

**Testimony of
Paul Lambros
Executive Director, Plymouth Housing Group
Subcommittee on Transportation, Housing and
Urban Development and Related Agencies
Subcommittee on Military Construction and Veterans Affairs
Committee on Appropriations
May 1, 2008**

Plymouth Housing Group is a nonprofit low-income housing provider in Seattle, Washington. We were established in 1980 in response to the increasing numbers of homeless people living on Seattle streets. Today, we own and manage 12 buildings that provide 1,000 units of permanent supportive housing. Our model is to move homeless people directly off the streets and into permanent supportive housing. We house well over 100 veterans, and our newest building, the Langdon and Anne Simons Senior Apartments, reserves 25 apartments for homeless veterans.

We work extensively with the Veterans Administration and other veterans service providers, as well as agencies that provide services in such areas as mental health, chemical dependency, jail diversion, HIV-AIDS, and others. In working with community partners, our common goal is to stabilize long-term chronically homeless people in permanent housing with the services tenants need to successfully remain in housing.

Housing Options for Homeless Veterans

The VA's Homeless Providers Grant and Per Diem Program provides supportive housing and services to veterans in transitional housing programs (up to 24 months).

The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, which provides both subsidy and support services, is effective for veterans who are ready to accept support and treatment services, are relatively stable, and can successfully maintain their housing. HUD-VASH vouchers to our area were cut under the current Administration, but we expect to see an allocation of another 105 vouchers.

Both programs provide important services to homeless veterans, but they are not flexible enough to meet real needs at the local level. To close the gaps, we rely on other sources of funding, such as King County Housing Authority's Housing Access and Services Program, and King County's Veterans and Human Services Levy.

Some key changes would make the federal programs more responsive to our local need.

The Homeless Providers Grant and Per Diem Program imposes restrictions on the type of housing it will support. It is more effective to move homeless veterans directly into permanent supportive housing, rather through transitional programs. Capital funding under the Grant and Per Diem Program is restricted to nonprofit organizations. However, to develop high-quality permanent supportive housing, we must use the Federal Low Income Housing Tax Credit Program. Tax credit projects require the formation of for-profit partnerships, and thus are not eligible to receive Grant and Per Diem funding because technically the nonprofits do not have site control. Highly effective projects are excluded from using this funding source to serve homeless veterans.

Further, the Per Diem component of the program is restricted to services provided to veterans in transitional programs—funds may not be used for services to veterans living in permanent supportive housing. We have found that formerly homeless tenants are most vulnerable during the period of transition from homelessness to stable, permanent housing. This is when they are most likely to need intensive support services, and we have seen tenants become increasingly self-reliant as they remain in their housing. Senate Bill 2273, to fund support services for formerly homeless veterans in permanent housing, is needed.

Thanks to the leadership of Senator Murray, the challenges faced by homeless veterans have received elevated attention in our state. This has made it possible to pass a Veterans and Human Services Levy in King County.

In Seattle and King County, we have been working toward the goals of the Ten Year Plan to End Homelessness. As more and more communities across the nation undertake similar initiatives, they will develop plans tailored to local conditions. Capital and services funding must be flexible and responsive to local needs and be available to fill gaps in those areas.

What Works

In the process of opening the Simons Senior Apartments, we developed an effective partnership with the VA. The success of this partnership is largely because of the following factors:

- We worked together with the VA from the very beginning of program development to develop a model for rapid housing of eligible veterans.
- We exchanged information and training with VA staff. They taught us about the complexities of veterans systems. We taught them how to complete housing and subsidy applications.
- At the Simons Senior Apartments, we have four onsite case managers and a nurse. Three of the housing case managers have specialties: chemical dependency, geriatrics and veterans.
- Our model is one of collaborative case management: we maintain communication, share resources, provide mutual training (e.g., about veterans issues and housing issues).
- Onsite visits by VA staff serve to broker and enhance veterans' connections with the VA hospital.
- Onsite Plymouth Housing Group staff work with veterans to follow through on appointments. They also encourage and support recovery, and building community with other veterans in the building.

Challenges Faced by Homeless Veterans

Discharge Status. Veterans who have received other than honorable discharges are refused all services by veterans programs. Other than honorable discharges can often stem from unidentified mental health or substance-use disorders that result in violent or unacceptable behaviors. Veterans who know the system and have resources can contest these discharges and have them overturned, but veterans who do not have resources and cannot contest discharge status become truly impoverished. They are sleeping on our streets, and they identify themselves to the public as veterans.

Level of Functioning. Homeless veterans who don't have access to support systems will find other ways to survive. Some use alcohol or drugs to cope with the effects of mental illness. This type of "self-medicating" compounds mental health issues with substance abuse disorders. The stresses of life on the street, and the lack of security—the day-to-day struggle to survive—

makes the goal of abstinence seem unrealistic and out of reach. Until veterans find the support, safety and counseling they need, they are simply not yet in a position to make abstinence a goal in their lives.

Abstinence is not a goal we can choose for another person. To be an effective and lasting goal, it must be identified by the individual. The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) makes this point in its *National Consensus Statement on Mental Health Recovery*—it is equally applicable to recovery from substance abuse disorders:

- “There are multiple pathways to recovery based on an individual’s unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations.”
- “Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial state of awareness in which a person recognizes that positive change is possible.”

Staff at the Simons Senior Apartments note that the veterans living in the building all share a distrust and a sense of fatalism about their housing. They seem to expect that their housing can’t last—that somehow it will all fall through or fail. Because these veterans are not abstinent, they seem to have fallen through the cracks, rather than having the opportunity for secure housing. Once they are in housing, they are in a better position to develop a goal for recovery.

It is far more effective to acknowledge and support the veterans who still struggle with mental health or substance abuse issues—to get them into housing as quickly as possible. Once they are housed, we can support them in their housing, and be available to help as they begin to realize that positive change is possible.

ATTACHMENT: Veterans' Stories

These are all veterans who live in Plymouth Housing Group buildings.

For more information, see the spring edition of *Plymouth News* at www.plymouthhousing.org.

Albert, a Korean War veteran, was referred for housing in the Simons Senior Apartments and completed the documentation necessary to move in. However, when staff tried to locate him to let him know that his application was approved, they learned that he had been asked to leave the transitional shelter where he'd been staying because he was intoxicated. He would be sleeping on the streets that night.

Staff from PHG's rental office, the Simons building manager and the social services program manager worked with the transitional shelter to locate Albert. They were able to find him and get him moved in. It was just in time—the temperature dropped below freezing that night. With the amount of alcohol in his system, we believe that Albert might not have survived until morning.

Gunnar, a Vietnam-era Army veteran, spent eight years living on the street off and on when he could not pay his rent. He struggled with alcohol and heroin addiction as well as the physical toll of homelessness and addiction (he suffered severe head trauma when he was intoxicated and fell from a parking garage). He would sometimes shoplift in order to be jailed on cold nights. While he was in jail, VA staff began to work with Gunnar, and he connected with support and recovery services.

When Gunnar moved into the Pacific Apartments in September 2002, he was clean and sober, and has maintained his sobriety. Staff at the Pacific are impressed with his high standards of cleanliness in his unit and in his personal appearance. With the Pacific as home, Gunnar is able to maintain contact with VA support services and with his family. He maintains a monthly budget, pays his bills and effectively plans and sets goals. He is happy at the Pacific.

Joe, a Vietnam veteran, stopped drinking in 1993 and has maintained his sobriety. However, he suffered cardiac arrest and developed other severe health problems, and ultimately became homeless, sleeping in shelters, in the woods or on public transportation. Life on the street took a further toll on Joe's health. He suffered a collapsed lung and frostbite so severe that it threatened his ability to walk. He needed ongoing medical care, but very often did not get help until he required emergency treatment or hospitalization.

Joe moved into Plymouth on Stewart where he received intensive, round-the-clock support required to care for himself and get the regular primary medical care he needed to regain his health. He visits a nearby medical clinic for regular appointments and is now able to walk without a cane. These days, Joe describes himself as "optimistic."

Richard, a Vietnam veteran, spent several years in Houston, caring for his elderly mother and working part-time jobs. After his mother died in 2006, he took a bus to Seattle where his brother was living. Richard found hotels too expensive, so he slept in homeless shelters and did odd jobs to save money for an apartment. But after he developed pneumonia, his health went downhill and he was diagnosed with diabetes. Health problems notwithstanding, Richard volunteered in the kitchen at one shelter and the staff there helped him look for housing.

Richard moved into the Simons Senior Apartments when it opened in early 2008. Supportive services there include assistance with economic and health issues—including an onsite nurse to help Richard monitor his diabetes and keep it under control. That's now easier to do because he has a kitchen and can cook for himself—something he missed when he was homeless.