Permanent Supportive Housing for Veterans

Department of Veterans Affairs

EAST LA COMMUNITY CORPORATION

A Community Of Friends
Building Independent Lives

mercy HOUSING
Who does New Directions for Veterans serve?

• A wide range of veterans-specific programming, serving more than 1,000 individual veteran households annually.

• 500+ households/ individuals
  - Permanent supportive housing services to 300 tenants
  - 229 transitional housing residents

NDVets PSH serves primarily chronically homeless:

• 80% of facility-based (LIHTC) housing
• 52% of scattered site (market) housing
• 44% of SSVF households

While nationally in 2013, 29% of all PSH beds in the nation targeted people experiencing chronic homelessness, today, NDVets exceeds an actual rate of 70%.

Lead Service Provider & Co-Developer - LIHTC sites

- New Directions Sepulveda I – Enhanced Use Lease - 72
- New Directions Sepulveda II— Enhanced Use Lease - 75
- Veterans Village El Monte – 40
- Guy Gabaldon Apartments-- 32
- Veterans Village of Glendale – 15 (45)
<table>
<thead>
<tr>
<th>Disabilities - NDVets Housing Tenants &amp; Rapid Re-Housing</th>
<th>Facility-based PSH</th>
<th>Scattered-Site PSH</th>
<th>Homelessness Prevention and Rapid Re-Housing¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISABILITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>34%</td>
<td>83%</td>
<td>11%</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>32%</td>
<td>90%</td>
<td>11%</td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td>64%</td>
<td>52%</td>
<td>20%</td>
</tr>
<tr>
<td>Physical</td>
<td>36%</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>Physical/Medical</td>
<td>2%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Total Quality Individual/Household with Disabilities</td>
<td>100%</td>
<td>100%</td>
<td>42%</td>
</tr>
<tr>
<td>% Chronically Homeless</td>
<td>80%</td>
<td>52%</td>
<td>44%</td>
</tr>
<tr>
<td>Dually Diagnosis (of Mental Health Problem and Substance Abuse)</td>
<td>32%</td>
<td>31%</td>
<td>5%</td>
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</tbody>
</table>
Rental Housing First/ Harm Reduction

• The onsite staff works to support tenants in:

• 1) **Maintaining Stable Housing**: In promoting housing stability, the supportive service team assists tenants with meeting their lease obligations, including paying rent, maintaining a safe and healthy living environment, allowing others the peaceful enjoyment of their homes, and complying with basic house rules.

• 2) **Maximizing each tenant’s ability to be self-sufficient**: ND service staffers utilize a service model that promotes independent living and socialization skills through behavioral skills building. In promoting self-efficacy, supportive services assist with the formation of tenant councils and advisory groups. Tenants are also given opportunities to lead and participate in health enhancement groups which include addiction/mental health support, daily life skills, vocational/educational, and green living groups.
Blended approaches for structuring services at Project-Based (LIHTC)

- Direct Services
  - (voluntary, housing retention, choice, weekly minimum contact, community building, green living, edible gardens, transportation, service planning)
- VA directly-staffed
- VA contracted VASH
  - Services coordination with VA staff through PBVASH
  - Mixing non-veteran populations (gender balance)
  - Mixing non-VASH eligible with VASH eligible
  - Close ties to VA HPACT
Blended approaches for funding services at Project-Based (LIHTC)

- Direct Services – CASH FLOW, FOUNDATIONS, DEPT OF HEALTH SERVICES, DEPARTMENT OF MENTAL HEALTH, HUD
  - (voluntary, housing retention, choice, weekly minimum contact, community building, green living, edible gardens, transportation, service planning)
- VA directly staffed – VETERANS AFFAIRS
- VA contracted VASH – VETERANS AFFAIRS
  - Services coordination with VA staff through PBVASH – VETERANS AFFAIRS
  - Mixing non-veteran populations (gender balance)
  - Mixing non-VASH eligible with VASH eligible
  - Close ties to VA HPACT
Focus is on working with multiple partners, and on quickly achieving stabilized operations.

- Tax Credit Delivery
- Housing retention rates of 95% and higher for Chronically Homeless populations (individuals, families and veterans).
- Healthy site-level teamwork with management, services, clear roles, regular meetings
- Sustainable operations (low vacancy loss, low damage, liability control)
How do you transition from Construction to 12\textsuperscript{th} month of Operations?

– Level out the learning curve
– Provide mechanisms for offsite supervision to tie in to and observe
  • Regular meetings:
    Services and management
    Services and HPACT
  • Agenda and standard meeting minutes**
    – Assures utilizing inspections and write-ups as treatment tools
    – Transparent guidelines and processes in place to address lease violations
  • Emergency team calls for crises
  • Leasing Tracking Sheets**
HPACT Partnership

- The need for H-PACT
  - 3 months delays in vetting and access
  - 6 month issues: Deaths in the buildings
  - Limited access to any substance use and emergency services

- Initial H-PACT team worked with site-based staff to survey the needs of tenants and staff.
  - Need for one-on-one mental health therapy
  - Need for advocacy and support in finding substance use treatment beds for already housed individuals.
  - Need for home visits from medical staff to tenants who were fearful of going to the hospital.
  - Need for connections to VA resources – Enhanced Housing First Team, Peer Support, Home Health Aides, etc.
  - Need for Harm Reduction support.
  - Need for training and support to NDVets staff on how to support tenants with personality disorders/substance use combined issues.
HPACT Partnership

• Meeting the Needs
  – Started meeting immediately and have met weekly ongoing.
  – Data-based Informed Care: Provided a list of tenants to HPACT (with ROI’s) to assess needs, who wasn’t engaged in care, who wasn’t assigned a primary care physician, etc.
  – Structure of the meeting around High-need tenants: Discussed weekly and set outcome goals which included Psychologist/Nurse partnering the Resident Services Coordinator to make house calls, or the case manager bringing the tenant over to the HPACT clinic, (more examples). H-PACT integration into the community and team – Sharing meals, participating in events with tenant which supported team bonding and trust.

• Findings
  – Therapy was highly sought after.
  – Need to clarify roles – Housing Team versus Medical Team
  – Clinical groups not working in housing (not a program, tenants want to keep their needs private around their neighbors)
  – Personality Disorders/Substance Abuse (combined) issues more prominent than anticipated.
  – Continual restructuring of the weekly meeting to keep the focus on honoring the tenant’s need, integrating new approaches, and staying focused on housing stability.
  – Expansion of staffing:
    • HPACT: Fulltime psychiatrist added.
    • NDVets: 3 interns, Program Manager added.

• Outcomes: Discussion of the positive outcomes – percentage of tenants connected to primary care and case example.
• Open discussion and questions