

A NEW WAY HOME FOR VETERANS  
EXPERIENCING HOMELESSNESS IN NEW YORK CITY



A REPORT

BY THE OPERATION HOME:  
ENDING VETERAN HOMELESSNESS TASK FORCE

TASK FORCE CO-CHAIRS

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# **OPERATION HOME:**

## **ENDING VETERAN HOMELESSNESS TASK FORCE REPORT**

### **A NEW WAY HOME FOR VETERANS EXPERIENCING HOMELESSNESS IN NEW YORK CITY**

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## OPERATION HOME TASK FORCE



Honorable Michael R. Bloomberg  
Mayor of New York  
City Hall  
New York, NY 10007

Honorable R. James Nicholson  
Secretary of Veterans Affairs  
810 Vermont Avenue NW  
Washington, D.C. 20420

Dear Mayor Bloomberg and Secretary Nicholson:

In December 2006, you charged the Operation Home Task Force with developing a strategic plan to end veteran homelessness in New York City. On behalf of the Task Force, we are pleased to present you with **A New Way Home for Veterans Experiencing Homelessness in New York City**.

We appreciate your unwavering commitment to ending homelessness among all citizens, not just veterans. Like you, we also recognize that veterans often have unique needs and are eligible for special services and benefits; thus, there is a need for a system designed especially for veterans. We believe **A New Way Home** creates that system.

**A New Way Home** is a blueprint for creating new joint VA-NYC street outreach teams, a new joint VA-NYC homeless intake center and expanded housing, health care, mental health treatment and substance abuse treatment for eligible veterans. Because critical groundwork to support homeless veterans was laid during your Operation Home campaign to house 100 homeless veterans in 100 days, the new veterans' service system created by **A New Way Home** could be implemented as soon as next Veterans Day, November 2007.

We believe that **A New Way Home's** veterans' service system will help the City's homeless veterans to re-claim, re-define and re-dignify their lives. Together, we look forward to serving better those who have served our country. Thank you for inviting us to participate in this effort.

Sincerely,

James J. Farsetta, Director, Co-Chair  
VA Veterans Integrated Service Network  
New York/New Jersey

Robert V. Hess, Commissioner, Co-Chair  
New York City Department  
of Homeless Services

“No veteran should be sleeping on the streets or in shelters in New York City. Our City and our country owe a debt of gratitude to our veterans, and those who have had the misfortune to become homeless deserve our help to get back on their feet.” — Mayor Bloomberg

“Our veterans have served us all by taking the oath to preserve liberty and protect our way of life, and we must and will continue to work together to repay our grateful nation’s debt to these valiant defenders.” — Secretary Nicholson

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### **No Veteran Should Experience Homelessness**

While there is no true measure of the number of homeless veterans in America, it has been estimated that up to 200,000 veterans may be homeless on any given night. A full third of all homeless men are veterans. Unchecked, the problem of homelessness among veterans will only grow as soldiers return from battle every day. In fact, the high rates of alcohol and substance abuse reported among veterans of Afghanistan and Iraq signal this group’s risk for homelessness. As Cheryl Beversdorf, President of the National Coalition for Homeless Veterans, stated, “Rather than wait for the tsunami, we should be doing something now.”

It goes without saying that after serving their country, veterans deserve better than to sleep on the streets. The situation is tragic and untenable. A swift, effective response is essential. Operation Home is the response of the City of New York and the U.S. Department of Veterans Affairs, and it is already underway.

### **Announcing Operation Home**

On December 21, 2006, Mayor Michael Bloomberg and U.S. Veterans Affairs (VA) Secretary James Nicholson created an historic Task Force, Operation Home, to develop a strategic plan to end veteran homelessness in New York City. Operation Home is guided by the vision that no one who has served and fought for their country should have to live on the streets. Together, the City and the VA have the resolve and the resources to make that vision a reality.

As a tangible first step, the City pledged to house 100 veterans in 100 days — marking its commitment to move veterans out of shelter or off the streets and into the warmth and security of their own home. At the same time, the Task Force was charged with developing long-term plans for joint VA-NYC outreach teams, a joint VA-NYC veterans homeless intake center and additional permanent and transitional housing and related services for homeless veterans.

The Task Force worked with guiding principles. The plan must be one that serves all homeless veterans, and fully integrates them back into the community with supports

### **“City Scores 100 on Housing Vets”**

— *New York Daily News,*  
March 26, 2007

necessary to maintain self-sufficiency. The City, the VA and community service providers will collaborate and jointly resource the new system to ensure achievement of this ambitious goal.

### **100 Days Later**

One hundred days later, significant progress has been made. Operation Home placed 135 veterans into permanent housing, exceeding goals, and the Task Force has developed an exciting and innovative plan. Six Workgroups and the Steering Committee met to design a new homeless veterans’ service system with more than 45 government and community service providers giving their time and expertise to this effort. In addition, conversations with homeless veterans provided the Task Force with invaluable insights. The result is a partnership that will serve as a national model and a

**“I haven’t slept this good in ten years.”**

— *Corey Grant, veteran, on his new apartment through Operation Home*

system that will effectively house and create new permanent housing options for homeless veterans in New York City.

Focal points of the new system — which could be launched as soon as Veterans Day, November 2007 — include a new Multi-Service Center dedicated to homeless veterans that links to VA resources, such as medical and mental health services, job training and VA benefits, where appropriate; short-term stay beds for veterans who have identified housing but are waiting to move in; short-term stay beds where veterans await housing to be identified; a single point of access for permanent housing applications by homeless veterans; and rental subsidies and housing support services. Details are outlined below:

- **Create a Multi-Service Center for veterans at risk of or experiencing homelessness (Open by 11/11/07)**

The Multi-Service Center will provide homeless veterans, or those at risk of experiencing homelessness, with a single point of access to housing and job and benefit counseling resources. Through comprehensive housing and social service needs assessment, veterans will be linked to appropriate services and placed in permanent housing or short-term housing facilities within thirty days.

The Task Force proposes that the Multi-Service Center:

- Be located at the VA’s Project TORCH facility in Brooklyn
- Provide comprehensive assessment of housing and social service needs
- Facilitate ease of access to the new system
  - Monday-Friday 8 a.m. - 8 p.m.
  - Ensure after hours and weekend placements to short-term housing beds
- Employ permanent housing placement staff on-site
- Work toward goal: 30-day maximum time to re-integrate veterans back into the community
- Provide medical, mental health and substance abuse treatment
- Ensure access to job and benefits counseling

- **Create a veteran-specific Safe Haven as a point of entry for veterans living on the streets (Open by 11/11/07)**

Some homeless individuals, many of whom are veterans, do not avail themselves of traditional shelter, short-term housing or permanent housing. The New York City Safe Haven model will provide a low threshold and easily accessible, immediate housing alternative for chronic street homeless clients.

Safe Haven program elements include:

- Accept referrals from joint VA-NYC Outreach Teams
  - 24 hours, seven days a week
  - Chronic street homeless veterans (9 of last 24 months on the street)
- Low demand and low engagement
- Provide on-site social services and other program supports through the VA and non-profit partners
- Work toward goal: 90-day maximum time to placement
- Access to Multi-Service Center
  - Benefits counselors and other VA resources

• **Develop new veterans' short-term housing close to Multi-Service Center (Open by 11/11/07)**

Short-term housing will provide rapid assessment to permanent housing for veterans with veteran-specific services attached for support in contrast to temporary housing assistance offered in shelter. Staff will have expertise in serving veterans, and will likely have military experience as well as an understanding of the veterans' service system. The Task Force recommends initially creating a short-term housing program near the Multi-Service Center, and expanding capacity over the coming years to serve more veterans and a broader spectrum of clients.

The initial short-term housing facilities will:

- House 246 veterans (219 men and 27 women)
- Offer up to 50 short-term stay "key beds" for veterans who have identified housing and are waiting to move in
- Use City and VA Grant (capital) and Per Diem resources to construct semi-private rooms
- Provide services on-site through City, VA and non-profit agency staff
- Link eligible veterans to VA facilities for medical, mental health, substance abuse treatment and other services
- Ensure access to job counselors, compensated work therapy and VA benefits counselors

• **Focus on reintegration back into the community through housing placements, jobs and cash assistance, where appropriate (Open by 11/11/07)**

Through the Multi-Service Center, homeless veterans will be placed into permanent housing or short-term housing within 30 days. Veterans who have earned income, public benefits and/or community supports will return to independent living by using these resources. Some veterans may move into permanent or short-term housing after successfully obtaining income through job training and employment assistance. For others, rental assistance and on-going supportive services will be needed.

To increase housing options and facilitate reintegration into the community, the Task Force will:

- Create a Housing Placement Single Point of Access
- Reinvest shelter savings dollar for dollar into housing solutions for veterans
- Develop additional housing resources for the City's permanent housing portfolio
- Establish veterans priorities for use of NY/NY III, Section 8 and other permanent housing options

This report describes details of the new system, the work of the Task Force and its Workgroups, the phases of implementation, action steps (including development of performance indicators) and future needs. The Task Force is committed to continuing the momentum of planning and implementing the proposed new system to achieve its goal of ending homelessness for veterans in New York City by December 31, 2009.

## INTRODUCTION

The City of New York and the U.S. Department of Veterans Affairs (VA) announced an historic agreement creating a Task Force to develop a strategic plan to end veteran homelessness in New York City. While the Task Force met, the City committed to housing 100 homeless veterans in 100 days. The Task Force, whose inaugural meeting was held following the announcement on December 21, 2006, was charged with developing long-term plans for joint VA-NYC street outreach teams, a new joint VA-NYC homeless intake center and expanded healthcare and mental health treatment and substance abuse treatment for eligible veterans. (See Appendix A, Press Release: Historic Agreement to End Homelessness for City Veterans).

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### Task Force Vision

Mayor Bloomberg and Secretary Nicholson's vision for the Task Force was to design a system that would ensure that no veteran would sleep in the City's shelters or on the streets. To create this system, the City will provide permanent housing placements and resources for veterans while the VA will provide on-site services, where appropriate, and access to off-site services as necessary.

The Task Force was co-chaired by Department of Homeless Services (DHS) Commissioner Robert V. Hess and Veterans Integrated Services NY/NJ Network Director James J. Farsetta. Its members consisted of leaders in the government, non-profit and housing sectors. A Steering Committee was also created to provide guidance to the Workgroups. See Appendix B for a listing of Steering Committee and Workgroup members. Five standing Workgroups were created by the

Task Force to develop the plan:

1. Intake/Assessment
2. Safe Haven
3. Short-term Housing
4. Housing Placement
5. Evaluation

After the first month of meetings, the Steering Committee determined that another Workgroup was needed and thus the Legal, Policy and Funding ad hoc Workgroup was formed to address complex policy and legal questions in the design of the new system. These Workgroups developed the protocols and standards for new joint outreach teams and the new joint homeless intake center for the exclusive use of veterans. Some highlights include the following:

- The outreach teams will include VA staff who can assist with the issues unique to veterans
- The VA will provide health care, mental health

treatment and substance abuse treatment for eligible veterans in short-term and permanent housing

- DHS will manage the placements into permanent housing, some created specifically for veterans, using redirected shelter funds

Workgroups met weekly and provided detailed progress reports to the Task Force Steering Committee. Over 45 individuals contributed time and expertise in thoughtfully creating a new system for serving homeless veterans as described in this final report.

### Guiding Principles

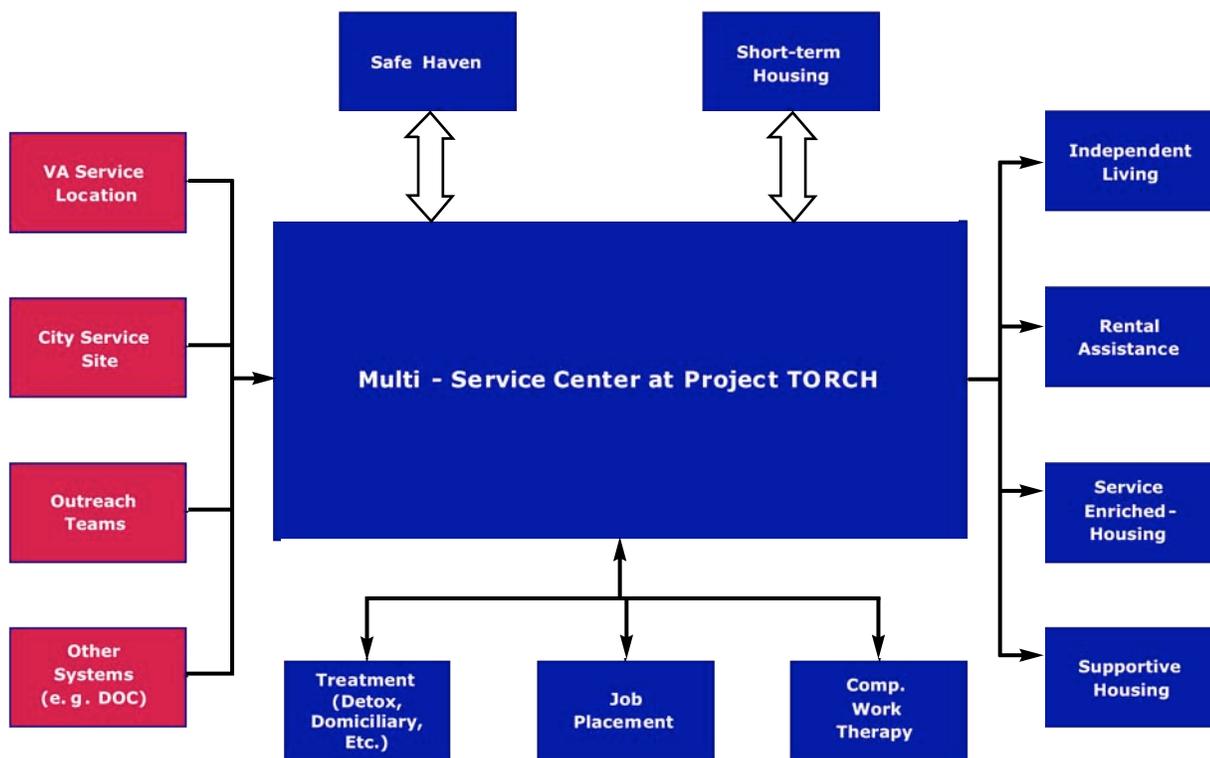
In order to end homelessness for veterans in New York City, the Task Force recommends that a specialized system be created, which is separate from, yet complements, the current shelter and housing systems. The new system should take into account the unique needs of veterans and resources available to them

because of their military service. Below is a flow chart illustrating how clients would enter the system and move to permanent housing (see Figure 1).

The following are the guiding principles the Task Force used to develop the new system:

- System must serve all homeless veterans
- Fully integrate all veterans back into the community with the supports necessary to maintain self-sufficiency
- The City, the VA and non-profit partners will collaborate to ensure veterans obtain this ambitious goal
- The City, the VA and non-profit partners will jointly resource the new system

Figure 1



## BACKGROUND

New York City has embarked on a Five-Year Plan to reduce homelessness by two-thirds by 2009. Under Mayor Bloomberg's Plan, entitled *Uniting for Solutions Beyond Shelter*, the public, non-profit and business sectors have come together in a coordinated campaign to address homelessness in New York City. Through initiatives such as community-based prevention and an increase in supportive housing, this Five-Year Action Plan aims to decrease the number of individuals living on city streets and in shelters by two-thirds by 2009. Currently, DHS provides shelter to nearly 35,000 people each night.

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The VA is the nation's single largest health care provider, providing health care services to more than 100,000 homeless veterans each year. Working with cities as well as non-profit and faith-based service providers, the VA utilized innovative strategies and targeted approaches that resulted in a 20% reduction of homelessness among veterans across the nation over the last five years.

Members of the Task Force and Workgroups brought together vast amounts of expertise in the area of veterans' social services, housing and funding. The Workgroups began tackling the issues by researching systems and programs in other jurisdictions, comparing them to New York City's existing shelter system and using this knowledge to develop a new system that would ensure that no veteran would ever again live on the City's streets or in emergency shelter. This unique planning effort bridged two large service systems and allowed the agencies to think beyond traditional solutions.

Through this shared vision, the VA and DHS will join forces and combine resources to eliminate homelessness among veterans in New York City.

### **Who Are Homeless Veterans?**

National survey data show that approximately one-third of adult homeless men and nearly one-quarter of all homeless adults have served in the armed forces. Ninety-six percent of homeless veterans are male and the vast majority are single. While there is no true measure of the number of homeless veterans, it has been estimated that up to 200,000 veterans nationwide may be homeless on any given night. Many other veterans are considered at-risk because of poverty, lack of support from family and friends and precarious living situations.

Psychiatric morbidity among homeless veterans is very high. About half suffer from mental illness and more than two-thirds suffer from alcohol or drug abuse problems. A study in California showed that combat veterans, as compared to non-veterans and non-combat

veterans, have higher rates of psychiatric hospitalization prior to becoming homeless. Both combat and non-combat veterans were significantly more likely to report excessive alcohol consumption before their initial loss of shelter than were non-veterans. This suggests that veterans' benefits, which are greater for those who became ill or were injured in combat, help to prevent homelessness in veterans with less severe morbidity. However, those with more severe addiction and other mental health problems clearly need more assistance to prevent them from becoming homeless. (For a summary of studies on the national context of homelessness among veterans, see Appendix C.)

## A Homeless Veteran's Story

**Mr. H is a 50-year-old African American male** and a veteran of the United States Army whose life has been radically transformed. Mr. H initially entered shelter in New York City in 1987, and has been cycling in and out of the shelter system since that time. In total, he has spent 6,288 days in shelter. In between his shelter stays, Mr. H lived on the streets of New York City and would sometimes stay in the hotels located around the Bowery. He has a history of drug and alcohol abuse, although he has been clean and sober since 2003.

Initially, Mr. H was very anxious about moving into a home of his own. His caseworker patiently engaged him, and eventually Mr. H started attending housing appointments, after they were re-scheduled so as not to conflict with his WEP job assignment. Mr. H was also concerned that he be able to continue his WEP assignment after he moved to permanent housing. After ongoing work with his case manager, Mr. H moved into supportive housing provided by New Era Veterans in January 2007. After almost two decades of living in and out of New York City's shelter system and on New York City's streets, Mr. H is successfully living on his own.

The high rates of alcohol and substance abuse reported among veterans who recently returned from Afghanistan and Iraq suggest that this group is also at-risk for homelessness, especially those who, for whatever reason, are not receiving veterans' benefits. Other risk factors highly prevalent among those returning from these conflicts include multiple and extended deployments and periods of unemployment.

The rate of unemployment among veterans ages 20-24 is fifteen percent, three times the national average, for this age group. Psychiatric and physical morbidity affect many of the older Guard and Reserve veterans, who therefore find themselves unable to return to their jobs. Others return to find that their jobs no longer exist following their employer's merger, relocation, downsizing or closure.

In New York City, DHS provides distinct shelter services to single adults and families. Information on veteran status is collected as part of the intake process for single adults. Similar data is only now being incorporated into questions asked of families as they enter shelter. For the street homeless population, outreach workers do not collect data on who is a veteran, but that will be rectified when a new database is implemented this summer. Data on homeless veterans who are living unsheltered comes from isolated surveys.

## NYC Single Adult Homeless Veterans

Currently, DHS provides housing to about 750 single adult veterans on any given night, and an equal number are estimated to be living nightly in public spaces.

In terms of the characteristics of the homeless veteran population in New York City shelter, data for single adults (**see Table 1**) is consistent with data from elsewhere in the U.S. As compared to homeless non-veterans (defined as civilians who have never served in the military), more veterans are male (around 98% of both new and all shelter entrants, compared to 72-74% of non-veterans). In New York City shelters, veterans are similar to non-veterans in that just over half are African American. In contrast, more homeless veterans in City shelters are Caucasian and less are Hispanic than the veteran shelter population nationwide. Additionally, New York City data show that veterans in shelter stay significantly more nights than non-veterans: on average in 2006, veterans remained in shelter for 587 nights compared to 353 nights for non-veterans.

**Table 1: Profile of Veterans in DHS Single Adult System in 2006**

	<b>Veterans</b>	<b>Non-veterans</b>
Number of individuals	2,525	26,248
% of unduplicated clients in system	8.8%	91.2%
<b>Gender (%)*</b>		
Male	98.3%	74.7%
Female	1.7%	25.3%
Mean age at entrance (years)	42.7	36.3
Mean age as of last exit in 2006	50.0	41.0
<b>Ethnicity (%)*</b>		
White	15.8%	11.0%
Black	65.9%	57.7%
Hispanic	16.1%	28.8%
Other	2.1%	2.6%
<b>Stay data</b>		
Total nights in shelter from entry to final date in 2006*		
Mean	587	353
<b>Years since reported end-of-military service date to first shelter entry</b>		
Mean	21.1	

\*Statistical significance at the P<.05 level.

### **NYC Homeless Veterans in Families and Couples**

Based upon analysis of a DHS/New York City Human Resources Administration (HRA) data match, the Evaluation Workgroup determined that the number of homeless families with a veteran member and veteran couples without children is very small — only one percent of families in the entire DHS shelter system have a veteran member. While families are currently a small proportion of the City’s veteran homeless census, they will potentially grow as the new wave of National Guard and Reserve troops return from combat. Data systems are being put in place to track the trends for veterans with children.

Most of the facilities recommended in this Report are inappropriate for families (i.e., Key Beds, Safe Haven, Short-term Facility). Veterans with families, however, will be able to receive services from the Multi-Service Center. Therefore, more work needs to be done to determine where in this system this relatively small number of families can best be served.

### **Cost Efficiencies in Housing Homeless Veterans**

Creating a new model to serve homeless veterans will result in a more efficient system, which will improve the cost effectiveness and quality of services. Elements of the system will include enhanced coordination of social

services, streamlined benefits applications, targeted temporary housing placement, if needed, and rapid access to permanent housing.

A national survey of inpatients in VA hospitals showed that the average annual cost of care for homeless veterans in general psychiatry and substance programs, after adjusting for other factors, was \$3,196 (13.3%) higher than the average cost of care for domiciled veterans. Approximately 26% of annual inpatient VA mental health expenditures (\$404 million) are spent on the care of homeless persons. While it cannot be assumed that housing homeless veterans will reduce the cost of their care to that of those already domiciled, some reduction is expected through improved access to preventive and routine care and thus reduced use of emergency care.

Studies of supportive housing interventions or Section 8 housing vouchers coupled with intensive case management show that these interventions are cost effective, particularly where the service is offered to chronically ill, hospitalized patients. Even for those who are not currently hospitalized, providing housing, with services where needed, substantially reduces homelessness at a very modest cost to the public. One New York City study concludes that savings from

reduced use of shelter, jails, prisons and emergency rooms offset nearly 90 percent of the cost of the housing program.

### Local Veterans' Input



***“Focus group participants strongly endorsed a centralized intake center specifically for veterans.”***

Two focus groups of homeless veterans contributed directly to the Plan by offering their own ideas about how to achieve Mayor Bloomberg and Secretary Nicholson's vision for ending veteran homelessness in New York City. Veterans acknowledge the challenge of creating a plan to overcome homelessness, but see value in homelessness prevention and a system that builds on their unique strengths and needs as veterans.

When asked to react to Task Force recommendations, focus group participants strongly endorsed a centralized intake center specifically for veterans. They praised the notion of access to housing without the requirement of a shelter stay. They welcomed additional short-term housing options, especially if the programs had direct ties to VA services and they also expressed interest in being involved in program design and implementation. Participants also welcomed the tie-in of employment or job training programs to all modes of service. Their endorsement of an intake center is based in part on their positive experience with Project TORCH and more generally on their preference for services specifically tailored to veterans, especially programs that include veterans among their staff. Project TORCH (The Outreach and Rehabilitation Center for Homeless Veterans) is a drop-in, multi-service center for homeless veterans located in a VA community-based outpatient clinic.

### Local Service Providers' Input

On January 26, 2007, the Short-term Housing Workgroup met with local service providers who expressed interest in developing short-term housing for veterans experiencing homelessness. At this meeting, the VA provided an overview of the VA Grant and Per Diem (GPD) and Per Diem Only (PDO) programs.

The service providers expressed interest in applying for VA grant funding and reported that they may have site control of locations suitable for development. The Workgroup examined which current short-term shelter facilities would be appropriate for this initiative. If agreed to by the current provider, such residence(s) would redefine their mission. The primary purpose would change from providing temporary, emergency shelter to the therapeutic short-term residence model described above. Residents would have access to a variety of rehabilitative services during their stay of approximately nine months (the maximum length of stay under the terms of the VA grant is two years). Clients would come from the new intake and assessment centers, outreach teams and other sources as determined during the implementation process. Clients in the new system would have access to new housing options, as well.

A second provider meeting took place on March 9 that offered more technical assistance to local providers interested in applying for a GPD or PDO grant. Several groups indicated that they planned to respond to the VA's GPD Notice of Fund Availability (NOFA) due in the beginning of April with two (The Doe Fund and Volunteers of America) submitting applications.

# A New Service Delivery System for Homeless Veterans

To meet Mayor Bloomberg and Secretary Nicholson's charge to end homelessness experienced by veterans in New York City, the Task Force recommends creating a new comprehensive service delivery system outside of the City's existing homeless services system. The major recommendations and findings from each of the Task Force Workgroups are summarized below.

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### **Intake — Assessment**

The Intake and Assessment Workgroup was charged with designing a specialized intake and assessment system for homeless veterans (the "Intake System") that will form part of the Multi-Service Center (the "Center" or "MSC") for veterans experiencing homelessness. Centralization of services in the MSC will achieve increased coordination and awareness of services for homeless veterans in New York City. This new model incorporates the unique needs of homeless veterans, reduces dependency on shelter and moves veterans into stable community living as quickly as possible.

Historically, VA and DHS have operated separate outreach teams in New York City. Under the Intake System, both agencies' outreach teams will join forces in providing outreach to homeless veterans living on the street. Two toll-free numbers — the City's 311 Information Line and the VA Homeless Hotline — will be utilized to disseminate information about the Intake System. Both the City and VA outreach teams will develop a coordinated response to calls from homeless veterans requesting housing and services. Both agencies also will ensure that call center staff are properly trained and have up-to-date

information concerning the Intake System and the services available at the Center for veterans experiencing homelessness.

Training about veterans' issues, best practices for engaging veterans and services offered at the MSC will regularly take place to ensure that all parties have up-to-date housing and service information.

In addition, both the DHS and VA outreach teams will offer specialized and enhanced MSC services to homeless veterans living on the street, and veterans who express interest in these services will be transported to the Center. After hours, outreach staff will coordinate with DHS program staff to identify an open bed.

The DHS and VA staff will share data and provide each other with access to their respective database(s) and/or a new shared system will be created so that each agency will have ready access to important demographic, psychosocial and benefits information.

### **Project TORCH and the Multi-Service Center**

The primary goal of the MSC will be to place veterans as quickly as possible into appropriate housing. Wherever

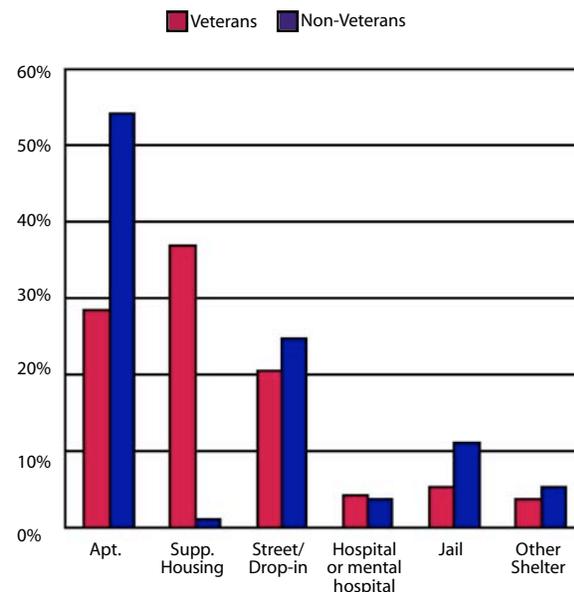
possible, the VA and DHS will provide resources necessary to maintain veterans in their current housing. DHS data show that nearly 70% of veterans report having come to shelter from private or supportive housing (see Figure 2). The MSC will seek to divert veterans from entering shelter by providing them with preventive and other services to help them to remain in their community. At-risk veterans may return to supportive housing or to their families, or may enter substance abuse or mental health residential treatment. Veterans may also go from the Center directly to short-term housing or be processed from the Center through a Single Point of Access (SPOA) into permanent housing.

The MSC will be located at the current Project TORCH in downtown Brooklyn. It already is widely known and utilized by veterans from all parts of New York City, as it currently offers a wide range of services that it will continue to provide after it adds the MSC to its portfolio. These services include: medical, mental health and substance abuse treatment; case management; benefits counseling; daily lunch and 12-step meetings. Showers, clothing and laundry are also available on-site. Homeless veterans participate in educational and support groups, in the Veterans Advisory Council and as volunteers in the TORCH Program. In addition to on-site services, outreach and case management are provided in community locations where homeless veterans congregate, such as soup kitchens. Project TORCH links veterans to programs in the community, as well as VA’s Compensated Work Therapy, the Housing Program and the Domiciliary, to help them move toward independent living.

The MSC will be open from 8 a.m. to 8 p.m. Monday through Friday and will have multiple access points, including Veterans Health Administration service locations, DHS’ homeless intake centers and street homeless outreach teams. On nights and weekends, veterans experiencing homelessness will be eligible for special short-stay beds (see Key Beds on facing page).

Staff will briefly assess incoming veterans to determine (i) whether they are able to be diverted outside the system into appropriate housing or (ii) into which area of the veterans’ service system they should be placed. The assessment will capture demographics, emergency contacts, nature of current sleeping arrangements, presenting issues/barriers, housing needs, service needs, history of shelter use, income/financial status and possibilities for diversion. A longer assessment and thorough psychosocial analysis will be conducted as the individual receives services at the Center.

**Figure 2: Prior Primary Residence of Veterans and Non-Veterans in DHS Single Adult System, 2006**



### Multi-Service Center for Homeless Veterans Highlights:

The Multi-Service Center at Project TORCH will provide homeless veterans with a single point of access to housing and job and benefit counseling resources. Through comprehensive housing and social service needs assessments veterans will be placed in permanent housing or short-term housing facilities within 30 days.

### **Key Beds Connected to the Multi-Service Center**

In order to prevent veterans from sleeping on the streets, special beds will be created for those who arrive at the Center after 8 p.m. or on weekends, as well as for those individuals who cannot be diverted immediately and are awaiting an assigned placement to open in (i) permanent housing, (ii) short-term housing, or (iii) a Safe Haven facility based on the MSC assessment.

These “Key Beds” will likely be co-located at one of the Short-term Housing Facilities for Homeless Veterans. Veterans will be transported to and from the Center, their Short-term Housing Facility or Key Bed, as needed, to work on obtaining a permanent housing placement. The targeted maximum length of stay at a Key Bed will be 30 days.

At this time, except for some minor new funding needs, the Project Torch facility is ready to be utilized as the MSC. Many of the staff who will be working at the MSC are already located at or working for Project TORCH. While additional funds may be needed to enhance technology and communications, such need will be determined as more detailed planning takes place.

### **Safe Haven for Veterans**

The Safe Haven Workgroup was charged with providing a low threshold/easily accessible short-term housing model for chronic street homeless veterans. The group defined a program model that will best serve the needs of this population. It also identified funding, space and a timeline to bring the program on line.

Some homeless individuals, many of whom are veterans, do not avail themselves of traditional shelter, short-term housing or permanent housing. The New York City Safe Haven model will provide a low threshold and easily accessible, immediate housing alternative for these clients. While placement into permanent housing is a desired outcome and the Safe Haven will promote an environment where individuals are encouraged to continually work toward the goal of permanent housing, clients will nevertheless work at a pace with which they are comfortable. Consistent engagement and client empowerment are key components of the Safe Haven model.

The Evaluation Workgroup analyzed data on street homelessness in order to understand the need for Safe Haven beds. Findings were inconclusive, showing that NYC administrative data and other data concerning the City’s street homeless population are inconsistent with national data. National statistics suggest that up to one-third of homeless men are veterans while New York City data suggests that a much lower percentage of homeless men are veterans. Data matches between VA databases and SCIMS (New York City shelter database) and street outreach datasets are needed to determine whether this seeming inconsistency is due to underreporting of veteran status. Nevertheless, a preliminary survey of street homeless individuals in Manhattan justifies the need for the Safe Haven model as 21% of the 135-person sample declared themselves veterans, and among these veterans, 72% of them met the criteria for chronic street homelessness, i.e., nine months of sleeping on the streets or in public spaces over the past two years. The survey will be repeated on a larger scale in Manhattan and other boroughs to confirm these findings.

### **Referrals**

Street Outreach Teams and the Veterans Affairs Medical Center Homeless Programs will refer veterans to the Safe Haven. Referrals will be made to an established point of contact on the corresponding borough’s Outreach Team. The contact person will determine eligibility and ensure that beds are targeted to clients in greatest need. Referrals will be made 24 hours a day, 7 days a week. Chronically street homeless individuals, who have been homeless for 9 of the last 24 months, will be targeted; however, clients who do not meet the length of homelessness threshold can still be eligible for the Safe Haven if they are clinically assessed as being at serious risk. The Safe Haven beds will be prioritized for homeless veterans on the street who historically have not accepted other placement options, including shelter. The veteran status of all incoming clients will be checked in the VA database during business hours, but all clients will be accepted conditionally after VA business hours.

## Safe Haven for Veterans Highlights:

**Referrals will come from joint NYC and VA Outreach Teams**, as well as the VA Medical Center Homeless Programs. The VA/DHS Safe Haven Program will include VA staff on-site, specialized groups that help clients share common experiences, staff that has military experience and training for staff on best practices when working with the Veteran population. Safe Haven clients will be assured access to Veteran-specific benefits for which they qualify, including housing options and service and non-service connected benefits, as well as assistance in applying for public assistance, Medicaid and/or food stamps, if clients are ineligible for VA benefits.

The Safe Haven will be designed to promote safety, comfort and inclusion, and will be operated by a non-profit organization. Private and/or semi-private sleeping accommodations, nutritious meals and private showers will be available on-site. The few rules placed on clients include prohibition against (i) alcohol, illegal drugs or weapons in the Safe Haven, and (ii) engaging in violent or threatening behavior. Non-uniformed security staff will be present to assist with a client's entry and to diffuse potentially escalating situations. Closed circuit cameras will provide additional security as clients enter and leave the building.

### Safe Haven Program Components

There will be no mandatory programmatic requirements placed on clients when they enter the Safe Haven, including no curfew, sobriety or medication compliance requirements. Staff will consistently engage clients toward the goal of permanent housing with progressive expectations. The act of entering the Safe Haven, and moving off the streets, is and will be viewed as a successful outcome and a potentially life-saving decision for someone who previously had been living on the streets. The Safe Haven will be accessible 24 hours a day. The only intake requirements for veterans seeking to enter the program is that they must have been street homeless for 9 of the last 24 months and they must agree to work on obtaining permanent housing.

Clients will participate in completing the VA standard Assessment Form and will work on meeting housing-focused goals, such as TB testing, psychiatric evaluations and medical evaluations. Safe Haven residents will be encouraged to partake of specialized services and participate in groups that are sensitive to their past experience. Mindful that clients will move at their own pace, they routinely will be afforded the opportunity to participate in various chores and meal preparation. The Safe Haven's low demand philosophy will create an environment of trust, dignity and respect. Staff will work with clients from the perspective that any positive step a client takes — no matter how small — will be viewed as progress toward obtaining permanent housing. The desired length of stay will be three to six months.

The Safe Haven also will have access to a VA Benefits Counselor and will employ staff with personal military experience, which will further add to their effectiveness in successfully engaging this population. Peer counselors who have personal homeless and veteran experience will also be included in the model. The provision of concrete, on-site services will serve as an engagement tool to foster veterans' independence in daily activities, motivate them to seek medical, mental health or substance abuse services and prepare them for living in permanent housing.

The VA will provide on-site supports at the Safe Haven. The VA outreach workers will visit the Safe Haven facility several times a week to conduct assessments, facilitate registration with the VA, provide linkages to medical, psychiatric and benefit services and housing placement support and arrange transportation to and from VA medical centers. Veterans eligible for VA Mental Health Intensive Case Management (MHICM) will be linked to these services.

### Short-term Housing

The Short-term Housing Workgroup was charged with creating temporary beds within the new continuum of care for homeless veterans in New York City. The beds must offer a structured, supportive environment that will engage veterans in need of services.

The Workgroup understands that the new system for homeless veterans has permanent, stable housing as a primary focus. However, not all veterans will be able to immediately enter permanent housing for a variety of reasons, including a lengthy housing application process, waiting for move-in arrangements to be completed or saving enough money to pay the security deposit and the first month's rent. Short-term housing can therefore play an important role in the veterans' continuum of care serving as a safe and secure residential environment where they can prepare for independent living in the community.

Specifically, short-term housing focuses not only on offering veterans a safe and secure residential environment, but also helping them to meet the following specific needs while they are processing applications and locating permanent housing:

- Establishing a stable income sufficient to pay for permanent housing
- Offering employment and training opportunities for those capable of working
- Assisting with financial and legal issues, including assistance with child support and credit counseling
- Facilitating access to substance abuse and mental health treatment
- Facilitating access to medical care

### **The Short-term Housing Facilities**

The Task Force recommends creating short-term housing programs for veterans who are homeless as part of the new continuum. The following changes are recommended to utilize existing facilities for this initiative:

- The non-profit provider will submit to the Grant and Per Diem program an application for capital and operating funds. Renovations will be made to the current open dormitory areas to create more privacy and to comply with other requirements as per GPD guidelines. If no renovations are needed, the non-profit provider can apply for the Per Diem Only (PDO) grant. In addition to sleeping accommodations, space will be utilized to provide more specialized clinical and social services.
- It is expected that an existing facility can be identified; therefore, capital funds will not be needed for acquisition and operational money will not be required for rent.
- If the current capacity of the facility is to be reduced, it

can be accomplished by placing current residents into appropriate housing or long-term treatment, not unlike the intense housing placement completed under Operation Home when the City and VA placed 135 homeless veterans in 100 days. Results of the survey of clients currently residing in Borden Avenue Veterans Residence (BAVR) who are eligible for short-term housing supports the feasibility of this housing model.

- Up to 50 beds will be set aside as "Key Beds," which are described in the Intake and Assessment section above. The number of beds will be determined by the size and capacity of the selected building.
- The name of the facility will reflect the new housing and services system and will be selected from names submitted by homeless veterans in an open competition.

### **Short-term Housing Program Components**

All incoming residents will enter the new system via the MSC rather than through DHS Shelter Intake points. Resolving personal or treatment issues is not a requirement in order to move into permanent housing. However, some veterans may benefit from stabilizing services while their housing applications are in process. Veterans will access these services in varying degrees, but a range of services must be available while they are at the short-term facility. At minimum, residents in the Short-term Housing Program will be required to:

- Complete the assessment started at the MSC, if necessary
- Complete an individual service plan
- Have frequent contact with facility staff
- Attend regular housing and group meetings, including substance abuse/sobriety support
- Attend referral programs and services provided by outside agencies
- Pay a program fee to live at the facility
- Participate in money management activities
- Actively work to identify permanent housing
- Undergo a health assessment and take advantage of health services provided by either VA facilities or a local community health clinic, if not eligible for VA services
- Attend vocational and educational support programs or a Compensated Work Therapy Program

Services will be offered by on-site staff, other local service providers and the VA. Community referrals will include: the VA Health Care System, The Legal Aid Society, community mental health clinics/programs, the Social Security Administration, One-Stop Centers, NYS Division of Veteran Affairs and Vocational and Educational Services for the Disabled (VESID). VA medical centers and clinic-based VA services will offer health care for physical and mental health issues.

Residents will be responsible for the daily operations of the facility while preparing to move into permanent housing. Length of stay will be an average of nine months, although veterans can stay up to two years, in accordance with GPD program guidelines. Once veterans move into permanent housing, the VA will provide community-based supportive services to ensure that veterans are able to maintain themselves in the community.

The GPD program allows for up to 25 percent of the residents to be non-veterans. Therefore, veterans who have an “other than honorable discharge” would comprise this percentage of the population. Although this subpopulation is not eligible for veterans’ benefits or the GPD subsidy, in accordance with the Task Force’s guiding principles, the Workgroup recommends that if they are experiencing homelessness, they be offered appropriate services at the Short-term Housing Facility.

The Workgroup is confident that the Short-term housing model can be funded and implemented. A similar program on the FDR Montrose Campus of the VA Hudson Valley Health Care System for up to 100 homeless veterans was funded through the GPD program; renovations are underway and it is expected to begin serving homeless veterans in the summer of 2007. In addition, a second model for 38 veterans, located at Andrews House in Lower Manhattan, also received GPD funding. Renovations there are also underway and Andrews House will start serving veterans in summer 2008. Both grants were awarded to local non-profit organizations that will operate both facilities.

### **Expanding Capacity**

The Task Force also seeks to expand capacity through successful application to the VA’s per diem only (PDO)

and grant and per diem (GPD) programs. PDO/GPD resources can offer a significant Federal subsidy to providers of affordable short-term housing. These grants, when matched by other resources, provide a reliable revenue stream that may continue indefinitely without reapplication for funds.

The range of short-term housing that could be funded through the PDO/GPD funds can serve a broad spectrum of clients. The VA and DHS will work with community-based agencies to develop housing resources that will meet the needs of special populations such as the seriously mentally ill, families, the elderly and the disabled to create a veteran-specific network outside of the NYC shelter system.

### **Short-term Housing for Veterans Highlights:**

**Short-term Housing will provide** rapid access to permanent housing for veterans with veteran-specific services attached for support in contrast to temporary housing assistance offered in shelter. Staff will have expertise in serving veterans, and will likely have military experience as well as an understanding of the veterans services system to better access services.

### **Housing Placement**

The charge of the Housing Placement Workgroup was to identify permanent housing options available to homeless veterans in New York City, identify their housing needs and recommend new permanent housing options for them.

The Workgroup identified four main types of permanent housing that will be available to homeless veterans regardless of their discharge status:

- Independent living/return to family option for veterans with income or family supports;
- Rental assistance for veterans who face financial barriers to obtaining housing;
- Service-enriched housing for veterans who require rental assistance plus minimal case management services to ensure they remain on track to achieving independence; and
- Supportive housing for veterans who are unable to live independently without significant support services due to mental illness, substance abuse or other barriers.

Veterans who have economic resources and/or community support systems will return to independent living by utilizing the resources stated above. In many cases, veterans will most likely return to live with family members. They will be identified at the MSC and may need a Key Bed for a short time until arrangements with family members can be made. Some veterans, however, will transition to independent living after having earned and saved income through job training and employment assistance at a short-term housing program.

VA and DHS service providers encounter veterans who have been punitively discharged from service. The Workgroup recognized the importance of ending the cycle of homelessness for these individuals by serving them regardless of their discharge status. Punitive discharge precludes use of veterans' health care services. Although a punitive discharge is a strong risk factor for subsequent homelessness, one multi-site study reveals that the rate of punitive discharge among homeless veterans is only seven percent.

### **Housing Eligibility Survey**

The Housing Placement Workgroup repeatedly found that it lacked the data necessary to determine the amount and type of housing that will need to be created. The Evaluation Workgroup arranged for data matches, surveys and analysis to determine the scope of this need.

In order to assess housing eligibility for veterans currently using the shelter system, DHS, the Veterans Health Administration, and Common Ground Community (Common Ground) collaborated on a survey administered to all nine case managers at the Borden Avenue Veterans Residence (BAVR). The survey took place over the course of two days during the second week of February 2007. Case managers were asked to examine 50% of their case loads to determine eligibility for housing, such as psychiatric illness, substance abuse, income and criminal convictions.

A logic model used by Common Ground was applied to the resulting dataset (N=174) to determine the eligibility for different types of housing. This study indicated that we need to ensure that there are

sufficient housing options available to veterans who do not struggle with issues like mental illness which are often the admission criteria for supportive housing. Many of those ineligible had not been diagnosed with any of the types of psychiatric illness or other disabilities that would render a person eligible for housing, and many were relatively new to the shelter system. Employment appeared to be key for this group's access to housing. The types of housing for which the remaining 58% were eligible are shown in Appendix D.

### **Rental Assistance, Supportive Services and Housing**

Many veterans find that the monthly income derived from their VA pension is not sufficient to pay rent on an apartment in one of NYC's five boroughs. For veterans whose only barrier to housing is financial, the Workgroup recommends two types of rental assistance:

- The first type of rental assistance will include a time-limited "making work pay" track for veterans who are able to support themselves through employment income. Vocational services provided throughout the homeless veterans' service continuum will help veterans move into marketplace jobs and regain self-sufficiency as soon as possible.
- The second type of rental assistance will be a long-term subsidy track for disabled veterans.

The Workgroup also recognizes that, for some veterans, rental assistance may not be enough for them to maintain permanent housing. In these cases, the veterans will receive on-going supportive services, usually through links to VA programs that provide case monitoring and home visits to ensure veterans are receiving services for which they are eligible.

Many chronically homeless veterans have multiple special needs such as mental illness, chronic health issues and long histories of substance abuse. Because they will need a higher level of service support in addition to a housing subsidy to remain in permanent housing, they most likely will be candidates for supportive housing.

***The City and State of New York  
are developing 9,000 units of supportive  
housing for special needs homeless people.***

The City and State of New York are developing 9,000 units of supportive housing for special needs homeless people. The Task Force recommends that a portion of these units be targeted for homeless veterans with special needs. SCIMS data for those entering the shelter system between 2003-2004 show that while lengths of shelter stay are longer for veterans, placement rates are also higher. Higher placement rates for veterans may be related to their age at the time they enter shelter, which is greater than that of non-veteran shelter entrants, or it may be that possibly, they have greater access to services than do younger non-veterans.

The data further show that, as compared to non-veterans, veterans report higher rates of previous residence in supportive housing. The high number of veterans eligible for supportive housing and/or entering the shelter system from supportive housing suggests the need to study the reasons for this recidivism and to create a robust solution. The agencies must work with supportive housing providers to identify veterans who are leaving supportive housing and put in place mechanisms to prevent their exit. This will involve identifying the common predisposing factors for leaving, such as gambling which, in turn, may lead to inability to pay rent.

**Application Process: Single Point of Access (SPOA)**

Every veteran seeking a housing subsidy will be processed through a Single Point of Access (SPOA), operated by DHS. Electronic applications will come from veteran short-term housing facilities, the MSC, the Safe Haven(s) and from VA domiciliary programs. The SPOA will act as the front door and resource allocation point for three levels of housing assistance: rental assistance, service-enriched housing and supportive housing. As described above, veterans returning to independent living in the community or reuniting with family will not come through SPOA. Centralizing the housing placement process will create an efficient mode of targeting, tracking and monitoring the success of the new homeless veterans' service system.

Residential rehabilitation services must be integrated directly into the referral process. Staff will refer homeless veterans at the MSC, in Safe Havens or engaged by outreach teams directly to detoxification, treatment and rehabilitation programs at VA or community service centers. Following the completion of these programs, veterans who require more extensive residential rehabilitation will be referred directly to a domiciliary program that provides such service. The domiciliary will send the client's application to SPOA for housing placement following the completion of treatment.

Veteran families in need of housing will likely be eligible for subsidized housing. For those with special needs, the Task Force recommends ensuring access into NY/NY III supportive housing for families and the creation of new supportive housing units by linking rental assistance subsidies to supportive services provided through the VA service system.

**Permanent Housing Placement  
via the Multi-Service Center Highlights:**

**The goal is to place homeless veterans in permanent housing within 30 days.** The City of New York will reinvest the money saved from operating shelters dollar for dollar into permanent housing for veterans, resulting in a new investment of millions of dollars in permanent housing.

**Evaluation**

At every stage of planning, the Task Force Workgroups informed their decisions through analysis of data concerning the challenges facing homeless veterans. National research findings indicate that the nature of the issues specific to veterans, such as high levels of psychiatric morbidity, can be addressed cost effectively through such interventions as housing resources coupled with intensive community case management teams. New York City-specific data from DHS databases were used to define what services veterans require in addition to the services already provided in the DHS shelter system. In addition, the Evaluation Workgroup reviewed the results of a survey of case managers at the BAVR to determine veterans' eligibility for different types of housing and housing subsidies. Findings from the survey and veterans' focus groups also suggested the need for access to jobs and benefits counseling.

## Monitoring Performance and Investing in Solutions that Work

Since DHS does not have reliable or verifiable data on the veteran status of shelter users, especially for families, the Evaluation Workgroup initiated a data match between DHS and VA to better understand the extent of shelter homelessness among New York City veterans and their service needs — including medical and benefits history. The results of this initial data match will also be used as a baseline for evaluation of the new homeless veterans' service system, including potential measures of cost savings resulting from individual programs. Thereafter, DHS and the VA will set up regularly repeated data matches or data systems that identify the veteran status of those seeking services from both the VA and DHS. The regular sharing of data will support evaluations and allow both parties to project and assign resources needed to effectively serve, and secure housing for, homeless veterans.

The Task Force believes that research should routinely inform policy development, and that service delivery should be based on both quantitative and qualitative data, including client and staff feedback. In addition, agencies and providers involved in the new system for veterans must be accountable for meeting standards and achieving successful outcomes for clients.

As part of the development of the Task Force Plan, the Evaluation Workgroup reviewed standards for monitoring and tracking of VA homelessness services set by the VA's North East Program Evaluation Center (NEPEC), including the assessment tools used by all VA homeless services. As Workgroups completed the design of their respective portion of the continuum, the Evaluation Workgroup asked each of them to identify program components they would like monitored as part of the ongoing evaluation process. The Workgroups' input will serve as the basis for the design of an overall program monitoring and evaluation tool with performance standards and indicators to ensure that programs are meeting intended goals. These measures will cover access to the new system as well as diversion from it, prevention of recidivism, movement through the system's component parts, receipt of services and follow up data to assess residential stability. A list of potential measures for evaluation of Operation Home is included as Appendix E.

## Legal, Policy and Funding

After the first month of meetings, the Steering Committee decided that the Workgroups needed more support and information about legal and funding issues. Therefore, the Legal, Policy and Funding Workgroup was formed to provide the Task Force with expertise on these issues.

The Legal, Policy and Funding Workgroup's initial charge was to research and propose potential City, State and Federal funding streams, and to ensure that the related legal and funding issues were understood in the context of the larger project. The Workgroup's first task was to understand the draft proposals of the other Workgroups. Shortly thereafter, the Workgroup began to identify potential funding streams for the other Workgroups' proposals.

The Workgroup, however, quickly determined that the funding issues triggered more complex legal questions in connection with (i) homeless veteran programs' eligibility for certain Federal and local funding and (ii) related jurisdictional questions concerning which bodies of law (Federal or State) would apply based on certain funding streams and their respective sources.

Given the challenges that all of the Workgroups and the Steering Committee identified, the Legal, Policy and Funding Workgroup began – and continues – to research various issues, including:

- Which Federal and State funding streams are available to the veteran homeless and street homeless populations for intake, short-term housing and outreach services, medical and social services, as well as permanent housing?
- Which homeless veterans are eligible for short-term/permanent housing, emergency assistance, and related medical and social services, based on Federal laws and regulations?
- If Federal funding is not available to certain veterans (such as those with an “other than honorable discharge”), what State and City funding streams are available to fund the Workgroups' proposals?
- If certain City and State funding sources are applied to Operation Home, how will certain State laws and regulations, and/or local court orders and consent decrees apply to the new system, if at all?

The Legal, Policy and Funding Workgroup counseled the other Workgroups on the issues described above, and the recommendations set forth in this Report reflect the close and ongoing working relationship that the Legal, Policy and Funding Workgroup has with all of the other Workgroups.

## **Funding**

The Legal, Policy and Funding Workgroup was able to identify many existing housing options but also saw the need for new housing subsidies. It investigated current programs such as the Federal Section 8 program, the City's Work Advantage program and Social Security Income disregards. It also envisioned the creation of new subsidies, and the creation or augmentation of housing options such as service-enriched housing. After exploring and considering a number of different funding sources for the new system, the Task Force proposed the following strategy for each of its primary recommendations:

- The Safe Haven may be funded through the VA Per Diem Only program, the U.S. Department of Housing and Urban Development (HUD), private funding and other Federal and State resources. It is expected that a non-profit organization will apply for such grants to operate the program.
- The development of short-term housing and attendant support services will require funding from both the Federal government (specifically the VA) and the City, and will necessitate collaboration with local providers who have expertise in servicing homeless populations. VA funding available through the GPD program is currently funded at a rate of up to \$31.30 per day. While this level of funding may be adequate for other areas of the country, it is not sufficient to meet the costs of operating short-term housing in New York City.
- The City is committed to redirecting the financial resources saved from operating shelters toward enhancing the housing options of homeless veterans, resulting in a potential new investment of millions of dollars in permanent housing and other solutions.

Going forward, the Workgroup's most significant concern is whether the VA or the City will have jurisdiction over various systems within Operation Home, and specifically, how the Federal and Local governments will appropriately and effectively share that jurisdiction. As the Workgroups continue to recommend which funding sources should be utilized and what entity should operate the proposed facilities — either directly or through contract providers — all of the Workgroups will continue to give serious thought and consideration to these jurisdictional issues.

## IMPLEMENTATION

Given the amount of planning and implementation already completed as part of the 100-day Operation Home initiative, the Task Force believes that the new homeless veterans' service system can begin Veterans Day, November 2007. The recommendations outlined in this Report are a combination of new strategies and new approaches toward addressing the multifaceted needs of homeless veterans in New York City.



***The Task Force believes that the new homeless veterans' service system can begin Veterans Day, November 2007.***

The Outreach teams will immediately incorporate staff from VA and develop training for all workers on veterans' issues and services. Project TORCH will be ready to transition into the MSC as soon as the short-term housing and Safe Haven programs are in place, with the exception of some new staffing and data augmentations. Current staff will begin immediately to identify and analyze gaps in staff and services and/or what operating agreements need to be created.

Immediately after the release of this Report, the Safe Haven and BAVR facilities will submit applications to VA for GPD funding. These awards are expected to be announced in late summer of 2007 with funding issued in the fall of 2007. In the meantime, private funds and other public funds will be sought to support these programs. Possible sources of funding include (i) veteran-focused foundations, the Governor's Office and other State funds, to leverage the GPD daily rate and (ii) the NYS Homeless Housing Assistance Program (HHAP) and the NYS Division of Housing and

Community Renewal (DHCR) for capital funds. DHS will begin to establish the SPOA for veterans. Staff will be identified, procedures written and applications drafted. The Task Force recommends that the Housing Placement Workgroup continue to meet and to focus its efforts on identifying and advocating for new permanent housing options for homeless veterans and developing strategies for leveraging existing resources to provide the correct mix of housing resources.

The Evaluation Workgroup will maintain the on-going efforts to share and analyze data on homeless veterans in the City's various service systems. It will also develop monitoring and evaluation tools reflecting performance standards and indicators for each discrete program in the new service continuum.

### **Target Date: Veterans Day 2007**

The Task Force recommends the following timeline for the steps that must be taken before November 2007 in order to meet the projected start date for the new system.

# IMPLEMENTATION SCHEDULE

All recommendations to be completed by Veterans Day 2007

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## April – May

1. Mayor Bloomberg and Secretary Nicholson approve the proposed new system.
2. Meet with veteran advisory groups for input on program design and on specific programmatic and housing needs.
3. Identify Implementation Team and convene Team meetings.
4. Make application to Grant and Per Diem program for short-term Key Beds and Safe Haven programs.
5. Analyze and incorporate information gathered at focus groups and the on-going data matches.
6. Design tool to evaluate joint outreach teams.
7. Explore feasibility of initiating PA applications at the HRA Veterans Job Center, which is located in the same building as Project TORCH/MSA.
7. Continue identifying veterans in shelter population and on the street.
8. Expand GPD/PDO and short-term housing programs.
9. Develop permanent and short-term housing options for veteran couples (without children) and families with children.
10. Redirect DHS money from shelter operations to permanent housing rental assistance, which may be time-limited, and which will be available to all veterans — regardless of their discharge status — allowing for the swift movement of homeless veterans to housing.
11. Develop on-going evaluation protocol.

## June – August

1. Identify staffing needs, create new staffing plans as needed, and develop interagency agreements for staffing.
2. Implement joint agency outreach teams by July 1, 2007.
3. Develop mechanisms for information sharing among key agencies and develop database protocol.
4. Develop program tools, assessment and intake forms, procedures and program guidelines.
5. Per Diem Only grant award notification for Safe Haven(s).
6. Develop evaluation measures and monitoring tools.
7. Develop SPOA to access permanent housing resources.

## September – November

1. Pilot use of MSA.
2. Begin facility design work on short-term housing facility(ies).
3. Assist with start up of short-term facility(ies).
4. Pilot SPOA.
5. Implement communication strategy to educate stakeholders.
6. Attain housing subsidy targets for homeless veterans.

## CONCLUSION

Mayor Bloomberg and Secretary Nicholson launched Operation Home with a clear charge. The Task Force was given 100 days to produce a plan to end the cycle of homelessness for current and future veterans in New York City. In addition, the City pledged to house 100 homeless veterans in 100 days – marking its commitment to help those who have served our country leave shelter or the streets for homes of their own.

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Significant progress has been made. Operation Home placed 135 homeless veterans into permanent housing, exceeding goals. This Report sets forth an innovative and attainable Plan that takes into account the unique needs of veterans and the resources available to them by virtue of their military service.

Six Workgroups and the Steering Committee met to design the new homeless veterans' service system. More than 45 government and community service providers generously gave their time and expertise to this effort. Conversations with homeless veterans themselves contributed invaluable insights. The result is a partnership that will serve as a national model.

In the spirit of the Mayor and Secretary's ambitious charge, the Plan delineates ambitious timelines. By Veterans Day 2007, the proposed recommendations will be in place, including a new Multi-Service Center at Project TORCH, a Safe Haven specifically for veterans who are chronically street homeless, new short-term housing facilities (pending funding approval), and a single point of access for all veterans' housing resources. The participants in Operation Home are committed to continuing their efforts to make the Plan a reality and to achieve the goal of ending homelessness for veterans in New York City.

## APPENDICES

- A. Press Release “Historic Agreement to End Homelessness for City Veterans”
- B. Steering Committee and Workgroup Members
- C. Summary of Research Findings on Homelessness among Veterans
- D. Housing Eligibility Survey
- E. Potential Measures for Evaluation of Operation Home

### Appendix A

#### Press Release “**Historic Agreement to End Homelessness for City Veterans**”

#### **FOR IMMEDIATE RELEASE**

PR-446-06

December 21, 2006

#### **MAYOR BLOOMBERG AND VETERANS AFFAIRS SECRETARY NICHOLSON ANNOUNCE HISTORIC AGREEMENT TO END HOMELESSNESS FOR CITY VETERANS**

*City Will Offer 100 Veterans Permanent Housing in 100 Days*

Mayor Michael R. Bloomberg, U.S. Department of Veterans Affairs (VA) Secretary Jim Nicholson, and Homeless Services (DHS) Commissioner Robert V. Hess today announced an historic agreement between the City of New York and the VA to help end veteran homelessness in the City. Under the agreement, the City will place 100 veterans into permanent housing in 100 days. Veterans Affairs and the City will also convene a Task Force that will report back in 100 days with a strategic plan to end veteran homelessness in New York City. The Task Force, whose inaugural meeting was held following the announcement, will develop long-term plans for new joint VA-New York City street outreach teams, a new joint VA-New York City homeless intake center, and additional health care, mental health treatment and substance abuse treatment for eligible veterans. The announcement was made at the Borden Avenue Veterans Residence in Queens, the first veterans-only shelter established in the United States. “No veteran should be sleeping on the streets or in

shelters in New York City,” said Mayor Bloomberg. “Our City and our country owe a debt of gratitude to our veterans, and those who have had the misfortune to become homeless deserve our help to get back on their feet. I hope our new partnership with Veterans Affairs will become a national model.”

“This agreement represents another positive step forward in our fight to eradicate the scourge of veteran homelessness from our streets,” said Secretary Nicholson. “Our veterans have served us all by taking the oath to preserve liberty and protect our way of life, and we must and will continue to work together to repay our grateful nation’s debt to these valiant defenders. I appreciate Mayor Bloomberg’s leadership in combating veteran homelessness, and we at VA look forward to working with the City of New York on this initiative and others that serve America’s veterans.”

“No one who has served and fought for our country should have to live on the streets,” said Commissioner Hess. “With the VA’s help and support along with its valuable resources, we can make sure that doesn’t happen in New York City. That’s why we’re making 100 permanent housing slots immediately available for our veterans.”

“Housing 100 homeless veterans in 100 days is a great step toward the City’s goal of ending veteran homelessness,” said Office of Veterans’ Affairs’ Executive Director Clarice Joynes. “I commend Mayor Bloomberg, Secretary Nicholson, and Commissioner Hess for their bold commitment. We are all grateful for the sacrifices made by our veterans in service to our City and our country, and we are committed to assisting those who have fallen on hard times.”

Over the next 100 days, DHS will move 100 veterans into permanent housing. The City will fund the placements by reinvesting resources currently devoted to the emergency shelter system. The veterans will be moved to supportive housing or other options using the existing DHS placement system. Some of the veterans will enter housing with appropriate supportive services while others will be reunited with family members. Veterans will be selected from within the existing men’s emergency shelter system, including residents of the

Borden Avenue Veterans Residence and the Camp LaGuardia shelter in Orange County that is currently closing.

During the same 100 day period, a joint City-VA Task Force will develop permanent strategies for housing the remaining homeless veterans in New York City. The Task Force will include community agencies and Veterans Service Organizations with expertise in serving homeless veterans. The Task Force will develop the protocols and standards for new joint outreach teams and the new homeless intake center that will be for the exclusive use of veterans. The outreach teams will, for the first time ever, include VA staff that can assist with the issues unique to veterans. The VA has also committed to provide additional health care, mental health treatment and substance abuse treatment for eligible veterans in permanent and supportive housing.

New York City has embarked on a Five Year Plan to reduce homelessness by two-thirds by 2009. Under Mayor Michael Bloomberg's plan Uniting for Solutions Beyond Shelter, the public, nonprofit and business sectors have come together in a coordinated campaign to address homelessness in New York City. Through initiatives such as community based prevention and an increase in supportive housing, this 5-year action plan aims to decrease the number of individuals living on city streets and in shelters by two-thirds by 2009.

The Department of Veterans Affairs is the nation's single largest health care provider. VA provides health care services to more than 100,000 homeless veterans each year. VA's efforts working with cities and non-profit and faith-based service providers has led to a 20 percent reduction of homelessness among veterans across the nation in the last five years.

## **Appendix B**

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**Appendix C**  
**Summary of Research Findings on Homelessness among Veterans**

**Overview**

The Department of Veterans Affairs Fact Sheet “VA Programs for Homeless Veterans” states that

“One-third of adult homeless men and nearly one-quarter of all homeless adults have served in the armed forces. While there is no true measure of the number of homeless veterans, it has been estimated that fewer than 200,000 veterans may be homeless on any given night and that twice as many veterans experience homelessness during a year. Many other veterans are considered at-risk because of poverty, lack of support from family and friends and precarious living conditions in overcrowded or substandard housing. Ninety-six percent of homeless veterans are male and the vast majority are single. About half of all homeless veterans suffer from mental illness and more than two-thirds suffer from alcohol or drug use problems. Nearly 40 percent have both psychiatric and substance abuse disorders.”

**NYC Single Adult Shelter Data**

The SCIMS data on single adults in shelter is consistent with data from elsewhere in the U.S. in that compared to homeless non-veterans, more veterans are male (around 98% of both new and all entrants, compared to 72-74% of non-veterans); they are older (mean age of new entrants is 46 vs. 36 for non-veterans); and although as for non-veterans over half are African American, there are more white and fewer Hispanic veterans. The SCIMS data also show that although veterans have spent significantly longer in the shelter system, they currently have a higher rate of placement out of it (Table 1).

The reasons for the differences in stay lengths and placement rates are unknown. The higher rate of placement could include housing options specifically for veterans, the better financial resources of those veterans eligible for veterans’ benefits placements, or placement related to illness given their greater age, i.e. to nursing homes. Along with the higher rate of placement out of shelter is a higher rate of reporting supportive housing as the last prior residence. Leaving rates for supportive housing are generally low, whether veterans have higher leaving rates than non-veterans is unknown. Although we have not determined whether having been previously in supportive housing is associated with subsequent placement for these veterans, the data is suggestive of this since veterans leaving sheltered housing are likely to still be eligible for this placement. Whether or not the same veterans leaving supportive housing are subsequently placed by the shelter system, the higher rates of previous residence in supportive housing points to sheltered housing as a site for intervention to prevent homelessness specifically among veterans. In terms of risk factors for homelessness related to veteran status, men and women will be discussed separately because studies are generally done on one or the other gender.

Both SCIMS data and data on those who are street homeless in New York City are inconsistent with national data in that the proportion of veterans in both groups is lower than the national figures of one third of homeless men. It is not known whether this is due to one or more of the following: underreporting veteran status, a lower rate of military service on the part of New Yorkers compared to that nationally, or some aspect of

veteran status specific to New York that prevents homelessness. A data match between SCIMS and a national VA dataset is needed to ascertain the level of underreporting at the shelter level; this is not currently possible for the street homeless population as veteran status is not recorded in the relevant dataset.

### **Men**

The high proportion of veterans among homeless men is perplexing given the opportunities associated with military service and the benefits long available to veterans. Several risk factors have been studied—veteran status per se, combat history, post traumatic stress disorder (PTSD) and discharge status.

### **Women**

Women veterans are at greater risk for homelessness than are non-veterans by a factor of between 2 and 4 (Gamache et al, 2003). Compared to male homeless veterans, they tend to be younger, less likely to be employed and more likely to have a major mental illness, but less likely to have a substance use disorder (Leda et al, 1992). Compared to the general population they report higher rates of sexual trauma (Stern et al, 2000).

### **Veteran Status**

Although veterans are overrepresented among homeless men compared to the general population (41 compared to 34% in 1994), this only applies clearly to one cohort of veterans, those who served post-Vietnam and less clearly to those who served between the Vietnam and Korean wars (Rosenheck et al, 1994). With successive cohorts since Vietnam the risk has declined but is still elevated compared to the general population (Gamache et al, 2001). This effect demonstrates an especially high risk of homelessness among veterans of the immediate post-Vietnam era, even as they age, which may reflect the continuing influence of the early problems in recruiting for the All Volunteer Force (AVF). In contrast to the national draft, which promised a fair representation of the entire population of draft-eligible young men, the AVF also had the potential to attract young men with fewer alternative opportunities. The risk for men older than this cohort is not elevated, while for younger men the risk is increased, but to a smaller extent.

### **Combat History**

Of 10,524 homeless veterans assessed in a 43-site VA program, 50 percent served during the Vietnam War era, compared to only 29 percent of all veterans in the general population (Rosenheck, 1991). This reflects the greater risk of homelessness among men aged 30-44 rather than the impact of Vietnam Era service. The proportion of homeless veterans who served in the Vietnam Theater (44.9 percent), and the proportion exposed to combat fire (40.5 percent) were similar to those of non-homeless veterans. Homeless combat veterans who are not White were more likely to have psychiatric, alcohol and medical problems than homeless non-combat Vietnam veterans who are not White.

Greater morbidity among homeless combat veterans compared to other homeless men was also found by a cross-sectional survey conducted during the winter of 1989-90 at three shelters in Santa Clara County, CA, with a 98 percent response rate (Winkleby 1993). Of the 1,008 U.S.-born men, 423, or 42 percent, were veterans, including 173 combat-exposed veterans and 250 non-combat-exposed veterans. There were 585 non-veterans. Both combat and non-combat-exposed veterans were significantly more likely to report excessive alcohol consumption before their initial loss of shelter than were non-veterans. Combat-exposed veterans had the highest prevalence of psychiatric hospitalizations and physical injuries before homelessness, 1.5 to 2 times higher than non-veterans and non-combat-exposed veterans. The length of time between military discharge and initial loss of shelter was longer than a decade for 76 percent of combat-exposed veterans and 50 percent of non-combat-exposed veterans. The extended time from discharge to homelessness suggests that higher prevalence of alcohol consumption, psychiatric hospitalization and physical injury among veterans, especially those exposed to combat, may not have arisen from military service. It is possible, however, that such disorders may be considerably delayed before becoming serious enough to impact one's family, work and the availability of shelter. This delay could be longer for combat than for non-combat veterans because of the greater benefits combat veterans are eligible for.

## PTSD

Independent of other factors, PTSD does not appear to be significantly associated with homelessness (Kulka 1990). The National Vietnam Veterans Readjustment Study (NVVRS) found that social isolation (such as being unmarried or having no one to talk to) after discharge from the military had a stronger relationship with homelessness than did any psychiatric disorder.

## Discharge Status

To examine punitive discharges as a risk factor for homelessness and to compare veterans with punitive and non-punitive discharges on pre-military, military and post-military experiences, Gamache et al (2000) used data from a sample of homeless male veterans with mental illness enrolled from 18 sites within nine states into the Access to Community Care and Effective Services and Supports Program. Only 7% of homeless veterans received punitive discharges. Pre-military experiences are associated with such discharges, but military experiences are not. Although a punitive discharge is a strong risk factor for subsequent homelessness, such discharges primarily reflect pre-military vulnerabilities and are a relatively minor reason for homelessness because they affect a small proportion of the general veteran population.

## Impact of Homelessness on VA Mental Health Service Costs

To examine health service use and costs for homeless and domiciled veterans hospitalized in psychiatric and substance abuse units at Department of Veterans Affairs (VA) medical centers, a national survey of residential status at the time of admission was conducted on all VA inpatients hospitalized in acute mental health care units on September 30, 1995 (Rosenheck & Seibyl, 1998). Survey data were merged with computerized workload databases to assess service use and cost during the 6 months before and after the date of discharge from the index hospitalization. Of 9,108 veterans with complete survey data, 1,797 (20%) had been literally homeless at the time of admission, and 1,380 (15%) were doubled up temporarily, for a total homelessness rate of 35%. Combining patients from general psychiatry and substance abuse programs, the average annual cost of care for homeless veterans, after adjusting for other factors, was \$27,206; \$3,196 (13.3%) higher than the cost of care for domiciled veterans ( $P < 0.0001$ ). Approximately 26% of annual inpatient VA mental health expenditures (\$404 million) are spent on the care of homeless persons.

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## Appendix D Housing Eligibility Survey of Borden Avenue Shelter Caseworkers

Of the 174 individuals that were interviewed, 101 (58%) were eligible for some type of available housing. As many of the criteria are not mutually exclusive, many individuals were found eligible for more than one type of housing.

**Table 1: Profile of Veterans in  
DHS Single Adult System in 2006**

Housing Option	Criteria	Number Eligible	Percent Eligible
28-day treatment then NY/NY placement	-Axis 1 mental health diagnosis -active substance abuse willing to enter treatment	6	3.4%
Section 8 Application	-Axis 1 mental health diagnosis -no convictions	31	17.8%
NYNY II CR/SRO Housing	-Axis 1 mental health diagnosis -no substance abuse or in remission	31	17.8%
NYNY II /NYNY III	-Axis 1 mental health diagnosis -active substance abuse -unwilling to enter treatment	6	3.4%
Drug treatment	-no Axis 1 mental health diagnosis -active substance abuse -willing to enter treatment	8	4.6%
DHS CR/SRO Housing	-no Axis 1 mental health diagnosis -active substance abuse -willing to enter treatment -LTSS	3	1.7%
NYNY III (if available)	-no Axis 1 mental health diagnosis -active substance abuse -unwilling to enter treatment	21	12.1%
Refer to MRDD for housing, start SSI application	-no Axis 1 mental health diagnosis -no substance abuse or in remission -MRDD	1	.6%
Refer to HSP subsidy, find private apartment or room	-Axis 1 mental health diagnosis -no substance abuse or in remission -no MRDD -no cognitive impairment -working or on public assistance -no debt	21	21.1%
Refer to RAP, find private market apartment	-no Axis 1 mental health diagnosis -no substance abuse or in remission -no MRDD -no cognitive impairment -working -income greater than \$800/month	8	4.6%

Forty-one individuals (23.7%) have been homeless for less than 9 months, 59 (34.1%) have been homeless for 9-24 months, 51 (29.5%) have been homeless for 2-4 years and 22 (12.7%) have been homeless for longer than 4 years. Just over 42% of the individuals surveyed are long-term shelter stayers. Length of homelessness

data was not available for one individual. Just over 40%, 70 individuals, have birth certificates. The following is a summary of the demographics of the 73 individuals that did not fit into the above categories. Almost 29% have no income; another 14% are on public assistance and only 6% are working. Almost 18% of respondents report

having debt, though the amount of debt is not available for most individuals. About 70% report not using substances or are in remission. Almost 80% have no Axis I mental health diagnosis or Axis II diagnosis. In fact, almost 65% of the remaining 73 individuals do not have an Axis I or II diagnosis and are not using substances. In addition, almost 92% of the 73 individuals report having no disability or terminal illness and almost 70% report having no convictions. The majority of the individuals (68%) are not long-term shelter stayers.

Just over 50% are VHA eligible and 17.8% are VBA eligible.

## **Appendix E**

### **Potential Measures for Evaluation of Operation Home**

#### **Progress toward eliminating homelessness for veterans in NYC**

- Average daily/monthly number of homeless veterans in NYC

#### **Outreach**

- Total street contacts with street homeless veterans
- Number (and %) of street homeless veterans transported to Multi-Service Center
- Number (and %) of street homeless veterans placed into a new housing situation

#### **Intake and Assessment – Multi-Service Center**

- Client information on demographics, military history, living situation, medical problems, substance abuse dependency, psychiatric status and employment status, as well as referrals (as in HCHV form X)
- Average daily census of Key Beds
- Number (and %) of clients diverted back to previous living situation
- Total number transferred to short-term housing
- Total and type of housing-focused deliverables completed
- Average length of stay in a Key Bed (target is 30 days)
- Discharge information (HCHV Form D)
- Recidivism: Number (and %) returning from each of diversion or housing placement within 6 months to Multi-Service Center or DHS shelter

#### **Safe Haven**

- Number of veterans referred from Street Outreach Teams
- Number of veterans referred from Veterans Affairs Medical Center Homeless Programs
- Average daily census of Safe Havens
- Of all referrals, average length of time street homeless
- Total and type of housing-focused deliverables completed
- Average length of stay in Safe Haven and average time to placement (target is from 3 to 6 months)
- Discharge information (HCHV Form D)
- Recidivism: Number (and %) returning to street and/or Safe Haven within 6 months of placement

#### **Short-term Housing**

- Program participation
- Benefits usage
- Total housing placements of clients, by housing type.
- Average length of stay total and before housing placement, for those placed (target is 9 months)
- Recidivism: Number (and %) returning from housing placement within 6 months

#### **Potential Savings**

- Amount (and %) of annual inpatient VA mental health expenses (i.e., for NYC VA facilities) for NYC homeless veterans
- Number (and %) psychiatric admissions to NYC VA facilities that are of homeless veterans
- Number (and %) ER visits to NYC VA facilities that are of homeless veterans
- Number (and %) of homeless veterans referred to Multi-Service Center/Safe Haven or short-term housing

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