opportunity with SSVF shallow subsidies. In which 12 communities, one of which is San Diego, will model the shallow subsidy option for high-cost rent areas. This focused attention to housing affordability as a primary factor contributing to homelessness and housing instability makes this longer-term modest subsidy a welcomed option.

Focus: Data-driven decisions

Despite these areas of success we are missing critical information on the characteristics and needs of Veterans who experience unsheltered homelessness to better tailor and target strategies and resources. We need greater data collected by outreach on the unsheltered population. We need to better understand the risk factors for returns to homelessness among Veterans being served by the HUD-VASH and SSVF programs and more data on the numbers of Veterans experiencing homelessness who have dishonorable discharges or are otherwise not eligible for VHA health care services.

Conclusion

Thank you to the committee for holding your field hearing here in Southern California on the Veterans homeless crisis. Nowhere is the struggle more real as those experiencing homelessness tonight are more likely to be unsheltered than sheltered or housed. We must acknowledge there are continuing and growing serious issues and major challenges in this work and it will take our best efforts, collectively and individually to dig deeper, to stretch our understanding, and test our assumptions, and be bold in our determination and decisions. We must not be afraid to act, to learn, analysis and coordinate at the system level not only as individual programs or funding sources but as leaders too. We need to be nimble and act with urgency to address local homeless issues and scale up proven practices that the data show are effective. We must fully utilize all of the resources we have as efficiently and as collaboratively as possible. We ask this committee to continue to fully fund the VA homeless and housing programs and work to increase these dedicated resources to serve veterans so their homelessness may be rare, brief and nonrecurring. We need to return dignity to our citizens, and remove the demoralizing effects homelessness has on communities that struggle to meet the needs of its most vulnerable citizens and Veterans.

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