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Testimony given to The Honorable Members of the Martin Luther King County Law, Justice, Health and Human Services Committee July 27, 2010

My name is Paul Lambros and I am the Executive Director of Plymouth Housing Group, a nonprofit provider of permanent supportive housing for formerly homeless people. We were established in 1980 in response to the increasing numbers of homeless people living on the streets of our community. Today, we own and manage 12 buildings that provide 1,000 units in and around downtown Seattle. Our model is to move homeless people directly off the streets and into permanent supportive housing.

Plymouth does not require that homeless individuals meet any pre-conditions to obtain Plymouth's housing other than being homeless, having extremely low income and having few other choices. Consequently, we house people with conventional barriers to housing – such as multiple and complex behavioral health issues, chemical addictions, and criminal histories. Once housed, we work with people to enhance the quality of their lives and to reduce harm from poor self-care and/or chemical dependency.

You may have heard of this type of program described recently as a Housing First model – this is the belief that lasting life-changes are much more likely to occur <u>only after</u> a person has had their most basic need met – the basic need to have a safe, secure place to call 'home'.

Plymouth has developed a number programs to move various subgroups of people off the streets into supportive housing: high utilizers of emergency medical and homeless systems, people being discharged from medical respite onto the streets, and jail recidivists. These programs have shown dramatic cost reductions in community services such as emergency room and inpatient admissions, and the sobering center.

Plymouth Housing Group received \$500,000 in Veterans Levy funding to complete its Simons Senior Apartment project in downtown Seattle which opened for services in January of 2008, with 23 apartments set-aside for homeless U.S. military veterans. In particular, we focused on veterans whose struggles with mental illness, addictions and physical disabilities, compounded by their lack of housing, resulted in high utilization of emergency medical and psychiatric services in the VA system and mainstream institutions.

While the Simons Senior project reserves 25% of its 92 apartments for homeless veterans, close to 50% of the buildings tenants are veterans. As with all our projects, the goal is to help each veteran to move into permanent housing, and to receive the services that they need to successfully remain in housing and stop the cycle of homelessness. Plymouth has had tremendous success in housing stabilization over the years, a fact that we attribute to providing services on-site where the individual lives.

Services funding from the City of Seattle and United Way allows us to provide the housing case management which make housing success a reality for veterans: this includes 24/7 front desk security and a Case Manager who is a veteran, and who specializes in this area of work. He collaborates extensively with the Veterans Administration and King County Veterans Program to ensure that our veterans are connected to services that understand the unique veteran culture.

An evaluation of the Simons program, released earlier this year, noted that:

- 94% of the veterans, most of whom had been homeless for many years, remained in housing 12 months or longer; two years later 80% of the original cohort remains housed with Plymouth
- VA Emergency Department contacts fell by 59%
- VA hospital admissions fell 65% and hospital days fell by 84%. And, it is important to note that all admissions post-housing were facilitated by primary care instead of costly emergency channels as occurred while homeless.
- Of the initial tenants who occupied the set aside units, sobering center contacts went from 926 visits (by 20 people) the year prior to housing and to 20 visits (by 4 people) the first year they were housed.
- The Program cost for each individual in the year following move-in was \$10, 680; the year prior to move-in cost taxpayers close to \$16,000 per person for emergency medical and homeless services a savings of over \$5,000 per person annually.

I have attached to my testimony short stories about several of our Veterans at Simons. One that deeply affected me took one of the last spots in the new Simons Apartments. Karl is 70 years old, a Korean War Veteran, who had cycled in and out of housing for years and years. His paperwork was being approved and he was ready to move in but the night before he was due to move in he had to leave a shelter for being too intoxicated. That night we had below freezing temperatures, and our staff worked with the shelter staff to find Karl and moved him in that night.

It continues to be clear to us that approaching homelessness from a Housing First perspective is a best practice in assisting people to get off, and <u>stay</u> off, the streets. On-site services are absolutely integral in supporting individuals to make lasting changes in their lives in a manner that is tailored to their special needs. Those of us who offer housing and services to people who are homeless could not accomplish this without the type of resources made available by taxpayers through the Veterans and Human Services Levy. My deep appreciation goes out to each of you for your work in attaining (and maintaining!) this Levy.

Submitted with respect,

Paul Lambros
Plymouth Housing Group

Veterans' Stories

These are all veterans who live in **Plymouth Housing Group** buildings. For more information, see www.plymouthhousing.org.

<u>Karl</u>, a Korean War veteran, was referred for housing in the Simons Senior Apartments and completed the documentation necessary to move in. However, when staff tried to locate him to let him know that his application was approved, they learned that he had been asked to leave the transitional shelter where he'd been staying because he was intoxicated. He would be sleeping on the streets that night.

Staff from PHG's rental office, the Simons building manager and the social services program manager worked with the transitional shelter to locate Albert. They were able to find him sleeping on the street late at night, and they got him moved in. It was just in time—the temperature dropped below freezing that night. With the amount of alcohol in his system, we believe that Karl might not have survived until morning.

Ron, a Vietnam veteran, spent several years in Houston, caring for his elderly mother and working part-time jobs. After his mother died in 2006, he took a bus to Seattle where his brother was living. Richard found hotels too expensive, so he slept in homeless shelters and did odd jobs to save money for an apartment. But after he developed pneumonia, his health went downhill and he was diagnosed with diabetes. Health problems notwithstanding, Ron volunteered in the kitchen at one shelter and the staff there helped him look for housing.

Ron moved into the Simons Senior Apartments when it opened in early 2008. Supportive services there include assistance with economic and health issues—including an onsite nurse to help Ron monitor his diabetes and keep it under control. That's now easier to do because he has a kitchen and can cook for himself—something he missed when he was homeless.

<u>Phil</u>, who is a new tenant, was homeless for 19 years before he moved into the Simons; he had had 2 strokes and had an addiction to crack. He has been a model tenant since he moved in: he does not use crack, pays his rent, follows the building's rules, and keeps his apartment clean.

<u>Rich</u> had no income when he moved into the Simons. When he turned 62, he was assisted in claiming his Social Security benefits, and in qualifying for a VA pension. Now he receives entitlements of \$985/ month. A few months ago he went east to visit family for 6 weeks. He says he isn't drinking nearly as much as he was when he lived on a mat in a homeless shelter.

<u>Veronica</u> had been homeless for 2 years. While she is very social and pays her rent on time, she has a hoarding disorder that creates hazardous conditions in her apartment. With support and guidance, she secured a chore worker to clean and pick up her apartment, using her own money. She has been in the Simons for over 2 years.