



Home for Everyone Action Plan VETERANS WORKGROUP (Operation 424)

Goal: The Home for Everyone (HFE) Veterans Workgroup (Operation 424) is tasked with developing an action plan to end homelessness among Veterans in Multnomah County by the end of 2015 that can be achieved without redirecting current investments serving other priority populations identified in *A Home for Everyone*. The action plan is due on January 16, 2015.

Jurisdictional Staff: Sally Erickson (PHB); Seth Lyon (Multnomah County)

HFE Board Liaison(s): Carolyn Bateson, Department of Veterans Affairs; Stacy Borke, Transition Projects

Groups & Individuals in Workgroup:

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|---|---|
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| Christine Lewis, Office of Comm. Jules Bailey | Emily Hutchison, VA |
| Mary Carroll, Office Chair Deborah Kafoury | Ian Slingerland, Home Forward |
| Alex Glover, Transition Projects | Jill Smith, Home Forward |
| April Woods, Central City Concern | Ledena Mattox, JOIN |
| Ariana Clark, VA | Marc Jolin, JOIN |
| Bob Urell, VA | Milla McLachlan, 25 Cities Initiative |
| Bobby Weinstock, NW Pilot Project | Rayme Nuckles, VA |
| Britni Childs, Transition Projects | Rachel Carlson, VA |
| Dena Ford-Avery, Home Forward | Sharon Fitzgerald, Central City Concern |
| Eric Ensley, Multnomah County | Suzanne Hayden, Citizens Crime Commission |
| Gabriel Court, Multnomah County | Wendy Smith, Portland Housing Bureau |

Summary Recommendation

City, county and federal priorities are strategically aligned to end homelessness among Veterans like never before. With a few local policy shifts and limited new commitments, we are poised to harness the resources needed to house all Veterans experiencing homelessness in our community by December 31, 2015. As outlined in the attached plan, we will achieve this through:

- Full and effective utilization of increased federal resources -- Supportive Services for Veteran Families (SSVF) & VA Supportive Housing (VASH)
- Continued funding of current local initiatives
- Increased focus on integrating services for Veterans experiencing homelessness into a system of care
- Limited, new rent Rapid-Rehousing rent assistance
- Limited, new targeting of existing housing resources, not currently prioritized for Veterans

The attached plan articulates what the Operation 424 workgroup believes is necessary to achieve the goal of housing all homeless Veterans. We recommend the Coordinating Board support continued funding for current and effective strategies and prioritize necessary policy shifts and funding requests to achieve the goal by the end of 2015.

Achieving this goal will provide a necessary “win” for *A Home for Everyone* and serve as a springboard for broader community engagement with on-going efforts. It will demonstrate to the public in a very visible way that ending homelessness is possible and attainable.

We anticipate that continued strong collaboration across the other HFE Workgroups, including roll-out of common assessment and placement strategies, will mitigate negative impact of the limited prioritization of Veterans in this proposal and contribute to progress towards the goal of ending chronic homelessness by the end of 2016.

Why We Can (and Should) House All Our Homeless Veterans

Veterans and their families have made significant contributions and sacrifices for our nation and our communities. We must do all that is within our reach to ensure Veterans have access to safe and permanent places to call home. Ending homelessness for all Veterans in our community is within our grasp. Veterans are the one population for which the federal government’s plan to end homelessness has been matched with substantially increased resources with which to do the work. These increased federal resources are necessary, but not sufficient to complete the job of ending Veteran homelessness. We must act locally to take hold of this opportunity.

To be successful at ending Veterans homelessness we must leverage increased federal investments with: cross-jurisdictional planning and alignment of resources; non-profit, government and market collaboration; the intention and commitment to be creative, take risks and navigate inevitable bureaucratic hurdles; and a meaningful increase in funding for affordable housing. We have the opportunity to do better by those who have served, and to demonstrate, tangibly, what is possible.

Background of Operation 424

Over the last several years, local government, nonprofits and advocates have actively collaborated to house our community’s homeless Veterans. One successful local planning effort is a monthly community meeting, Operation 424, which set a goal to house all chronically homeless disabled Veterans by the end of 2015. Some of the new resources to attain that goal include:

- 86 new Veterans Affairs Supportive Housing (VASH) vouchers issued October 2014, bringing the total to 446; as of Dec. 1st, more than 350 disabled Veterans were housed
- Transition Projects received several Supportive Services for Veteran Families (SSVF) grants, bringing in \$7.3M for rent assistance and services through October 2018
- New state funds of \$52,000 annually for rent assistance for homeless Veterans available through Multnomah County began November 2014
- Home Forward continues to provide \$50,000 annually to fund security deposits for VASH Veterans
- Multnomah County increased flexible funds for Veteran housing to \$80,000 annually in FY 14-15 and increased the number of Veterans Services Officers

- Home Forward made 5 units at the Bud Clark Commons Apartments available for Veterans in need of service-enriched permanent supportive housing (PSH)
- Safety off the street options expanded, as some existing shelter beds were reprioritized to serve Veterans

Despite these new and ongoing resources, Operation 424 faces several major obstacles to meeting its goal of ending chronic homelessness among veterans. These include:

- Market conditions that make it difficult for low income Veterans without assistance to find rental housing they can afford;
- A shortage of units available to even those Veterans with rental assistance, particularly those with rental housing barriers, as well as PSH with on-site or accessible services for those with significant behavioral health issues; and
- An inadequate safety net for those Veterans who are not eligible for VA health care, as well as limited low barrier “safety off the street” options

Both the new resources and the ongoing challenges facing Operation 424 provided background for the group’s planning to end all homelessness among Veterans by 2015.

The Action Plan’s Guiding Principles and Assumptions

The workgroup’s planning was guided by the principles in *A Home for Everyone* and apply to all the work of the HFE Coordinating Board. In addition, the group based its planning on a number of other key assumptions and commitments.

Home for Everyone Principles

- Prioritize vulnerable populations
- Promote racial and ethnic justice
- Use data-driven assessment and accountability
- Engage and involve the community
- Strengthen system capacity and increase leveraging opportunities

Additional assumptions and commitments

- Homelessness is a manifestation of poverty and social injustice
- All homeless Veterans are “ready to house”
- Three types of services are provided: safety off the streets, rapid re-housing, permanency
- Veterans of color must access services and achieve outcomes at an equitable rate with white Veterans
- Services in the community for Veterans are fully integrated and coordinated with a shared definition of success.
- Services are provided using principles/practices of Housing First and Assertive Engagement

Methodology

In order to determine what is needed to end homelessness among Veterans, the group divided the population of homeless Veterans into those who are chronically homeless and those who are not, given that different resources are available to these groups. We then further called out those Veterans who, because of their discharge status, are not eligible for most Dept. of Veterans Affairs (VA) housing programs. Using the best available data, we determined how many homeless Veterans there are currently in each of

these sub-groups, how many Veterans will become homeless in each of these sub-groups each year (inflow), and what our annual system capacity is to move veterans in each group into permanent housing. Using this model, we created the chart attached as Exhibit X. The chart provides a detailed analysis of where system capacity is adequate to reach “functional zero,” meaning that the system has adequate capacity to offer permanent housing options to all Veterans who become homeless, and where we have gaps that will either require reprogramming of existing resources or new resources. Based on this gap analysis, and the recognition that even with resources it will be essential to align and better coordinate service delivery in order for Veterans to fully benefit, we generated the specific work plan recommendations set out in the Recommendations section below.

Data Sources and Assumptions

Based on the best available data derived from HMIS, Coalition of Communities of Color reports, One-Night Homeless Count, and VA data:

- a. 413 Veterans each night sleep on the street, in shelter or transitional housing (2013 one-night count)
- b. Using the VA’s annualizer of 1.9, an estimated 785 Veterans experience homelessness in a year in Multnomah County (11% of County homeless)
- c. Nearly 40% (314 Veterans annually) are chronically homeless
- d. An estimated 15% of homeless Veterans aren’t eligible for VA health care and thus cannot use VASH and certain other VA programs. Approximately 47 are chronically homeless and 70 are not chronically homeless.
- e. Veterans are over-represented in the homeless population. They comprise 11% of the homeless population, but only 8% of the County’s overall population
- f. The VA reports that 14.4% of Veterans are people of color

- g. Additional factors affecting many homeless Veterans:
 - i. Unmet healthcare, mental health needs or substance abuse needs
 - ii. Unemployment or underemployment
 - iii. Criminal justice involvement

Summary of Capacity and Gaps Analysis

Through current federal and local investments we have nearly all the rent assistance resources needed to meet the affordability challenge faced by most Veterans based on our current understanding of need. However, even with an increased investment of rent assistance, the low vacancy rate in our rental market makes the challenge of identifying rental homes significant. To achieve our goal we will need to place an average of 70-80 homeless Veteran households into homes each month in 2015, including approximately 25/month who are chronically homeless.

Not all Veterans are eligible for VA health care. One would be ineligible for VA health benefits if they received a dishonorable discharge from military service. Additionally, those Veterans who enlisted after September 7, 1980 are required to serve for 24 continuous months to be eligible for VA health benefits. To serve Veterans ineligible for VA health care (and therefore some Veteran specific rent assistance programs), the HFE Coordinating Board will need to choose to give priority to this group of Veterans in allocating other HUD Continuum of Care funded permanent supportive housing in our community. Our community will also need to invest other local resources in rent assistance for these Veterans, as well as increase efforts to connect ineligible Veterans with Veteran Service Officers. This will ensure that they are assessed for a change in status and are receiving any benefits to which they remain entitled.

Service members continue to return to Oregon after their tours/enlistment and because we have no active military base in the state, access to reintegration services is a challenge. Systemic changes within the VA and the military branches could have an unintended consequence on homeless and at-risk Veterans and their families.

Based on best current data regarding need and projections for services that can be provided with existing resources, there is sufficient funding for housing placement and retention support for all Veterans experiencing homelessness in our community with the exception of those Veterans currently ineligible for VA healthcare. We estimate the need for resources and strategies to support 1) permanent supportive housing placement for 78 chronically homeless Veterans currently ineligible for VA healthcare, and 2) rapid rehousing support for 30 non-chronically homeless Veterans ineligible for VA health care. For a detailed gaps analysis, see Appendix.

We will review 2015 Point-in-Time numbers and recalibrate assumptions based on the more current data at that point.

Recommendations

Based on the gaps analysis, review of current resources, and input from multiple stakeholders working to house homeless veterans in our community, we put forward the following recommended funding and policy changes which, if implemented, would allow us to achieve the goal of ending Veterans' homelessness by 2015. Note: The plan identifies several obstacles and challenges, that don't have an immediate or obvious solution. In those cases, the challenges will be considered on ongoing basis by Operation 424 and we will return as needed to HFE Coordinating Board and Executive Committee.

HFECB Veterans Workgroup (Operation 424) - Plan to house all Veterans experiencing homelessness by 2016

| Action | Proposed Outcomes | Cost Estimates/ Funding Strategies | Responsible Parties | Timeline to Implement | Re-prioritize resources | New resources | Strategic alignment |
|---|---|--|--|-----------------------|-------------------------|---------------|---------------------|
| Strategic Alignment | | | | | | | |
| 1. Implement a transition-in-place strategy for vets from SSVF to VASH | Streamlined protocol to transition 32 vets/yr from SSVF → VASH | Existing SSVF grant | <ul style="list-style-type: none"> Transition Projects SSVF VA VASH lead Home Forward | March 2015 | | | X |
| 2. Advocate for VA status change for homeless Veterans who need Rapid Re-housing or Permanent Supportive Housing (PSH), but aren't eligible for VA health care (approx. 15% of Vets) | Status change obtained for 25% of Veterans referred | \$0 – use existing resources | <ul style="list-style-type: none"> Mult Co. VSOs | ongoing | | | X |
| 3. Identify strategies to facilitate increased access to private rental housing, as well as publicly-assisted affordable housing stock for Veterans exiting homelessness with or without tenant-based rent assistance | Strategies to facilitate access to 30 units identified and identified and implemented | \$0 – use existing resources | <ul style="list-style-type: none"> VA PHB Home Forward Citizens Crime Commission | By Oct. 2015 | | | X |
| 4. Implement Shelter Plus Care (SPC) “Step-up” preference for Housing Choice Voucher (HCV) for Veterans served by SPC that no longer require PSH (Adopted by Home Forward BOC 11/2014) | 10 Veteran Families transition for SPC to HCV | Value: \$72,000/year (\$7,200 per HCV) | <ul style="list-style-type: none"> VA Home Forward | March 2015 | | | X |
| 5. Legislative asks: Extend time limit for SSVF rent assistance to 24 months | More efficient use of federal resources | \$0 | <ul style="list-style-type: none"> City of Portland Gresham County Home Forward | September 2015 | | | X |
| 6. Integrate systems data between HMIS and the VA and review 2015 Point-in-Time numbers and re-calibrate assumptions | More accurate/timely count of homeless Veterans & data-driven outcomes | \$0 – use available resources | <ul style="list-style-type: none"> VA PHB HFE Data & Evaluation Committee | July 2015 | | | X |

| Action | Proposed Outcomes | Cost Estimates/ Funding Strategies | Responsible Parties | Timeline to Implement | Re-prioritize resources | New resources | Strategic alignment |
|---|---|---|---|-----------------------|-------------------------|---------------|---------------------|
| Reprioritize existing resources | | | | | | | |
| 7. Create a local preference for limited number of Housing Choice Vouchers for Veterans ineligible for VA health care, coupled with locally funded services | 50 Vets, who need long-term rent assistance & services, placed in permanent assisted housing via preference | \$360,000/year (Home Forward HCV) \$100,000/yr (City/County services) | <ul style="list-style-type: none"> Home Forward PHB Multnomah County | July 2015 | X | X | |
| 8. For Vets who are ineligible for VASH, focus outreach for HUD-funded Continuum of Care PSH projects, in coordination with local Coordinated Access planning efforts | House 28 Veterans who need PSH, but aren't eligible for VA health care | \$0 – reprioritize existing resources | <ul style="list-style-type: none"> HFECB Home Forward PHB | October 2015 | X | | |
| 9. Identify buildings to project-base VASH vouchers | 30 units identified and approved | \$0 – use existing resources | <ul style="list-style-type: none"> VA PHB Home Forward | By Oct. 2015 | X | | |
| 10. Dedicate an Aging & Disability Services (ADS) worker for Vets who need in-home care or adult foster care | 35-50 vets/year connected with appropriate housing resources | \$0 – reprioritize existing resources | <ul style="list-style-type: none"> Multnomah County | By July 2015 | X | | |
| 11. Ongoing commitment of flexible funds to support lease-up and housing retention [County - (\$80k) and State document recording fee (\$52k)] | Housing placement and retention for 176 vets housed with SSVF or VASH; | \$132,000/year (approx.\$750 per household) | <ul style="list-style-type: none"> Multnomah County | July 2015 | X | | |
| New funding | | | | | | | |
| 12. Identify new resources for rent assistance and housing placement for 30 non-chronically homeless veteran households ineligible for VA services | 30 veteran households stably housed by end of 2015 | \$225,000 (approx. \$7,500/veteran) | <ul style="list-style-type: none"> HFECB HFE Exec. Comm. | March 2015 | | X | |
| 13. Training for providers to better screen and identify Veterans | Eligible Veterans are connected to resources | \$10,000 | <ul style="list-style-type: none"> TBD | July 2015 | | X | |

APPENDIX – Data & Methodology

Step 1 – Homeless Veterans Sub-Populations: We started by dividing the homeless Veterans population into four sub-populations based on anticipated resource needs and program eligibility: (1) VA Service Eligible Non-Chronically Homeless Veterans; (2) VA Service Eligible Chronically Homeless Veterans; (3) Non-VA Service Eligible Homeless Veterans; and (4) Non-VA Service Eligible Chronically Homeless Veterans.

Step 2 – Current Number of Homeless Veterans: Using the best available data, we determined the number of Veterans who experience homelessness on any given night and in a given year, and estimated a breakdown by sub-population.

Step 3 – Current Inflow: In order to assess the sufficiency of our system capacity to end Veterans homelessness by the end of 2015, we had to not only know how many Veterans are currently homeless, but how many new Veterans would join each subpopulation going forward (inflow). For that we used the VA's estimate that annual inflow will equal $.9 \times$ (current annualized number).

Step 4 – Current Outflow: In order to assess the sufficiency of our system capacity to end Veterans homelessness by the end of 2015, we then needed to know the rate at which our system is placing homeless Veterans in each sub-population into housing and any increase in that placement capacity given new federal resources (outflow). For this we drew upon numbers from HMIS and from the VA data system.

Step 5 – Unmet Need: With a good faith estimate of the numbers of Veterans in each subpopulation who are currently homeless, the number of Veterans who will become homeless in the coming months/years, and the number our system has the capacity to house, we were able to identify the gap in resources needed for each of the sub-populations if we are to get to “functional zero” (i.e. enough resources to permanently house all homeless Veterans) by the end of 2015. The attached chart summarizes this analysis for each sub-population.

Step 6 – Identify Investments and Strategies: Recognizing that fully utilizing federal resources and closing the remaining resources gaps would require both system alignment strategies and targeted realignment of/increases in local resources, the workgroup generated an action plan, set out below.



**HEALTH & HOMELESSNESS WORKGROUP
ACTION PLAN RECOMMENDATIONS
March 4, 2015**

Goal: By March 2015, deliver an action plan for engaging physical and behavioral health care providers and funders in Multnomah County to:

- Assess, at an individual client level, cross over between people experiencing homelessness and high-cost utilizers of health services
- Prioritize housing options for those identified individuals with specific exploration of funding sources that leverage existing homeless service system investments with recaptured cost savings to the health system
- Further identify the health needs of people experiencing homelessness in Multnomah County and strategies to increase engagement in and delivery of appropriate health care

Staff Support: Ryan Deibert, Portland Housing Bureau (PHB), Rachael Duke, Home Forward, Liv Jessen, Dept. of Community Justice, Multnomah County

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Summary of Action Plan Recommendations: