Testimony of Gary Parker, MSW, Deputy Director
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before the

New York City Council
General Welfare & Veterans Committees

regarding

Ending Veteran Homelessness and Hunger

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City Hall Council Chambers
New York, NY 10007
Good afternoon and thank you Council Member Levin, Council Member Ulrich, and the members of the General Welfare and Veterans Committees for the opportunity to speak today on the critical topic of ending veteran homelessness and hunger.

My name is Gary Parker and I am the Deputy Director of the McSilver Institute for Poverty Policy and Research. Housed in the Silver School of Social Work at New York University, the McSilver Institute oversees applied research studies to address the root causes and consequences of poverty and to inform policy and program solutions. McSilver’s work is defined by partnerships with policy makers, service organizations, and community stakeholders both in New York and globally. An understanding of the links between individuals, families, and communities to their external environments, as well as the interrelatedness of race and poverty, guide our efforts.

Despite an improved general economy following the financial crisis of 2008 and the subsequent recession, homelessness is still on the rise in New York. According to the Coalition for the Homeless, 58,056 individuals used city shelters each night in September, the highest level ever recorded and an increase of nearly 20,000 people from the same period five years ago.\(^1\)

The McSilver Institute approaches homelessness as a physical and mental health issue, which ultimately becomes an expensive living condition from which people seek services. It costs New York City approximately $3,000 to shelter a homeless family for one month and $2,300 to do so for an individual homeless adult.\(^2\) These costs do not take into account frequent emergency room visits, temporary incarceration and other consequences of housing instability, which are far more costly than investment in subsidized housing and preventative services.

To the credit of service members returning from Iraq and Afghanistan, who have generated increased attention around the issue, federal and local efforts have been underway to address homelessness among veterans. In 2010, President Obama announced his commitment to ending homelessness among veterans by 2015 as part of the larger Opening Doors initiative. Before Opening Doors, 1 out of every 6 people in a shelter had served in the military.\(^3\) According to the latest data from the U.S. Department of Housing and Urban Development, since 2010 there has been a 33

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\(^2\) The City of New York, “Mayor’s Management Report,” September 2014
percent decrease in veteran homelessness nationally\(^4\) and since 2011, there has been a 65 percent decrease in veteran homelessness in NYC, with an even larger decrease in veterans living on the street.\(^5\) Nonetheless, 1,645 homeless veterans, 329 of whom were unsheltered, were counted on a single night in January 2014.\(^6\)

The first concerted U.S. Department of Veterans Affairs (VA) program targeted at homeless veterans was implemented in 1988, and Williamsburg, Brooklyn was home to the city’s first federally financed drop-in center for homeless former service people.\(^7\) Since then, the Veterans Health Administration (VHA) has expanded efforts to address veteran homelessness by developing transitional housing programs, tailoring programs for sub-populations of former service members including women and the chronically homeless, and adopting a Housing First model.

Professor Deborah Padgett, a McSilver Institute Faculty Fellow, has conducted extensive research demonstrating the efficacy of the Housing First model,\(^8,9,10\) and the McSilver Institute commends the VA for embracing this approach to ending homelessness by providing a comprehensive menu of services starting with a stable place for someone to live. The Department of Housing and Urban Development – Veterans Administration Supportive Housing’s (HUD-VASH) Housing First program immediately places homeless veterans into housing without sobriety or psychiatric requirements through HUD’s provision of Section 8 housing vouchers. The VA then provides wraparound case management and treatment services after housing placement, rather than requiring treatment compliance as a prerequisite to housing. Another program that is contributing to the reduction of veteran homelessness is the Supportive Services for Veteran Families Program (SSVF), which also employs a Housing First model and provides rapid re-housing and short-term interventions to alleviate immediate homelessness.

\(^6\) Ibid.
A key principle that underlies the success of both HUD-VASH Housing First and SSVF is community partnerships. This point was made by panelist Julie Irwin, Homeless Care Line Manager for the Department of Veterans Affairs New York / New Jersey Health Care Network, at a symposium the McSilver Institute hosted in May of this year on the issues of homelessness and food insecurity. Cities that have claimed recent success in eliminating veteran homelessness, such as Phoenix and Salt Lake City, have cited robust collaboration between government, housing agencies, and the non-profit sector as instrumental for improving outcomes for the homeless and preventing those at-risk from becoming homeless in the first place.\textsuperscript{11,12} It will be critical for New York City to strengthen these partnerships as it works to address these issues.

The evidence base indicates that HUD-VASH's Housing First Program has been a key driving force in the reduction of veteran homelessness, with several studies affirming its efficacy. One such study compared a control group that underwent treatment before being eligible for housing (n=70) with a group receiving immediate housing (n=107). The results suggested that the Housing First approach is conducive to long-term housing stability.\textsuperscript{13} While both groups saw similar decreases in emergency mental health care, the Housing First group was eight times more likely than the treatment-as-usual group to maintain housing stability for twelve months, with a 98 percent housing retention rate.\textsuperscript{14}

Another study found that in addition to having positive housing outcomes, the HUD-VASH Housing First program had significant clinical outcomes, especially for those in drug and alcohol abuse programs.\textsuperscript{15} A third study supported this conclusion: through the comparison of the outcomes of a group of homeless veterans placed in Housing First with those receiving treatment but not initially housed, it was found that housing is a key aspect of recovery from a substance abuse disorder. Not only did participants in Housing First have more stable housing in the long-term, but their use of high-cost inpatient and emergency care services was consistently lower than their homeless

\textsuperscript{14} Ibid.
counterparts who received substance abuse treatment only at baseline, regardless of whether they were housed at a later point during the course of the study.\textsuperscript{16}

SSVF is a relatively new intervention, launched by the VA in federal fiscal year 2012. However, a preliminary analysis of prospective data collected on 12,259 veterans who exited the program in that first year points to its efficacy.\textsuperscript{17} Program participants were analyzed based on four subgroups: single veterans who received prevention services, veterans in families who received prevention services, single veterans who received rapid re-housing, and veterans in families who received rapid re-housing. One year after exiting the program, at least 90 percent of veterans in families who received either service had not experienced another episode of homelessness and at least 84 percent of single veterans who received either service had not experienced another episode of homelessness.

To end homelessness among veterans, New York City and the Federal Government will have to redouble their commitment to evidence-based programs like Housing First and SSVF. Furthermore, as persuasively argued by Proposed Res. No. 204-A, which is also on today’s joint committee agenda, there is a need for a greater understanding of the challenges faced by homeless female veterans in our state so that we can implement effective interventions to facilitate their stable housing. In expressing strong support for this resolution, I should note that the McSilver Institute has been awarded a grant from the VA to support the development of a comprehensive training program to assist the agency’s care coordinators and case managers in addressing issues that either place female veterans and their families at risk for future episodes of housing instability or are the consequences of the stressors associated with homelessness. This training program has the ultimate goal of increasing permanent housing placements for these women who have served our country.

Food insecurity among veterans, particularly among those who served in Iraq and Afghanistan, is also a significant issue. It’s no surprise that in 2011, the Food Bank of NYC found that one in three veteran households were concerned about needing food assistance.\textsuperscript{18} Recent national research shows that over 25 percent of veterans reported

\begin{itemize}
\item \textsuperscript{17} VA National Center on Homelessness Among Veterans Research Brief, “Housing Outcomes of Veterans Following Exit from the Supportive Services for Veteran Families (SSVF) Program,” February 2014.
\item \textsuperscript{18} Food Bank for New York City, “From the front lines to the bread lines: food poverty among veterans,” (2011).
\end{itemize}
food insecurity in the past year and 12 percent reported severe food insecurity,19 which is significantly higher compared to overall household rates of 14 and 6 percent respectively per the USDA. The high rates of food insecurity among veterans deserve increased attention and targeted policies and programs to decrease its prevalence.

A recent report released by Feeding America estimates that 620,000 veteran households nationwide receive assistance from the organization’s network of pantries and food banks.20 Recent cuts to the Supplemental Nutrition Assistance Program (SNAP) have also impacted veterans: in 2011, 900,000 veterans nationwide relied on SNAP to help afford food. In addition to the expiration of a provision from the American Reinvestment and Recovery Act, the latest iteration of the Farm Bill slashed SNAP benefits further. Commendably, Governor Cuomo intervened and, working with the Office of Temporary and Disability Assistance, restored level benefits for 300,000 households statewide.21 McSilver Institute’s Food and Family Matters! project is currently conducting qualitative research on SNAP and food pantry participation and opportunities for policy and program improvements. We look forward to sharing our findings in the coming months to help inform the conversation around ending hunger and why SNAP eligible individuals sometimes choose not to participate in the program.

In closing, the McSilver Institute strongly supports coordinated efforts between non-profit, city, state, and federal resources and services that will help end veteran homelessness and hunger. Beyond discussions around specific policies or programs, 2014 McSilver Symposium panelist Julie Irwin put it best: “What lies behind all of this are real people, who served our country, who deserve the best from us, and it’s imperative that we end that cycle of despair and embrace our veterans in a continued circle of care.”

Thank you.

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19 Widome, R; Jensen, A; Bangerter, A; and Fu, S. Food insecurity among veterans of the US wars in Iraq and Afghanistan. Public Health Nutrition, available on CJO2014. doi:10.1017/S136898001400072X.