

PRE-DECISIONAL DRAFT
Annual Ending Veteran Homelessness Working Group 2024

Key stakeholders from across the Granite State came together on the second of May at the State Military Reservation in Concord's Heritage room to collaboratively address Ending Veteran Homelessness in New Hampshire. The working group convened leaders and subject matter experts from across the community of practice with representatives from federal, state, regional, and local agencies, service and support organizations, and non-profits to cross level information about the Veteran landscape and homeless challenge, the overarching situational context from the national to state and regional levels, highlighted the top challenges, and overviewed some of the resources and support available to set conditions for the day's discussion. The annual working group focused on identification of approaches to overcome the toughest challenges facing Veteran housing stability: lack of affordable and available housing, the impact of mental health and substance use disorder (SUD), criminal backgrounds and other than honorable discharges and the increasing aging Veteran population.

The NH Department of Military Affairs and Veteran Services hosted the event with critical supporting organizational support from the Ending Veteran Homelessness in NH Project Veteran Steering Committee, the NH Department of Health and Human Services, Harbor Care, Easterseals NH, the U.S. Department of Veterans Affairs Medical Center Manchester, NH Housing, Clear Path for Veterans New England, the NH Suicide Prevention Council Military and Veterans Committee, the NH Coalition to End Homelessness, law enforcement officers from NH Department of Corrections and the Concord District Office, NH Housing, the Community Action Program Belknap-Merrimack Counties, and the NH Commission on Aging.



Affordable and Available Housing

Approaches highlighted the need to **educate and raise awareness on housing options and resources** available across the state through targeted messaging to Veterans, Care Providers,

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and Cities/Towns as part of a **public health crisis approach**. The raising awareness campaign should focus on: 1) available resources and earned benefits, to include holistic wrap around service; 2) highlight “*Veteran-Friendly landlords*” either integrating them into the NH Veteran-Friendly Business network or developing a separate initiative. 3) The campaign would provide training for landlords – military cultural training and the cost benefits of working with Veterans as well as spotlight Landlord/Veteran success stories. 4) Reinforcement of the ability to leverage existing platforms such as FindHelp.ORG as well as 5) the need for development of a comprehensive, statewide resource guide. 6) Given dynamic environment associated with rentals, the very real need for a near real time website with a common operational picture on statewide housing availability that Veterans, Care Providers, and Service Organizations could all leverage. While some cities have this capability, and NH Housing serves as a central access point that is leveraged through Regional Access Points with some triage capability existing, there is not a statewide Common Operational Picture of the available resources, program status, grants, and explanation of programs like SSVF, GPD, HUD-VASH, rapid rehousing... maintaining a “list of landlords”, “Distribution List” for key stakeholders. 7) While the working group didn’t include any Information Technology experts, with the thought of addressing the dynamic NH Housing market that the approach could benefit from Artificial Intelligence based system.

Perhaps one of the most discussed approaches was **increasing greater collaboration between care providers, service organizations, welfare offices and landlords** – creating greater shared understanding of the situation and seeking “win win” approaches that might be leveraged. This included the development of **incentives for landlords** that included addressing the long term and economic benefits of housing Veterans supported by Care Providers. Examples of **Landlord Incentive Programs** included: NH DHHS Bureau of Homeless Services’ landlord incentives, NHHFA and Manchester Housing LIPs, Granite United Way Landlord Incentive Programs. A “housing readiness” certificate program was discussed with the goal of assisting Veterans to be more marketable to landlords

Policy. The need to develop greater advocacy in City/Town strategic planning and zoning efforts was identified through the much of the day’s discussion. Examples of policy changes ranged from mixed use/multi-family housing, numbers of parking spots, sprinkler system requirements, the need to address 1000 square foot *Tiny Homes* and other non-traditional means. Approaches included 1) requiring the relevant planning and zoning boards to have representation from Veterans, homeless lived experience, and inclusion of the growing aging demographic (~75% of Veterans are 55 and older). 2) The intent to advocate for changes in policy enabling greater affordable housing but acknowledging and emphasizing that all new housing is “good housing” as it opens up capacity elsewhere. 3) Engagement with NH legislators supporting affordable housing legislation such as a bill pending NH legislation is HB 1291, seeking to increase the number of accessory dwelling units (ADUs) allowed by right from one to two. This bill also increases the maximum square footage from 750 square feet to 1,000 square feet (and 850 square feet for a second unit). The bill then sets other regulations municipalities can and cannot require for ADUs. 4) There were several recommendations from providers to streamline approaches including standardized application processes for (CITE WHICH SPECIFIC APPLICATIONS SHOULD BE STANDARDIZED OR IMPROVED).

Data, Business Models, and Landlord Incentives. The advantage of leveraging a business model approach was raised several times. Thoughts included raising income levels of the Veteran and addressing landlord economic incentives through a variety of means such that within the context of the acute housing shortage in the state (.05 rental availability and months to

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years awaiting vacancies and/or resource wait lists) it could be time to consider at least having the discussion on the pro's and cons of rent control legislation within this economic lens.

The health crisis associated with housing instability drives the need for non-traditional, innovative and transformative solutions. Options discussed included 1) the potential to leverage *short term rental markets* capacity as well as *extended stay motels* through collaboration with regional associations of landlords and sharing the cost benefit analysis' positive return on investment. Examples included leveraging small number of rooms in Extended Stay Motels, Apartment Complexes, Air BnBs... which over the long term, regardless of occupancy was more cost beneficial than periodically using short term stints. Examples raised included transient apartments in Henniker, areas near the Seacoast in Dover and Durham developing workforce housing as well as the North Country (Conway on route 16 near Army barracks?). 2) Approaches also addressed *abandoned or city/town owned surplus properties* which might be leveraged, with the belief that Manchester was exploring this approach for land and warehouses as an option in support of homelessness initiatives. 3) *Tiny Homes*, were discussed as a potential model that might be exploited through multiple avenues in terms of higher capacity per square foot and smaller footprints requiring less infrastructure support and the potential to facilitate positive mental health building through bridges across the occupants in these smaller scale communities, particularly for those transitioning from shelters or outright homelessness rather than larger apartment and housing complexes. It was acknowledged that *Tiny Homes* hadn't received the positive general acceptance as it has on the West Coast but that there is some anecdotal indications they are slowly beginning to become more mainstream in this area. Harmony Homes of Durham was cited as a positive example of this approach. The project has tiny homes and subsidizes the rent if a tenant works there. Harmony Homes did have to go to Dover zoning board for approval and now has a waiting lists that includes out of state requests. The potential to leverage faith based charities in addition to typical Veteran Service Organizations. 4) Manchester's Liberty House, part of the Catholic Charities, was cited as an example of providing holistic support to housing stability challenged Veterans. A discussion on the feasibility and cost benefit nature of engaging owners of ABnB's to switch from short term rentals to long term rentals for veterans knowing that they will get guaranteed income from the vouchers and likely a good tenant when renting to a veteran.

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Mental Health Care/Substance Use Disorder (SUD)

Central Idea. Improving timely access to care was a priority issue addressed as the discussion focused on placing Veterans with mental health and substance use disorders in stable and permanent housing through **development of educational campaign using a Public Health Approach** was the central focus from the discussion.

1) The educational campaign should focus on *increasing knowledge of resources* and *reducing stigma* associated with housing instability and the need for mental health/SUD support through **the lens of a Public Health issue**. The campaign should **target** employers, city/state governments, systems of care, media coverage, Veterans and family members. These actions encompassing Primary Care Physician facilities, service providers, landlords, and justice programs included quality onboarding (training, licensing, college courses, and professionally required training). Training might include CEU credit and could model professional examples such as the NH Department of Safety's Fire Academy. The campaign would **raise awareness** on the resources and earned benefits available and target implementation across State government, cities, and NH's Veteran Friendly Businesses. Communication and collaboration, with an emphasis on using the same language/common terms of reference given the requirement for communication across multiple, disparate communities of practice.

Increasing access to Mental health care. Anecdotal observations shared a 4-8 month wait for initial appointment and the situation getting worse across the state and the region. There were questions and concerns with respect to what NH state was investing in toward improving this capacity challenge to enable making the Granite State more attractive to out of state care providers. Approaches included 1) leveraging a "Choose NH" like campaign to highlight the positive benefits of practicing in NH. 2) Another approach cited SAMSHA grants addressed student loan forgiveness of care providers who practiced in the state for a set number of years 3) Observations addressed House Bill 1190, a proposal for legislation facilitating the ability of providers to operate across state boundaries providing continuing care for people travelling out of state to other states, transient military families, and college age students maintaining care should they go to out of state schools.

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The development of **nuanced and targeted approaches** were addressed to facilitate optimizing limited resources and negative trending capacity concerns. These types of approaches would 1) **customize care levels** based upon the level of care required, 2) implement better case management enabling spanning care from the more intensive challenges of individuals to a broader level of group care. 3) Other examples included National Alliance on Mental Illness (NAMI) NH's peer to peer support and the Massachusetts based "*Building Bridges*" Veteran's Initiative addressing veteran social isolation, depression, Post-Traumatic Stress and suicide risk that so often accompany military service. Seeking ways to genuinely thank veterans for their service, *Building Bridges* creates veteran communities around a weekly or monthly meal, resulting in an organic development of peer support and mutual healing. There was also discussion on approaches to 4) ensure consideration, gaining a better understanding of and incorporating the applicable mental care support requirements for the growing population of aging Veterans. U.S. News and World Report, highlighted Continuing Care Retirement Communities in Massachusetts as a "Best Senior Living", where there are 26 communities across the state promoting resident satisfaction with safety, value, care giving, food, dining, and more – with a program to pay a person to live in a home to support a Veteran in need of support services.



Criminal Backgrounds

Criminal background challenges of Veterans was cited as the most significant factor in terms of "hardest to house" requiring **non-traditional approaches for housing**. Approaches included 1) funding by non-traditional sources for *transitional housing* for Veterans leaving incarceration that included wrap around services. This temporary housing enables Veterans having served their time transition incrementally back into society after time spent in more institutionalized confines. 2) Transformational housing initiative examples included "pallet shelter" villages and "tiny houses" compounds. Job Corps was cited as a potential option for transitioning younger Veterans transitioning from incarceration or experiencing challenges with the legal system – there was a question as to the age bracket if any, we could approach them to see if they would make an "older" dorm for Veterans– as the issues was maybe a 70 year old would not want to be rooming with multiple 17 year olds, although some thought that this wouldn't be an issue... Another example of an innovative approach included Belknap County's use of a QR code highlighting homeless resources rather than issuing summons for minor nuisance infractions.

Collaboration across the communities of practice. Probably the most emphasized approach centered around 1) the need for **homeless providers and law enforcement to collaborate early in the process**, in advance of release from prisons on specific case management, "...engaging at least a month in advance of release..." 2) The need for homeless care providers, Veteran Service Organizations to work with and **develop relationships and networking** with Parole/Probation Officers, prison and confinement facility staff and to educate them on the services available and facilitate the Veteran's transition to include facilitation of inmates pending parole required to have a legitimate address prior to being released on parole. The other relative paradigm shift that is already occurring is the language used in dealing with people caught up in the justice system, is 3) making them "**partners**" in development of the solution. The subject matter experts posited that to be truly successful, requires the collective efforts not only of the care provider and probation/parole officer but the parolee. The recognition of this collaboration as necessary to shape conditions for success and minimize recidivism wasn't always the case, but anecdotally pockets of improvement are occurring around the state. Ultimate the assessment was that the process, including the Coordinated Entry System, is okay, "...about as good as it gets..." but the **necessity to re-examine the endstate**, requiring a paradigm shift from the current approach in which the transitioning Veteran has no options.

An example of a **broader, systematic approach realizing success in today's environment** comes out of a Massachusetts court's implementation of NH's Ask The Question campaign ("Have you or a family member ever served in the military? The answer to the question enabling the follow-on discussion and access to more cultural competent care and support, earned benefits and resources). The Lawrence District Court "Asks the Question" where Veterans caught up in the justice system due to Service Connected challenges are entered into a separate "Veterans Court track", where Veterans receive wrap around services including mentors, and successful completion of the program includes a recognition ceremony and in some cases expunging of the infraction.

While **legal assistance programs available to Veterans**, anecdotal feedback was these types of initiatives are dwindling. Two examples were raised including 1) the **U.S. Veterans Administration's Veteran Justice Outreach** and 2) **NH House Bill 1589 Relative to Veterans Treatment Court**. The Veterans Justice Outreach Program's intent is to identify justice involved Veterans and contact them through outreach, in order to facilitate access to VA services at the earliest possible point. Veterans Justice Programs accomplish this by building and maintaining partnerships between VA and key elements of the criminal justice system. Examples in NH of a "Veterans Treatment Court" were cited in Manchester, Nashua, and Rockingham County and a work in progress in Merrimack. Additionally, NH House Bill 1589 seeks to establish a Veterans Treatment Court A whereby a superior or circuit court shall establish at least one veterans court in one circuit court or superior court in each county. The veterans court shall adjudicate, depending on jurisdiction, misdemeanor and felony cases and monitor treatment of veterans and active duty military members with mental illnesses, substance abuse issues, housing instability or homelessness, job instability or unemployment, or a combination of the aforementioned, in an effort to help veterans avoid behavior that would otherwise result in criminal conduct.

Policy. Identification of the "Right types of Housing" was identified along with the requirement for changes in policy – perhaps with support from NH's Continuum of Care changes could be made HUD in policy facilitating that effort. **SPECIFIC EXAMPLE OF A POLICY CHANGE**. Additional policy discussion addressed the need for HUD to make changes in guidelines that

support enhanced training requirements for those who work in this system along with administrative upgrades **(PLEASE PROVIDE SOME ADDITIONAL DETAIL)**.

Data driven resourcing. The need for developing higher fidelity and more nuanced understanding of the situation was cited a number of times throughout the day as a way to apply limited resources in a targeted manner. One of the means to increase the availability of data informed decisions was through the **conduct of a formal survey**. The current focus of resources is centered on Veterans leaving incarceration, but gaps were identified at other transition points such as pre-trial confinement, where not a lot of control appears to be exercised, as well as when pending sentencing confinements – when the inmate being released into society may have no advance notice which might enable coordination for resource supports. **Street Outreach** was as a contingency might be able to provide some **triage capabilities** but prior notification and coordination would be much more effective. Data would also facilitate targeting investments in evidenced based successful programs and initiatives demonstrating positive returns on investments.

Aging Veteran Population

NH's population is consistently cited as one of the oldest median aged state in the nation, with recent statistics showing NH as the second oldest after Maine and Vermont as number four. Granite State Veterans are a reflection of the state's general population. Most data points indicate that 70% or more of NH Veterans are 55 and older. This growing segment of the population comes with different requirements and challenges. A greater percentage are on fixed incomes, generationally have lived in the same house or town for the majority of their lives, and are most susceptible to influences of the housing market, both in terms of ownership and rentals. There are often physical limitations requiring handicap accessible ramps, hand rails, sidewalk cutouts and broader and more robust community support systems and potential for home care around this demographic. Many transient and emergency shelters are not equipped to adequately address more aged demographics. Additionally, isolation, particular in rural areas was identified as a challenge amplified as one grows older. Bottom line, we must reframe the discussion more positively, consider the implications of an age demographics and housing needs to be "age-ready housing". That is a term the US census uses:
<https://www.census.gov/newsroom/press-releases/2023/aging-ready-homes.html>

Raising awareness with the general population about this rising trend in NH is important, educating them on how we should talk about age as an influencer of the net results with the subject matter experts guiding we "**reframe language associated with aging**", characterizing the positive and actively work to minimize the stigma surrounding aging, that getting older is not a bad thing, using term like older adult versus elderly, senior citizen, old person...

Older Adult Housing Consideration included 1) plans need to be designed to allow older adults to live in less maintenance intense units, with one floor living, wider openings in bathrooms to enable wheelchair and disability maneuvering. 2) Attempts should be made not to isolate older adults to senior living areas as this can isolate them from familiar or multi-generational communities. Many older adults want to live and contribute to communities, to be a part of it. This also might include co-locating near transportation options. 3) Allow more ADU's to be built so that they can stay near to family and supports. Investments in the *home share* idea matching people looking for a place to live in a larger home that an older adult has so that they can age in their home and have a someone helping to take care of their daily needs. While it

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likely does not make sense for a person experiencing homelessness, who may need wrap around services, to jump into a HomeShare arrangement, if there were more HomeShares happen in NH, it could free up capacity for other housing alternatives enabling for the broader market as an affordable option. Info on HomeSharing from HUD: <https://www.huduser.gov/portal/casestudies/study-09282016-1.html> and HomeShare International: <https://homeshare.org/> and a directory of homeshare programs across the US: <https://nationalsharedhousing.org/program-directory/> 4) Shared housing could assist with the aging population and there are some programs (**name of the program?**) incentivizing taking in an an elder equating to monetary reimbursements. An emphasis was also placed on the criticality for much earlier consideration and planning for housing requirements. 5) The *Homeshare Program* supports older adults with larger houses who need some assistance with daily living to stay in their home.

Earlier in the discussion on affordable and available housing, there is discussion of development of a near real time maintained resource guide. NH DHHS, Director, Division of Longer Supports and Services is orchestrating an effort for a similar movment to build more robust information and referral resources for older adults. Given so many veterans are older adults, it might make sense to collaborate across these lines of efforts.

Way Ahead

The efforts from the working group facilitate the ability to further develop and operationalize sustainable solutions to more quickly house a Veteran should they experience homelessness or be at risk of experiencing homelessness and transition them to permanent housing stability and the broader fight to end Veteran Homelessness in the Granite State. The results of the working group enable sharing recommendations with leaders from across the state at the annual Ending Veteran Homelessness in NH Summit at the Puritan Conference Center in Manchester on 4 June. Results from the Summit will be shared with NH leadership and the community of practice for integration in mission analysis, alignment with strategic plan development, and operationalization of solutions for implementation across the Granite State.