

## VETERANS

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### What do we know about veterans and homelessness?

In 2015, nearly 133,000 veterans used a shelter at some point during the year, making up 11.5 percent of the sheltered homeless adult population. Veterans account for 9.2 percent of the U.S. adult population, indicating they are overrepresented among those experiencing homelessness.<sup>1</sup> The vast majority of homeless veterans are individuals on their own (97%), and most (more than 90%) are men—a figure in line with the gender distribution for all U.S. veterans.<sup>2</sup> Almost half of veterans experiencing homelessness served during the Vietnam era.<sup>3</sup>

According to the 2015 Annual Homeless Assessment Report, veterans who experience homelessness differ from their housed peers in several important ways. Veterans who experience homelessness tend to be younger than the majority of U.S. veterans. The largest cohort of sheltered veterans (43.4%) was between the ages of 51 and 61, whereas the largest share of veterans overall is 62 or older (54.8%). Homeless veterans are also much more likely than veterans overall to identify as black or African American, to have a disability, and to be located in cities rather than suburban and rural areas.<sup>4</sup> In this way, they are more similar to the non-veteran homeless population than to other veterans.

### Who are “homeless veterans”?

The term “veterans” refers to individuals who served at least one day of active duty in the Armed Forces, regardless of discharge status, length of service, potential re-activation status, and eligibility for benefits from the VA.

- Throughout the year in 2015, more than 132,800 veterans accounted for 11.5 percent of all sheltered homeless adults.
- On a single night in January 2016, 39,471 veterans were experiencing homelessness; one in three was in an unsheltered location.
- Nearly all veterans experiencing homelessness are individuals (rather than in families).
- More than 90 percent of homeless veterans are men.

*All figures from the 2015 and 2016 Annual Homeless Assessment Reports to Congress.*

<sup>1</sup> Solari, Claudia D., Sean Morris, Azim Shivji, and Tanya de Souza. [The 2015 Annual Homeless Assessment Report \(AHAR\) to Congress, Part 2: Estimates of Homelessness in the United States](#). October 2016. U.S. Department of Housing and Urban Development.

<sup>2</sup> Henry, Meghan, Rian Watt, Lily Rosenthal, and Azim Shivji. [The 2016 Annual Homeless Assessment Report \(AHAR\) to Congress, Part 1: Point-in-Time Estimates of Homelessness](#). November 2016. U.S. Department of Housing and Urban Development.

<sup>3</sup> [FAQ About Homeless Veterans](#). National Coalition for Homeless Veterans.

<sup>4</sup> Solari, Claudia D., Sean Morris, Azim Shivji, and Tanya de Souza. [The 2015 Annual Homeless Assessment Report \(AHAR\) to Congress, Part 2: Estimates of Homelessness in the United States](#). October 2016. U.S. Department of Housing and Urban Development.

Apart from the simple lack of affordable housing, researchers have identified the following risk factors that directly or indirectly influence a veteran's ability to secure and maintain housing and cause greater risk for homelessness. These include when he or she enlisted and the type of deployment, as well as personal issues that may come into play prior to entering military service, while in the military, or after the period of service:<sup>5</sup>

#### ***Pre-military risk factors***

- Adverse childhood experiences such as abuse and neglect and parental substance abuse
- Low income, poverty, and unemployment
- History of criminal activity and incarceration prior to enlistment

#### ***Military risk factors***

- Military service since the advent of the all-volunteer force (vs. subject to military draft)
- Service in Operation Enduring Freedom and Operation Iraqi Freedom (among veterans who have served since September 11, 2001)
- Exposure to combat-related traumatic events
- Problematic military discharges

#### ***Post-military risk factors***

- Mental health disorders and psychosocial disorders, including Post Traumatic Stress Disorder (PTSD)
- Neurological deficits resulting from combat-related injuries, including traumatic brain injury
- Social isolation and weaker social support networks following an extended separation from family and friends during deployment
- Low income, poverty, and unemployment
- Substance abuse, including as a result of exposure to war-zone stress

In a systemic [review of more than 30 studies](#), Tsai and Rosenheck (2015) found the “most consistent” evidence shows that substance abuse and mental health problems (particularly psychotic disorders such as schizophrenia) are the primary risk factors preceding homelessness among veterans. Low income, poverty, and other income-related factors such as unemployment were also found to be risk factors. Notably, these risk factors are not unique to veterans, and are consistent with findings for the general population. A diagnosis of PTSD did not appear to be a greater risk factor than any other mental health disorder, and no association was found between combat exposure and homelessness among Vietnam-era veterans.<sup>6</sup>

However, closer analysis of these and other risk factors points to ways that they interact to increase vulnerability to homelessness among veterans. For example, Tsai and Rosenheck did not find evidence of a greater risk of homelessness among veterans of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) relative to veterans from other eras of service. However, OEF/OIF veterans *were at*

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<sup>5</sup> This list is compiled from factors mentioned in Tsai, Jack and Robert A. Rosenheck. [Risk Factors for Homelessness Among US Veterans](#). *Epidemiol Rev.* 2015; 37: 177-195. doi: 10:1093/epirev/mxu004.

<sup>6</sup> Tsai, Jack and Robert A. Rosenheck. [Risk Factors for Homelessness Among US Veterans](#). *Epidemiol Rev.* 2015; 37: 177-195. doi: 10:1093/epirev/mxu004.

greater risk of homelessness compared with non-OEF/OIF veterans from the same era. Possible explanations include greater exposure to war-zone stress, contributing to mental health issues and drug or alcohol abuse problems; lengthy war-zone deployments that contribute to the dissolution of social support networks following discharge; and increased likelihood of traumatic brain injury and other neurological deficits.

Era of service and pre-military risk factors also play a role. With the advent of an all-volunteer military, those who enlist may be more likely to be “escaping” difficult circumstances, complicating efforts to isolate the risk factors directly related to military service.<sup>7</sup> An analysis based on data from four surveys of homeless people in the mid-1980s looked at a series of age-race cohorts to see how the proportion of veterans experiencing homelessness compared with the proportion of veterans in the same cohort in the general population. The researchers found that, at that time, veterans represented a disproportionate share of the homeless male population relative to their share of the general population, with the largest difference among white male veterans age 20-34 (33.7 percent of homeless white men age 20-34 were veterans, compared with 9.6 percent of non-homeless men in the same age-race cohort). Veterans in this cohort were among the least likely to have seen combat or served during wartime, suggesting that their psycho-social challenges are likely not attributable to combat stress but instead to their pre-recruitment environment.<sup>8</sup>

In a [special supplement](#) to the 2010 Annual Homeless Assessment Report, researchers looked at the likelihood of homelessness among female veterans. While male veterans tended to be at lower risk of homelessness than their non-veteran peers, female veterans were twice as likely as female non-veterans to experience homelessness, and female veterans in poverty were three times more likely to experience homelessness than female non-veterans in poverty.<sup>9</sup> Byrne et al. (2013) examined 26 studies in a systematic review of the literature on homelessness among female veterans, to better understand the unique challenges and risk factors experienced by female veterans.<sup>10</sup> The authors found that female veterans who were homeless tended to be younger than their male peers, with higher rates of unemployment and mental health problems but lower levels of drug or alcohol dependence or abuse. Risk factors found to increase the likelihood of homelessness among female veterans included those identified for all veterans regardless of gender (e.g., unemployment, mental health disorders), as well as sexual assault or harassment during military service and poor health status.

### **What programs help veterans who are experiencing homelessness?**

Homelessness among U.S. veterans has received special attention in recent years, and the federal investment of resources in programs for this population has been significant. Based on findings from the most recent point-in-time count, the attention and commitment of resources have paid off. While the

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<sup>7</sup> Tsai, Jack and Robert A. Rosenheck. [Risk Factors for Homelessness Among US Veterans](#). *Epidemiol Rev.* 2015; 37: 177-195. doi: 10.1093/epirev/mxu004.

<sup>8</sup> Rosenheck, Robert, Linda Frisman, and An-Me Chung. The Proportion of Veterans among Homeless Men. *Am J Public Health.* 1994; 84: 466-469.

<sup>9</sup> [Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress](#). U.S. Department of Housing and Urban Development & U.S. Department of Veterans Affairs.

<sup>10</sup> Byrne, Thomas, Ann Elizabeth Montgomery, and Melissa E. Dichter. [Homelessness Among Female Veterans: A Systematic Review of the Literature](#). *Women & Health* 53(6): 572-596. doi: 10.1080/03630242.2013.817504.

overall number of people experiencing homelessness in the United States fell by about 14 percent between 2010 and 2016,<sup>11</sup> homelessness among veterans declined by 47 percent.<sup>12</sup>

Veterans have access to a network of services and benefits, including insurance programs, scholarships, and home loan guarantees. Along those lines, while veterans experiencing homelessness can and do participate in mainstream programs, they may also be eligible for a range of programs designed specifically to assist homeless and at-risk veterans. These programs build on the separate systems of health care and other benefits that are managed and implemented by the Department of Veterans Affairs (VA) and have been instrumental in reducing the number of veterans who experience homelessness.

Programs targeted to homeless veterans cover a range of interventions, from emergency responses through the crisis response system to transitional programs to permanent housing assistance and supports:

- VA Health Care for Homeless Veterans program (HCHV), which funds critical emergency shelter and outreach services for veterans experiencing homelessness. With HCHV funding, VA Medical Centers contract with a network of local service providers to offer exams and treatment, rehabilitative services, referrals, case management, and immediate housing placement. A rule change in 2015 broadened program eligibility by removing a requirement that veterans be diagnosed with a serious mental illness or substance use disorder in order to qualify for assistance.
- [Homeless Providers Grant and Per Diem](#) (GPD) program, which was introduced in 1992 as a pilot program to provide funding for time-limited transitional housing for veterans. Capital grants help to fund the cost of creating service centers or transitional housing for homeless veterans, while per diem reimbursements cover ongoing operating costs.<sup>13</sup> This temporary housing is expensive to maintain and is often not used very effectively—many veterans stay for longer periods of time in order to get their clinical needs met, rather than quickly transitioning to permanent housing and having those needs met in outpatient or through in-home services. In 2016, VA began a [major transformation](#) that shifts the GPD program to a Housing First model, in keeping with an overall move within the department to align VA homeless assistance programs with evidence-based practices and focus them on achieving the federal goals to prevent and end homelessness among veterans.
- Supportive Services for Veteran Families (SSVF) program, which is administered by VA and provides grants to community-based non-profits for rapid re-housing and homelessness prevention services for veterans. Since program inception in FY 2012 through FY 2015, the program assisted nearly 240,000 Veterans, 64 percent of whom received rapid re-housing assistance, while the balance received homelessness prevention assistance. (Despite the program's name, most of the beneficiaries are individuals, reflecting the overall composition of

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<sup>11</sup> Henry, Meghan, Rian Watt, Lily Rosenthal, and Azim Shivji. [The 2016 Annual Homeless Assessment Report \(AHAR\) to Congress, Part 1: Point-in-Time Estimates of Homelessness](#). November 2016. U.S. Department of Housing and Urban Development.

<sup>12</sup> ["Ending Veteran Homelessness."](#) Web page updated January 2017. U.S. Interagency Council on Homelessness.

<sup>13</sup> Perl, Libby. [Veterans and Homelessness](#). Congressional Research Service. March 2015.

homeless veterans.) The SSVF program has grown fivefold since its start in 2012, and in FY 2015 more than \$390 million was awarded to 407 grantees.

- Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH), a program that is jointly administered by VA and HUD. HUD-VASH pairs tenant-based rental assistance provided by HUD through local public housing agencies (PHAs) (following the Housing Choice Voucher model) with case management and clinical services provided by VA. Local VA medical centers screen veterans for program eligibility, and then make referrals to the partnering PHA. This is increasingly being done in coordination with local Continuums of Care as part of community-wide coordinated entry systems. The program began with three rounds of competitive distributions in 1992, 1993, and 1994 and a total of approximately 1,750 vouchers. Following those initial distributions, no new HUD-VASH vouchers were funded until FY 2008.<sup>14</sup> Since 2008, more than 85,000 HUD-VASH vouchers have been funded, with most of them helping veterans who have experienced chronic homelessness.
- Homeless Veterans' Reintegration Program (HVRP) is a competitive grant program administered by the Department of Labor. First authorized in 1987, HVRP helps homeless veterans re-enter the workforce. Eligible applicants include state and local Workforce Investment Boards, public agencies, and for-profit and non-profit organizations, which use program funding to provide a variety of services using a case management approach. These range from career-oriented services such as job placement, job training and development, career counseling, and resume preparation to supportive services including provision of or referral to housing, referral to medical or substance abuse treatment, and transportation or clothing assistance.<sup>15</sup>

As a nation, we feel a special obligation to make sure members of the Armed Forces can lead healthy, productive lives following their service. When a veteran experiences homelessness that is a signal we have failed to meet our obligation. The following sections describe what we know about homelessness among veterans, the effectiveness of programs currently available to address this special population, and gaps in our knowledge to be addressed by further research.

### **What is the evidence base?**

Recent successes in housing veterans and preventing returns to homelessness can be attributed to several factors: a sufficient amount of investment, a clear focus on measurable goals and attainable system features, and the efforts of communities across the country to organize systems that assure ready access to low-barrier shelter and rapid re-housing assistance through programs like HUD-VASH and SSVF. However, achieving and sustaining an effective end to homelessness—among veterans and overall—will require investment at a significant scale and will not be a static achievement. Housing markets and individual circumstances are dynamic and ever changing, so local homeless crisis response systems must also continuously monitor and adjust efforts to maintain this high degree of functioning and performance.

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<sup>14</sup> Perl, Libby. [Veterans and Homelessness](#). Congressional Research Service. March 2015.

### *Affordable housing and supportive services*

Undergirding successful systems are evidence-based approaches that end homelessness for veterans and non-veterans alike, including those with significant disabling conditions and barriers to housing. Research dating back to the earliest days of the HUD-VASH program indicates the effectiveness of tying together affordable housing and supportive services. A [2003 study by Rosenheck et al.](#) compared “days housed” and “days homeless” for homeless veterans with psychiatric and/or substance abuse disorders who were recruited between June 1992 and December 1995 and randomly assigned to one of three groups: (1) those who received a permanent housing subsidy and intensive case management through the HUD-VASH program, (2) those who received case management only, with no special access to housing vouchers, and (3) those who received standard VA care.

Over a three year period, the HUD-VASH group experienced significantly more “days housed” (16 percent more than the case management-only group and 25 percent more than the standard care group), and significantly fewer “days homeless” (35 percent fewer than the case management-only group and 36 percent fewer than the standard care group).<sup>16</sup> A subsequent follow-up study, which examined outcomes for up to five years, found that participants in the HUD-VASH group were significantly less likely to return to homelessness over the follow-up period (87 percent lower risk relative to the case management-only group and 76 percent lower compared with the group receiving standard care).<sup>17</sup>

The research base for SSVF is growing. As a flexible and adaptable intervention, SSVF has shown that a wide variety of veterans experiencing homelessness can be successfully assisted with resolving their housing crisis and avoiding a return to homelessness. Program reporting shows that, over the first four years of the program, 238,711 veterans received rapid re-housing or homelessness prevention assistance through SSVF. In FY 2015, it’s estimated that more than half of all sheltered homeless veterans in the U.S. were assisted to exit homelessness by an SSVF rapid re-housing program.

More than half of all veterans assisted (56 percent) by SSVF in FY 2015 had a disabling condition, and 70 percent of veteran households served had incomes less than 30 percent of the area median. Nearly one-fifth received no income at the point of program entry. Among those who exited during the first four years of the program, 78 percent secured permanent housing, including 87 percent of veterans at risk of literal homelessness who exited after receiving homelessness prevention assistance and 73 percent who were literally homeless and exited after receiving rapid re-housing assistance. Those receiving homelessness prevention were assisted for an average of 96 days, while rapid re-housing participants were assisted for an average of 109 days. These averages increased somewhat over time, coinciding with increased VA emphasis on serving veterans with the most significant barriers.<sup>18</sup>

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<sup>16</sup> Rosenheck, Robert, Wesley Kaspro, Linda Frisman, and Wen Liu-Mares. [Cost-effectiveness of Supportive Housing for Homeless Persons With Mental Illness](#). *Arch Gen Psychiatry*. 2003; 60: 940-951.

<sup>17</sup> O’Connell, Maria J., Wesley Kaspro, and Robert A. Rosenheck. [Rates and Risk Factors for Homelessness After Successful Housing in a Sample of Formerly Homeless Veterans](#). *Psychiatric Services*. 2008; 59(3): 268-275.

<sup>18</sup> Silverbush, Mark, Tom Albanese, Molly McEvilly, John Kuhn, and Linda Southcott. *Supportive Services for Veteran Families (SSVF) FY 2015 Annual Report*. U.S. Department of Veterans Affairs. 2015.



### *Homelessness prevention*

Applying findings on risk factors associated with higher homelessness vulnerability to daily prevention practices in real-world social service and housing settings can be challenging, to say the least. It may appear to be most rational to target prevention assistance on veterans with higher risk characteristics, but the impact on preventing imminent and unavoidable literal homelessness is always a question. Other efforts, such as those employed by SSVF (see [SSVF Homelessness Prevention Screening Toolkit](#)), target assistance based on current material circumstances related to demonstrated housing loss and insufficient alternative options and resources. Evidence suggests that both approaches are appropriate in different scenarios. It may make sense to focus on current circumstances to prevent imminent literal homelessness, and on “upstream” risk factors to identify whether a veteran who is not yet experiencing a housing crisis has greater or lesser risk of experiencing one in the future.

### *Moving ahead*

Finally, anecdotal evidence from communities that have ended or are close to ending veteran homelessness shows that key factors in their success are clearly defined goals, sufficient resources, community support, leadership, and organization. Building a comprehensive, high functioning system to end homelessness among veterans and continue to prevent it over time is likely to require even greater tenacity and commitment. Nonetheless, efforts to effectively end homelessness among veterans have resulted in a basic approach to system development and performance improvement that may be replicable with other populations.<sup>19</sup>

### **Where are the gaps in the evidence?**

While veterans may be exposed to a number of risk factors that increase their vulnerability to homelessness, they are also eligible for a variety of benefits and services available through the VA, including health coverage and access to medical care. One important question for future research is how effectively these services help to protect against homelessness. The VA has recently developed a standardized screening instrument to identify veterans who are at imminent risk of homelessness while they are accessing care.<sup>20, 21</sup> Are VA staff and contractors who are working with veterans successfully identifying those who are literally homeless and needing shelter and re-housing assistance or those at-risk who may need homelessness prevention assistance? Once they are stably housed, are they able to readily access VA health care and other supportive services they need, desire, and are eligible for?

To continue to develop effective prevention strategies, we also need to understand more about which subgroups among veterans are particularly vulnerable to becoming homeless. For example, veterans of recent military operations in Iraq and Afghanistan have been required to serve for extended periods and had

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<sup>19</sup> See [SSVF System Assessment and Improvement Toolkit](#) for an example of system development resources produced to support efforts to end homelessness among veterans.

<sup>20</sup> Montgomery, Ann Elizabeth, Jamison D. Fargo, Vincent Kane, and Dennis P. Culhane. [Development and Validation of an Instrument to Assess Imminent Risk of Homelessness Among Veterans](#). *Public Health Rep.* 2014 (Sept-Oct); 129(5): 428-436.

<sup>21</sup> Montgomery, Ann Elizabeth, Jamison D. Fargo, Thomas H. Byrne, Vincent R. Kane, and Dennis P. Culhane. [Universal Screening for Homelessness and Risk for Homelessness in the Veterans Health Administration](#). *Am J Public Health.* 2013 (December): 103 (Supplement 2): S210-S211.

more frequent deployments relative to veterans from earlier eras. This protracted service is a result of more stringent “stop-loss” policies adopted as the all-volunteer armed forces faced recruiting shortfalls.<sup>22</sup> Extended separation can erode social support networks at home, leaving veterans more vulnerable to problems when they are released from active duty. Additional research is needed to better understand the connections between multiple deployments and risk of experiencing homelessness.

Because of their military career, veterans have at least some previous employment experience. They also tend to be older, better educated, and more likely to have been married than other people experiencing homelessness.<sup>23</sup> More research is needed to better understand how pre-military, military, and post-military risk factors impact homelessness among veterans. As women make up a growing share of the armed forces and begin to take on new roles, special attention is needed to understand the unique factors that influence their ability to find and maintain stable housing after their service. Further examination of SSVF homelessness prevention data would also help us understand to what extent veterans with different barriers are screened for and provided assistance, especially as SSVF requires demonstration of imminent literal homelessness “but for” the SSVF intervention.

Finally, more research concerning the amount, type, and duration of assistance necessary to quickly and effectively resolve a veteran’s housing crisis is needed, with a focus on veterans experiencing different income and housing barriers. Communities are increasingly adopting a progressive engagement approach to homelessness prevention and homeless assistance, meaning providers initially offer a “light touch” when helping to resolve a housing crisis, and then regularly re-assess housing barriers and step up the level of assistance for veterans who struggle to find and maintain stable housing.<sup>24</sup> More research on effective and efficient progressive assistance strategies would ensure the effective use of limited federal, state, and local resources.

### **What are the implications for policy-makers and practitioners?**

The remarkable reduction in veteran homelessness achieved in recent years provides some lessons for policy and practice:

- At the federal level, support robust funding for targeted interventions that link supportive services and affordable housing to reduce returns to homelessness among veterans (whether permanent subsidies as in HUD-VASH or short-term assistance as in SSVF).
- At the local level, support continued implementation of community-wide crisis response systems specifically for veterans and organized by the local VA, providers, and Continuum of Care staff that can identify and assist veterans with immediate access to prevention, shelter, and re-housing assistance.
- Involve the local VA in the Continuum of Care (CoC), and strive to ensure all homelessness assistance programs run by the VA and its grantees are fully integrated into the CoC.

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<sup>22</sup> Stephen Metraux, personal communication, August 28, 2017.

<sup>23</sup> Tsai, Jack and Robert A. Rosenheck. [Risk Factors for Homelessness Among US Veterans](#). *Epidemiol Rev.* 2015; 37: 177-195. doi: 10:1093/epirev/mxu004.

<sup>24</sup> [Progressive Engagement](#). Web page updated 2016. U.S. Department of Veterans Affairs.



- Establish measurable local goals for preventing and ending veteran homelessness and a timeline in which to achieve those goals. Build data-sharing relationships between housing organizations, the local VA, and service providers so all stakeholders can regularly assess progress against those benchmarks.
- To the extent possible, design programs that are responsive both to current circumstances related to housing loss such as loss of a job or health problems and to the unique characteristics and risk profiles of veterans from different eras and types of deployment such as exposure to combat-related traumatic events.