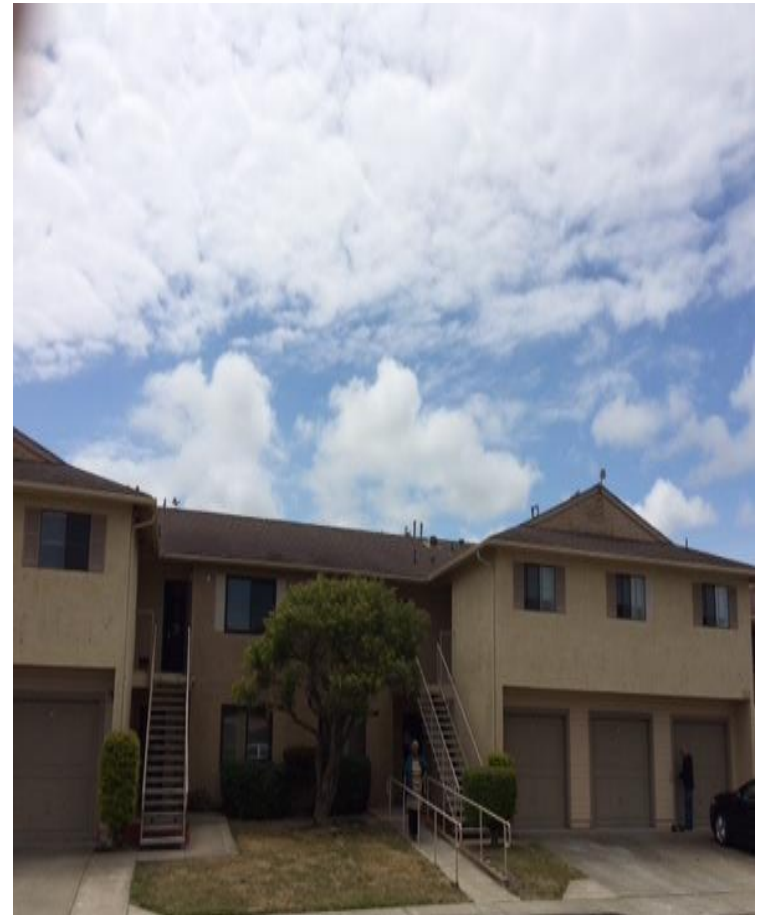


# Transitional Living for Homeless Veterans

LOWERING THE BARRIERS TO  
TRANSITIONAL HOUSING



VETS HELPING VETS SINCE 1974



# Participant Demographics

- 100% disabled veterans.
- 46-veteran men.
- 5-women veterans.
- At or below 45% of area median income (AMI) for San Francisco.
- Age ranges from late 20's to 80's.
- Over 50% of the veterans currently within our program are over 55 years of age.



# Layout of the Property

- Total 18 two bedroom units.
- 56 beds for Grant and Per Diem (GPD).
  - 20 for Special Needs (SNCMI).
  - 6 for Frail and Elderly (F/E).
- Up to 15 units are Substance Abuse Day Hospital (SADH) funded.
- Frail and Elderly units are ADA accessible.



# On-Site Services and Amenities

- All staff offices are located on the property within three units reserved for staff and community space.
- TV lounge for participant use after program hours.
- Three meals per day served through a contract with Job Corp.
- All units have free washer and dryer usage and television with local stations.



# Staffing

- 24/7 Program Monitor coverage at the site.
- 5 Case Managers (four are Master's level).
- 2 Housing Placement Specialists.
- 1 Peer Specialist.
- 1 Resident Manager.
- 1 Office/Property Manager.





# Program Model

- Three groups per day except on Wednesday:
  - Life Skills, Money Management, Relapse Prevention, Vet-to-Vet, Housing Search, Coffee Chats, Special Needs Group (only for SNCMI caseload), Senior Meeting (F/E only).
- Volunteer commitments are part of the program:
  - Our veterans manage the Food Pantry on Treasure Island which is a three-month commitment.
  - Facilitate the AA Meeting on Treasure Island weekly.
- Required weekly Case Manager meeting.
- Random urinalysis testing.

# Ways to Work with a Higher Acuity Population of Veterans

**Our program has changed over time.**

***Here are some of the major changes:***

- No longer discharged after a relapse.
- Treating relapses as opportunities for addressing root causes such as mental health concerns, medical challenges, and fear of moving into permanent housing.
- Changing group formats and times to increase participation (Adding food, changing meeting focus, and combining meeting times).
- More unit meetings to mitigate roommate conflicts.
- Having a case manager work one weekend day.

# Are Lower Barrier Programs For Everyone

- While there is no one size fits all program we have had to adapt our program to the veterans that are walking through our doors.
- Our population of veterans have higher acuity (over 70% of our veterans have co-morbid medical, mental health, and chronic medical conditions).
- We maintain a clean and sober site and have embraced Housing First principles.
- Some veterans want a program that is abstinent-based in addition to a clean and sober facility, so we work with other community programs to make referrals.
- Swords to Plowshares has chosen to focus on a segment of the San Francisco population of homeless veterans that need a longer term program yet have challenges in remaining clean and sober, treatment focused, and often times not able to return to the workforce.



# Do Lower Barriers Mean Worse Outcomes

- In 2014 we served 118 veterans in our GPD beds.
- Even though we have lowered our barriers for program entry our discharges to permanent housing were 75%.
- On average we increased our veterans income by \$1,100 from program entry to exit. This was through accessing entitlement benefits (SSI/SSDI/VA) and for a small number of veterans through employment.



# For More Information



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