

Homeless Veterans

Service barriers, innovations and recommendations

By

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My name is Ed Blackburn; I'm the Deputy Director of Central City Concern, an agency that has been working with homeless adults and families in the Portland metro area for almost 30 years. I'm here today to talk about my agency's experience, and the challenges we face dealing with homeless veterans. I want to start by saying that many of our most successful programs serving homeless veterans, and the general homeless population, have been started with or sustained by federal funding, so I want to thank you for your commitment to vulnerable populations, and for inviting us here to share our knowledge.

Homelessness is disproportionately represented among veterans. Nationally, veterans account for an estimated 23% of all homeless people in America.¹ Locally, the Veterans Administration (VA) estimates that between 12 to 30% of the Portland area homeless population is comprised of veterans. It is difficult to obtain hard census data around a transient demographic that exists outside of mainstream service channels. However results from a "point-in-time" One Night Shelter Count provide insight.² Such data is often used to estimate the total number of homeless in Multnomah County, currently estimated to be 17,000 people annually.³ Based on these numbers, an estimated 4,000 to 5,000 veterans are likely homeless in Portland each year, although some place the number as high as 7,000.⁴

What sorts of issues lead to homelessness in this population? Homeless veterans face the same interconnected barriers and challenges as the general homeless population: poverty, addictions, mental health issues, physical disabilities, poor health, criminal backgrounds, poor employment and rental histories, and disaffiliation with service systems and social support networks. These barriers, however, are often intensified due to the presence of Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). These two factors, while not limited to the veteran population, are clearly elevated due to the likelihood of past combat experiences. The impact of PTSD and TBI cannot be overstated as both a cause of homelessness for veterans, and as barriers to ending homelessness.

Despite these significant hurdles facing veterans, their past military service can work in their favor in two very important ways. First, there is the distinct possibility that the personal discipline inherent in military life is advantageous as they seek to rebuild their lives after the trauma of homelessness. Second, there are services available to veterans – provided primarily by the federal government – that not available to civilians. The ability to enroll in any veteran care

¹ National Survey of Homeless Assistance Providers and Clients, U.S. Interagency Council on Homelessness and the Urban Institute, 1999

² One Night Shelter Count, Multnomah County Dept. of County Human Services

³ Home Again: A 10-Year Plan to End Homelessness in Portland and Multnomah County, 12/04

⁴ National Coalition for Homeless Veterans; www.nchv.org

program ultimately enhances their utilization of all veteran benefits and dramatically increases the probability of achieving success across other life domains.

At Central City Concern (CCC), we provide a continuum of affordable housing options integrated with primary and behavioral healthcare services, drug and alcohol addictions treatment and recovery support, and employment services. An estimated 15,000 people access these services each year. As you can imagine, a significant number are veterans. While most of the housing and programs available to adults are also available to veterans, I want to focus on three specific programs that directly serve – or serve a high percentage of – veterans: the Community Engagement Program, the Homeless Veterans Reintegration Project, and the Veterans Grant and Per Diem program. And I will preface each discussion of the program with a story about a client that it serves.

The Community Engagement Program (CEP): a success story

W. is a 44 year old veteran who had been homeless for approximately five years and had a substance abuse disorder. After living in the woods for 18 months, he developed a serious infection and sought shelter during a snowstorm in December 2003. After stays at a local shelter and engagement in a detox program, he was connected to medical services at the VA and from there, was referred to CCC’s Community Engagement Program. He received housing and intensive case management, including support from a CEP employment specialist. W. was connected to vocational rehabilitation services and was assisted with obtaining his GED and then his Commercial Drivers License. Recently W. was accepted into the truck-drivers union and has obtained a job with a local trucking company. He is saving money to buy his own truck, which will assure him long-haul driving jobs. W. also receives Social Security benefits.

The Community Engagement Program (CEP) was created in 2004 to bring outreach and assertive engagement to the chronically homeless. Federal grant funding from agencies participating in the Interagency Council on Homelessness (ICH), including the VA, allowed the program to expand capacity and include critical housing and healthcare treatment components. CEP targets chronically homeless adults dually diagnosed with mental and/or physical disabilities and addictive disorders – some of the hardest to serve individuals in the community. The program, based on the Assertive Community Treatment model, relies on multidisciplinary teams to provide intensive case management and immediate access to supportive housing. The CEP approach also utilizes access to primary and behavioral healthcare and, when appropriate, employment support. There are currently three teams serving approximately 250 clients. Due to the ICH funding and the strong VA influence, CEP has a significant focus on chronically homeless veterans. CEP Team II includes a VA case manager assigned to eligible CEP clients and able to connect them to VA medical services. Please refer to *Figure 1.* below for usage statistics related to CEP, the number of veterans served, and outcomes achieved.

Figure 1: Community Engagement Program Veteran Statistics, July 2004 - June 2007

Total Clients Served by CEP		
	Total	Percentage
CEP clients	250	
CEP clients who are veterans	60	24%

Figure 1 (continued): Community Engagement Program Veteran Statistics, July 2004 - June 2007

CEP Client Veterans – demographics (for 60 clients)		
	Total	Percentage
Ineligible for VA services	14	23%
Eligible for VA services	40	66%
Unknown eligibility	6	10%
Receiving VA NSC pension	5	8%
Receiving SC pension < 50%	1	1%
Receiving SC pension > 50%	1	1%
Eligible veterans refusing/not accessing VA services	5	8%
Experiencing A&D only	11	18%
Experiencing mental health only	2	3%
Dual diagnosis	44	73%
Physical disability only	3	5%
Avg. length of homelessness	5.94 years	
Range of length of homelessness:	1 – 17 years	
Approx. cumulative years of homelessness	350	

CEP Client Veterans – Outcomes		
While with CEP, clients were:	Total	% (of total)
Employed (fulltime)	5	8%
Employed (part time/ temporary)	7	11%
Receiving VocRehab services	4	6%
Volunteering at Client Center	9	15%
Volunteering at other locations	6	10%

The Homeless Veterans Reintegration Project: a success story

R., unemployed for three years, homeless for two, came to WorkSource in August 2004. He was divorced, had a history of mental health issues including anger and domestic violence. Deeply in debt, R. was a ten year user of heroin and alcohol and – despite strong labor skills – had poor social abilities. His only reported source of monthly “income” was food stamps (\$141.00).

A Navy veteran of six years active duty, R. was honorably discharged in 1983. He stated that he was seeking employment assistance and enrolled with the Homeless Veterans Reintegration Project (HVRP). The program became his navigator into reintegration and he began attending employment classes and successfully followed the guidance of case managers.

Due to his success in the program, six months later (February 2005), R. became the first veteran to be admitted into the new Veterans Grant Per Diem Program. He ended 30 months of homelessness when he moved into CCC’s Henry building, though for the first several weeks, he secured every lock on his door and placed a chair against it for added security. This fear slowly subsided as did his intense and escalated expressions of anger. Through the Per Diem program, R. began to trust and utilize VA Medical for primary care, dental, mental health,

substance abuse and work training services. VA's Compensated Work Therapy (CWT) enrolled him in entrance level custodial work, a platform from which he could demonstrate his skills and renewed reliability. VA Medical soon offered him full time employment as a federal employee with a starting salary of \$26.00 an hour.

R. has been in recovery since joining the program, helping to establish an AA group that meets in the Henry building. While in the program, he also repaired broken family relationships. R. graduated from the program in October 2006 and currently resides in permanent housing in SW Portland as a veteran in recovery and federal employee.

R.'s story illustrates the great success the Homeless Veterans Reintegration Program (HVRP) has had with this population. The HVRP is operated out of Central City Concern's WorkSource job resource center, a common portal for individuals accessing other services within the continuum. Because of the important role WorkSource plays in all agency veterans' services, a brief discussion of the program follows.

WorkSource is the employment arm of CCC's service continuum. Benefits focus on pre-employment support, employment retention, career advancement training, vocational training, enhancing computer skills, writing effective resumes, and developing interview skills, among others. WorkSource provides general services to the public, and specialized services to individuals facing barriers to employment, including many veterans. Please refer to *Figure 2* below for usage statistics related to WorkSource, the number of veterans served, and the outcomes achieved. (Note: the significant increase in the percentage of veterans employed in 2006-07 reflects changing priorities from the Department of Labor requiring a more aggressive screening for clients considered most likely to achieve employment stability.)

Figure 2. WorkSource Veteran Statistics, July 2004 - June 2007⁵

		2004-05		2005-06		2006-07	
		Clients	% of total	Clients	%s	Clients	%s
WPOS Enrollment	Total	2,555		1,904		1,414	
	Homeless	1,554	60.8%	1,180	62.0%	912	64.5%
Veteran Enrollment		351	22.6% (total homeless)	287	24.3% (total homeless)	136	14.9% (total homeless)
Veteran Employment		192	54.7% (total vets enrolled)	173	60.3% (total vets enrolled)	105	77.2% (total vets enrolled)
Veteran Housing		295	84% of total vets enrolled	269	93.7% of total vets enrolled	125	91.9% of total vets enrolled
Additions among Veterans		348		266		104	
Veteran Welfare Recipient		333 (95%)		273 (95%)		129 (95%)	
Veteran Ex Offender		296		266		99	
Homeless Veterans		351		287		136	

⁵ Notes to Figure 2:

1. Stats for 2006-2007 are through the date of June 18, 2007.
2. DOL directives to HVRP to place primary enrollment focus on employment, rather than general reintegration services, have led to an obvious reduction in enrollment numbers for HVRP in the 2006-07 year.

All veterans enrolled in veteran-specific services (including HVRP and the Veterans grant Per Diem Program) are also co-enrolled in other WorkSource programs for resource leveraging and service maximization. WorkSource has developed an ever expanding network of support on behalf of veterans with local, state and national employment and veteran services agencies, and with justice and prison systems.

The Homeless Veterans Reintegration Project (HVRP) is funded by the Department of Labor (first awarded to CCC in 1998) to expedite the reintegration of homeless veterans into the labor force. The program provides homeless veterans with job training and placement assistance as well as initial case management. Veterans come to HVRP for guidance and assistance in reintegration tasks in job search, employment, housing, personal hygiene, and transportation, as well as how to reshape their lives as self-sufficient community members. HVRP staff seeks to enhance the reintegration of veterans by encouraging the veteran's participation in existing continuum of support services, employment and housing. The Disabled American Veterans Charitable Service Trust has funded dental and vision services for homeless veterans for three years now, helping HVRP staff employment readiness services.

Since inception, HVRP has

- Enrolled over 2,294 veterans;
- Assisted 814 in obtaining employment with an average wage of \$11.20/hr; and,
- Assisted 1,664 veterans in gaining various types of housing.

During the last fiscal year, 67% of HVRP participants were placed into employment.

The Veterans Grant and Per Diem program: a success story

D. came to WorkSource in April of 2005 seeking assistance for employment, housing, and simple basic life needs. He had a criminal background, a history of drug use and no legal identification except for documentation of his US Army veteran status – six years military service and honorable discharge in 1983. He had failed in most local service programs and had no income, no food resources, and no place to live; he was sleeping in a flower bed when he first connected with WorkSource. He had multiple unpaid driving fines across several states, court issues, and drug addiction issues. He also had considerable natural skills as an auto technician.

D. entered the Homeless Veterans Reintegration Program, and then the Per Diem program, moving into the Henry Building and ending four years of homelessness. Over the next two years, D. started work in a day labor job, enrolled in the VA Voc Rehab which led him to Compensated Work Therapy (CWT) employment at a local service station. He soon gained certification at several advanced levels as an auto technician and is now employed full time as the Supervising Mechanic at a wage of \$25.00 an hour.

In terms of mental health and addictions issues, D. is currently undergoing methadone treatment. VA Medical is treating him for depression and other mental health challenges and he has enrolled in the Substance Abuse Treatment Program at VA Medical and maintains active enrollment as a patient. For his legal issues, D. has cleared all legal issues creating barriers for obtaining a driver's license. He has also developed a personal tool inventory for professional

work, recently purchased a motorcycle for personal transportation, and saved over \$2,400.00 in the Per Diem Move Out Account (to be used securing permanent housing in the community). Related to housing, D. has completed Ready to Rent Classes at the Better People program, upon graduation from the Per Diem program moved into a Single Room Occupancy on VA Medical campus in Vancouver, and continues to maintain eligibility on HAP lists.

The Veterans Grant and Per Diem Program (VGPDP) operates out of the WorkSource job center. It was funded by a grant from the Department of Veterans Affairs awarded in 05/2004. The program offers transitional housing for 50 veterans, with honorable discharge, for up to 24 months of enrollment. The length of stay in this program allows for long term case management. VGPDP participants are required to be enrolled in VA Medical at every point of benefit that applies to them. Participant goals include obtaining better housing, increasing income, and achieving better self-determination and self-sufficiency. One year follow up is offered to each graduate. VGPDP veterans participate in weekly resident advisory council meetings and work closely with case managers of WPOS and VA.

Participants are referred through the HVRP (detailed above). After a rigorous assessment and intake process, veterans are moved off the street and into stable housing at the Henry Building, a 153 unit downtown apartment building owned by CCC. Program capacity has been at 100% since implementation (02/05). Staff from CCC's WorkSource job resource center provides case management to ensure that participants are making progress. Participating veterans develop an employment and/or self-sufficiency plan that includes transitioning into permanent housing and work with staff to develop individual action plans that maximize client access to a range of services available through CCC, the local VA and a broad array of community partners.

Since inception, VGPDP has served 112 clients. Of those:

- Approximately 60 participants (54%) have been employed while in the program
- Approximately 39 participants (34%) have disabilities that prohibit or restrict employment
- 25 of 62 former graduates (40%) receive VA pension
 - 12 Service Connect Disability
 - 13 Non Service Connect Pension
- 12 of the 50 current participants (24%) receive VA pensions
 - 5 Service Connect Disability
 - 7 Non Service Connect Pension
- Approximately 43 of the 62 program graduates (69%) have secured housing upon discharge

As clearly evidenced by the strong outcomes of these three programs, Central City Concern has a tremendous amount of experience dealing with homeless veterans. By identifying gaps in existing services and leveraging the strengths and funding commitments of other stakeholders, the agency has been able to create innovative programs and housing options able to best meet the needs of this underserved demographic.

Some of the gaps and challenges we have currently identified in this area include:

- Lack of access to services: Many homeless veterans are not connected to needed services and remain living on the streets and in need of primary and behavioral healthcare as well as addictions treatment
- Service barriers related to discharge status: Due to constraints imposed by funders, many of the veterans services offered by Central City Concern and other providers are not available to veterans with anything other than an honorable discharge. The VGPD, for example, is only available to veteran with an honorable discharge; this is a funding requirement and outside of the agency's control. Similarly, VA medical services are only available to veterans who have been honorably discharged from military service.
- Lack of housing options: Without housing – supportive housing in particular – homelessness in general and in this specific subgroup cannot be ended.

Based on our experience and success in meeting the distinct needs of homeless veterans, I would also like to make a few recommendations that I think will be key in best serving this population:

- Increased outreach: Only by engaging clients “where they are” (on the streets, in homeless camps, etc.) can we ever hope to connect them to needed services.
- Reformed/revised funding parameters: In order to provide the most effective and comprehensive services, it is imperative that service access not be tied to discharge status.
- Mental Health/A&D services: To best serve them, veterans must have low-barrier access to behavioral healthcare and addictions treatment. Without such access, there can be no permanent intervention in homelessness.
- Streamlined benefits acquisition process: The current process for connecting to entitled benefits is simply too challenging for individuals impacted by homelessness and mental health issues. Streamlining the process will help veterans connect more quickly to benefits and allow them to engage in needed services.
- Employment: Employment support is critical for homeless veterans. With initial support and case management, we have seen tremendous success in connecting clients to long term jobs. Not only does this address self-sufficiency issues for clients, it removes strain on safety net resources and opens service slots for homeless veterans with no resources and/or in need of initial support.
- Increased housing capacity: Federal funding should be set aside to drive development of affordable, supportive housing in all communities.

* * *

As I stated before, these and other successful agency programs rely on federal funding commitments. To best serve veterans, and to best serve the most disenfranchised in our communities, this continued support will be critical. We have been actively involved in meeting the many and unique needs of veterans and will continue working in this area to influence policy reform and to provide the most effective services to veterans impacted by homelessness, addictions and mental health issues.

Thank you for providing us with this opportunity to talk to you today.

Appendix A: About Central City Concern

Central City Concern (CCC) is a 501(c)(3) nonprofit agency serving single adults and families in the Portland metro area who are impacted by homelessness, poverty and addictions. Founded in 1979, the agency has developed a comprehensive continuum of affordable housing options integrated with direct social services including healthcare, recovery and employment. CCC currently has a staff of 450, an annual operating budget of \$28 million dollars and serves an estimated 15,000 individuals annually. The mission statement of CCC is “*to provide pathways to self sufficiency through active intervention in poverty and homelessness.*”

Current agency activities

HOUSING

Access to affordable housing is the cornerstone of CCC’s mission. The agency currently owns or manages 20 buildings with 1,309 units of transitional and permanent affordable housing. New projects will add over 300 units by 2009. Seventy percent of CCC housing is alcohol and drug free, and 93 units are devoted to family housing. The agency also maintains needs-appropriate residential facilities for people living with HIV/AIDS, for those suffering from mental illness and for individuals on parole or probation.

HEALTH AND RECOVERY SERVICES

CCC maintains the following Health and Recovery services, integrated with agency housing, to meet the primary and behavioral healthcare and drug and alcohol treatment and recovery needs of low income or chronically homeless clients:

- The Community Engagement Program (CEP) is a multidisciplinary healthcare, recovery and housing model designed to meet the unique needs of chronically homeless individuals with co-occurring mental and physical disabilities, addictive disorders and/or medical issues. The program was recognized by the U.S. Department of Health & Human Services as one of six exemplary programs in the country serving mentally ill homeless individuals in 2003.
 - The Family Latino Outreach and Addictions Treatment (FLOAT) program (a CEP program) provides linguistically and culturally appropriate treatment services for Spanish-speaking families and individuals who are homeless or are at risk of homelessness and are struggling with substance abuse and/or mental health disorders.
 - Housing Rapid Response (a CEP program) works with the Portland Police and Project ACCESS to engage high utilizers of public resources (jails, hospitals, etc.) in housing and supportive services.
- The Hooper Detox Center provides drug and alcohol treatment services – including outreach, sobering and subacute medical detoxification – to over 10,000 clients each year, and is a common referral point for clients to access other agency services.
- The Old Town Clinic (OTC) is a medical, surgical and psychiatric healthcare clinic for a patient base of homeless individuals. The clinic is a Federally Qualified Health Center and member of the Coalition of Community Health Clinics.
 - The Recuperation Care Program (an OTC program) is a collaborative project between CCC and a number of local hospital systems to provide housing, case management and recuperative healthcare services care for low-income/homeless patients post-hospitalization.

- The Letty Owings Center is a residential drug and alcohol treatment program for poverty level, chemically dependent women who are pregnant or newly parenting. Since inception (1989), 1,092 families have received services and 190 babies have been born there drug free.
- The CCC Recovery Center (CCCRC) is an outpatient drug and alcohol treatment program serving primarily homeless and low-income clients. In 2002, the Center was recognized by the National Healthcare for the Homeless Council as one of the top six “exemplary Substance Abuse Treatment programs for people experiencing homelessness” in the United States.
 - The Recovery Mentor Program (a CCCRC program) utilizes the experience and knowledge of mentors in recovery from chemical dependency to assist, support and offer guidance to those new to the recovery process and has been shown to greatly improvement engagement and completion rates.
- Supportive Housing Services, maintained through CCC’s Housing Department, provides support services to clients so that they are better maintain housing stability and engage in other aspects of agency programming.

EMPLOYMENT

CCC’s WorkSource is a job resource center with specialized programs able to assist homeless individuals, or those at risk of becoming homeless, achieve self-sufficiency by identifying and teaching the vocational and social skills they need to find and sustain full-time employment. The program was identified by the U.S. Department of Labor as a national best practices homeless program in 2004. Along with core employment services and over a dozen on-site partners, WorkSource also maintains a variety of specialized programs including:

- Access to Building Trades & Customer Service Occupations
- Dislocated Workers Program
- Portland Prisoner Re-Entry Initiative
- Workforce Investment Act

CCC is one of the largest employers of formerly homeless individuals in the Portland metro area and operates five Business Enterprises to teach on-the-job skills and impart work experience to individuals who might otherwise face barriers to employment. These businesses include:

- Downtown Clean & Safe – a public sanitation and safety service.
- Central City Janitorial – a professional cleaning service.
- Central City Maintenance – a general contractor service.
- Central City Painting – a certified lead-abatement interior and exterior painting contractor.
- Second Chance – a resale furniture and furnishings store.

RECENT AGENCY AWARDS

- The Northwest Regional Primary Care Association’s Award of Excellence for the Social Medicine Curriculum – collaboration between CCC and Oregon Health & Sciences University (OHSU) (2007).
- First place in the Donald Terner Prize for Innovation and Leadership in Affordable Housing, awarded to CCC’s 8NW8th building by the Center for Community Innovation at the University of California, Berkeley (2007).
- Second place in the Supportive Housing Award was given to CCC’s Chez Ami residential project in the MetLife Foundation’s Awards for Excellence in Affordable Housing (2006).
- The National Innovators Award, given to CCC’s Executive Director Richard L. Harris at the National Homeless Summit hosted by the U.S. Interagency Council on Homelessness (2006).

- The Award of Excellence for Hotel Alder, given by the Oregon Downtown Development Association and the Oregon Housing & Community Services Department (2006).
- The Urban Pioneer Award, given to CCC by Portland State University's College of Urban and Public Affairs in recognition of public service and community engagement (2005).