



NEW DIRECTIONS
for **VETERANS**
Putting Veterans First Since 1992

Permanent Supportive Housing for Veterans



**Department of
Veterans Affairs**



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

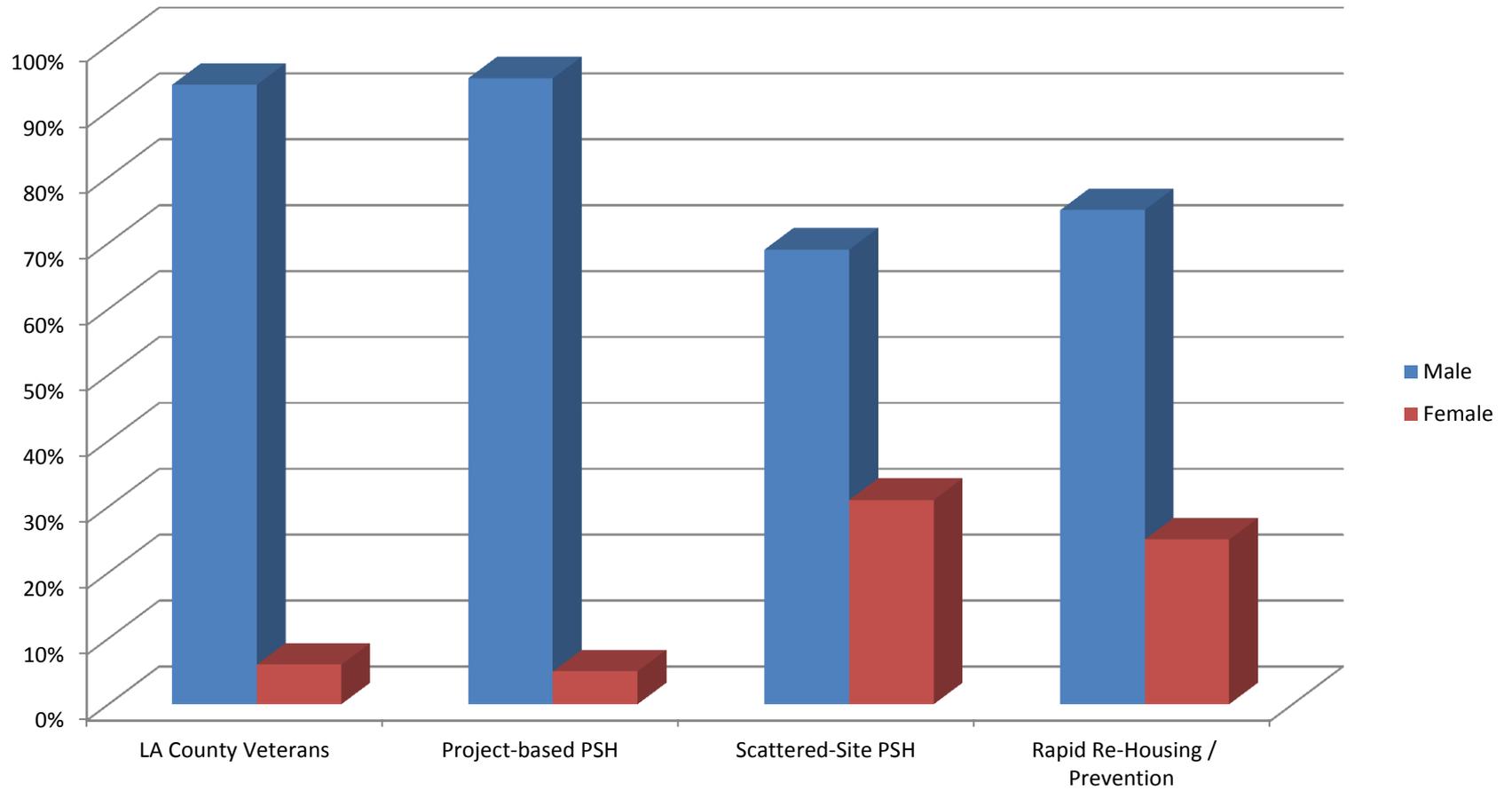
NDVets PSH serves primarily chronically homeless:

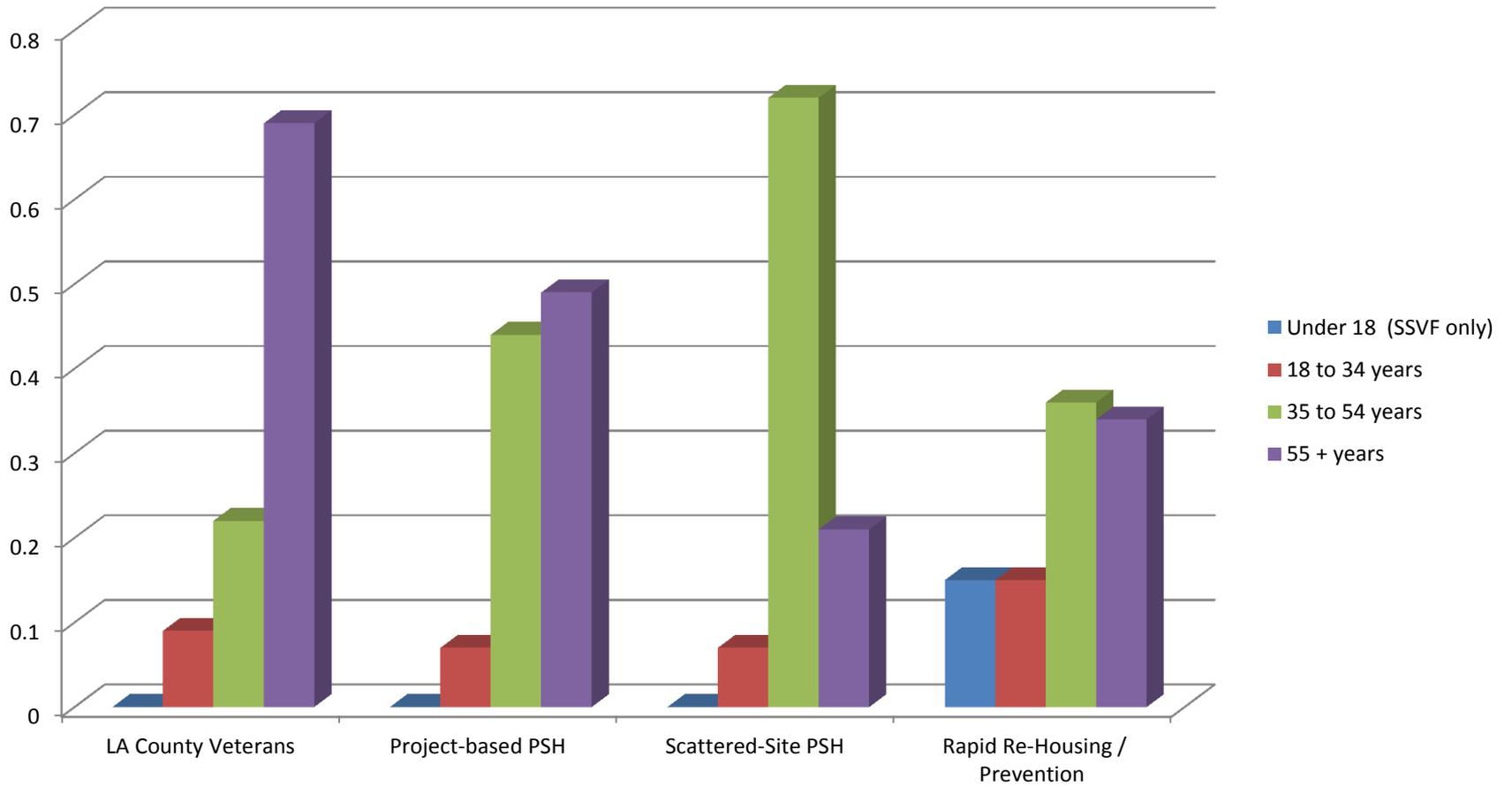
- 80% of facility-based (LIHTC) housing
- 52% of scattered site (market) housing
- 44% of SSVF households

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)





Disabilities - NDVets Housing Tenants & Rapid Re-Housing Clients	Facility-based PSH	Scattered-Site PSH	Homelessness Prevention and Rapid Re-Housing ¹
DISABILITY			
Alcohol Abuse	34%	83%	11%
Drug Abuse	32%	90%	11%
Mental Health Problem	64%	52%	20%
Physical	36%	7%	20%
Physical/Medical	2%	0%	1%
Total Quality Individual/Household with Disabilities	100%	100%	42%
% Chronically Homeless	80%	52%	44%
Dually Diagnosis (of Mental Health Problem and Substance Abuse)	32%	31%	5%

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
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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 12th 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