



**Testimony of
Services for the UnderServed, Inc.
At the Joint Hearing on Veterans
Homelessness
Committees on General Welfare and
Veterans**

Chairpersons Annabel Palma and Mathieu Eugene

November 7, 2011.

Chairperson Palma, Chairperson Eugene, distinguished members of the Committees, thank you for affording **Services for the UnderServed, Inc. (SUS)** the opportunity to testify before you today on the issue of veterans' homelessness.

SUS fully recognizes veterans as a drastically underserved population in New York City. According to the New York State Department of Veterans Affairs, over 1 million veterans live in New York State, more than 85,000 are Operation Enduring and Iraqi Freedom War veterans, and the VA medical system spends over 2 billion dollars per year providing health care for those veterans in our state eligible to receive that benefit. Data from the Mental Health Association of New York City tell us that one in two veterans in NYS returning from Iraq and Afghanistan has a mental health need. Approximately 22% of returning veterans have post-traumatic stress disorder (PTSD) and/or depression, including 10% who have both. An additional 34% have a self-indicated need for treatment. **An estimated 8-10% of Iraq and Afghanistan veterans in the VA system have substance use disorders, compared to 3.8% of the general population. Suicide among male veterans is more than twice the rate in the general population. An estimated 18 veterans complete suicide every single day.**

Veterans make up less than 8% of the general population, but 26% of the adult homeless population, and females are three to four times as likely as male veterans to become homeless. Nearly 40% of homeless women veterans also report that they were sexually assaulted while in the military, and approximately 70% of female veterans seeking VA benefits to address PTSD report sexual assault having occurred in the military.

While we applaud the significant efforts being made by the VA at the national level as well as those made by this body, the Department of Homeless Services, the Mayor's Office of

Veterans Affairs, and others here in New York City, New York City remains at the epicenter of the national veteran homelessness crisis. Therefore, it is up to us to exceed our own expectations of one another and lead the nation in arriving at high-impact solutions to end veteran homelessness and address, in an integrated way, their co-occurring mental health, health, housing and employment concerns.

SUS has consistently served those facing mental illness, developmental or physical disability, HIV/AIDS, and histories of poverty, homelessness, unemployment, addiction, institutionalization and military service for over 33 years. SUS has provided housing and supportive services to chronically homeless veterans living with serious mental illness and co-occurring conditions since its inception, and our service array has grown significantly over the years. Accordingly, we understand well the many barriers facing our veterans, particularly within the context of how systems need to both adapt and expand in order to adequately contend with the “modern day” veteran returning from Iraq and Afghanistan. A number of risk factors particularly salient to understanding the needs of homeless veterans and delivering services in response include: pre-military trauma, experience in foster care; combat exposure; combat wounds (traumatic brain injury, amputation); multiple deployments; feeling isolated from civilians, including friends and family; sexual assault during military service; domestic violence, substance abuse, chronic health and mental health disorders, and especially, Post Traumatic Stress Disorder.

While the VA system provides a comprehensive network of high-quality health and human services, SUS has learned that half of our veterans prefer services outside of the VA. Overwhelmingly, veterans find the city, state and federal service systems fragmented and

difficult to navigate and they seek one door to services. Toward planning a comprehensive approach to supporting these veterans following overseas deployment, we also know that returning Service members return to the communities from which they deployed and will require community-based supports that facilitate their successful adjustment to civilian life while they recover from the psychological and physical wounds of war. For example, following a period of deployment, or multiple deployments, many individuals will require high levels of assistance with activities of daily living, assistance reestablishing connections with primary medical care, employment, social supports, family members, benefits, entitlements and other supportive services.

Given this set of conditions and circumstances, homeless veterans live with exacerbated levels of self-perceived hopelessness, stigmatization, social rejection and social stress. We therefore, need to be flexible, creative, resourceful, patient and transparent if we are to successfully elicit trust and engage homeless veterans in a transition to housing stability and independence. SUS is acutely aware that attention must be paid to the unique characteristics of every individual seeking to make a change in his or her own life. Accordingly, SUS works to actively understand both the cultures of military life and homelessness while concurrently fostering a new culture of wellness and recovery that offers the people we serve tools and living environments that promote healing, hope and the achievement of personal goals and preferred life roles.

Our staff members take pride in their commitment to, and expertise in, working with individuals marginalized by society. Today, SUS is able to provide an integrated continuum of services addressing concurrently the housing, employment, treatment and support needs of

over 400 veterans and veteran families in New York City. Our veterans' services target actively those individuals and families at highest risk for death due to the effects of chronic homelessness, unemployment, untreated medical, psychiatric and substance abuse disorders, and disconnection from family, social and other natural supports. SUS currently operates five programs, integrated as a coordinated continuum of care, serving approximately 400 Veterans and their families of which nearly 90 percent are homeless, 70 percent live with co-occurring chronic mental illness, substance abuse disorders, and or serious health conditions, 40 percent have a history of involvement with the criminal justice system, nearly all qualify as very-low income according to federal guidelines, and approximately half of those we serve are recent veterans returning from the ongoing conflicts in Iraq and Afghanistan. In addition, approximately 150 Veterans utilize SUS mental health and housing services outside the auspices of these specific veterans' programs.

In 2011 SUS received one of 85 awards made nationwide by the United States Department of Veterans Affairs as part of the new Supportive Services for Veteran Families (SSVF) program. SSVF, a critical element of VA's plan to prevent and end homelessness among Veterans, provides rapid rehousing and short-term social services and financial assistance to homeless and at-risk Veterans and their families. This significant award enables SUS in partnership with the Family Center, Inc. to provide a range of supportive services to eligible very low-income Veteran families. Program services include home finding and placement, active liaison with VISN 3 Homeless Coordinators and HUD VASH staff, outreach, case management, assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits, and making financial assistance payments on behalf of Veterans to third

parties for purposes such as rent payments, utility payments, security deposits and moving costs. Our SSVF program will serve a minimum of 50 Veteran families this year.

Funded by the United States Department of Labor, our Homeless Veterans Reintegration Programs (HVRP) is a key component of the Department's strategy to integrate homeless veterans into the workforce. Our two HVRP programs serve over 150 homeless male and female veterans, many with dependent children, each year. They provide job training, placement, and on-the-job support with a particular emphasis on finding employment solutions for chronically homeless vets.

In 2011 SUS was selected as the sole subcontractor nationally to Easter Seals, Inc. for the delivery of Family Caregiver training as part of the VA's new Family Caregiver Support Program. This national initiative is designed to provide training and service connections for Veteran family members seeking to support their loved ones at home. Program participants receive comprehensive caregiver training and medical support consistent with the belief that a home environment can enhance the health and well-being of Veterans under VA care. Caregivers for Veterans of all eras are eligible for respite care, education and training on what it means to be a caregiver, how to best meet the Veteran's care needs, and the importance of self-care when in a care giving role. Direct services made available through the VA include Adult Day Health Care (ADHC); Home-Based Primary Care; Skilled Home Care; Homemaker and Home Health Aide Program; Home Tele-health; Respite Care; and Home Hospice Care.

In 2010 SUS was awarded a contract by the New York City Department of Health and Mental Hygiene as part of the New York/New York III agreement to provide supportive housing services

(full range of restorative and care coordination services) to approximately 75 formerly homeless veterans and their families residing in HELP USA's Genesis Neighborhood Plaza II, a new project-based HUD VASH, permanent housing program in East New York, Brooklyn scheduled to open in December, 2011.

Opened in April, 1995, SUS' Knickerbocker Transitional Housing Program provides housing and supportive services to 48 formerly homeless veterans, living with a range of serious mental illnesses and chemical addictions. Located in Brooklyn's Bushwick neighborhood, residents reside in full efficiency, furnished studio apartments and have access to a wide range of recovery-oriented, person-centered support services delivered by thirteen full-time, on-site professional staff available 24/7. These services include case management and advocacy, one-on-one and group counseling, money management, and the development of independent living skills, such as cooking, job readiness, and interpersonal effectiveness. In addition to on-site services, the Knickerbocker program maintains close working relationships with other community-based programs specialized in veterans' services, such as The Black Veterans for Social Justice, The Veterans Affairs Department, Veterans' Hospitals. Other services include the NYC Department of Parole/Probation and others.

As a transitional program, many of Knickerbocker's residents come to us from New York City's shelter system, or have experienced bouts of homelessness after their military service. The goal at Knickerbocker is to empower residents and give them the tools to successfully reintegrate into the community, maximize independence, and secure permanent housing.

SUS now offers an integrated service model that provides a complete continuum of services and supports leveraging our SSVF, HVRP, housing, and employment resources, yet,

there is much work to be done toward bridging the gaps between veterans, service providers, housing providers and employers. In response, SUS, in close coordination with Speaker Quinn as well as representatives from the Department of Defense, the VA, the corporate sector, private philanthropy, and community-based organizations have convened two roundtable events over the past year. A number of summary recommendations have emerged as a precursor to a more comprehensive blueprint to refining, organizing, and coordinating services for New York City's veterans in need.

First, we need to invigorate the public's awareness of the veteran homelessness crisis in the vein of the highly successful smoking cessation media campaign undertaken recently by the City. In order to connect veterans to available services, we need to first know who they are. To that end, we need to do a better job of identifying veterans at their various points of connection with New York City systems like 311 and the public hospital system operated by the Health and Hospitals Corporation. Second, while in service veterans are taught to be self sufficient, to be stoic. The military is a culture that considers asking for help an act of inadequacy and weakness. As a community we not only have to have supports and resources ready to meet the needs of our returning soldiers, but we also need to communicate that it is also heroic to ask for help.

On the housing front, we need to provide financial incentives, including tax abatement, to landlords that will rent to veterans emerging from homelessness and to developers willing to commit new construction units to homeless single veterans and veteran families. The available housing stock of safe, secure, permanent housing targeted to homeless veterans is insufficient

given present levels of need; as more and more veterans return from current conflicts, this crisis will become even more acute.

Sustained employment at a living wage is perhaps the best way to prevent homelessness, however, despite top-notch occupational training during military service and the development of technical skills directly transferrable to the civilian sector, the **veteran unemployment rate is approaching 12 percent, as compared to nine percent for the general population** (“Veterans’ Employment Outpaces Civilian Rate,” *The Washington Post*, October 4, 2011). We need to develop competitive jobs for veterans, jobs that pay a true living wage and lead to careers, by expanding financial incentives for employers that hire veterans, and perhaps even more importantly, we must better educate employers on what military experience can do for businesses.

On behalf of our 1200 staff members and the more than 3000 New Yorkers we serve each day, we thank you for your time and we encourage you to consider seriously our remarks and those of our colleagues, advocates, and other stakeholders present here today. SUS respectfully urges the Council to expand its work with its partners in the public and private sectors to both end veteran homelessness in New York City and to ensure that the safety net provided by the community-based sector to veterans in desperate need remains intact and effective.