



Veterans and Homelessness

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Summary

The wars in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. The Department of Veterans Affairs (VA) reported that in FY2008 it assessed more than 1,500 veterans who served in the Operation Iraqi Freedom and Operation Enduring Freedom theater of operations for participation in its Health Care for Homeless Veterans Program. Both male and female veterans have been overrepresented in the homeless population, and as the number of veterans increases due to these conflicts, there is concern that the number of homeless veterans could rise commensurately. The current economic downturn also has raised concerns that homelessness could increase among all groups, including veterans.

Congress has created numerous programs that serve homeless veterans specifically, almost all of which are funded through the Veterans Health Administration. These programs provide health care and rehabilitation services for homeless veterans (the Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans programs), employment assistance (Homeless Veterans Reintegration Program and Compensated Work Therapy program), transitional housing (Grant and Per Diem and Loan Guarantee programs) as well as other supportive services. The VA also works with the Department of Housing and Urban Development (HUD) to provide permanent supportive housing to homeless veterans through the HUD-VA Supported Housing Program (HUD-VASH). In the HUD-VASH program, HUD funds rental assistance through Section 8 vouchers while the VA provides supportive services. In addition, two newly enacted programs focus on homelessness prevention through supportive services.

Several issues regarding veterans and homelessness have become prominent, in part because of the Iraq and Afghanistan wars. One issue is the need for permanent supportive housing for low-income and homeless veterans. Congress has taken steps to make permanent housing available for homeless veterans by appropriating \$75 million for additional HUD-VASH vouchers in each of the FY2008, FY2009, and FY2010 HUD appropriations acts. In each year, the appropriations funded more than 10,000 new vouchers per year, nearly all of which have been distributed to housing authorities in all 50 states, the District of Columbia, Puerto Rico, and Guam.

A second issue is the concern that veterans returning from Iraq and Afghanistan who are at risk of homelessness may not receive the services they need. Efforts are being made to coordinate services between the VA and Department of Defense to ensure that those leaving military service transition to VA programs. In addition, concerns have risen about the needs of female veterans, whose numbers are increasing. Women veterans face challenges that could contribute to their risks of homelessness. They are more likely to have experienced sexual trauma than women in the general population and are more likely than male veterans to be single parents. Few homeless programs for veterans have the facilities to provide separate accommodations for women and women with children.

The VA has responded to concerns about homeless veterans by announcing a plan to end homelessness among veterans within five years. The plan was announced in November 2009.

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Introduction

The wars in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. Homeless veterans initially came to the country's attention in the 1970s and 1980s, when homelessness generally was becoming a more prevalent and noticeable phenomenon. The first section of this report defines the term "homeless veteran," discusses attempts to estimate the number of veterans who are homeless, and presents the results of studies regarding the demographic characteristics of homeless veterans as well as those served in VA homeless programs.

At the same time that the number of homeless persons began to grow, it became clear through various analyses of homeless individuals that homeless veterans were overrepresented in the homeless population. The second section of this report summarizes the available research regarding the overrepresentation of both male and female veterans, who have been found to be present in greater percentages in the homeless population than their percentages in the general population. This section also reviews research regarding possible explanations for why homeless veterans have been overrepresented.

In response to the issue of homelessness among veterans, the federal government has created numerous programs to fund services and transitional housing specifically for homeless veterans. The third section of this report discusses these programs. The majority of programs are funded through the Department of Veterans Affairs (VA). Within the VA, the Veterans Health Administration (VHA), which is responsible for the health care of veterans, operates all but one of the programs for homeless veterans. The Veterans Benefits Administration (VBA), which is responsible for compensation, pensions, educational assistance, home loan guarantees, and insurance, operates the other. In addition, the Department of Labor (DOL) and the Department of Housing and Urban Development (HUD) operate programs for homeless veterans.

Several issues regarding homelessness among veterans have become prominent since the beginning of the conflicts in Iraq and Afghanistan. The fourth section of this report discusses three of these issues. The first is the need for and supply of permanent supportive housing for homeless and low-income veterans. A second issue is ensuring that an adequate transition process exists for returning veterans to assist them with issues that might put them at risk of homelessness. Third is the concern that adequate services might not exist to serve the needs of women veterans. The fourth section of this report also discusses the new VA plan, announced in November 2009, to end homelessness among veterans in five years. This report will be updated when new statistical information becomes available and to reflect programmatic changes.

Overview of Veterans and Homelessness

Homelessness has always existed in the United States, but only in recent decades has the issue come to prominence. In the 1970s and 1980s, the number of homeless persons increased, as did their visibility. Experts cite various causes for the increase in homelessness. These include the demolition of single room occupancy dwellings in so-called "skid rows" where transient single men lived, the decreased availability of affordable housing generally, the reduced need for seasonal unskilled labor, the reduced likelihood that relatives will accommodate homeless family members, the decreased value of public benefits, and changed admissions standards at mental

hospitals.¹ The increased visibility of homeless persons was due, in part, to the decriminalization of actions such as public drunkenness, loitering, and vagrancy.²

Homelessness occurs among families with children and single individuals, in rural communities as well as large urban cities, and for varying periods of time. Depending on circumstances, periods of homelessness may vary from days to years. Researchers have created three categories of homelessness based on the amount of time that individuals are homeless.³ First, transitionally homeless people are those who have one short stay in a homeless shelter before returning to permanent housing. In the second category, those who are episodically homeless frequently move in and out of homelessness but do not remain homeless for long periods of time. Third, chronically homeless individuals are those who are homeless continuously for a period of one year or have at least four episodes of homelessness in three years. Chronically homeless individuals often suffer from mental illness and/or substance abuse disorders. Although veterans experience all types of homelessness, they are thought to be chronically homeless in higher numbers than nonveterans.⁴

Homeless veterans began to come to the attention of the public at the same time that homelessness generally was becoming more common. News accounts chronicled the plight of veterans who had served their country but were living (and dying) on the street.⁵ The commonly held notion that the military experience provides young people with job training, educational and other benefits, as well as the maturity needed for a productive life, conflicted with the presence of veterans among the homeless population.⁶

Definition of “Homeless Veteran”

In order to qualify for assistance under homeless veteran programs governed by Title 38 of the U.S. Code, veterans must meet the definition of “homeless veteran.” Although the term “homeless veteran” might appear straightforward, it contains two layers of definition.⁷ First, the definition of “veteran” for purposes of Title 38 benefits (the Title of the United States Code that governs veterans benefits) is a person who “served in the active military, naval, or air service” and was not dishonorably discharged.⁸ In order to be a “veteran” who is eligible for benefits according to this definition, at least four criteria must be met. (For a detailed discussion of these

¹ Peter H. Rossi, *Down and Out in America: The Origins of Homelessness* (Chicago: The University of Chicago Press, 1989), 181-194, 41. See, also, Martha Burt, *Over the Edge: The Growth of Homelessness in the 1980s* (New York: Russell Sage Foundation, 1992), 31-126.

² *Down and Out in America*, p. 34; *Over the Edge*, p. 123.

³ See Randall Kuhn and Dennis P. Culhane, “Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data,” *American Journal of Community Psychology* 26, no. 2 (April 1998): 210-212.

⁴ Martha R. Burt, Laudan Y. Aron et al., *Homelessness: Programs and the People They Serve, Technical Report*, Urban Institute, December 1999, p. 11-1, available at http://www.huduser.org/Publications/pdf/home_tech/tchap-11.pdf. Of homeless male veterans surveyed, 32% reported being homeless for 13 or more months, versus 17% of nonveteran homeless men.

⁵ Marjorie J. Robertson, “Homeless Veterans, An Emerging Problem?” in *The Homeless in Contemporary Society*, ed. Richard J. Bingham, Roy E. Green, and Sammis B. White (Newbury Park, CA: Sage Publications, 1987), 66.

⁶ *Ibid.*, pp. 64-65.

⁷ The United States Code defines the term as “a veteran who is homeless” as defined by the McKinney-Vento Homeless Assistance Act. 38 U.S.C. § 2002(1).

⁸ 12 U.S.C. § 101(2).

criteria see CRS Report RL33113, *Veterans Affairs: Basic Eligibility for Disability Benefit Programs*, by Douglas Reid Weimer.)

Second, veterans are considered homeless if they meet the definition of “homeless individual” established by the McKinney-Vento Homeless Assistance Act (P.L. 100-77).⁹ According to McKinney-Vento, a homeless individual is (1) an individual who lacks a fixed, regular, and adequate nighttime residence, and (2) a person who has a nighttime residence that is

- a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- an institution that provides a temporary residence for individuals intended to be institutionalized; or
- a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.

Note that legislation was recently enacted that will change the definition of “homeless individual” under McKinney-Vento. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was enacted as part of the Helping Families Save Their Homes Act of 2009 (P.L. 111-22) on May 20, 2009. The changes in the HEARTH Act will take effect at the earlier of 18 months from the date of its enactment—on or about November 20, 2010—or three months from the date on which HUD publishes final regulations.

The HEARTH Act amends the current definition of homeless individual to include all those persons living in transitional housing, not just those residing in transitional housing for the mentally ill as in current law. The new law also includes in the definition persons living in hotels or motels paid for by a government entity. P.L. 111-22 also adds to the current definition those individuals and families who meet all of the following criteria:

- They will “imminently lose their housing,” whether it be their own housing, housing they are sharing with others, or a hotel or motel not paid for by a government entity. Imminent loss of housing would be evidenced by:
 - an eviction requiring an individual or family to leave their housing within 14 days;
 - a lack of resources that would allow an individual or family to remain in a hotel or motel for more than 14 days; or
 - credible evidence that an individual or family would not be able to stay with another homeowner or renter for more than 14 days.
- They have no subsequent residence identified.
- They lack the resources needed to obtain other permanent housing.

HUD practice prior to passage of the HEARTH Act was to consider those individuals and families who would imminently lose housing within seven days to be homeless.

⁹ The McKinney-Vento definition of homeless individual is codified at 42 U.S.C. § 11302(a).

Another change to the definition of homeless individual is that the HEARTH Act considers homeless anyone who is fleeing a situation of domestic violence or other life-threatening condition. In addition, P.L. 111-22 adds to the definition of homeless individual unaccompanied youth and homeless families with children who are defined as homeless under other federal statutes¹⁰ and who (1) have experienced a long-term period without living independently in permanent housing; (2) have experienced instability as evidenced by frequent moves; and (3) can be expected to continue in unstable housing due to factors such as chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Estimates of the Number of Homeless Veterans

The exact number of homeless veterans is unknown, although attempts have been made to estimate their numbers. Since FY1998, the VA has released annual estimates of the number of veterans who are homeless. In addition, the Department of Housing and Urban Development (HUD) requires local jurisdictions called “Continuums of Care” (CoCs)¹¹ to conduct a count of sheltered and unsheltered homeless persons on one night during the last week of January every other year (though some CoCs conduct counts every year). As part of these “point-in-time” counts, CoCs are to collect information about homeless individuals, including veteran status. In addition to the CoC point-in-time counts, HUD is engaged in an ongoing process to produce an annual estimate of the number of people who are homeless, including homeless veterans, through its Homeless Management Information Systems (HMIS). CoCs collect and store information about homeless individuals they serve, and the information is aggregated in computer systems at the CoC level. Since 2007, HUD has released five Annual Homeless Assessment Reports (AHARs) based on the HMIS data. In the 2009 report (released in 2010), the AHAR will include a special section regarding homeless veterans.¹²

The Department of Veterans Affairs

In every year since FY1998, the VA has included estimates of the number of homeless veterans receiving services in its “Community Homelessness Assessment, Local Education and Networking Groups” (CHALENG) report to Congress.¹³ The estimates are made as part of the CHALENG process, through which representatives from each local VA medical center called “points of contact” (POCs) coordinate with service providers from state and local governments

¹⁰ For more information about the definition of homelessness under other federal programs, see CRS Report RL30442, *Homelessness: Targeted Federal Programs and Recent Legislation*, coordinated by Libby Perl.

¹¹ Continuums of Care are typically formed by cities, counties, or combinations of both. Representatives from local government agencies and service provider organizations serve on CoC boards, which conduct the business of the CoC. HUD first required these Continuums of Care to conduct counts of sheltered and unsheltered homeless persons in 2005.

¹² For more information about HMIS and the AHAR, see CRS Report RL33956, *Estimating the Number of People Who Are Homeless: Homeless Management Information Systems*, by Libby Perl.

¹³ For the most recent CHALENG report, see John H. Kuhn and John Nakashima, *The Sixteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, U.S. Department of Veterans Affairs, March 17, 2010, http://www1.va.gov/HOMELESS/docs/chaleng/chaleng_sixteenth_annual_report.pdf (hereinafter, *Sixteenth Annual CHALENG Report*). Congress required the VA to issue the report as part of the Veterans Benefits Improvement Act of 1994, P.L. 103-446 (38 U.S.C. § 2065).

and nonprofit organizations as well as homeless or formerly homeless veterans themselves to determine the needs of homeless veterans and plan for how to best deliver services.

The ways in which POCs estimate the number of veterans who are homeless in their area vary, and most POCs use more than one source to arrive at their estimates. One of these sources is HUD point-in-time counts conducted by local communities on one day during the last week of January at least every other year. The most recent HUD count in which all CoCs participated took place in January 2009. Other sources of information on which POCs draw to arrive at their estimates are VA client data, information from local homeless services providers, U.S. Census data, VA low-income population estimates, local homeless census studies, and VA staff impressions.¹⁴

For the first six years in which the VA released CHALENG estimates (FY1998 through FY2003), the VA asked POCs to estimate the number of veterans who were homeless *at any time during the year*, so the estimate was meant to represent the total number of veterans who experience homelessness during the course of a year. However, starting in FY2004 and continuing through the most recent CHALENG report, the VA changed its methodology, and asked POCs from each medical center to provide estimates of the highest number of veterans who are homeless on *any given day during the year*. The new methodology is a point-in-time count and is meant to reflect the total number of veterans who might experience homelessness on a single day. The VA considers the estimates using the new methodology to be more reliable than earlier estimates.¹⁵ Since FY2007, the VA more specifically asked POCs to estimate the number of veterans experiencing homelessness on one night during the same one-week period used in HUD point-in-time counts—the last week of January. In addition, POCs are to compare their estimates to the most recent HUD estimates; if there is a “major difference” between the two estimates, the POCs are to provide an explanation of why this might be the case.¹⁶ For a summary of VA estimates since 1998, see **Table 1**.

From FY2004 through FY2006, the number of veterans estimated to be homeless using a point-in-time count hovered at just under 200,000. In FY2004 the estimate was 192,368; in FY2005, the estimate was 194,254; and in FY2006, the estimate rose slightly to 195,827.¹⁷ In FY2007, however, the estimate dropped to 153,584.¹⁸ The VA hypothesized that improved methodology, VA program interventions for homeless veterans, and the changing demographics of the veteran population could account for the reduction in the CHALENG estimate.¹⁹ In FY2008, the estimate again dropped, this time to 131,230.²⁰ POCs used the same system that had been used in FY2007—estimating the number of veterans who were homeless on a single night during the last week of January 2008, and comparing estimates to 2007 HUD point-in-time count results.²¹ The

¹⁴ Ibid., p. 23.

¹⁵ Government Accountability Office, *Homeless Veterans Programs: Improved Communications and Follow-up Could Further Enhance the Grant and Per Diem Program*, GAO-06-859, September 2006, p. 13, <http://www.gao.gov/new.items/d06859.pdf>.

¹⁶ *Sixteenth Annual CHALENG Report*, p. 23.

¹⁷ Estimates provided by the VA Office of Homeless Veterans Programs.

¹⁸ U.S. Department of Veterans Affairs, *The Fourteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, February 28, 2008, Appendix 5.

¹⁹ Ibid., pp. 16-17.

²⁰ U.S. Department of Veterans Affairs, *The Fifteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, March 11, 2009, Appendix 5.

²¹ Ibid., pp. 18-19.

VA hypothesized that in addition to the three factors that could have led to a lower estimate in FY2007, another factor that could have led to the reduction in FY2008 was lower estimates from regions that were affected by Hurricane Katrina, presumably due to having lower populations generally after the disaster occurred.²²

In the most recent CHALENG report (for FY2009), an estimated 106,558 veterans were homeless at any given time.²³ The VA cited the same three factors as in previous years for the reduction in the number of veterans experiencing homelessness: VA program interventions, changes in methodology, and the declining numbers of both poor veterans and veterans generally.

Table 1. VA CHALENG Estimates of Homeless Veterans

Fiscal Year	Estimate	Details of Estimates
1998	256,872	From FY1998 to FY2003, VA points of contact estimated the total number of veterans experiencing homelessness at any time during the year.
1999	344,983	
2000	292,105	
2001	294,840	
2002	299,321	
2003	313,087	
2004	192,368	In FY2004, the CHALENG report changed methodology and went from an estimate of all veterans experiencing homelessness at some point during the year to a point-in-time estimate of the highest number of veterans homeless on any given day of the year. The VA considers the recent estimates to be more reliable.
2005	194,254	
2006	195,827	
2007	153,584	
2008	131,230	
2009	106,558	

Source: VA CHALENG estimates of homeless veterans provided by the VA Office of Homeless Veterans Programs (FY1998 through FY2005) and VA CHALENG reports to Congress (FY2006 through FY2009).

The Department of Housing and Urban Development

HUD has released five Annual Homeless Assessment Reports (AHARs) in which it used HMIS data to estimate the number of individuals nationwide who were homeless during particular periods of time. The most recent AHAR was released in June 2010 and estimated the number of individuals who experienced homelessness at some point during a one-year period, from October 2008 through September 2009.²⁴ These estimates only included those persons who were residing in emergency shelters or transitional housing during the relevant time periods (i.e. estimates did not include those persons living on the street or similar place not meant for human habitation).

The five AHARs have not provided estimates of the *number* of homeless veterans, though they do provide estimates of the *percentage* of the adult homeless population who are veterans. The third,

²² Ibid., p. 20.

²³ *Sixteenth Annual CHALENG Report*, Appendix 5.

²⁴ The *Fifth AHAR* is available at <http://www.hudhre.info/documents/5thHomelessAssessmentReport>.

fourth, and fifth AHARs analyzed a full year's worth of data. In the third AHAR, HUD estimated that 13% of adults who were homeless during the one-year period from October 2006 to September 2007 were veterans (while 10% of the general population were veterans).²⁵ In the fourth AHAR, an estimated 11.6% of the adult homeless population were veterans (compared to 10.5% of the general adult population).²⁶ And in the fifth AHAR, 11.1% of sheltered homeless adults were veterans, compared with 9.7% of the population.²⁷ Not all records of individuals in HMIS contain data on veteran status, although this percentage is shrinking. In the third AHAR, 15.2% of records were missing data on veteran status; in the fourth AHAR, 7.5% of records were missing this information; and in the fifth AHAR, 5.3% were missing veteran status.

As part of the fifth AHAR, HUD will release a report specifically about homeless veterans; it is expected to be released sometime in 2010.

Demographic Characteristics of Homeless Veterans

Homeless male veterans differ from homeless men who are nonveterans in a variety of ways. According to data from several studies during the 1980s, homeless male veterans were more likely to be older and better educated than the general population of homeless men.²⁸ However, they were found to have more health problems than nonveteran homeless men, including AIDS, cancer, and hypertension.²⁹ They also suffered from mental illness and alcohol abuse at higher rates than nonveterans. A study published in 2002 found similar results regarding age and education. Homeless male veterans tended to be older, on average, than nonveteran homeless men.³⁰ Homeless veterans were also different in that they had reached higher levels of education than their nonveteran counterparts³¹ and were more likely to be working for pay. They were also more likely to have been homeless for more than one year, and more likely to be dependent on or abuse alcohol. Family backgrounds among homeless veterans tended to be more stable, with veterans experiencing less family instability³² and fewer incidents of conduct disorder,³³ while also being less likely to have never married than nonveteran homeless men.

Homeless women veterans have also been found to have different characteristics than nonveteran homeless women. Based on data collected during the late 1990s, female veterans, like male veterans, were found to have reached higher levels of education than nonveteran homeless women, and were also more likely to have been employed in the 30 days prior to being

²⁵ U.S. Department of Housing and Urban Development, *The Third Annual Homeless Assessment Report to Congress*, July 2008, p. 26, <http://www.hudhre.info/documents/3rdHomelessAssessmentReport.pdf>.

²⁶ U.S. Department of Housing and Urban Development, *The Fourth Annual Homeless Assessment Report to Congress*, July 2009, p. 25, <http://www.hudhre.info/documents/4thHomelessAssessmentReport.pdf>.

²⁷ *Fifth AHAR*, p. 23.

²⁸ Robert Rosenheck, Catherine A. Leda, and Linda K. Frisman, et al., "Homeless Veterans," in *Homelessness in America*, ed. Jim Baumohl (Phoenix: The Oryx Press, 1996), pp. 104-105 (hereinafter "Homeless Veterans").

²⁹ *Ibid.*, p. 105.

³⁰ Richard Tessler, Robert Rosenheck, and Gail Gamache, "Comparison of Homeless Veterans with Other Homeless Men in a Large Clinical Outreach Program," *Psychiatric Quarterly* 73, no. 2 (Summer 2002): 113-114.

³¹ Veterans averaged 12.43 years of education completed, versus 11.21 for nonveterans.

³² Family instability is measured by factors that include parental separation or divorce and time spent in foster care.

³³ Conduct disorder is measured by factors such as school suspensions, expulsions, drinking, using drugs, stealing, and fighting.

surveyed.³⁴ They also had more stable family backgrounds, and lower rates of conduct disorder as children.

Demographic Characteristics of Veterans Served in VA Homeless Programs

The VA collects data from a number of programs that serve homeless veterans on VA medical center campuses, in health clinics, and in the community. The programs include Health Care for Homeless Veterans (HCHV), Domiciliary Care for Homeless Veterans (DCHV), and the Compensated Work Therapy/Therapeutic Residences Program, all of which are described in more detail later in this report (see the section entitled “Federal Programs that Serve Homeless Veterans”). Each fiscal year, the VA publishes reports to Congress about veterans served in these programs. While the demographics of the veterans served in these programs do not constitute a representative sample of homeless veterans, and some veterans may be served in more than one program, the information may give a picture of the veterans who seek assistance. **Table 2**, below, summarizes these data.

Table 2. Demographics of Veterans Served in VA Homeless Programs

Demographic Characteristics	Health Care for Homeless Veterans (FY2008)	Domiciliary Care for Homeless Veterans (FY2008)	Compensated Work Therapy Program/Therapeutic Residences (FY2008)
Veteran Population Surveyed	40,274 ^a	5,913 ^b	778 ^c
Average Age	51.0	49.3	49.0
Marital Status			
% Married	6.3	6.2	3.5
% Divorced/Separated/Widowed	63.5 ^d	67.2	65.3
% Never Married	30.1	26.6	31.3
Gender			
% Men	95.6	95.0	96.0
% Women	4.4	5.0	4.1
Race/Ethnicity			
% White, Non-Hispanic	45.9	47.2	48.6
% African American	44.6	46.6	44.9
% Hispanic	6.2	4.1	3.7
% American Indian/Alaskan	1.4	1.3	— ^e
% Asian/Pacific Islander	0.8	0.3	— ^e

³⁴ Gail Gamache, Robert Rosenheck, and Richard Tessler, “Overrepresentation of Women Veterans Among Homeless Women,” *American Journal of Public Health* 93, no. 7 (July 2003): 1133-1134 (hereinafter “Overrepresentation of Women Veterans Among Homeless Women”).

Demographic Characteristics	Health Care for Homeless Veterans (FY2008)	Domiciliary Care for Homeless Veterans (FY2008)	Compensated Work Therapy Program/Therapeutic Residences (FY2008)
Era Served			
% Prior to Vietnam Era	3.8 ^f	1.6 ^g	0.4 ^h
% Vietnam	39.6	32.0	30.7
% Post-Vietnam	42.8	50.6	53.8
% Persian Gulf (1991-Present) ⁱ	13.8	15.9	15.0
Employment Pattern Over the Previous Three Years			
% Employed Full Time	19.6	40.4	45.7
% Employed Part Time	27.4	20.4	29.8
% Unemployed	26.4	21.1	21.7
% Retired or with Disability	25.8	17.4	2.1
% Other	0.8	0.8	0.7

Sources: Wesley J. Kasprow, Robert A. Rosenheck, Diane DiLello, Leslie Cavallaro, and Nicole Hareluk, *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report* (HCHV program report), U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 9, 2009; Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Robert Rosenheck, *Twentieth Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2008* (DCHV program report), U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 12 2009, p. 2 (hereinafter, *Twentieth Progress Report on the Domiciliary Care for Homeless Veterans Program*); and Catherine Leda Seibyl, Sharon Medak, and Linda Baldino, et al., *Compensated Work Therapy/Therapeutic Residence (CWT/TR) Program Data Tables for FY2008* (CWT/TR program report), Department of Veterans Affairs, Northeast Program Evaluation Center, June 29, 2009, report summary.

- a. The HCHV program report provides demographic information on clients assessed for program participation. HCHV report, p. 25.
- b. The DCHV program report provides information regarding veterans who completed treatment in the program in FY2008; the information was collected at the time of admission. DCHV report, p. 9.
- c. The CWT/TR program report provides demographic information on clients admitted into the program.
- d. The HCHV program report separately breaks out the percentage of veterans separated (13.0%), divorced (46.4%), and widowed (4.1%).
- e. This information is not provided.
- f. For the HCHV program, the line showing the percentage of veterans serving prior to the Vietnam era aggregates five eras: pre-WWII (0.0%), WWII (0.4%), pre-Korea (0.1%), Korea (1.0%), and pre-Vietnam (2.3%). See HCHV report, p. 49.
- g. For the DCHV program, the line showing the percentage of veterans serving prior to the Vietnam era aggregates four eras: WWII (0.1%), pre-Korea (0.1%), Korea (0.3%), and pre-Vietnam (1.1%). See DCHV report, Table 4.
- h. For the CWT/TR program, the line showing the percentage of veterans serving prior to the Vietnam era aggregates two eras: Korea (0.0%) and pre-Vietnam (0.4%).
- i. Each of the three programs use intake forms that specify the Persian Gulf Era as August 1990 to the present. See HCHV program report, p. 323; DCHV program report, p. 23; and the CWT program report, p. 16.
- j. The HCHV program report categorizes 0.8% of those assessed as student/service.

Overrepresentation of Veterans in the Homeless Population

Research that has captured information about the entire national homeless population, including veteran status, is rare. Although HUD is engaged in ongoing efforts to collect information about homeless individuals, the most extensive information about homeless veterans specifically comes from earlier studies. Possibly the most comprehensive national data collection effort regarding persons experiencing homelessness took place in 1996 as part of the National Survey of Homeless Assistance Providers and Clients (NSHAPC), when researchers interviewed thousands of homeless assistance providers and homeless individuals across the country.³⁵ Prior to the NSHAPC, in 1987, researchers from the Urban Institute surveyed nearly 2,000 homeless individuals and clients in large cities nationwide as part of a national study.³⁶ The data from these two surveys serve as the basis for more in depth research regarding homeless veterans, described below. No matter the data source, however, research has found that veterans make up a greater percentage of the homeless population than their percentage in the general population.

Both male and female veterans are more likely to be homeless than their nonveteran counterparts.³⁷ This has not always been the case, however. Although veterans have always been present among the homeless population, the birth cohorts that served in the military more recently, from the Vietnam³⁸ and post-Vietnam eras, have been found to be overrepresented. Veterans of World War II and Korea are less likely to be homeless than their nonveteran counterparts.³⁹ (The same cohort effect is not as evident for women who are veterans.) Four studies of homeless veterans, two of male veterans and two of female veterans, provide evidence of this overrepresentation and increased likelihood of experiencing homelessness.

Overrepresentation of Male Veterans

Two national studies—one published in 1994 using data from the 1987 Urban Institute survey (as well as data from surveys in Los Angeles, Baltimore, and Chicago), and the other published in 2001 using data from the 1996 NSHAPC—found that male veterans were overrepresented in the homeless population. In addition, researchers in both studies determined that the likelihood of homelessness depended on the ages of veterans.⁴⁰ During both periods of time, the odds of a

³⁵ Martha R. Burt, Laudan Y. Aron, et al., *Homelessness: Programs and the People They Serve: Findings of the National Survey of Homeless Assistance Providers and Clients, Technical Report*, December 1999, available at http://www.huduser.org/publications/homeless/homeless_tech.html.

³⁶ Martha R. Burt and Barbara E. Cohen, *America's Homeless: Numbers, Characteristics, and Programs that Serve Them* (Washington, DC: The Urban Institute Press, July 1989).

³⁷ See Gail Gamache, Robert Rosenheck, and Richard Tessler, "The Proportion of Veterans Among Homeless Men: A Decade Later," *Social Psychiatry and Psychiatric Epidemiology* 36, no. 10 (October 2001): 481 (hereinafter, "The Proportion of Homeless Veterans Among Men: A Decade Later"). "Overrepresentation of Women Veterans Among Homeless Women," p. 1134.

³⁸ Generally, the Vietnam era is defined as the period from 1964 to 1975. 38 U.S.C. § 101(29)(B).

³⁹ Alvin S. Mares and Robert A. Rosenheck, "Perceived Relationship Between Military Service and Homelessness Among Homeless Veterans with Mental Illness," *The Journal of Nervous and Mental Disease* 192, no. 10 (October 2004): 715.

⁴⁰ See Robert Rosenheck, Linda Frisman, and An-Me Chung, "The Proportion of Veterans Among Homeless Men," *American Journal of Public Health* 84, no. 3 (March 1994): 466 (hereinafter, "The Proportion of Homeless Veterans (continued...)").

veteran being homeless was highest for veterans who had enlisted after the military transitioned to an all-volunteer force (AVF) in 1973. These veterans were age 20-34 at the time of the first study, and age 35-44 at the time of the second study.

In the first study, researchers found that 41% of adult homeless men were veterans, compared to just under 34% of adult males in the general population. Overall, male veterans were 1.4 times as likely to be homeless as nonveterans.⁴¹ Notably, though, those veterans who served after the Vietnam War were four times more likely to be homeless than nonveterans in the same age group.⁴² Vietnam era veterans, who are often thought to be the most overrepresented group of homeless veterans, were barely more likely to be homeless than nonveterans (1.01 times). (See **Table 3** for a breakdown of the likelihood of homelessness based on age.)

In the second study, researchers found that nearly 33% of adult homeless men were veterans, compared to 28% of males in the general population. Once again, the likelihood of homelessness differed among age groups. Overall, male veterans were 1.25 times more likely to be homeless than nonveterans.⁴³ However, the same post-Vietnam birth cohort as that in the 1994 study was most at risk of homelessness; those veterans in the cohort were over three times as likely to be homeless as nonveterans in the same cohort. Younger veterans, those age 20-34 in 1996, were two times as likely to be homeless as nonveterans. And Vietnam era veterans were approximately 1.4 times as likely to be homeless as their nonveteran counterparts. (See **Table 3**.)

Overrepresentation of Female Veterans

As with male veterans, research has shown that women veterans are more likely to be homeless than women who are not veterans. A study published in 2003 examined two data sources, one a survey of mentally ill homeless women, and the other the NSHAPC, and found that 4.4% and 3.1% of those homeless persons surveyed were female veterans, respectively (compared to approximately 1.3% of the general population).⁴⁴ Although the likelihood of homelessness was different for each of the two surveyed populations, the study estimated that female veterans were between two and four times as likely to be homeless as their nonveteran counterparts.⁴⁵ Unlike male veterans, all birth cohorts were more likely to be homeless than nonveterans. However, with the exception of women veterans age 35-55 (representing the post-Vietnam era), who were between approximately 3.5 and 4.0 times as likely to be homeless as nonveterans, cohort data were not consistent between the two surveys. (See **Table 3** for a breakdown of likelihood of homelessness by cohort.)

(...continued)

Among Men”); “The Proportion of Veterans Among Homeless Men: A Decade Later,” p. 481.

⁴¹ “The Proportion of Homeless Veterans Among Men,” p. 467.

⁴² Ibid.

⁴³ “The Proportion of Homeless Veterans Among Men: A Decade Later,” p. 483.

⁴⁴ “Overrepresentation of Women Veterans Among Homeless Women,” p. 1133.

⁴⁵ Ibid., p. 1134.

Table 3. Results from Four Studies: Veterans as a Percentage of the Homeless Population and Likelihood of Experiencing Homelessness

Veteran Group	Veterans as a Percentage of the General Population ^a	Veterans as a Percentage of the Homeless Population	Odds Ratio (Likelihood of Homelessness among Veterans vs. Nonveterans)
Men (data 1986-1987) ^b	33.6	41.2	1.38
Age 20-34	10.0	30.6	3.95
Age 35-44	36.9	37.2	1.01
Age 45-54	44.8	58.7	1.75
Age 55-64	69.9	61.7	0.69
> Age 64	46.3	37.4	0.71
Men (data 1996) ^c	28.0	32.7	1.25
Age 20-34	7.7	14.5	2.04
Age 35-44	13.8	33.7	3.17
Age 45-54	38.4	46.5	1.39
Age 55-64	48.7	45.8	0.89 ^f
> Age 64	62.6	59.5	0.88 ^f
Women (data 1994-1998) ^d	1.3	4.4	3.58
Age 20-34	—	—	3.61
Age 35-44	—	—	3.48
Age 45-54	—	—	4.42
Age 55 and Older	—	—	1.54 ^f
Women (data 1996) ^e	1.2	3.1	2.71
Age 20-34	—	—	1.60 ^f
Age 35-44	—	—	3.98
Age 45-54	—	—	2.00 ^f
Age 55 and Older	—	—	4.40

Sources: Robert Rosenheck, Linda Frisman, and An-Me Chung, "The Proportion of Veterans Among Homeless Men," *American Journal of Public Health* 84, no. 3 (March 1994): 466-469; Gail Gamache, Robert Rosenheck, and Richard Tessler, "The Proportion of Veterans Among Homeless Men: A Decade Later," *Social Psychiatry and Psychiatric Epidemiology* 36, no. 10 (October 2001): 481-485; Gail Gamache, Robert Rosenheck, and Richard Tessler, "Overrepresentation of Women Veterans Among Homeless Women," *American Journal of Public Health* 93, no. 7 (July 2003): 1132-1136.

- a. Data are from the Current Population Survey.
- b. Data are from the Urban Institute Study and three community surveys conducted between 1985 and 1987.
- c. Data are from the National Survey of Homeless Assistance Providers and Clients (NSHAPC).
- d. Data are from the Access to Community Care and Effective Services and Supports sample of women with mental illness.
- e. Data are from the NSHAPC.
- f. Not statistically significant.

Why Are Veterans Overrepresented in the Homeless Population?

As the number of homeless veterans has grown, researchers have attempted to explain why veterans are homeless in higher proportions than their numbers in the general population. Factors present both prior to military service, and those that developed during or after service, have been found to be associated with veterans' homelessness.

Most of the evidence about factors associated with homelessness among veterans comes from The National Vietnam Veterans Readjustment Study (NVVRS) conducted from 1984 to 1988.⁴⁶ Researchers for the NVVRS surveyed 1,600 Vietnam theater veterans (those serving in Vietnam, Cambodia, or Laos) and 730 Vietnam era veterans (who did not serve in the theater) to determine their mental health status and their ability to readjust to civilian life. The NVVRS did not specifically analyze homelessness. However, a later study, published in 1994, used data from the NVVRS to examine homelessness specifically.⁴⁷ Findings from both studies are discussed below.

Factors Present During and After Military Service

Although researchers have not found that military service alone is associated with homelessness,⁴⁸ it may be associated with other factors that contribute to homelessness. The NVVRS found an indirect connection between the stress that occurs as a result of deployment and exposure to combat, or "war-zone stress," and homelessness. Vietnam theater and era veterans who experienced war-zone stress were found to have difficulty readjusting to civilian life, resulting in higher levels of problems that included social isolation, violent behavior, and, for white male veterans, homelessness.⁴⁹

The 1994 study of Vietnam era veterans (hereinafter referred to as the Rosenheck/Fontana study) evaluated 18 variables that could be associated with homelessness. The study categorized each variable in one of four groups, according to when they occurred in the veteran's life: pre-military, military, the one-year readjustment period, and the post-military period subsequent to readjustment.⁵⁰ Variables from each time period were found to be associated with homelessness, although their effects varied. The two military factors—combat exposure and participation in

⁴⁶ The NVVRS was undertaken at the direction of Congress as part of P.L. 98-160, the Veterans Health Care Amendments of 1983.

⁴⁷ Robert Rosenheck and Alan Fontana, "A Model of Homelessness Among Male Veterans of the Vietnam War Generation," *The American Journal of Psychiatry* 151, no. 3 (March 1994): 421-427 (hereinafter, "A Model of Homelessness Among Male Veterans of the Vietnam War Generation").

⁴⁸ See, for example, Alvin S. Mares and Robert Rosenheck, "Perceived Relationship Between Military Service and Homelessness Among Homeless Veterans With Mental Illness," *Journal of Nervous and Mental Disease* 192, no. 10 (October 2004): 715.

⁴⁹ Richard A. Kulka, John A. Fairbank, B. Kathleen Jordan, and Daniel S. Weiss, *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study* (Levittown, PA: Brunner/Mazel, 1990), 142.

⁵⁰ The first category consisted of nine factors: year of birth, belonging to a racial or ethnic minority, childhood poverty, parental mental illness, experience of physical or sexual abuse prior to age 18, other trauma, treatment for mental illness before age 18, placement in foster care before age 16, and history of conduct disorder. The military category contained three factors: exposure to combat, participation in atrocities, and non-military trauma. The readjustment period consisted of two variables: accessibility to someone with whom to discuss personal matters and the availability of material and social support (together these two variables were termed low levels of social support). The final category contained four factors: Post Traumatic Stress Disorder (PTSD), psychiatric disorders not including PTSD, substance abuse, and unmarried status.

atrocities—did not have a direct relationship to homelessness. However, those two factors did contribute to (1) low levels of social support upon returning home, (2) psychiatric disorders (not including Post Traumatic Stress Disorder (PTSD)), (3) substance abuse disorders, and (4) being unmarried (including separation and divorce). Each of these four post-military variables, in turn, contributed directly to homelessness.⁵¹ In fact, social isolation, measured by low levels of support in the first year after discharge from military service, together with the status of being unmarried, had the strongest association with homelessness of the 18 factors examined in the study.⁵²

Post-Traumatic Stress Disorder (PTSD)

Researchers have not found a direct relationship between PTSD and homelessness. The Rosenheck/Fontana study “found no unique association between combat-related PTSD and homelessness.”⁵³ An unrelated study determined that homeless combat veterans were no more likely to be diagnosed with PTSD than combat veterans who were not homeless.⁵⁴ However, the NVVRS found that PTSD was significantly related to other psychiatric disorders, substance abuse, problems in interpersonal relationships, and unemployment.⁵⁵ These conditions can lead to readjustment difficulties and are considered risk factors for homelessness.⁵⁶

Factors that Pre-date Military Service

According to research, factors that predate military service also play a role in homelessness among veterans. The Rosenheck/Fontana study found that three variables present in the lives of veterans before they joined the military had a significant direct relationship to homelessness. These were exposure to physical or sexual abuse prior to age 18; exposure to other traumatic experiences, such as experiencing a serious accident or natural disaster, or seeing someone killed; and placement in foster care prior to age 16.⁵⁷ The researchers also found that a history of conduct disorder had a substantial indirect effect on homelessness.⁵⁸ Conduct disorder includes behaviors such as being suspended or expelled from school, involvement with law enforcement, or having poor academic performance. Another pre-military variable that might contribute to homelessness among veterans is a lack of family support prior to enlistment.⁵⁹

The conditions present in the lives of veterans prior to military service, and the growth of homelessness among veterans, have been tied to the institution of the all volunteer force (AVF) in 1973. As discussed earlier in this report, the overrepresentation of veterans in the homeless

⁵¹ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 424.

⁵² *Ibid.*, p. 425.

⁵³ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 425.

⁵⁴ Robert Rosenheck, Catherine A. Leda, Linda K. Frisman, Julie Lam, and An-Me Chung, “Homeless Veterans” in *Homelessness in America*, ed. Jim Baumohl (Phoenix, AZ: Oryx Press, 1996), 99 (hereinafter, “Homeless Veterans”).

⁵⁵ Robert Rosenheck, Catherine Leda, and Peggy Gallup, “Combat Stress, Psychosocial Adjustment, and Service Use Among Homeless Vietnam Veterans,” *Hospital and Community Psychiatry* 42, no. 2 (February 1992): 148.

⁵⁶ “Homeless Veterans,” p. 98.

⁵⁷ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 426.

⁵⁸ *Ibid.*

⁵⁹ Richard Tessler, Robert Rosenheck, and Gail Gamache, “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective,” *Armed Forces & Society* 29, no. 4 (Summer 2003): 511 (hereinafter, “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective”).

population is most prevalent in the birth cohort that joined the military after the Vietnam War. It is possible that higher rates of homelessness among these veterans are due to “lowered recruitment standards during periods where military service was not held in high regard.”⁶⁰ Individuals who joined the military during the time after the implementation of the AVF might have been more likely to have characteristics that are risk factors for homelessness.⁶¹

Federal Programs that Serve Homeless Veterans

The federal response to the needs of homeless veterans, like the federal response to homelessness generally, began in the late 1980s. Congress, aware of the data showing that veterans were disproportionately represented among homeless persons,⁶² began to hold hearings and enact legislation in the late 1980s. Among the programs enacted were Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, and the Homeless Veterans Reintegration Programs. Also around this time, the first (and only) national group dedicated to the cause of homeless veterans, the National Coalition for Homeless Veterans, was founded by service providers that were concerned about the growing number of homeless veterans.

While homeless veterans are eligible for and receive services through programs that are not designed specifically for homeless veterans, the VA funds multiple programs to serve homeless veterans. The majority of homeless programs are run through the Veterans Health Administration (VHA), which administers health care programs for veterans.⁶³ The Veterans Benefits Administration (VBA), which is responsible for compensation and pensions,⁶⁴ education assistance,⁶⁵ home loan guarantees,⁶⁶ and insurance, operates one program for homeless veterans. In addition, the Department of Labor (DOL) is responsible for programs that provide employment services for homeless veterans while the Department of Housing and Urban Development (HUD) collaborates with the VA on two additional programs. Many of these programs are summarized in this section.

Table 4, below, shows historical funding levels for six programs that target services to homeless veterans. Following the table is a text box that explains funding for the housing portion of the HUD-VA Supported Housing program (HUD-VASH) in which it is not possible to track annual appropriation or obligation levels for all housing vouchers.

⁶⁰ Testimony of Robert Rosenheck, M.D., Director of Northeast Program Evaluation Center, Department of Veterans Affairs, Senate Committee on Veterans’ Affairs, 103rd Cong., 2nd sess., February 23, 1994.

⁶¹ “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective,” p. 510.

⁶² Senate Committee on Veterans Affairs, *Veterans’ Administration FY1988 Budget, the Vet Center Program, and Homeless Veterans Issues*, 100th Cong., 1st sess., S.Hrg. 100-350, February 18 & 19, 1987, p. 2-6.

⁶³ For more information about the VHA, see CRS Report RL33993, *Veterans’ Health Care Issues*, by Sidath Viranga Panangala.

⁶⁴ For more information about veterans benefits, see CRS Report RL33985, *Veterans’ Benefits: Issues in the 110th Congress*, coordinated by Carol D. Davis.

⁶⁵ For more information about educational assistance, see CRS Report R40723, *Educational Assistance Programs Administered by the U.S. Department of Veterans Affairs*, by Cassandra Dortch.

⁶⁶ For more information about VA home loan guarantees, see CRS Report RS20533, *VA-Home Loan Guaranty Program: An Overview*, by Bruce E. Foote.

Table 4. Funding for Selected Homeless Veterans Programs, FY1988 - FY2010
(dollars in thousands)

Fiscal Year	Obligations (VA Programs)					Budget Authority (DOL Program)
	Health Care for Homeless Veterans ^a	Domiciliary Care for Homeless Veterans	Compensated Work Therapy/Therapeutic Residence	Grant and Per Diem Program	HUD-VA Supported Housing (Supportive Services) ^b	Homeless Veterans Reintegration Program
1988	12,932	15,000 ^c	NA	NA	NA	1,915
1989	13,252	10,367	NA	NA	NA	1,877
1990	15,000	15,000	NA	NA	NA	1,920
1991	15,461 ^d	15,750	— ^d	NA	NA	2,018
1992	16,500 ^d	16,500	— ^d	NA	2,300	1,366
1993	22,150	22,300	400	NA	2,000	5,055
1994	24,513	27,140	3,051	8,000	3,235	5,055
1995	38,585 ^e	38,948	3,387	— ^e	4,270	107 ^f
1996	38,433 ^e	41,117	3,886	— ^e	4,829	0
1997	38,063 ^e	37,214	3,628	— ^e	4,958	0
1998	36,407	38,489	8,612	5,886	5,084	3,000
1999	32,421	39,955	4,092	20,000	5,223	3,000
2000	38,381	34,434	8,068	19,640	5,137	9,636
2001	58,602	34,576	8,144	31,100	5,219	17,500
2002	54,135	45,443	8,028	22,431	4,729	18,250
2003	45,188	49,213	8,371	43,388	4,603	18,131
2004	42,905	51,829	10,240	62,965	3,375	18,888
2005	40,357	57,555	10,004	62,180	3,243	20,832
2006	56,998	63,592	19,529	63,621	5,297	21,780
2007	71,925	77,633	21,514	81,187	7,487	21,809
2008	77,656	96,098	21,497	114,696	4,854	23,620
2009	80,219	115,373	22,206	128,073	26,601	26,330
2010 ^g	83,026	119,000	22,984	150,000	75,332	36,330

Sources: Department of Veterans Affairs Budget Justifications, FY1989-FY2011, VA Office of Homeless Veterans Programs, Department of Labor Budget Justifications FY1989-FY2011, and the FY2010 Consolidated Appropriations Act (P.L. 111-117).

- Health Care for Homeless Veterans was originally called the Homeless Chronically Mentally Ill veterans program. In 1992, the VA began to use the title "Health Care for Homeless Veterans."
- This column contains only the funding allocated from the VA for supportive services and does not include the cost of providing housing.

- c. Congress appropriated funds for the DCHV program for both FY1987 and FY1988 (P.L. 100-71), however, the VA obligated the entire amount in FY1988. See VA Budget Summary for FY1989, Volume 2, Medical Benefits, p. 6-10.
- d. For FY1991 and FY1992, funds from the Homeless Chronically Mentally Ill veterans program as well as substance abuse enhancement funds were used for the Compensated Work Therapy/Therapeutic Residence program.
- e. For FY1995 through FY1997, Grant and Per Diem funds were obligated with funds for the Health Care for Homeless Veterans program. VA budget documents do not provide a separate breakdown of Grant and Per Diem Obligations.
- f. Congress appropriated \$5.011 million for HVRP in P.L. 103-333. However, a subsequent rescission in P.L. 104-19 reduced the amount.
- g. The obligation amounts for FY2010 are estimates.

Funding for the HUD-VASH Program

HUD has funded Section 8 vouchers for homeless veterans since FY1992, but after the initial appropriation for the vouchers, HUD does not separately report the amount of funds necessary to provide rental assistance for each of the vouchers in subsequent years. Unlike programs included in **Table 4**, then, it is not possible to provide annual budget authority or obligations for HUD-VASH. However, information regarding the initial budget authority needed to support the vouchers is available as follows:⁶⁷

- In FY1992, \$17.9 million was made available to fund approximately 750 vouchers per year for five years;
- In FY1993, \$19.1 million was made available to fund approximately 750 vouchers per year for five years;
- In FY1994, \$18.4 million was made available to fund approximately 700 vouchers per year for five years;
- In FY2008, \$75 million was appropriated to fund 10,150 vouchers for one year;
- In FY2009, \$75 million was appropriated to fund 10,290 vouchers for one year; and
- In FY2010, \$75 million was appropriated to fund approximately 10,000 vouchers for one year.

For more information about HUD-VASH vouchers, see the section of this report entitled “HUD-VASH.”

The Department of Veterans Affairs

The majority of programs that serve homeless veterans are part of the Veterans Health Administration (VHA), one of the three major organizations within the VA (the other two are the Veterans Benefits Administration (VBA) and the National Cemetery Administration).⁶⁸ The VHA operates hospitals and outpatient clinics across the country through 21 Veterans Integrated Service Networks (VISNs). Each VISN oversees between five and eleven VA hospitals as well as outpatient clinics, nursing homes, and domiciliary care facilities. In all, there are 157 VA hospitals, 750 outpatient clinics, 134 nursing homes, and 42 domiciliary care facilities across the country. Many services for homeless veterans are provided in these facilities. In addition, the VBA has made efforts to coordinate with the VHA regarding homeless veterans by placing Homeless Veteran Outreach Coordinators (HVOCs) in its offices in order to assist homeless veterans in their applications for benefits.

Health Care for Homeless Veterans

The first federal program to specifically address the needs of homeless veterans, Health Care for Homeless Veterans (HCHV), was initially called the Homeless Chronically Mentally Ill veterans program.⁶⁹ The program was created as part of an emergency appropriations act for FY1987 (P.L. 100-6) in which Congress allocated \$5 million to the VA to provide medical and psychiatric care in community-based facilities to homeless veterans suffering from mental illness.⁷⁰ Through the

⁶⁷ Sources of funding levels are Department of Housing and Urban Development Notices of Funding Availability from FY1992-FY1994, the FY2008 Consolidated Appropriations Act (P.L. 110-161), and the FY2009 Omnibus Appropriations Act (P.L. 111-8).

⁶⁸ For more information about the organization of the VA, see U.S. Department of Veterans Affairs, *2010 Organizational Briefing Book*, June 2010, <http://www4.va.gov/ofcadmin/docs/vaorgbb.pdf>.

⁶⁹ In 1992, the VA began to refer to the program by its new name. VA FY1994 Budget Summary, Volume 2, Medical Benefits, p. 2-63.

⁷⁰ Shortly after the HCHV program was enacted in P.L. 100-6, Congress passed another law (P.L. 100-322) that repealed the authority in P.L. 100-6 and established the HCHV program as a pilot program. The program was then (continued...)

HCHV program, VA medical center staff conduct outreach to homeless veterans, provide care and treatment for medical, psychiatric, and substance abuse disorders, and refer veterans to other needed supportive services.⁷¹ Although P.L. 100-6 provided priority for veterans whose illnesses were service-connected, veterans with non-service-connected disabilities were also made eligible for the program. Within two months of the program's enactment, 43 VA Medical Centers had initiated programs to find and assist mentally ill homeless veterans.⁷² Currently, 132 VA sites have implemented HCHV programs.⁷³ The HCHV program is authorized through December 31, 2011.⁷⁴

Program Data

The HCHV program itself does not provide housing for veterans who receive services. However, the VA was initially authorized to enter into contracts with non-VA service providers to place veterans in residential treatment facilities so that they would have a place to stay while receiving treatment. In FY2003, the VA shifted funding from contracts with residential treatment facilities to the VA Grant and Per Diem program (described later in this section).⁷⁵ Local funding for residential treatment facilities continues to be provided by some VA medical center locations, however. According to data from the VA, 1,855 veterans stayed in residential treatment facilities in FY2008, with an average stay of about 58 days.⁷⁶ The HCHV program treated approximately 71,526 veterans in that same year.⁷⁷

Domiciliary Care for Homeless Veterans

Domiciliary care consists of rehabilitative services for physically and mentally ill or aged veterans who need assistance, but are not in need of the level of care offered by hospitals and nursing homes. Congress first provided funds for the Domiciliary Care program for *homeless* veterans in 1987 through a supplemental appropriations act (P.L. 100-71). Prior to enactment of P.L. 100-71, domiciliary care for veterans generally (now often referred to as Residential Rehabilitation and Treatment programs) had existed since the 1860s. The program for homeless veterans was implemented to reduce the use of more expensive inpatient treatment, improve health status, and reduce the likelihood of homelessness through employment and other assistance. Congress has appropriated funds for the DCHV program since its inception.

(...continued)

made permanent in the Veterans Benefits Act of 1997 (P.L. 105-114). The HCHV program is now codified at 38 U.S.C. §§ 2031-2034.

⁷¹ 38 U.S.C. § 2031, § 2034.

⁷² Veterans Administration, Report to Congress of member agencies of the Interagency Council on Homelessness pursuant to Section 203(c)(1) of P.L. 100-77, October 15, 1987.

⁷³ Wesley J. Kaspro, Robert A. Rosenheck, Diane DiLello, Leslie Cavallaro, and Nicole Harelik, *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 9, 2009, Executive Summary, p. i (hereinafter, *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*).

⁷⁴ The program was most recently authorized in the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461).

⁷⁵ FY2004 VA Budget Justifications, p. 2-163.

⁷⁶ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, pp. 121-122.

⁷⁷ *Ibid.*, p. 25.

Program Data

The DCHV program operates at 42 VA medical centers and has 2,146 beds available.⁷⁸ In FY2008, the number of veterans completing treatment was 5,913.⁷⁹ Of those admitted to DCHV programs, 91.8% were diagnosed with a substance abuse disorder, nearly two-thirds (64.0%) were diagnosed with serious mental illness, and 58.5% had both diagnoses.⁸⁰ The average length of stay for veterans in FY2008 was 109.3 days, in which they received medical, psychiatric and substance abuse treatment, as well as vocational rehabilitation.

Compensated Work Therapy/Therapeutic Residence Program

The Compensated Work Therapy (CWT) Program has existed at the VA in some form since the 1930s.⁸¹ The program was authorized in P.L. 87-574 as “Therapeutic and Rehabilitative Activities,” and was substantially amended in P.L. 94-581, an act that amended various aspects of veteran health care programs.⁸² The CWT program is permanently authorized through the VA’s Special Therapeutic and Rehabilitation Activities Fund.⁸³

The goal of the CWT program is to give veterans with disabilities work experience and skills so that they may re-enter the workforce and maintain employment on their own. The VA either employs veterans directly (in FY2008, 47.7% of veterans in the CWT program worked for the VA⁸⁴), finds work for veterans at other federal agencies, or enters into contracts with private companies or nonprofit organizations that then provide veterans with work opportunities. Veterans must be paid wages commensurate with those wages in the community for similar work, and through the experience the goal is that participants will improve their chances of living independently and reaching self sufficiency. In 2003, the Veterans Health Care, Capital Asset, and Business Improvement Act (P.L. 108-170) added work skills training, employment support services, and job development and placement services to the activities authorized by the CWT program.

In 1991, as part of P.L. 102-54, the Veterans Housing, Memorial Affairs, and Technical Amendments Act, Congress added the Therapeutic Transitional Housing component to the CWT program. The housing component is authorized through December 31, 2011.⁸⁵ The purpose of the program is to provide housing to participants in the CWT program who have mental illnesses or

⁷⁸ Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Robert Rosenheck, *Twentieth Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2008*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 12, 2009, p. 2 (hereinafter, *Twentieth Progress Report on the Domiciliary Care for Homeless Veterans Program*).

⁷⁹ *Ibid.*, p. 10.

⁸⁰ *Ibid.*, p. 10.

⁸¹ Senate Veterans Affairs Committee, report to accompany S. 2908, 94th Cong., 2nd sess., S.Rept. 94-1206, September 9, 1976.

⁸² The CWT program is codified at 38 U.S.C. § 1718.

⁸³ 38 U.S.C. § 1718(c).

⁸⁴ Sandra D. Resnick, Richard Kaczynski, Debbie Sieffert, et. al., *Twelfth Progress Report on the Compensated Work Therapy (CWT) Program, Fiscal Year 2008*, Department of Veterans Affairs Northeast Program Evaluation Center, Table 29 (hereinafter, *Twelfth Progress Report on the Compensated Work Therapy (CWT) Program*).

⁸⁵ The program was authorized as part of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461). See 38 U.S.C. § 2031.

chronic substance abuse disorders and who are homeless or at risk of homelessness.⁸⁶ Although the law initially provided that both the VA itself or private nonprofit organizations, through contracts with the VA, could operate housing, the law was subsequently changed so that only the VA now owns and operates housing.⁸⁷ The housing is transitional—up to 12 months—and veterans who reside there receive supportive services. As of FY2008, the VA operated 42 transitional housing facilities with 632 beds.⁸⁸

Program Data

In FY2008, 11,686 veterans were admitted into the CWT program. Of those who were discharged from the program (10,202 veterans), about half (50.6%) left through a mutually agreed upon or planned discharge.⁸⁹ 26.5% were in competitive full-time employment and 5.5% were in competitive part-time employment.⁹⁰ Approximately 12.0% were involved in activities including training, volunteering, interning, or continuing in VA-supported work; 14.1% retired or were considered disabled; and 41.3% were unemployed.⁹¹ Similar to those veterans who enter into the VA's Domiciliary Care program, large percentages of veterans engaged in the CWT program suffer from mental illness and substance abuse issues. Of those admitted to the CWT program, 73.6% of veterans had a substance abuse problem, 66.4% had serious mental illness, and 46.0% were dually diagnosed (i.e., had both a substance abuse issue and mental illness).⁹² In addition, 79.2% of participants were found to have a disabling medical condition, with nearly all participants (99.8%) having a psychiatric disorder or disabling medical condition or both.⁹³

Grant and Per Diem Program

Initially called the Comprehensive Service Programs, the Grant and Per Diem program was introduced as a pilot program in 1992 through the Homeless Veterans Comprehensive Services Act (P.L. 102-590). The law establishing the Grant and Per Diem program, which was made permanent in the Homeless Veterans Comprehensive Services Act of 2001 (P.L. 107-95), authorizes the VA to make grants to public entities or private nonprofit organizations to provide services and transitional housing to homeless veterans.⁹⁴ The Grant and Per Diem program is permanently authorized at \$150 million (P.L. 110-387).

The program has two parts: grant and per diem. Eligible grant recipients may apply for funding for one or both parts. The grants portion provides capital grants to purchase, rehabilitate, or convert facilities so that they are suitable for use as either service centers or transitional housing facilities. The capital grants will fund up to 65% of the costs of acquisition, expansion or

⁸⁶ The VA's authority to operate therapeutic housing is codified at 38 U.S.C. § 2032.

⁸⁷ The provision for nonprofits was in P.L. 102-54, but was repealed by P.L. 105-114, Section 1720A(c)(1).

⁸⁸ Catherine Leda Seibyl, Sharon Medak, and Linda Baldino, et al., *Compensated Work Therapy/Therapeutic Residence (CWT/TR) Program Fiscal Year 2008*, Department of Veterans Affairs, Northeast Program Evaluation Center, June 29, 2009, report summary.

⁸⁹ *Twelfth Progress Report on the Compensated Work Therapy (CWT) Program*, Table 5.

⁹⁰ *Ibid.*, Table 6.

⁹¹ *Ibid.*

⁹² *Ibid.*, Table 4.

⁹³ *Ibid.*

⁹⁴ The Grant and Per Diem program is codified at 38 U.S.C. §§ 2011-2013.

remodeling of facilities.⁹⁵ Grants may also be used to procure vans for outreach and transportation of homeless veterans. The per diem portion of the program reimburses grant recipients for the costs of providing housing and supportive services to homeless veterans. The supportive services that grantees may provide include outreach activities, food and nutrition services, health care, mental health services, substance abuse counseling, case management, child care, assistance in obtaining housing, employment counseling, job training and placement services, and transportation assistance.⁹⁶ Organizations may apply for per diem funds alone (without capital grant funds), as long as they would be eligible to apply for and receive capital grants.

Program Rules and Data

The per diem portion of the Grant and Per Diem program pays organizations for the housing and services that they provide to veterans at a fixed dollar rate for each bed that is occupied.⁹⁷ Organizations apply to be reimbursed for the cost of care provided, not to exceed the current per diem rate for domiciliary care. The per diem rate increases periodically; the 2009 rate was \$34.40 per day.⁹⁸ The per diem portion of the program also compensates grant recipients for the services they provide to veterans at service centers. Grantee organizations are paid at an hourly rate of one eighth of either the cost of services or the domiciliary care per diem rate. Any per diem payments are offset by other funds that the grant recipient receives, so the per diem program can be thought of as a payer of last resort, covering expenses after grantees have used funds from other sources. The Advisory Committee on Homeless Veterans has recommended that the per diem reimbursement system be revised to take account of service costs and geographic disparities instead of using a capped rate, and to allow use of other funds (such as those authorized under the McKinney-Vento Homeless Assistance Grants) without offset.⁹⁹

According to VA data, 405 Grant and Per Diem programs were funded in FY2008. These providers had a total of 10,439 beds available for veterans and admitted 16,717 veterans during the fiscal year.¹⁰⁰ Veterans stayed an average of 158 days in Grant and Per Diem transitional housing.¹⁰¹ The maximum amount of time a veteran may remain in housing is 24 months, with three total stays, though clients may stay longer “if permanent housing for the veteran has not been located or if the veteran requires additional time to prepare for independent living.”¹⁰² Of all the veterans who received treatment through the program, 47% of treatment episodes were considered successful, meaning that veterans “actively participated in accordance with treatment goals.”¹⁰³ Of those discharged, 49.2% had their own apartment or room,¹⁰⁴ and 38.0% had full- or part-time employment.¹⁰⁵

⁹⁵ 38 U.S.C. § 2011(c).

⁹⁶ 38 CFR § 61.1.

⁹⁷ 38 CFR § 61.33.

⁹⁸ Information provided to CRS by the VA on February 2, 2009.

⁹⁹ *2009 Annual Report of the Advisory Committee on Homeless Veterans*, July 1, 2009, p. 9, <http://www1.va.gov/advisory/docs/ReportHomeless2009.pdf> (hereinafter, *2009 Advisory Committee on Homeless Veterans Report*).

¹⁰⁰ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, Table 5-1, p. 181.

¹⁰¹ *Ibid.*, p. 163.

¹⁰² 38 C.F.R. § 61.80(d) and § 61.33(e).

¹⁰³ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, p. 164.

¹⁰⁴ *Ibid.*, Table 5-13, p. 223.

¹⁰⁵ *Ibid.*, Table 5-14, p. 227.

Grant and Per Diem for Homeless Veterans with Special Needs

In 2001, Congress created a demonstration program to target grant and per diem funds to specific groups of veterans (P.L. 107-95). These groups include women, women with children, the frail elderly, those veterans with terminal illnesses, and those with chronic mental illnesses. The program was initially authorized at \$5 million per year for FY2003 through FY2005. P.L. 109-461, enacted on December 22, 2006, reauthorized the program for FY2007 through FY2011.

Supportive Services for Very Low-Income Veterans and Their Families

In the 110th Congress, the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387) authorized a program of supportive services to assist very low-income veterans and their families who either are making the transition from homelessness to housing or who are moving from one location to another. The law specified that funds be made available for the new program from the amount appropriated for VA medical services—\$15 million for FY2009, \$20 million for FY2010, and \$25 million for FY2011. Funds are to be distributed to private nonprofit organizations and consumer cooperatives—the entities that will provide supportive services—through a competitive process. Those organizations that assist families transitioning from homelessness will be given priority for funding. Among the eligible services that recipient organizations may provide are case management, health care services, daily living services, assistance with financial planning, transportation, legal assistance, child care, and housing counseling. According to VA budget documents, program regulations are under review and grants will be awarded in 2010. The VA estimates that 5,000 veterans and their families will be served in 2010.¹⁰⁶

Enhanced Use Leases

Since 1991, the VA has had the authority to enter into leases with homeless service providers (among others organizations) to use VA property for a period of time. The arrangement, called Enhanced Use Leases (EULs), was made possible as part of the Veterans' Benefits Programs Improvement Act (P.L. 102-86).¹⁰⁷ Generally, the VA may enter into a lease that furthers the mission of the VA and enhances the use of the property or that would result in the improvement of medical care and services to veterans in the geographic area.¹⁰⁸ The lease may last for up to 75 years, and the VA must charge "fair consideration" for the lease, which may include in-kind payment such as goods and services that benefit the VA as well as improvements to and maintenance of VA facilities.¹⁰⁹ According to VA budget documents, of the 60 EULs that have been awarded, 16 are classified as homeless services, transitional housing, or single room occupancy housing,¹¹⁰ while an additional 34 projects to serve homeless veterans have been proposed.¹¹¹

¹⁰⁶ U.S. Department of Veterans Affairs, *FY2011 Congressional Budget Justification, Volume II, Medical Programs and Information Technology*, p. 1K-13, http://www4.va.gov/budget/docs/summary/Fy2011_Volume_2-Medical_Programs_and_Information_Technology.pdf (hereinafter, *FY2011 VA Budget Justifications*).

¹⁰⁷ 38 U.S.C. §§ 8161-8169.

¹⁰⁸ 38 U.S.C. § 8162.

¹⁰⁹ *Ibid.*

¹¹⁰ U.S. Department of Veterans Affairs, *FY2011 Congressional Budget Justification, Volume IV, Construction and the 5 Year Capital Plan*, Appendix D, http://www4.va.gov/budget/docs/summary/Fy2011_Volume_4- (continued...)

Acquired Property Sales for Homeless Veterans

The Acquired Property Sales for Homeless Veterans program is operated through the Veterans Benefits Administration (VBA). The program was enacted as part of the Veterans Home Loan Guarantee and Property Rehabilitation Act of 1987 (P.L. 100-198). The current version of the program was authorized in P.L. 102-54 (a bill to amend Title 38 of the U.S. Code), and is authorized through December 31, 2011.¹¹²

Through the program, the VA is able to dispose of properties that it has acquired through foreclosures on its loans so that they can be used for the benefit of homeless veterans. Specifically, the VA can sell, lease, lease with the option to buy, or donate, properties to nonprofit organizations and state government agencies that will use the property only as homeless shelters primarily for veterans and their families.

Loan Guarantee for Multifamily Transitional Housing Program

The Veterans Programs Enhancement Act of 1998 (P.L. 105-368) created a program in which the VA guaranteed loans to eligible organizations so that they could construct, rehabilitate, or acquire property to provide multifamily transitional housing for homeless veterans.¹¹³ The law required sponsors to provide supportive services, ensure that residents seek to obtain and maintain employment, enact guidelines to require sobriety as a condition of residency, and charge veterans a reasonable fee.¹¹⁴ Not more than 15 loans with an aggregate total of up to \$100 million were to be guaranteed under this program. To date one project, sponsored by Catholic Charities of Chicago, has opened, with 141 transitional units for homeless veterans,¹¹⁵ and a loan for a second project was approved.¹¹⁶

According to the VA, the agency was slow to implement the program due to service providers' concerns that they may not be able to operate housing for such a needy population and still repay the guaranteed loans.¹¹⁷ In its 2008 report, the Advisory Committee on Homeless Veterans recommended that the program be terminated. According to the Advisory Committee's 2009 report, then-VA Secretary Peake wrote to the Members of the VA authorizing and appropriations committees and said that the VA would no longer actively pursue the program,¹¹⁸ and the FY2011 VA budget documents state that no new loans will be executed.¹¹⁹

(...continued)

Construction_and_5_Year_Cap_Plan.pdf.

¹¹¹ Ibid., see p. 7.2-27 and Appendix F.

¹¹² The program was most recently authorized in the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461). The program is codified at 38 U.S.C. § 2041.

¹¹³ 38 U.S.C. §§ 2051-2054.

¹¹⁴ 38 U.S.C. § 2052(b).

¹¹⁵ See U.S. Department of Veterans Affairs, "Multifamily Transitional Housing Loan Guarantee Program: Program Overview," presentation by Claude B. Hutchinson, Jr., July 2007.

¹¹⁶ Statement of Pete Dougherty, Director, Homeless Veterans Programs, Senate Veterans Affairs Committee, *Looking At Our Homeless Veterans Programs: How Effective Are They?*, 109th Cong., 2nd sess., March 16, 2006.

¹¹⁷ Testimony of Pete Dougherty, Director, Homeless Veterans Programs, Department of Veterans Affairs, House Appropriations Committee, Subcommittee on Military Construction and Veterans Affairs, *FY2008 Appropriations*, 110th Cong., 1st sess., March 8, 2007.

¹¹⁸ *2009 Annual Report of the Advisory Committee on Homeless Veterans*, July 1, 2009, pp. 24-25, <http://www1.va.gov/> (continued...)

VA and HUD Collaborations

HUD-VASH

Beginning in 1992, through a collaboration between HUD and the VA, funding for approximately 1,753 Section 8 vouchers was made available for use by homeless veterans with severe psychiatric or substance abuse disorders.¹²⁰ Section 8 vouchers are subsidies used by families to rent apartments in the private rental market.¹²¹ Through the program, called HUD-VA Supported Housing (HUD-VASH), local Public Housing Authorities (PHAs) administer the Section 8 vouchers while local VA medical centers provide case management and clinical services to participating veterans. HUD distributed the vouchers to PHAs through three competitions, in 1992, 1993, and 1994. Prior to issuing the vouchers, HUD and the VA had identified medical centers with Domiciliary Care and Health Care for Homeless Veterans programs that were best suited to providing services. PHAs within the geographic areas of the VA medical centers were invited to apply for vouchers. In the first year that HUD issued vouchers, 19 PHAs were eligible to apply, and by the third year the list of eligible VA medical centers and PHAs had expanded to 87.¹²² HUD does not separately track these Section 8 vouchers, and over the years when veterans have left the program and returned their vouchers to HUD, the vouchers are not necessarily turned over to other veterans. The VA keeps statistics on veterans with vouchers who receive treatment through the VA, however. In FY2008, the VA reported that there were 522 veterans actively enrolled in HUD-VASH.¹²³

In 2001, Congress codified the HUD-VASH program (P.L. 107-95) and authorized the creation of an additional 500 vouchers for each year from FY2003 through FY2006.¹²⁴ A bill enacted at the end of the 109th Congress (P.L. 109-461) also provided the authorization for additional HUD-VASH vouchers. However, it was not until FY2008 that Congress provided funding for additional vouchers: the Consolidated Appropriations Act (P.L. 110-161) included \$75 million for Section 8 vouchers for homeless veterans. Congress continued to fund new vouchers in FY2009 (P.L. 111-8) and FY2010 (P.L. 111-117) as well, appropriating \$75 million in each year. Language in each of the three appropriations acts specified that the VA and HUD would determine the allocation of vouchers based on geographic need as determined by the VA, PHA administrative performance, and other factors that HUD and the VA may specify. The FY2008 and FY2009 appropriations funded 10,150 and 10,290 new vouchers respectively, and were distributed to recipient housing

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advisory/docs/ReportHomeless2009.pdf.

¹¹⁹ U.S. Department of Veterans Affairs, *FY2011 Congressional Budget Justification, Volume III, Benefits and Burial Programs and Departmental Administration*, p. 2E-8, http://www4.va.gov/budget/docs/summary/Fy2011_Volume_3-Benefits_and_Burial_and_Dept_Admin.pdf.

¹²⁰ The first announcement of voucher availability was announced in the *Federal Register*. See U.S. Department of Housing and Urban Development, "Invitation for FY1992 Section 8 Rental Voucher Set-Aside for Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders," *Federal Register* vol. 57, no. 55, p. 9955, March 20, 1992.

¹²¹ For more information about Section 8 in general, see CRS Report RL32284, *An Overview of the Section 8 Housing Programs*, by Maggie McCarty.

¹²² U.S. Department of Housing and Urban Development, "Funding Availability (NOFA) for the Section 8 Set-Aside for Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders," *Federal Register* vol. 59, no. 134, p. 36015, July 14, 1994.

¹²³ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, p. 279.

¹²⁴ 42 U.S.C. § 1437f(o)(19).

authorities located in all 50 states, the District of Columbia, Puerto Rico, and Guam.¹²⁵ According to the VA, approximately 14,800 of the FY2008- and FY2009-funded vouchers have been issued to veterans, with 9,600 under lease.¹²⁶

In FY2010, HUD announced three separate distributions of HUD-VASH vouchers. On June 3, 2010, HUD announced the allocation of 7,705 vouchers to PHAs in 48 states, the District of Columbia, and Guam (Hawaii and Wyoming were not part of the first distribution).¹²⁷ Two weeks later, HUD announced that another 1,255 vouchers would be distributed to PHAs in 19 states (including Hawaii and Wyoming) and Puerto Rico.¹²⁸ The third round of funding was announced on September 28, 2010, with PHAs in 19 states receiving funding sufficient to support 550 vouchers.¹²⁹

The appropriations laws for HUD-VASH allow HUD to waive any statutory or regulatory provision regarding the vouchers¹³⁰ if it is necessary for the “effective delivery and administration” of assistance. Pursuant to this provision, in the guidance governing the FY2008 funds for vouchers, HUD waived the statutory requirement that vouchers be made available only to those veterans with mental illnesses and substance abuse disorders.¹³¹ In administering the vouchers, local VA medical centers (VAMCs) determine veteran eligibility for the program and veterans are then referred to partnering PHAs.¹³²

HUD allows PHAs to project base up to 50% of HUD-VASH vouchers. When vouchers are project based, they are attached to a specific unit of housing and do not move when the tenant moves. This may be desirable in housing markets where it is difficult to find housing providers who accept vouchers, and it may be a more efficient arrangement for providing supportive services. HUD-VASH vouchers can be project based as long as the funding for those vouchers does not exceed 20% of the PHA’s tenant-based voucher budget and as long as the local VAMC agrees to the plan. If a veteran lives in a unit where HUD-VASH vouchers have been project based and wants to move, the PHA must provide the tenant with a Section 8 voucher or other tenant-based assistance. On the same day that the third FY2010 voucher funding announcement was made, HUD released a notice of available funding for project-based HUD-VASH vouchers from the remaining FY2010 appropriation.¹³³ Funding for these project-based vouchers will be

¹²⁵ For a list of how the FY2008 and FY2009 vouchers were allocated to local housing authorities, see <http://www.hud.gov/offices/pih/programs/hcv/vash/docs/vash-awards.xls>.

¹²⁶ Presentation to VA Advisory Committee on Homeless Veterans by Lisa Pape, VA Homeless and Residential Rehabilitation and Treatment Services, February 24, 2010.

¹²⁷ A table of the vouchers allocated to each housing authority is available at <http://portal.hud.gov/portal/page/portal/ HUD/documents/hud-vash2010round1.pdf>.

¹²⁸ A table showing the allocation of the second round of vouchers is available at <http://portal.hud.gov/portal/page/ portal/ HUD/documents/hudvash2010.pdf>.

¹²⁹ The funding chart is available on HUD’s website, http://portal.hud.gov/portal/page/portal/ HUD/documents/hud- vashr3_fundingchart.pdf.

¹³⁰ With the exception of those involving fair housing, nondiscrimination, labor standards, and the environment.

¹³¹ U.S. Department of Housing and Urban Development, “Section 8 Housing Choice Vouchers: Implementation of the HUD-VA Supportive Housing Program,” 73 *Federal Register* 25027, May 6, 2008.

¹³² PHAs review applicants only for income eligibility and to ensure that they are not subject to lifetime sex offender registration.

¹³³ U.S. Department of Housing and Urban Development, Notice PIH 2010-40, *Set-Aside Funding Availability for Project-Basing HUD-Veterans Affairs Supportive Housing Vouchers*, September 28, 2010, http://portal.hud.gov/portal/ page/portal/ HUD/program_offices/administration/hudclips/notices/pih/files/10-40pihn.pdf.

awarded competitively, and any PHA that has received an allocation of HUD-VASH vouchers in FY2008, FY2009, or FY2010 is eligible to apply. A total of about 500 vouchers are available, and PHAs may apply for up to 50 vouchers as part of this competition; the deadline to apply is January 26, 2011.

Proposals to authorize additional vouchers have been introduced in the 111th Congress. The Homes for Heroes Act of 2009 (H.R. 403), which was passed by the House on June 16, 2009, would authorize funding sufficient for an additional 20,000 vouchers. A version of Homes for Heroes has also been introduced in the Senate (S. 1160). Another bill, the Zero Tolerance for Veterans Homelessness Act (S. 1547), would authorize funding under HUD-VASH so that by FY2013, “not more than 60,000 vouchers for rental assistance under this paragraph are outstanding at any one time.” Much of S. 1547 was incorporated into S. 1237, the Homeless Veterans and Other Veterans Health Care Authorities Act, which was reported by the Senate Veterans’ Affairs Committee on April 29, 2010.

Program Evaluations

The VA is collecting and evaluating data regarding the HUD-VASH vouchers that were funded beginning in FY2008, but has not yet released information.¹³⁴ However, some outcomes are available regarding participants who received vouchers in the early stages of the program. Long-term evaluations of the HUD-VASH program have shown both improved housing and improved substance abuse outcomes among veterans who received the vouchers over those who did not.¹³⁵ Veterans who received vouchers experienced fewer days of homelessness and more days housed than veterans who received intensive case management assistance or standard care through VA homeless programs alone.¹³⁶ Analysis also found that veterans with HUD-VASH vouchers had fewer days of alcohol use, fewer days on which they drank to intoxication, and fewer days of drug use.¹³⁷ HUD-VASH veterans were also found to have spent fewer days in institutions.¹³⁸ Over the long term, veterans who received vouchers had a lower risk of returning to homelessness than those who received intensive case management or standard assistance.¹³⁹ Factors that increased the risk of returning to homelessness were alcohol or drug dependence and a diagnosis of PTSD.¹⁴⁰ Lower risk was found among those with psychiatric problems, possibly due to supportive services to assist those individuals with their housing.¹⁴¹

¹³⁴ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, p. 277.

¹³⁵ Robert Rosenheck, Wesley Kaspro, Linda Frisman, and Wen Liu-Mares, “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness,” *Archives of General Psychiatry* 60 (September 2003): 940 (hereinafter, “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness”). An-Lin Cheng, Haiqun Lin, Wesley Kaspro, and Robert Rosenheck, “Impact of Supported Housing on Clinical Outcomes,” *Journal of Nervous and Mental Disease* 195, no. 1 (January 2007): 83 (hereinafter, “Impact of Supported Housing on Clinical Outcomes”).

¹³⁶ “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness,” p. 945.

¹³⁷ “Impact of Supported Housing on Clinical Outcomes,” p. 85.

¹³⁸ *Ibid.*

¹³⁹ Maria J. O’Connell, Wesley Kaspro, and Robert A. Rosenheck, “Rates and Risk Factors for Homelessness After Successful Housing in a Sample of Formerly Homeless Veterans,” *Psychiatric Services*, vol. 59, no. 3 (March 2008), pp. 268-275.

¹⁴⁰ *Ibid.*, p. 270.

¹⁴¹ *Ibid.*, p. 273.

Demonstration Program to Prevent Homelessness Among Veterans

As part of the FY2009 Omnibus Appropriations Act (P.L. 111-8), Congress appropriated \$10 million through the HUD Homeless Assistance Grants account to be used for a pilot program to prevent homelessness among veterans. The appropriation law required that the program be operated in a limited number of sites, at least three of which are to have a large number of individuals transitioning from military to civilian life, and at least four of which are to be in rural areas.

In July 2010, HUD issued a notice of implementation of the new demonstration program.¹⁴² HUD, in consultation with the VA and DOL, selected five geographic areas in which local Continuums of Care (CoCs) will assign a grantee to carry out the prevention program. The areas were chosen based on the number of homeless veterans reported by the local CoC and VA Medical Center, the number of Operation Iraqi Freedom and Operation Enduring Freedom veterans accessing VA health care, the presence and diversity of military sites in the area (e.g., representation of different branches of the military, National Guard, and Reserves), availability of VA health care, type of geographic area (urban versus rural), and the community's capacity to administer the prevention program. The five areas and corresponding military bases selected are (1) San Diego, CA (Camp Pendleton), (2) Killeen, TX (Fort Hood), (3) Watertown, NY (Fort Drum), (4) Tacoma, WA (Joint Base Lewis-McChord), and (5) Tampa, FL (MacDill Air Force Base).

The prevention program will operate much like the Homelessness Prevention and Rapid Re-Housing Program that was created as part of the American Recovery and Reinvestment Act (P.L. 111-5). Funds may be used for short-term rental assistance (up to three months) or medium-term rental assistance (4-18 months), for up to six months of rental arrears, for security or utility deposits, utility payments, and help with moving expenses.¹⁴³ Recipients may also use funds for supportive services that help veterans and their families find and maintain housing such as case management, housing search and placement, credit repair, child care, and transportation.¹⁴⁴ To be eligible, veterans and their families must meet the following criteria:¹⁴⁵

- have income at or below 50% of the area median income;
- be experiencing short-term homelessness or be at risk of losing housing;
- lack the resources or support networks to obtain housing or remain housed; and
- be experiencing instability as evidenced by one of the following: (1) living on the street or in shelter for less than 90 days, (2) being at least one month behind in rent, (3) facing eviction within two weeks, (4) being discharged from an institution, (5) living in condemned housing, (6) being behind on utility payments by at least a month, (7) paying greater than 50% of income for housing, or (8) facing a sudden and significant loss of income.

¹⁴² U.S. Department of Housing and Urban Development, *Notice of FY2009 Implementation of the Veterans Homelessness Prevention Demonstration Program*, July 14, 2010, <http://www.hudhre.info/documents/VetsHomelessPreventionDemo.pdf>.

¹⁴³ *Ibid.*, pp. 9-11.

¹⁴⁴ *Ibid.*, p. 11.

¹⁴⁵ *Ibid.*, pp. 13-14.

The Department of Labor

The Department of Labor (DOL) contains an office specifically dedicated to the employment needs of veterans, the office of Veterans' Employment and Training Service (VETS). In addition to its program for homeless veterans—the Homeless Veterans Reintegration Program (HVRP)—VETS funds employment training programs for all veterans. These include the Veterans Workforce Investment Program and the Transition Assistance Program.

Homeless Veterans Reintegration Program

Established in 1987 as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77), the HVRP was authorized most recently through FY2011 as part of the Veterans' Benefits Act of 2010 (P.L. 111-275), which was signed into law on October 13, 2010. The law also created a separate HVRP for women veterans and veterans with children. The new program, which includes child care among its services, is authorized from FY2011 through FY2015 at \$1 million per year.

The HVRP program has two goals. The first is to assist veterans in achieving meaningful employment, and the second is to assist in the development of a service delivery system to address the problems facing homeless veterans. Eligible grantee organizations are state and local Workforce Investment Boards, local public agencies, and both for- and non-profit organizations.¹⁴⁶ Grantees receive funding for one year, with the possibility for two additional years of funding contingent on performance and fund availability.¹⁴⁷

HVRP grantee organizations provide services that include outreach, assistance in drafting a resume and preparing for interviews, job search assistance, subsidized trial employment, job training, and follow-up assistance after placement. Recipients of HVRP grants also provide supportive services not directly related to employment such as transportation, provision of assistance in finding housing, and referral for mental health treatment or substance abuse counseling. HVRP grantees often employ formerly homeless veterans to provide outreach to homeless veterans and to counsel them as they search for employment and stability. In fact, from the inception of the HVRP, it has been required that at least one employee of grantee organizations be a veteran who has experienced homelessness.¹⁴⁸

In program year (PY) 2007 (from July 1, 2007, through June 30, 2008), HVRP grantees were expected to serve a total of 13,446 homeless veterans, of whom an estimated 9,061, or 67%, were expected to be placed in employment.¹⁴⁹ In 2007, DOL predicted that 64.5% of veterans who were placed in employment would maintain employment for six months.¹⁵⁰ The previous year, 64% of veterans maintained employment for at least six months.

¹⁴⁶ Veterans Employment and Training Service Program Year 2007 Solicitation for Grant Applications, *Federal Register* vol. 72, no. 71, April 13, 2007, p. 18682.

¹⁴⁷ *Ibid.*, p. 18679.

¹⁴⁸ "Procedures for Preapplication for Funds; Stewart B. McKinney Homeless Assistance Act, FY1988" *Federal Register* vol. 53, no. 70, April 12, 1988, p. 12089.

¹⁴⁹ U.S. Department of Labor, Office of the Assistance Secretary for Veterans' Employment and Training, *FY2006 and FY2007 Annual Report to Congress*, May 21, 2008, p. 10.

¹⁵⁰ U.S. Department of Labor, Office of Veterans' Employment and Training, *FY2008 VETS Annual Report to Congress*, p. 5, http://www.dol.gov/vets/media/FY2008_Annual_Report_To_Congress.pdf.

Stand Downs for Homeless Veterans

A battlefield stand down is the process in which troops are removed from danger and taken to a safe area to rest, eat, clean up, receive medical care, and generally recover from the stress and chaos of battle. Stand Downs for Homeless Veterans are modeled on the battlefield stand down and are local events, staged annually in many cities across the country, in which local Veterans Service Organizations, businesses, government entities, and other social service organizations come together for up to three days to provide similar services for homeless veterans. Items and services provided at stand downs include food, clothing, showers, haircuts, medical exams, dental care, immunizations, and, in some locations where stand downs take place for more than one day, shelter. Another important facet of stand downs, according to the National Coalition for Homeless Veterans, is the camaraderie that occurs when veterans spend time among other veterans.

Although stand downs are largely supported through donations of funds, goods, and volunteer time, the DOL VETS office allows HVRP grant recipient organizations to use up to \$8,000 of their grants to fund stand downs. The VETS program also awards up to \$8,000 to HVRP eligible organizations that have not received an HVRP grant.

Incarcerated Veterans Transition Program

The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) instituted a demonstration program to provide job training and placement services to veterans leaving prison.¹⁵¹ The program expired on January 24, 2006, but was extended by Congress through FY2012 as part of the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387). The new law removed the program's demonstration status, expanded the number of sites able to provide services to twelve, and changed the name slightly to "Referral and Counseling Services: Veterans at Risk of Homelessness Who Are Transitioning from Certain Institutions." Both the FY2010 and FY2011 Department of Labor budget documents state that of the funds requested for HVRP, up to \$4 million would be used for this program.¹⁵²

While in its demonstration phase, the program awarded \$1.45 million in initial grants to seven recipients. DOL extended these seven grants through March 2006 with funding of \$1.6 million, and then again for an additional 15 months, though June 30, 2007, with \$2 million in funding.¹⁵³ The Department of Labor reported that these grant recipients enrolled 2,191 veterans in the transition program in FY2004 through FY2006 and that of these enrollees, 1,104, or 54%, entered employment.¹⁵⁴ The average wage for those veterans entering employment was \$10.00 per hour.

¹⁵¹ 38 U.S.C. § 2023.

¹⁵² U.S. Department of Labor, *FY2010 Congressional Budget Justification*, Volume III, Veterans' Employment and Training Service, p. VETS-26, <http://www.dol.gov/dol/budget/2010/PDF/CBJ-2010-V3-06.pdf>; *FY2011 Congressional Budget Justification*, Volume III, Veterans' Employment and Training Service, p. VETS-37, <http://www.dol.gov/dol/budget/2011/PDF/CBJ-2011-V3-05.pdf>.

¹⁵³ *Vets Employment and Training Service FY2006 and FY2007 Annual Report to Congress*, p. 12.

¹⁵⁴ *Ibid.*, 13.

Issues Regarding Veterans and Homelessness

Permanent Supportive Housing

With the exception of Section 8 vouchers provided through the HUD-VASH program, the federal programs for homeless veterans offer funding only for transitional housing developments; they do not fund permanent supportive housing. The permanent supportive housing model promotes stability by ensuring that residents receive services tailored to their particular needs, including health care, counseling, employment assistance, help with financial matters, and assistance with other daily activities that might present challenges to a formerly homeless individual.

Although veterans are eligible for permanent supportive housing through HUD programs for homeless persons, they are not prioritized above nonveteran homeless individuals. In a report released in August 2007, the Government Accountability Office (GAO) found that low-income veteran renter households were less likely to receive HUD rental assistance than other low-income households.¹⁵⁵ GAO estimated that 11% of low-income veteran renter households received HUD rental assistance compared to 19% of low-income nonveteran renter households.¹⁵⁶ Limited resources are available to house low-income families, and veterans must compete with other needy groups including elderly residents, persons with disabilities, and families with young children. Due to a lack of permanent housing options, when veterans complete programs that have transitional housing components, there is not always a place for them to go. Another concern is that, as Vietnam-era veterans age, there is a reduced chance that they will be able to find employment and support themselves. Permanent supportive housing would serve that population.¹⁵⁷

As discussed previously, in the section entitled “HUD-VASH,” Congress appropriated \$75 million for more than 10,000 additional Section 8 vouchers for homeless veterans in each of the FY2008, FY2009, and FY2010 appropriations acts.¹⁵⁸ The additional Section 8 vouchers could be making a difference in the need for permanent supportive housing for homeless veterans. The VA’s annual CHALENG report surveys homeless veterans as well as government and community service providers about the most pressing unmet needs among homeless veterans. Through FY2006, the highest priority unmet need according to all respondents in the CHALENG reports was long-term permanent housing.¹⁵⁹ However, in the FY2007 report, permanent housing was the second-highest unmet need, behind child care.¹⁶⁰ And in FY2008 and FY2009, it fell to the fourth highest unmet need, behind child care, legal assistance for child support issues, family reconciliation assistance (in FY2008), and legal assistance for outstanding warrants/fines (in

¹⁵⁵ Government Accountability Office, *Information on Low-Income Veterans’ Housing Needs Conditions and Participation in HUD’s Programs*, GAO-07-1012, August 17, 2007, p. 29, available at <http://www.gao.gov/new.items/d071012.pdf>.

¹⁵⁶ *Ibid.*

¹⁵⁷ Testimony of Cheryl Beversdorf, Director, National Coalition for Homeless Veterans, before the House Appropriations Committee, Subcommittee on Military Construction and Veterans Affairs, *FY2008 Appropriations*, 110th Cong., 1st sess., March 8, 2007.

¹⁵⁸ See the FY2008 Consolidated Appropriations Act (P.L. 110-161), the FY2009 Omnibus Appropriations Act (P.L. 111-8), and the FY2010 Consolidated Appropriations Act (P.L. 111-117).

¹⁵⁹ *The Fifteenth Annual CHALENG Report*, p. 14.

¹⁶⁰ *The Fourteenth Annual CHALENG Report*, p. 8.

FY2009).¹⁶¹ During this same time period, VA estimates of the number of veterans who are homeless on a given day fell from 154,000 in FY2007 to 131,000 in FY2008, and then to 107,000 in FY2009 (see the section of this report entitled “Estimates of the Number of Homeless Veterans”).

Veterans of the Wars in Iraq and Afghanistan

As veterans return from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), just as veterans before them, they face risks that could lead to homelessness. The VA reported that in FY2008, it assessed more than 1,500 veterans who served in the OEF/OIF theaters of operations for participation in its Health Care for Homeless Veterans Program.¹⁶² Approximately 1,132,741 OEF/OIF troops have been separated from active duty and become eligible for VA benefits since 2003.¹⁶³ If the experiences of the Vietnam War are any indication, the risk of becoming homeless continues for many years after service. One study found that after the Vietnam War, 76% of Vietnam era combat troops and 50% of non-combat troops who eventually became homeless reported that at least ten years passed between the time they left military service and when they became homeless.¹⁶⁴

A number of studies have examined the mental health status of troops returning from Iraq and Afghanistan. According to one study of troops returning from Iraq published in the *New England Journal of Medicine*, between 15% and 17% screened positive for depression, generalized anxiety, and PTSD.¹⁶⁵ Another study, conducted by the RAND Corporation, found that of veterans surveyed, 14% reported screening positive for PTSD and 14% for major depression.¹⁶⁶ Veterans returning from Iraq also appear to be seeking out mental health services at higher rates than veterans returning from other conflicts.¹⁶⁷ Research has also found that the length and number of deployments of troops in Iraq result in greater risk of mental health problems.¹⁶⁸ Access to VA health services could be a critical component of reintegration into the community for some veterans, and there is concern that returning veterans might not be aware of available VA health programs and services.¹⁶⁹

¹⁶¹ *The Fifteenth Annual CHALENG Report*, p. 10, and *The Sixteenth Annual CHALENG Report*, p. 12.

¹⁶² *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, p. 49.

¹⁶³ Since October 2003, DOD’s Defense Manpower Data Center (DMDC) has periodically (every 60 days) sent VA an updated personnel roster of troops who participated in OEF and OIF, and who have separated from active duty and become eligible for VA benefits. The roster was originally prepared based on pay records of individuals. However, in more recent months it has been based on a combination of pay records and operational records provided by each service branch. The current separation data are from FY2002 through November 2009. Note that the total includes 4,954 veterans who died in-theater.

¹⁶⁴ See “Homeless Veterans,” p. 105.

¹⁶⁵ Charles W. Hoge, Carl A. Castro, Stephen C. Messer, and Dennis McGurk, “Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care,” *New England Journal of Medicine* 351, no. 1 (July 1, 2004): Table 3.

¹⁶⁶ Terri Tanielian and Lisa H. Jaycox, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Santa Monica, CA: RAND Corporation, 2008) 96.

¹⁶⁷ Charles W. Hoge, Jennifer L. Auchterlonie, and Charles S. Milliken, “Mental Health Problems, Use of Mental Health Services, and Attrition from Military Service After Returning from Deployment to Iraq or Afghanistan,” *JAMA* 295, no. 9 (March 1, 2006): 1026, 1029.

¹⁶⁸ Office of the Surgeon Multi-National Force-Iraq and Office of the Surgeon General United States Army Command, *Mental Health Advisory Team V*, February 14, 2008, pp. 42-43, 46-47, available at http://www.armymedicine.army.mil/reports/mhat/mhat_v/MHAT_V_OIFandOEF-Redacted.pdf.

¹⁶⁹ See, for example, Amy Fairweather, *Risk and Protective Factors for Homelessness Among OIF/OEF Veterans*, (continued...)

The VA has multiple means of reaching out to injured veterans and veterans currently receiving treatment through the Department of Defense (DOD) to ensure that they know about VA health services and to help them make the transition from DOD to VA services. (For more information about these efforts, see CRS Report RL33993, *Veterans' Health Care Issues*, by Sidath Viranga Panangala.) However, for some veterans, health issues, particularly mental health issues, may arise later. A study of Iraq soldiers returning from deployment found that a higher percentage of soldiers reported mental health concerns six months after returning than immediately after returning.¹⁷⁰

Women Veterans

The number and percentage of women enlisted in the military have increased since previous wars. In FY2009, approximately 14.1% of enlisted troops in the active components of the military (Army, Navy, Air Force, and Marines) were female, up from approximately 3.3% in FY1974 and 10.9% in FY1990.¹⁷¹ The number of women veterans can be expected to grow commensurately. According to the VA, there were approximately 1.2 million female veterans in 1990 (4% of the veteran population) and 1.6 million in 2000 (6%).¹⁷² In 2006, nearly 1.64 million veterans were women.¹⁷³ The VA predicted that there would be 1.8 million female veterans in 2010 (8% of the veteran population) and 1.9 million (10%) in 2020. At the same time, the number of male veterans is expected to decline.¹⁷⁴

Women veterans face challenges that could contribute to their risks of homelessness. A study of women veterans in the Los Angeles area compared homeless women veterans to women veterans who were housed and found that the characteristics most associated with homelessness were unemployment, having a disability, and being unmarried.¹⁷⁵ Additional factors associated with homelessness were screening positive for PTSD, experiencing military sexual trauma, suffering from an anxiety disorder, and having fair or poor health.

Experts have found that female veterans report incidents of sexual assault that exceed rates reported in the general population.¹⁷⁶ A study of all returning OEF/OIF veterans who used VA mental and/or primary health care found that 15.1% of female veterans reported experiencing

(...continued)

Swords to Plowshares' Iraq Veteran Project, December 7, 2006, p. 6.

¹⁷⁰ Charles S. Milliken, Jennifer L. Auchterlonie, and Charles W. Hoge, "Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning from the Iraq War," *JAMA* 298, no. 18 (November 14, 2007): 2141, 2144.

¹⁷¹ U.S. Department of Defense, Office of the Under Secretary of Defense, Personnel and Readiness, *Population Representation in the Military Services, FY2009*, Appendix D, Table D-13, <http://prhome.defense.gov/MPP/ACCESSION%20POLICY/PopRep2009/>. Female enlistment reached its peak in FY2002 and FY2003 at 15.0%.

¹⁷² Robert A. Klein, *Women Veterans: Past, Present, and Future*, U.S. Department of Veterans Affairs, Office of the Actuary, updated September 2007, pp. 8-9, available at http://www1.va.gov/vetdata/docs/WomenVeterans_past_present_future_9-30-07a.pdf.

¹⁷³ U.S. Census Bureau, *2009 Statistical Abstract*, Table 504, available at <http://www.census.gov/compendia/statab/tables/09s0504.pdf>.

¹⁷⁴ *Women Veterans: Past, Present, and Future*, pp. 8-9.

¹⁷⁵ Donna L. Washington, Elizabeth M. Yano, and James McGuire, et al., "Risk Factors for Homelessness among Women Veterans," *Journal of Health Care for the Poor and Underserved*, 21, no. 1 (January 2010), pp. 81-91.

¹⁷⁶ Jessica Wolfe et al., "Changing Demographic Characteristics of Women Veterans: Results from a National Sample," *Military Medicine* 165, no. 10 (October 2000): 800.

sexual assault or harassment while in the military (referred to by the VA as military sexual trauma).¹⁷⁷ Veterans who had experienced military sexual trauma were more likely than other veterans to have been diagnosed with a mental health condition, including depressive disorders, PTSD, anxiety disorders, alcohol and substance use disorders, and adjustment disorders.¹⁷⁸ In particular, the relationship between military sexual trauma and PTSD among women was stronger than it was for men.¹⁷⁹ According to another study released in 2004, the percentage of all female veterans seeking medical care through the VA (not just those returning from Iraq or Afghanistan) who reported that they have experienced sexual assault ranged between 23% and 29%.¹⁸⁰ These factors can increase the difficulty with which women veterans readjust to civilian life, and could be risk factors for homelessness (see earlier discussion in this report).

Women veterans are estimated to make up a relatively small proportion of the homeless veteran population. Among veterans who are served in the VA's Health Care for Homeless Veterans program, women are estimated to make up 4.4% of the total.¹⁸¹ As a result, programs serving homeless veterans may not have adequate facilities for female veterans at risk of homelessness, particularly transitional housing for women and women with children. Currently, six Grant and Per Diem programs funded through the Special Needs Grant target women veterans,¹⁸² and in FY2008, 4.1% of individuals placed in Grant and Per Diem programs were women¹⁸³ while approximately 5% of veterans served in the Domiciliary Care for Homeless Veterans program in FY2008 were women, up from 3.3% in FY2007.¹⁸⁴ The program that serves the highest percentage of female veterans is HUD-VASH; approximately 11% of veterans who have received vouchers are women.¹⁸⁵ The VA Advisory Committee on Homeless Veterans noted in its 2008 report that "the need and complexity of issues involving women veterans to include women with children who become homeless are increasing" and recommended continued support through the Grant and Per Diem Special Needs grants.¹⁸⁶

In the 110th Congress, the Veterans' Mental Health and Other Care Improvements Act of 2008 (110-387) added a provision to the statute governing the Domiciliary Care for Homeless Veterans program requiring the Secretary to "take appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and with respect to safety, to meet the needs of veterans who are women." In the 111th Congress, the Veterans' Benefits Act of

¹⁷⁷ Rachel Kimerling, Amy E. Street, and Joanne Pavao, et al., "Military-Related Sexual Trauma Among Veterans Health Administration Patients Returning From Afghanistan and Iraq," *American Journal of Public Health*, vol. 100, no. 8 (August 2010), pp. 1409-1412.

¹⁷⁸ *Ibid.*, p. 1411. The study looked at both male and female veterans who had reported experiencing military sexual trauma. The percentage of men who so reported was 0.7%.

¹⁷⁹ *Ibid.*

¹⁸⁰ Anne G. Sandler, Brenda M. Booth, Michelle A. Mengeling, and Bradley N. Doebbeling, "Life Span and Repeated Violence Against Women During Military Service: Effects on Health Status and Outpatient Utilization," *Journal of Women's Health* 13, no. 7 (2004): 800.

¹⁸¹ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, p. 48.

¹⁸² U.S. Department of Veterans Affairs, *Advisory Committee on Women Veterans Report 2010*, September 2010, p. 6, http://www1.va.gov/WOMENVET/docs/ACWV_Report_2010.pdf.

¹⁸³ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, Table 5-3, p. 190.

¹⁸⁴ *Twentieth Progress Report on the Domiciliary Care for Homeless Veterans Program*, p. 9.

¹⁸⁵ Statement of Pete Dougherty, Director, Homeless Veterans Programs, U.S. Department of Veterans Affairs, Senate Banking Committee, Subcommittee on Housing, Transportation, and Community Opportunity, *Ending Veterans' Homelessness*, 111th Cong., 1st sess., November 10, 2009.

¹⁸⁶ *2008 Advisory Committee on Homeless Veterans Report*, pp. 12-13.

2010 (P.L. 111-275), signed into law on October 13, 2010, created an HVRP grant program specifically targeted to serve women veterans and veterans with children. The new program, like HVRP, will provide job training, counseling, and job placement services, but would also provide child care for participants. The program is authorized from FY2011 through FY2015 at \$1 million per year.

VA Plan to End Veteran Homelessness

On November 3, 2009, the VA announced a plan to end homelessness among veterans within five years.¹⁸⁷ VA budget documents outline six areas of focus for the new plan: (1) outreach and education, (2) treatment, (3) prevention, (4) housing and supportive services, (5) employment and benefits, and (6) community partnerships.¹⁸⁸ These are some of the activities the VA plans to undertake as part of the plan to end homelessness:

- In FY2010, the VA would expand some of the existing homeless programs discussed in this report. Specifically, the Health Care for Homeless Veterans program would provide residential treatment beds to 4,800 veterans (in FY2008, there were 1,855 beds provided), the Grant and Per Diem Program would serve 20,000 veterans (in FY2008, the program discharged 15,511 veterans), and the Domiciliary Care for Homeless Veterans program would add five new facilities.
- The VA-HUD pilot to prevent veteran homelessness and the VA program of supportive services for very low-income veteran families are to get underway in FY2010.
- The VA will establish a National Homeless Registry to keep records of veterans served in homeless specific programs and measure outcomes achieved.

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¹⁸⁷ See U.S. Department of Veterans Affairs, “Secretary Shinseki Details Plan to End Homelessness for Veterans,” press release, November 3, 2009, <http://www1.va.gov/OPA/pressrel/pressrelease.cfm?id=1807>.

¹⁸⁸ *FY2011 VA Budget Justifications*, p. 1K-11.