



## **Greg Anglea, Interfaith Community Services CEO, Testimonial “Housing our Heroes: Addressing the Veteran Homelessness Crisis”**

### **Introduction**

Increased federal funding to address Veteran homelessness is working. Since 2010 the number of Veterans experiencing homelessness on a single night in the US has decreased nearly 50% from 74,000 to 37,800 in 2018. That’s the good news. The bad news is that 37,800 men and women who sacrificed to protect our country are now struggling in homelessness. They answered the call to service, yet their country is now failing to help them in their time of crisis. This is unacceptable. As a nation, we must do better.

In order to do better we should take two actions:

- 1) Increase funding for Veterans housing programs which are working but currently at capacity
- 2) Fix just a few gaps in the current system by preventing more Veterans from becoming homeless, more efficiently connecting Veterans to existing housing programs, and strengthening support for disabled senior Veterans experiencing homelessness

### **Build Upon Proven Success, Overcome Current Gaps**

Between 2010 to 2017, federal funding to address Veteran homelessness increased from \$713M to \$1.65B. This increase went almost entirely toward housing-focused Veteran programs:

- VA Grant & Per-Diem Program: Transitional Housing
- VA Supportive Services for Veteran Families: Rapid rehousing rental assistant to end or prevent homelessness
- HUD-VA Supportive Housing (VASH): Permanent housing voucher with supportive services for disabled Veterans

Put simply, if we want to help end homelessness for Veterans today, and prevent more from becoming homeless tomorrow, we must increase funding for Veteran housing programs. Locally here in San Diego we have at least 1,100 Veterans experiencing homelessness. Most would benefit from these housing programs were they not at full capacity, and therefore inaccessible.

Increased funding since 2010 has expanded the scope and scale of housing and supportive services for Veterans at risk of homelessness. While we must continue to scale with increased funding, we also must modify scope to address critical gaps in services. I will use the remainder of my time to identify these gaps and propose reasonable solutions.

### **1. Veteran-Focused Services**

The programs I've described are usually very effective for the Veterans who qualify and can access. But if you're homeless, how do you know where to go, who to talk to, and what you qualify for? The VA and HUD contract with local service providers to provide housing programs and services, which usually have very particular criteria. Those providers, including my own organization, are paid to fulfill the terms of particular programs. For example, social workers within a VA Grant & Per Diem Transitional Housing Program are funded to help Veterans who can qualify for that particular program. There is scant federal funding for programs designed to help any Veteran in need.

Locally we have private philanthropists who have pooled resources to pilot a program to meet this need, funding a Veterans Housing Stability Case Manager who can serve all Veterans in need. Let me share the impact of this person-centered model:

*Jacob\* (name changed to maintain confidentiality), a 39-year-old Marine Corps Veteran, was referred to Interfaith Community Services by the Veterans Association of North County. On a limited income from disability benefits, due to injuries sustained during military service, Jacob had exhausted his personal savings. As a result of his disabilities, Jacob was also unable to work to increase his income, he fell behind on the rent, and in February 2019 was evicted. His disabilities so significant he was unable to move himself and his belongings. Jacob and his children were now homeless.*

*Jacob's Veterans Housing Stability Case Manager connected him with a VA Benefits representative who was able to increase his service-connected disability benefits to 100 percent. This same Housing Stability Case Manager helped Jacob find an apartment he could afford. Through another program within Interfaith, Jacob was able to obtain financial assistance to pay for the required move-in costs. Jacob and his children were able to end their homelessness within three months of working with the Housing Stability Case Manager for Veterans.*

Through the Grant & Per Diem program, the VA released a funding opportunity this year for what they called a "Case Management Program", which appeared aimed at meeting this void of Veteran-focused services. Unfortunately the design was too restrictive and the funding too minimal to cover the expenses of the services. Locally, despite the significant number of Veterans in San Diego experiencing homelessness on any given night, no local provider that I'm aware of even applied for this new VA Case Management Program grant; evidence of its inadequate level of funding.

We need more Veteran-focused, not program-focused, professionals available to help any Veteran in their time of need. This will fill a critical service gap and increase the efficiency of existing Veteran programs by increasing ease of access.

## **2. Need for Flexible Funding to Prevent Homelessness**

The launch of the VA Supportive Services for Veteran Families (SSVF) in 2012 prioritized Veterans currently experiencing homelessness. Only a very small percentage of funding

available to prevent homelessness for those at imminent risk of eviction. Locally, we see those homeless prevention dollars expended so quickly, they are rarely available when needed. Last year my organization was awarded a federal grant to provide small amounts of rental assistance to prevent families from becoming homeless. It was supposed to be a 12-month grant. We were able to prevent homelessness for 41 families. I share this to demonstrate the dire need for flexible homeless prevention dollars, because that 12-month grant was allocated in just 10 days. Prevention works too. All 41 of those families are still housed.

Please increase short-term, crisis-based rental assistance to prevent homelessness for Veterans and their families. At my organization we can usually prevent homelessness for less than \$1,000 per household. Once that same family becomes homeless it will cost more than \$10,000 to effectively get them back into housing.

*Clarissa\* (name changed to maintain confidentiality), a 37-year-old Navy Veteran and single mother of four children ranging in age from one to 14 years old, was referred to Interfaith by her Veterans Affairs Supportive Housing Case Manager and 2-1-1 San Diego. Clarissa and her children were living in a rental property in Chula Vista when her landlord informed her that her lease would not be renewed. At this time, Clarissa was attending classes to obtain her Associate's degree, and receiving supportive housing services through the HUD-VASH. Given her status as a student, Clarissa's income was limited to \$738/month from child support, and she was receiving food assistance through CalFresh. As such, Clarissa did not have extra money available to save for a rental deposit for a new home and moving costs, she and her family were facing an imminent return to homelessness on June 1, 2019 if she were unable to secure the funds needed for a rental deposit. In addition, Clarissa faced significant challenges with finding and obtaining approval for another rental property, as her credit had suffered significantly due to circumstances that occurred during previous periods of homelessness.*

*With assistance from Interfaith, Clarissa was able to obtain approval to move into a three bedroom, two bath home in Chula Vista, which required a deposit of \$2,350. Interfaith was able to help Clarissa with the deposit, using flexible rental assistance funding to prevent her and her children from becoming homeless. Her HUD/VASH voucher will provide ongoing support until her income increases and she can be self-sufficient, giving her time to stabilize herself and her family.*

More flexible funding is needed to prevent Veteran mom's like Clarissa from becoming homeless. Even Veterans connected with existing federally funded housing programs are at-risk of falling back into homelessness. Focused homeless prevention funds are a wise investment, much more efficient than waiting until a Veteran or Veteran family becomes homeless. Prevention also avoids the traumas often experienced during homelessness.

### **3. Enhanced Care for Aging and Disabled Veterans Experiencing Homelessness**

Individuals experiencing homelessness tend to ‘age faster,’ they have a shorter life expectancy, more physical health problems and often present far older than their chronological age. As a result many are disabled/unable to work before they reach retirement age and become eligible for Social Security. There is a serious need for services for the aging/senior population. For years my organization met this need with VA Grant & Per Diem (GPD) level of supportive services, we worked primarily with very disabled, senior Veterans. Hundreds of Veterans graduated from this program into permanent housing of their own, most often utilizing the HUD-VA Supportive Housing program. However the VA Grant & Per Diem reimbursement rate of \$47.36 per Veteran per day is simply insufficient to cover the costs to meet the needs of these senior, disabled Veterans. The program I’ve described was closed in 2017. VA GPD funding for transitional housing works very well for higher functioning Veterans. A stepped-up level of funding and care is needed for disabled, senior Veterans experiencing homelessness.

*Between April 2017 and October 2018 Interfaith Community Services worked with a 79 year-old disabled Navy Veteran (Bill\*). Bill had come into our program after being brought in by a distant family member who said that the Veteran was homeless and needed a place to live. Bill struggled with cognitive functioning and short-term memory issues. He had difficulties remember dates of appointments, keeping track of his medications, and managing his money. Bill had no significant relationships in his life, and was vulnerable to predators who pretended to be his “friend” in order to gain access to his service-connected disability benefits. Even with multiple interventions, education, and intensive supports from his case management team and the VA, Bill continued to be defrauded out of his financial benefits by scam artists. Bill also suffered from paranoia and mood swings, but refused to complete a neurological assessment through the VA, and would not follow through with supports to help protect his money, let alone follow up with Primary Care. Bill required a higher level of care, but there was nothing available in the community that would meet his needs. Due to his increasing paranoia Bill eventually left the program and returned to homelessness.*

A higher level of care could have helped Bill. \$47.36 per day will not cut it.

The VA does fund a limited number of higher level Recuperative Care programs, for Veterans who are ready to discharge from local hospitals but do not have a home to recuperate in. My organization provides 16 VA-funded Recuperative Care beds in Escondido. In 2018 we helped 88 Veterans with Recuperative Care. 78% stabilized the physical or mental health condition they were initially hospitalized for and graduated to stable housing. Recuperative Care programs work and they should be expanded.

For the growing senior Veteran homeless population, a step-up model is also needed, an option that can provide a higher level of care for people like John, bot whom do not need hospital-level Recuperative Care.

#### **4. Modify HUD Definition of Homelessness**

Under the HUD definition of homelessness, Veterans residing in an institutional setting for more than 90 days are no longer considered homeless, and therefore ineligible for homeless programs, including SSVF.

*Example: Veteran Mark was homeless and has substance abuse history. He is placed in the San Diego Aspire Center 90 day intensive treatment program. Once discharged from that program, Jon is no longer eligible to receive rapid rehousing services and is forced back on the streets.*

Please modify the definition so as not to limit Veterans from receiving needed services after just 90 days in treatment in an institutional setting.

## **Conclusion**

To summarize:

- Increased funding from 2010 – 2017 reduced Veteran homelessness nearly 50%
- The Transitional Housing, Rental Assistance, and Permanent Supportive Housing programs funded through that increase are working, though many who qualify do not receive help because the scale of these programs must be increased
- We must also modify in scope how we address and prevent homelessness.
  - Many, like *Jacob*, simply did not qualify in their time of crisis. In his case he was helped through privately-funded resources. Many though are not so fortunate. More veteran-focused services and flexible, homeless prevention funds are critically needed, like those that helped *Clarissa*.
  - In other cases, like that of *Bill*, the available programs simply don't meet the need. A level of care greater than the current Grant & Per Diem Transitional Housing rate of \$47.36 per day is needed to care for disabled, senior Veterans at risk of and experiencing homelessness.
  - For this with the most severe health needs, additional Recuperative Care is needed.

Thank you for your time today, for inviting me to share our experiences and expertise helping Veterans and Veteran families overcome homelessness. I look forward to and offer anything that Interfaith Community Services or myself can do to help this committee in your work.