

Veterans –Homelessness Report

Point in Time Homeless Survey and Count – January 23, 2014

- Known location methodology
- Unusual circumstances this year

Homeless:

A person sleeping in a place not meant for habitation OR living in a homeless shelter.
Most move in and out of homelessness.

- The Department of Veterans Affairs (VA) is committed to ending homelessness among veterans by 2015, but there is *a subset of the homeless veteran population that is slipping through the cracks: **the most vulnerable homeless veterans.***
- These men and women face complex issues that have kept them trapped in the cycle of homelessness and in a *“**revolving door**” of crisis service systems for decades.*
- If we cannot create the right kinds of housing and services models for the most vulnerable now, we risk allowing the newer generation of veterans returning from current conflicts to become tomorrow’s vulnerable long-term homeless veterans.
- The Department of Veterans Affairs stated last year that the number of homeless veterans nationwide had dropped by over 55,000. This is partially due to new funds being initiated into communities around the nation. Unfortunately we don’t see that trend in Tyler/Smith County, **at this point, 31% of our surveyed population are classified as veterans**, a 10% increase over last year.

Facts about the Smith County homeless veteran subpopulation:

- Make up 31% of the Smith County homeless population – 65 individuals
- 31% were activated as member of National Guard or Reserves
- Years of service ranged from 2 to 24 years. Median 4 years
- Ages ranged from 22 to 75 years old – Median age was 55
- 52% Black 48% White
- 97% Male 3% Female
- 95% single
- 5% have children

Living on the Street

- 12% are living on the streets
- 17% in permanent supportive housing
- 49% in emergency shelter

Newly Homeless

- 26% are homeless for the first time

Chronically Homeless

- 35% are chronically homeless

Reasons they became homeless

- 22% became homeless because of unemployment
- 21% became homeless because of inability to pay rent or mortgage
- 10% became homeless because of physical and/or mental illness

Education

- 14% have Bachelor or Master degree

Employment

- 10% are employed fulltime
- 63% are able to work
- 69% are unemployed

Health

- Medical care - 31 needed and 29 received it
 - 25% have a chronic physical illness
- Dental care - 22 needed and 6 received it
- Mental care - 21 needed and 17 received it
 - 25% suffer from serious mental illness
 - 12% suffer from PTSD
- Substance abuse care – 14 needed, 12 received it
 - 30% suffer from addiction

Benefits

- 53% do not receive VA benefits

Housing Services for Veterans

- HUD VASH – permanent supportive for chronically homeless
- Salvation Army – new program – prevention and rapid re-housing
- Andrews Center – 90 day shelter



Recommendations

National, State, and Local Plan

The East Texas Human Needs Network plan follows the models established by the Federal Strategic Plan to Prevent and End Homelessness and the Texas Interagency Council for the Homeless Annual Report and Pathways Home Addendum.

The plan presents strategies building upon the lesson that mainstream housing, health, education, and human service programs must be fully engaged and coordinated to prevent and end homelessness, including:

- **Increasing leadership, collaboration, and civic engagement**, with a focus on providing and promoting collaborative leadership at all levels of government and across all sectors, and strengthening the capacity of public and private organizations by increasing knowledge about collaboration and successful interventions to prevent and end homelessness.
- **Increasing access to stable and affordable housing**, by providing affordable housing and permanent supportive housing.
- **Increasing economic security**, by expanding opportunities for meaningful and sustainable employment and improving access to mainstream programs and services to reduce financial vulnerability to homelessness.
- **Improving health and stability**, by linking health care with homeless assistance programs and housing, advancing stability for youth aging out of systems such as foster care and juvenile justice, and improving discharge planning for people who have frequent contact with hospitals and criminal justice systems.
- **Retooling the homeless response system**, by transforming homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.