



**Council before the NYC Council Committee on Veterans
Oversight: Veterans' Mental and Emotional Health
June 18, 2024**

Introduction and Thanks: My name is Catherine Trapani, and I am the Assistant Vice President for Public Policy for Volunteers of America-Greater New York (VOA-GNY). We are the local affiliate of the national organization, Volunteers of America, Inc. (VOA). I would like to thank Chair Holden and members of the Committee for the opportunity to submit testimony for this hearing.

About Us: VOA-GNY is an anti-poverty organization that aims to end homelessness in Greater New York through housing, health and wealth building services. We are one of the region's largest human service providers, impacting more than 12,000 adults and children annually through 70+ programs in New York City, Northern New Jersey, and Westchester. We are also an active nonprofit developer of supportive and affordable housing, with a robust portfolio permanent supportive housing, affordable and senior housing properties—with more in the pipeline.

The following testimony will focus on the programmatic needs of our veteran residents receiving case management and social work support at VOA supportive housing.

Background:

Volunteers of America has provided direct services to veterans since World War I. VOA-GNY carries on this legacy by offering a continuum of care to support New York City's veterans who are homeless or at risk of becoming homelessness, serving 750 veterans every year. In addition to providing acute crisis intervention, counseling, financial assistance and housing placement services to veterans in the community, we are one of the largest providers of supportive housing for veterans in New York City, Northern New Jersey, and Westchester County.

Our Supportive Services for Veteran Families (SSVF) community-based outreach program identifies low-income veteran households and connects them with a range of supportive services to promote housing stability and prevent homelessness.

Our HUD-VASH Permanent Supportive Housing provides veterans coming out of the New York City Shelter system with the option to live within our single room occupancy (SRO) residences, as well as services that support independent living in the community.

We currently operate two permanent housing residences offering a comprehensive array of case management services for veterans with significant medical and behavioral needs. Our Commonwealth Residence in the Bronx and East 119th Street Veterans Residence in Manhattan center around sensitivity to the complex struggles of veterans. Our staff coordinate medical care – including mental health and substance use disorder treatment and offer onsite case management and support services. These

facilities are city owned, making it difficult to secure financing and permission to update the buildings as we would like. The vacancy rate is higher than our other supportive housing residences due to the SRO style and aging infrastructure; these buildings can be less attractive to tenants who prefer more modern accommodations. We have had success filling vacancies more rapidly via our Street to Home pilot program which places eligible homeless adults directly into housing from the street or subways, but we have not received DSS's permission to expand this pilot to our 119th Street Veteran's Residence. Through our work with DVS we can sometimes skirt complex referral procedures to rapidly place veterans into housing but, VOA-GNY could make better use of these facilities were we afforded the opportunity to renovate them and, expand the use of "housing first" programs like street to home to streamline access to housing for all eligible New Yorkers who are currently living unsheltered.

Recreational and Clinical Programming:

Social isolation is a prominent challenge for the mental health and wellness of our clients. In addition to offering case management and social work support, we staunchly believe in the value of promoting joy through recreation programming. By hosting holiday dinners, finding ways to celebrate milestones, and providing music therapy and other community events, we have found that nothing brings our residents together more than the opportunity to break bread and share a meal with one another.

While HRA and DOHMH funding is indispensable in supplying our buildings with case management and operations staff, the service dollars in these supportive housing contracts do not cover wellness and recreational programs. First-generation supportive housing is funded at lower levels than newer programs making retaining critical support staff difficult due to a lack of funding for competitive, living wage-level salaries. As such, our recreational services are implemented by leveraging support from council discretionary dollars, corporate partners, private donors and federal grants.

One recent success driven by corporate dollars was a social event at the Commonwealth Residence where our social services team hosted a summer kickoff barbeque. Residents and volunteers enjoyed a meal together, played games and swapped stories about their service in the military. Keeping people engaged and feeling good creates opportunities for building trust and community, leading to more meaningful engagement with our program. We thank the Council for your continued attention and support of these efforts.

Currently, a federal grant allows us to augment the clinical supervision and supports provided by our central staff by deploying social workers who connect our supportive housing tenants with mental health care and assistance in navigating community care options for therapeutic services and medication management. We have also been able to enrich our veterans' programs and connect our clients to economic opportunities that enhance their wellness thanks to endeavors like the Council's generous Job Readiness and Employment Support for Veterans Initiative.

While cobbling together disparate funding sources to provide the necessary enrichment of our veterans programs is not ideal given the additional fundraising and administrative expenses involved in doing so, we strongly believe these supplemental funds are necessary to ensure the wellness of the veterans in our care. We therefore request the Council's continued support for the Veterans Community Development and Job Placement for Veterans Initiatives, which would enable us to hire a full-time Veterans Workforce Development Coordinator to build meaningful partnerships with training programs,

colleges, and employers, and develop individual and group workshops focused on wealth building and entrepreneurship for our clients.

Medical Care and Coordination:

In cases where the needs of our most acutely ill residents exceed our onsite programming, the social service teams at our sites find Assertive Community Treatment (ACT) teams to be an excellent resource. When residents with mental illness and a history of hospitalizations or violence struggle to make decisions about their care, they are issued Assisted Outpatient Treatment (AOT) orders, including court-supervised treatment plans to ensure participation in the community-based services appropriate to their needs.

However, our social service teams have identified several challenges with accessing ACT teams and coordinating care for those most in need, including those with AOT orders.

First, while the services provided by ACT teams can effectively complement our onsite social services maintaining the stability of those with acute mental health challenges, limited capacity has impeded our sites' access. We need more ACT teams to support our veterans, as settling for taxing waitlists poses critical challenges to obtaining necessary care.

Next, despite court supervision being assigned to AOT treatment plans, follow up for such orders is severely lacking. When a client disengages from their care and does not adhere to AOT, it is extremely difficult to reactivate teams and prompt follow ups. We strongly encourage the Council to examine how follow up care is or is not provided, particularly considering capacity constraints within these AOT follow up processes.

Finally, in the event that our tenants decompensate and are hospitalized, our staff experience that their analysis on clients' needs for regaining stability is rarely considered in the formation of treatment and discharge decisions. Despite our staff's expertise and intimate knowledge of each resident's needs, hospitals are often quick to discharge patients without referral to robust community care, or even fail to admit them after an acute episode, leaving our clients without adequate support.

We ask the Council to consider the operational needs of the supporting housing and services for our veterans with medical and/or behavioral needs through continued support for recreational services, and that the Council advocate for coordination with ACT teams and hospitals with deference to our residences' onsite staff clinical judgement to promote client adherence to treatment plans thus promoting accountability so no one falls through the cracks.

Legislation:

We support **Res. 440**, which would expand the U.S. Department of Veterans Affairs Home Loan Guaranty program to allow the purchase of residential cooperative housing units by eligible veterans and their households, granting veterans access to a critical share of New York City's homeownership market. As this resolution would unlock opportunities to create wealth for veterans returning from service and facilitate a smooth transition to productive civilian life, we acknowledge and applaud the Council's efforts to promote home ownership and wealth benefits for our veterans.

Closing:

We are grateful for the opportunity to walk through some of the challenges associated with supporting the mental health of our clients in supportive housing and look forward to working with the Council and Administration to improve the experience of veterans in our care. Thank you for the opportunity to submit testimony. Should you have any questions, I can be reached at ctrapani@voa-gny.org.

Respectfully submitted by Catherine Trapani, Assistant Vice President of Public Policy, Volunteers of America-Greater New York