



Senate Transportation & Housing & Veterans Affairs Committees: Hearing on VHHP

- Sharon Rapport, with the Corporation for Supportive Housing. CSH is a national non-profit and community-development financial institution working to end homelessness. We offer loans and grants, technical assistance, systems change, and research around models for housing and services for highly vulnerable populations, including homeless veterans.
- CSH was a co-sponsor of Assembly Bill 639, or VHHP.
- First, I would like to congratulate the Legislature and the Governor for passing VHHP, landmark legislation for creating a rental housing project for veterans and their families. I would also like to thank the three State departments for putting together thoughtful guidelines and for welcoming input in creating those guidelines.
- CSH supports these guidelines. Clearly, the departments worked to promote evidence-based practices, while listening to stakeholder feedback.
 - The guidelines prioritize supportive housing and other rental housing opportunities for veterans experiencing homelessness. Given veterans are more vulnerable to becoming homeless, and are far more likely to be chronically homeless than others experiencing homelessness, this priority is basic to achieving the goals of VHHP.
 - The guidelines also endorse a “Housing First” approach.
 - Housing First is an evidence-based model that recognizes that ending homelessness begins by offering homeless veterans a decent place to live that has no limit on length of stay.
 - Housing First reduces barriers highly-vulnerable veterans face in getting housed, while also significantly decreasing the risk of a veteran’s return to homelessness.
 - This approach aligns VHHP with the federal VA and HUD policies promoting Housing First for veterans. It also aligns with studies demonstrating the effectiveness of permanent housing over transitional housing.

- Housing First, however, is not housing only, and the guidelines balance the need for quality, evidence-based services that work to end a veteran’s long-term experience with homelessness.
- Research shows services offered voluntarily in housing are effective in moving veterans who have experienced long-term homelessness toward housing stability. These services include—
 - Tenant-centered case management using motivational interviewing and harm reduction strategies that engage veterans who are otherwise highly distrustful of health care and veterans systems;
 - Care coordination linking veterans to medical, mental health, and evidence-based substance use treatment services;
 - Training on life skills, money management, and basic tenancy; and
 - Working with property managers and tenants to resolve conflicts and avoid eviction.
- Providing these services requires service providers who have experience and skills in engaging tenants, and in building on strong relationships with care providers and county and veterans systems.
- CSH has worked for over a decade to secure a sustainable source of funding for services in supportive housing in California. We have not yet succeeded, and know that services funding is one barrier to creating more supportive housing in this State.
- However, in preparation for VHHP, we convened a workgroup to identify services funding options to support tenants living in VHHP supportive housing projects. A number of sources for services exist:
 - In some counties, the VA contracts with local non-profit service providers to provide case management services to veterans under the HUD-VA Supportive Housing program, or VASH. We are hoping the VA expands this community-based provider model to all VA Medical Centers in California.
 - In addition to VASH, the VA funds—
 - Homeless Patient Aligned Care Teams (H-PACT), providing and coordinating health care veterans may need;
 - Health Care for Homeless Veterans (HCHV), offering outreach and case management services to chronically homeless veterans; and
 - Supportive Services for Veteran Families (SSVF), available to veterans with honorable and other-than-honorable discharge status, and can be used to provide intensive, one-year Critical Time Intervention services to veterans.

- For those who are not eligible for VA healthcare benefits or who don't have access to SSVF—
 - Many housing providers cobble together operating revenue and philanthropic or private funding to fund services.
 - Federally Qualified Health Centers, or FQHCs, neighborhood-based health service providers, often partner with supportive housing providers to fund case management for those eligible for Medi-Cal.
 - Projects for Assistance in Transition from Homelessness, or PATH, a federal grant the federal Substance Abuse and Mental Health Services Administration oversees. PATH funds services, including case management, to people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at imminent risk of becoming homeless.
 - Proposition 63, the Mental Health Services Act, funds “full service partnerships” to residents with serious mental illness, including low staff-to-client ratios, 24/7 crisis availability, and a client-centered approach to recovery.
 - Some counties, particularly Los Angeles and San Francisco, fund services for supportive housing residents who were previously high users of the county hospital systems.
- In addition to these current sources, CSH has been working with our partners, including HCD, to create a new health home benefit to fund services for chronically ill Medi-Cal beneficiaries. We expect this benefit will fund a significant range of services in supportive housing.
 - And the Department of Health Care Services just finalized an 1115 Medicaid Waiver that includes opportunities for counties to access federal funds to provide services in housing.
- I am not suggesting we have adequate funding for services in supportive housing. But housing providers are able to create quality supportive housing projects, piecing together services resources that significantly reduce inpatient days, emergency room visits, incarceration, and ambulance services among veterans and others with significant barriers to housing stability. These projects improve overall health outcomes, substance use, and quality of life. And over 90% of residents, some of whom have been labeled “incorrigible” in other, more restrictive housing programs, stay stably housed after a year.
- The biggest challenge housing providers face is cobbling together this complex array of funding sources, when these sources each prioritize different populations.

- Given the restrictions funding sources already impose, we strongly advise against legislation that would prioritize one population of homeless veterans over another, or that would hamstring the ability of housing providers to serve vets in great need.
 - Programs with the best outcomes implement a competitive application process and award the best projects serving highly vulnerable populations. The current guidelines, we believe, do a good job in awarding funds to quality projects that plan to serve highly vulnerable veterans.
 - We see no need for legislation to improve a program that is not broken.
- We have been working with the departments to improve scoring for service providers. The guidelines award points for lead service providers with clientele made up of at least 20% veterans.
 - We believe this requirement is arbitrary. Some service providers serve hundreds of clients every year, while others serve a couple of dozen, and so a 20% requirement compares service providers on unequal terms.
 - At the same time, veterans receiving services from highly experienced service providers who do not meet the criteria may have achieved more successful outcomes than clients of other less effective service providers who meet this requirement.
 - Finally, since few service providers serve veterans predominantly, we believe this incentive favors housing providers in specific geographic areas.
- Although individual veterans experiencing homelessness may have needs similar to non-veterans experiencing homelessness in some regards, we do agree service providers must understand the unique challenges faced by veterans and how to address health, housing, and employment needs. Service providers should understand military experience, trauma, and other areas of particular relevance to veterans not shared by non-veterans. In addition, providers should have an understanding of the range of services and benefits available to veterans as well as an ability to assist veterans to access the full range of benefits and services available to them.
 - And finally, all lead service providers in supportive housing projects should have experience with the Housing First approach in supportive housing projects. Not only should providers be culturally competent in serving veterans, they should also be culturally competent and successful in serving homeless Californians.
 - We hope the departments support training in cultural competency for strong service providers who lack either of these competencies.
- Thank you for the opportunity to speak on behalf of CSH today. I look forward to your questions.